



# SENIOR SERVICES

Embrace Your Age

## Driving Record/Criminal History Background Information

I give my permission for the following information to be used by Senior Services Midland County Council on Aging to secure information regarding my driving record, "*conviction only*" criminal history, and the Department of Community Health or State Bureau of Health Professionals excluded parties list.

I understand that the information provided below will be kept confidential and used for the sole purpose of checking my driving and criminal history records.

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Sex: \*Race:

Social Security Number \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Length of time residing in Michigan: \_\_\_\_\_

Other states I have resided in:

State	Time
_____	_____
_____	_____
_____	_____
_____	_____

Alias names used including previous married names or maiden name:

Maiden Name: \_\_\_\_\_

Other Last Names: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Race is essential to assist Agency in providing required EEOC data.