Plainfield Fire & Rescue

PO Box 217
169 Main Street, Plainfield, VT 05667
(802) 454-8479 / (802) 839-6302
(TAX ID 26-1801958)

NCPA REQUEST FOR CRIMINAL RECORD CHECK

NAME: _____
LAST FIRST MIDDLE

MAIDEN OR OTHER NAMES USED: _____

ADDRESS: _____

GENDER: _____ RACE: _____ DATE OF BIRTH: _____
MO/DAY/YEAR

SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH: _____
CITY/TOWN STATE COUNTRY

TELEPHONE NUMBER: _____
AREA CODE/NUMBER

I, _____, hereby acknowledge and agree to a check of any record of criminal convictions per the National Child Protection Act, which may be maintained by the Vermont Crime Information Center, the criminal record repositories or other states where I have been employed or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following states:

_____

I understand that the results of that check will be made available to: _____ for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE OF APPLICANT:_____ DATE: _____
(SIGNED IN THE PRESENCE OF A NOTARY)

IDENTITY VERIFIED BY: _____ DATE: _____