## **Summary of Background Investigation**

| Applicant Name:     |                       |  |
|---------------------|-----------------------|--|
| Social Security     |                       |  |
| Report Prepared By: |                       |  |
| Department/Agency:  |                       |  |
| Date (MM/DD/YYYY):  |                       |  |
|                     | Pre-Conditional Offer |  |
| PERSONAL & FAMI     | LY INFORMATION:       |  |
|                     |                       |  |
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|                     |                       |  |
| EDUCATIONAL BAC     | CKGROUND:             |  |
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|                     |                       |  |
|                     |                       |  |

| EMPLOYMENT HIS                  | EMPLOYMENT HISTORY INFORMATION FROM REFERENCES: |                        |             |
|---------------------------------|---|------------------------|-------------|
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|                                 |   |                        |             |
| CREDIT HISTORY/                 | FINANCIAL STATUS:                               |                        |             |
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|                                 |   |                        |             |
|                                 |   |                        |             |
|                                 |   |                        |             |
| VERIFICATION OF documentation): | CRIMINAL HISTORY OR A                           | ANY DISCIPLINARY ACTIO | ONS (attach |
|                                 |   |                        |             |
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| SUMMARY OF INTERVIEW WITH APPLICANT:  |
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| RECOMMENDATION OF INVESTIGATOR AS TO APPLICANT'S SUITABILITY FOR A CONDITIONAL OFFER OF EMPLOYMENT: |
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| POST-CONDITIONAL OFFER PRIOR WORKERS' COMPENSATION AWARDS:  |
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|   |
| OTHER INFORMATION:  |
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| PHYSICIAN SUGGESTED LIMITATION FOR PERFORMING ESSENTIAL JOB FUNCTIONS  |
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| REQUEST (S) FOR ACCOMMODATION:   |
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| PSYCHOLOGIST'S SUGGESTED LIMITATIONS FOR PERFORMING ESSENTIAL JOB FUNCTIONS:   |
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| RESULTS OF POLYGRAPH EXAMINATION   |
| (OTHER CONSIDERATIONS)   |
|  |
| TO BE COMPLETED BY BACKGROUND INVESTIGATOR   |
| I hereby certify that the results of the Background Investigation conducted on this applicant are consistent with the answers to those questions contained in the applicant's Personal History Statement. I understand it is the responsibility of this agency to obtain a certified county-wide criminal history check from each jurisdiction required and that the Sheriff's Office / Telecommunications Center is satisfied that this requirement has been met. |
| This the Day of  |
| Investigator's Signature   |