

**BOARD OF PROBATION INQUIRY
REQUEST FOR CRIMINAL RECORD
VENDOR WORKER**

PLEASE PRINT LEGIBLY

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

CURRENT TELE # _____

MAIDEN NAME: (if applicable) _____

ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY # _____

SEX _____ HEIGHT: _____ ft _____ in WEIGHT: _____ lbs

COLOR OF EYES _____

COLOR OF HAIR _____

CITIZENSHIP _____ DATE OF NATURALIZATION (if applicable) _____

MARRIED _____ SINGLE _____ WIDOW _____ WIDOWER _____ DIVORCED _____

RACE _____

OTHER NAMES USED _____

FATHER'S FULL NAME _____

FATHER'S COUNTRY OF BIRTH _____

MOTHER'S FULL MAIDEN NAME _____

MOTHER'S COUNTRY OF BIRTH _____

WIFE'S FULL MAIDEN NAME OR HUSBAND'S FULL NAME

ADDRESS _____

NAME OF THE VENDOR THAT YOU WILL BE WORKING WITH
