## **Lansing Office of Emergency Management Felony Background Information**

While working with the Office of Emergency Management, you may be asked to work with sensitive information or in secure areas. Because our partner agencies count on us to be professional and trustworthy, we must perform a criminal background check. If there are criminal convictions in your past, we will discuss them with you to decide if you can continue as a volunteer. Our concern is with felony (and some misdemeanor) convictions.

Issues like credit history, employment, and minor traffic violations will not be considered. Neither will age, race, or ethnicity. Those questions are asked to avoid confusion with individuals with similar names when performing background checks.

Please complete and sign this form.

I hereby authorize the Lansing Office of Emergency Management to conduct a basic criminal background check as a condition of my work with that office.

1.	Full Name: Date of Birth:
2.	Address:
3.	City/State/Zip:
4.	Maiden Name or Other Last Name:
5.	Number of Years Lived in Michigan: 6. Gender: M F
7.	Driver's License Number:
8.	Are you a US Citizen? Yes No
9.	Ethnicity: White Black Hispanic Asian/Pacific Islander
10.	Have you ever been convicted of a felony? Yes No
	If yes, please explain any convictions:
I und dismi	erstand that falsifying any information on this form will be cause for immediate issal.
Signa	ture: Date: