

MURRAY CITY CORPORATION

PERSONAL DATA SHEET

NAME: _____ OTHER NAMES USED: _____

ADDRESS: _____ HOW LONG? _____

ALL OTHER ADDRESSES IN PAST 3 YEARS: _____

DATE OF BIRTH: ____/____/____ AGE: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY #: _____ - _____ - _____ DRIVERS LICENSE/ ID#: _____ STATE _____

U.S. CITIZEN? YES _____ NO _____ IF NO, RESIDENT ALIEN # _____

OTHER: _____

PHONE # (____) _____ - _____ MESSAGE PHONE # (____) _____ - _____

SPOUSE NAME: _____ DATE OF BIRTH: ____/____/____ AGE: _____

RELATIVE NOT LIVING WITH YOU: NAME _____

ADDRESS: _____

PHONE: (____) _____ - _____ RELATIONSHIP _____

HISTORY

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

IF YES, DETAILS _____

OTHER ARRESTS: _____

LOCATION(S): _____

PAROLE: _____ PROBATION: _____

UTAH STATE PRISON: YES _____ NO _____ PHOTO _____ STATUS: _____

OTHER PRISON: _____

EMPLOYMENT

SELF EMPLOYED _____ FULL TIME _____ PART TIME _____ SEASONAL _____ TEMPORARY _____

NAME OF EMPLOYER: _____

ADDRESS _____

HOW LONG? _____ PHONE: (____) _____ - _____

IF LESS THAN 3 YEARS, PLEASE PROVIDE ALL OTHER EMPLOYERS:

NAME: _____ HOW LONG? _____

ADDRESS: _____ PHONE: (____) _____ - _____

(Employment continued)

NAME: _____ HOW LONG? _____

ADDRESS: _____ PHONE: (____) _____ - _____

EDUCATION

HIGH SCHOOL: _____ YEARS COMPLETED: _____

COLLEGE _____ YEARS COMPLETE: _____

ORGANIZATIONS & CLUBS: _____

ATTENDING NOW? _____ WHERE: _____

PHYSICAL DESCRIPTION

SEX: _____ RACE: _____ CORRECTIVE LENSES: _____

HEIGHT: _____ WEIGHT: _____

EYES: _____ HAIR: _____

TATOOS: (DESCRIPTION & LOCATION) _____

SCARS & MARKS: _____

MANUAL DEXTERITY: RIGHT: _____ LEFT: _____ AMBIDEXTROUS: _____

MISCELLANEOUS INFORMATION

WHAT TIME FRAME WILL THIS CERTIFICATION BE USED FOR? _____

DATE OF LAST APPLICATION: ____/____/____

HAVE YOU EVER BEEN DENIED OR HAD A CERTIFICATE REVOKED? YES _____ NO _____

IF YES, WHEN/WHERE? _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT I PERSONALLY PROVIDED THE SAME AND INTENDED THAT MURRAY CITY RELY THEREON:

DATE

APPLICANT'S SIGNATURE

OFFICE USE ONLY

DRIVER LICENSE DIVISION: APPROVED BY: _____

B.C.I.: _____ DENIED BY: _____

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Please note: *This form must be taken to the Murray City Police Department and signed along with additional forms at their offices. If you have any additional questions, please contact the Police Department at (801) 264-2673.*