LCSO DRIVER INFORMATION FORM

FULL NAME: _____
First Middle Last

OTHER NAMES USED: _____

CURRENT ADDRESS_____

OREGON DRIVER'S LICENSE#_____DATE OF BIRTH:_____

HAVE YOU EVER BEEN ARRESTED?_____ IF YES, LIST CHARGE, YEAR AND

LOCATION OF ARREST _____

_____

_____

_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?____ IF YES, LIST CHARGE AND

LOCATION _____

_____

_____

_____

This form authorizes the Lane County Sheriff's Office to complete a background check on the above applicant. Failure to provide accurate and complete information may be grounds for immediate disqualification.

I do hereby solemnly affirm and swear that the information provided above is true, correct and complete.

Applicant Signature_____

PLEASE LEGIBLY PHOTOCOPY YOUR OREGON DRIVER'S LICENSE BELOW