HOLLISTER POLICE DEPARTMENT

395 Apollo Way, Hollister, CA 95023
(831) 636-4330

VOLUNTEERS IN POLICING AUTHORIZATION FOR BACKGROUND INVESTIGATION

Applicant Name: _____

Former Name (if applicable):_____

Address: _____

E-Mail:_____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

California Driver License #:_____ Social Security #:_____ DOB: _____

Have you ever been:

( ) Arrested?
( ) Convicted of a Felony?
( ) Convicted of a Misdemeanor?

Are you currently on probation or parole: ( ) Yes ( ) No

Have you ever been fingerprinted? ( ) Yes ( ) No

I hereby authorize the Hollister Police Department to conduct a background investigation. I understand that the scope of the investigation may include, but is not limited to verification of driving record; credit reports, current and previous residences, employment history, education background, medical, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdiction and any other public records. I authorize the Hollister Police Department to use a copy, or FAX of this form, to be considered the same as the original for the purposes of a background investigation.

Signature of Applicant: _____ Date: _____