# CRIMINAL BACKGROUND CHECK INFORMATION

**ENSURE DATA IS LEGIBLE AND COMPLETE, THIS FORM MUST BE COMPLETED BY APPLICANT**

| | |
|---|---|
| **LAST NAME:** | **FIRST NAME, MIDDLE INITIAL:** |
| **SSN:** | **DOB:** **RACE:**<br>**SEX:** **EYES:**<br>**HT:** **WT:** |
| **ADDRESS, CITY, AND ZIP:** | **US CITIZENSHIP:** **YES** **NO** |
| **DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:** | **AGE 18 OR OVER:** **YES** ☐ **NO** ☐ |
| **EMPLOYER:**<br>Sandia National Laboratories | |
| **Any Alias:** | |

**I authorize the use of and release of my personal information to KIRTLAND AFB, NM, to accomplish a National criminal background check. I understand the information obtained will be used to determine my eligibility to access Kirtland AFB for the purpose of employment. Furthermore, I certify the information I have provided is true and that any attempt on my behalf to provide incorrect or misleading information may subject me to denial of base access and/or prosecution under state and/or federal laws.**

_____ _____

**Signature of Employee** **Date**

**DO NOT WRITE BELOW – GOVERNMENT USE ONLY**

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|---|---|
| **SFS USE ONLY:**<br><br>**SFMIS CHECKS:**<br>**COMPLETED: Y / N INITIALS: _____**<br><br>**NCIC III CHECK:**<br>**COMPLETED: Y / N**<br><br>**Date Completed: _____**<br><br>**Disqualifying Factors Y / N INITIALS: _____**<br><br>**SFA/FINGERPRINTS:**<br>**COMPLETED: Y / N INITIALS: _____**<br><br>**DRIVERS LICENSE:**<br>**CHECK Y / N INITIALS:_____** | **Remarks** |

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