



# CASCADE COUNTY SHERIFF'S OFFICE

Jesse Slaughter – Sheriff | Cory Reeves – Undersheriff

3800 Ulm North Frontage Road, Great Falls, Montana 59404 406.454.6820 cascadecountymt.gov

## CRIMINAL HISTORY AUTHORIZATION

The Cascade County Sheriff's Office is considering the application of the person named below for employment: as a volunteer within the Cascade County Adult Regional Correctional Facility; or an employee with the Sheriff's Office; or a contract worker within the facility. Any information relating to a criminal history check, traffic record, or any information you may have as to the character and integrity of the person is requested.

Last Name	First Name	Middle
Other Names Used		
Street Address	City	ST Zip
Date of Birth	Social Security #	Phone #

### Reason for Requesting Access into secured facility:

What Agency: \_\_\_\_\_

What Position: \_\_\_\_\_

Contact Person in this Facility: \_\_\_\_\_

I, \_\_\_\_\_, the above-named person, do hereby authorize any disclosure of information you may have regarding me, to the office of the Sheriff/Coroner, Cascade County, Montana.

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? ( ) Yes ( ) NO

IF YES, PLEASE COMPLETE THE FOLLOWING (Exceptions: minor traffic violations) (Attach additional sheet if necessary):

	City	State	Charge	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



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DO YOU HAVE A CLOSE RELATIVE INCARCERATED AT THIS FACILITY?  YES  NO

DO YOU HAVE ANY PERSONAL INVOLVMENT IN INSTITUTIONAL SEXUAL ABUSE, SEXUAL ABUSE IN THE COMMUNITY OR SEXUAL MISCONDUCT?  YES  NO

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**PLEASE ATTACH A PHOTO ID.**

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Signature

Date

NCIC/CJIN RESPONSE: \_\_\_\_\_

By: \_\_\_\_\_

ZUERCHER: \_\_\_\_\_

APPROVED/DENIED: \_\_\_\_\_

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