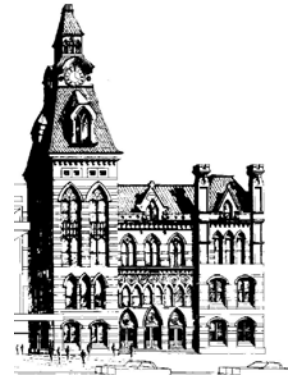




CITY OF NEW HAVEN
DEPARTMENT OF HUMAN RESOURCES
CITY OF NEW HAVEN

200 Orange Street, New Haven, CT 06510
 (203) 946-8252
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JOHN DeSTEFANO, JR.
 MAYOR

EMMET P. HIBSON, JR.
 DIRECTOR of
 ORGANIZATIONAL DEVELOPMENT

CONVICTION HISTORY & RELEASE OF INFORMATION

<hr/>	<hr/>	<hr/>
Print Last Name	Print First Name	Print Middle Initial
<hr/>	<hr/>	<hr/>
Social Security Number	Date of Birth	
<hr/>	<hr/>	
Address	City	State
<hr/>	<hr/>	<hr/>
		Zip Code

Have you ever been convicted of any offense other than a minor traffic violation or juvenile offenses? Yes No

If yes, give details and dates of convictions below. You may voluntarily provide any explanation that you wish to have considered as part of your application, including any evidence of rehabilitation. If you have more than one conviction that you must disclose, please include the information requested below.

Name under which arrested/convicted:	Name under which arrested/convicted:
Violation:	Violation:
Court:	Court:
Date & Place of Conviction:	Date & Place of Conviction:
Penalty (fine, sentence, dates of probation):	Penalty (fine, sentence, dates of probation):
Explanation (optional):	Explanation (optional):

I understand that previous conviction is not necessarily disqualifying and expressly authorize the City of New Haven to conduct a background check of my criminal history, if any. I also agree to execute as a condition of employment or continued employment any additional written authorizations necessary for the City of New Haven to obtain access to and copies of records pertaining to this information.

I expressly authorize the City of New Haven to contact any of my prior employers or references listed on my City of New Haven Application for Employment attached to this Release (the "Application"), to conduct other background checks necessary for the purpose of verifying all information provided on the Application.

With regards to the foregoing disclosures, I expressly agree to release all of those prior employers, the City of New Haven, and any other person, company or entity from any cause of action or from any liability that may arise from supplying the City of New Haven with information it may request pursuant to this Release. I understand that any false answers or statements, or misrepresentations by omission, made by me on the Application or any related document may be sufficient for rejection of my Application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

 Applicant's Signature

 Date

 Position Applied for

 Department