



**CITY OF PROVIDENCE**

Jorge O. Elorza, Mayor

**CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM**

**PLEASE PRINT**

**First Name** ..... **Last Name** .....

**Position and Department** .....

**Address** ..... **City/State/Zip.** .....

**Telephone** ..... **Social Security #** .....

**Date of Birth**..... **Driver’s License #**.....

**I understand that as part of my application, the employer may conduct a background check. In the event a B.C.I. report is reviewed, no information prohibited by statute will be considered by this employer.**

**I agree to the same.**

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



NOREC	DLC
YESRECNOWK	CDL
YESRECAPPT	CDLPREMPLTST
HR REP	CDLTRN
DEPTNTFD	BBPTRN
ORN	BBPVCN
DOH	

**HUMAN RESOURCES**

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www.providenceri.gov