

Applicant Criminal History Evaluation Form

Applicant Name: _____

Position Sought: _____

Department: _____

Date of Conditional Offer: _____

The relevance of the record to the position sought:

The nature of the work to be performed:

The time since the conviction(s):

Age of the applicant at the time of the offense(s):

The seriousness and specific circumstances of the offense(s):

The number of offenses:

Evidence that the individual performed the same type of work, post-conviction, with no known incidents of criminal conduct:

Any relevant evidence submitted by the applicant regarding his or her rehabilitation:

Date of Re-Interview: _____

Evaluation: _____

Recommendation: _____

Name(s) of Evaluator(s): _____

Date of Evaluation: _____

Please retain a copy of this form and any other documentation in a secure location separate from the applicant's personnel file.