



City of Corunna

402 N. Shiawassee St
Corunna, MI 48817
Phone: (989) 743-3650
Fax: (989) 743-4417

Background Check Form

Group or Event: _____

This information is confidential and will be stored in a confidential manner. (Please print)

Last Name _____ First Name _____ Middle _____

Other names used: _____ Phone Number: _____

Date of Birth (mm/dd/yyyy): _____ Race: _____ Sex: _____

- A. Have you ever been convicted of **ANY** misdemeanor or felony crimes? ___Yes ___No
- B. Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal? ___Yes ___No
- C. Do you currently have a restraining order or PPO filed against you ___Ye ___No

If "Yes" to any question, please complete the following:

Date: _____ County or State: _____ Status: _____

Type of offense: _____

Explanation: _____

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize the City of Corunna to check criminal and/or civil records.

Signature: _____ Date: _____

For Office Use Only:

_____ Approved By: _____ Date: _____

_____ Forwarded To: _____ Date: _____

The City of Corunna is an equal employer and provider.