DRIVER AND CRIMINAL BACKGROUND INFORMATION

(Above space to be used for photocopy of current Colorado Driver's License.)

Applicant's full legal name_____

Applicant's date of birth_____**Social Security No.**_____

The above applicant agrees to and gives permission to have a driver's license and criminal background check performed annually by the JCFPD Chief. All information will become part of his or her personnel file and treated as confidential.

This release is given with full knowledge and understanding that the Jefferson-Como Fire Protection District will use this information only in regard to my service as a volunteer firefighter.

I hereby release the Jefferson-Como Fire Protection District and the Park County Sheriff's Department their officers, agents and employees from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or any attempt to comply with this authorization.

Applicant's Signature_____ Date_____

Chief's Signature_____ Date_____

Date_____	Approved_____	Denied_____
Date_____	Approved_____	Denied_____
Date_____	Approved_____	Denied_____
Date_____	Approved_____	Denied_____
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