



*Bellmore Fire Department*  
 7020 E. US Hwy 36 \* Rockville, Indiana 47872 \* (765) 344-0188



## Criminal Record Check Form

Park County Sheriff's Office  
 ATTN: Records Check  
 458 W. Strawberry Road  
 Rockville, Indiana 47872

Name: \_\_\_\_\_  
First Name                  Middle Name                  Last Name                  Maiden Name/other

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_

Address: \_\_\_\_\_  
Number                  Street                  City                  State                  Zip code

Phone Numbers: \_\_\_\_\_  
Home                                  Cell

\_\_\_\_\_   
Work

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

**I give my consent to Bellmore Fire Department to conduct a criminal record check on myself for membership purposes. I further understand that by providing false information during this criminal record check, shall result in the termination of any future consideration with the Bellmore Fire Department**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_  
Please print

Signature of parent/guardian: \_\_\_\_\_