

Arkansas Agriculture Department
Criminal Background Check Consent Form for Job Applicants

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity.

Human Resources Department, (501)219-6370
#1 Natural Resources Drive, Little Rock, Arkansas 72205

I understand that prior to a job offer, a criminal history check shall be obtained and that the information is for the official use of the Arkansas Agriculture Department in connection with its determination of my suitability for employment. This consent is valid until the termination of my application process or my affiliation with the Arkansas Agriculture Department, whichever is later.

(Signature)

(Typed or Printed Name)

Social Security Number: _____ DOB: _____ Date: _____

Race: American Indian Asian/Pacific Island Black White/Hispanic Unknown

Sex: Male Female

Marital Status: Single Married

Current Address: _____ Phone: _____

Driver's License number, passport, birth certificate, etc.: _____

Witness: _____

To Be Completed by Hiring Official:

Position Number: _____ Position Title: _____

Hiring Official: _____ Title: _____

Unit/County: _____ Phone/Fax: _____

To Be Completed by HR Department:

Results: _____ Date: _____ Name: _____