

CITY OF LANSING DEPARTMENT OF HUMAN RESOURCES

124 W. Michigan Ave 8th Floor, City Hall Lansing, Michigan 48933

Benefits/Classifications Labor Relations/Recruitment Safety/Selection/Training Worker's Compensation (517) 483-4004 (Voice/TDD) (517) 483-4490 (Jobs Hotline) (517) 483-6064 (Fax) www.lansingmi.gov

Background Check Authorization Form

Dear Applicant/Employee:

As part of the selection process for this position check authorization listed below. This inform Resources 8 th Floor City Hall, 124 West Michael matter. Please call us at (517) 483-4004 if y	nation must be returned with your a higan Avenue, Lansing, MI 48933.	application to the Department of Human
	Date:	
I,agency regarding any criminal conviction hi that my ethnicity, date of birth, gender and n these four (4) items will be considered in the	story to the City of Lansing Depair ny age will not be made a part of m	tment of Human Resources. I understand
I acknowledge that the City will complete Criminal Conviction Record Check and Secr		ncluding but not limited to a State Police
I further understand that the City of Lansi terminate employment based upon the resul		w any conditional offer of employment or
	Signatu	ire
(Please Print) First Middl	e Last	Birth Name
Other name(s) you may have worked under	or be known by:	
Date of Birth:/ /	Social Security #:	Sex
Ethnicity Driver License #: _	Type of Drivers License	
Driver License Expiration Date	Do you have a CDL Lic	ense?
If so, what type and what endorsements:		
Position applied for?		Driving required: Yes No
For office use only: New Volunteer		