



**NEWPORT POLICE DEPARTMENT
MARIJUANA FACILITY
EMPLOYEE BACKGROUND CHECK**

(Please Print)				
PERSONAL DATA				
Last Name	First Name	Middle Name	Home Phone () ()	Message Phone () ()
Address		City	State	Business Phone () ()
Social Security Number		Date of Birth	Driver License Number/State	
Are you currently under investigation or indictment, or have you been convicted of any crime? <small>(NOTE: A conviction will not necessarily bar you from employment. A conviction will be judged on its own merits with respect to time, circumstances & seriousness.)</small> If yes, please explain _____				

Attach the following documents to this application:

1. Copy of Driver License
3. Copy of **\$35.00** fee receipt

Name of Sponsoring Business	
<p>By my signature below, I certify that all answers to the questions and statements on the application have been provided voluntarily and are true and complete to the best of my knowledge. I understand that a background check will be conducted. I understand that should the City learn, at any time, of any untruthful or misleading answers, my application may be rejected. I agree to hold harmless the City of Newport and its employees for any claims arising out of this application process, or the City's reliance on any information provided by the applicant.</p>	
Signature: _____	Date: _____

NOTE: APPLICATIONS MAY TAKE UP TO TEN WORKING DAYS TO PROCESS.

Application received: _____ By: _____

FOR POLICE DEPARTMENT USE ONLY
<input type="checkbox"/> - Signed and dated application
<input type="checkbox"/> - \$35.00 receipt for fee paid to City of Newport
<input type="checkbox"/> - LEDS check
<input type="checkbox"/> - Criminal History File
<input type="checkbox"/> - Alliance
<input type="checkbox"/> - DMV
<input type="checkbox"/> - Field Interview Card Completed