



**James City County Police Department  
Authorization for Pre-Employment Criminal History Record Check**

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
PLACE OF BIRTH – County or City	PLACE OF BIRTH State or Country		SOCIAL SECURITY NUMBER

I hereby give consent and authorize the James City County Police Department to search their files, the Central Criminal Records Exchange, and the National Crime Information Center for any information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility for employment with this agency. Unauthorized or further dissemination will subject the disseminator to criminal and civil penalties.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_; City/County of \_\_\_\_\_.

Acknowledged and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary, Clerk, or Deputy Clerk

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date Commission Expires