

BACKGROUND CHECK FORM

Please submit a completed Background Check Form for EVERY individual who will be working on site at the CT State Capitol campus or at the Old State House.

Personal Information: (Vendor to Complete)

Print First Name _____

Print Last Name _____

Address _____

City _____ State _____ Zip Code _____

_____/_____/_____

Date of Birth

_____-_____-_____.

Social Security Number

I have included my one form of government issued picture identification.

Applicant Signature

_____/_____/_____

Date

My signature above authorizes the State Capitol Police to conduct a criminal history check on me. I am providing the information above to be used only for the purpose of site work at the State Capitol Campus and/or the Old State House.

Contract Information: (Internal Use Only)

Company Name _____

Contract Title _____

Contract Expiration Date _____