

**APPLICANT CONSENT FORM FOR CRIMINAL BACKGROUND CHECK**

Applicants are required to provide information about any conviction records or pending charges. This information will be retained in your application file which is **confidential**. Wisconsin's Fair Employment Law, s. 111.31-111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job.

NAME (Last, First MI)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE	GENDER
STREET ADDRESS		CITY, STATE, ZIP CODE		
FORMER NAME (if applicable)	DAY PHONE:		EVENING PHONE:	
Driver's License Number		Driver's License Issuing State		
Check your marital status:		<div> <div>Married</div> <div>Divorced</div> <div>Widowed</div> </div>		
Single		<div>Date:</div> <div>Date:</div> <div>Date:</div>		

- Do you have criminal charges pending against you? YES NO
- Have you been convicted of any crime anywhere, including in federal, state, local, military and tribal courts?  
YES NO If you answered "YES" to any of the above questions, please indicate: (Attach additional pages if necessary)

The nature of the offense		
Date of offense	Date of conviction	Name and location of court
Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension).		
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Prior Addresses Outside the State of Wisconsin within The Past 10 Years (*use a separate sheet as needed*)

PRIOR STREET ADDRESS	
PRIOR CITY, STATE, ZIP CODE	From (Month/Day/Year) To (Month/Day/Year)
PRIOR STREET ADDRESS	
PRIOR CITY, STATE, ZIP CODE	From (Month/Day/Year) To (Month/Day/Year)
I state that all the information is true and complete to the best of my knowledge and I understand that any falsification or omission of information may disqualify me for this position. By signing this form, I authorize the Department to conduct a background check and verify the information provided above.	
APPLICANT SIGNATURE	DATE SIGNED

Once you have completed and signed this form, please email it to the following email address:

[DNRHRBACKGROUNDCHECK@Wisconsin.gov](mailto:DNRHRBACKGROUNDCHECK@Wisconsin.gov). In the subject line of your email, please put the following: Last Name, First Name and Job Announcement Code (JAC#) from Wiscjobs. If you do not have a JAC# to list, please put the job title of the position you are applying for.