

**COMPLETE THIS FORM ONLY IF YOU ARE 18 OR OLDER**

**CITY OF RAPID CITY - EMPLOYEE  
BACKGROUND INVESTIGATION**  
FORM Human Resources Division  
300 Sixth Street  
Rapid City, SD 57701

FOR OFFICE USE ONLY	
Date:	_____
Initials:	_____
Position:	_____
NEOGOV #:	_____
Category:	A B C E F DL CDL Financial

**Personal History and Identification**

NAME OF APPLICANT: \_\_\_\_\_,  
(Last) (First) (Middle)

OTHER NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Street)

\_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(City, State, Zip)

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Driver's License \_\_\_\_\_  
State issued: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

PLEASE NOTE: Conviction of a crime is not an absolute disqualification for employment.

This form is being completed by a City of Rapid City employee under a conditional offer of employment. Where necessary, fingerprints may be required. Please complete the form completely. Any misrepresentation or omission of facts may cause cancellation of the application and/or separation from employment.

The hiring official making the determination of suitability will provide you the opportunity to complete or challenge the accuracy of the information contained in the identification record.

You must be a citizen of the United States or have the right to work in the United States legally. If you are not a citizen or national of the United States, please attach proof of Lawful Permanent Resident - Alien Number or proof that you are an alien authorized to work.

**WAIVER TO PERMIT BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, hereby authorize the Rapid City Police Department to conduct an investigation into my complete history, including my former employment, together with any and all information concerning my abilities, personal character, credit history, arrest record, etc.

I hereby release any law enforcement agency, company, corporation, or individual from all liability for furnishing information concerning me in response to this investigation.

\_\_\_\_\_  
Signature of Applicant Date

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Systems Checked: (for Department use only)  
Driver's License: \_\_\_\_\_ RCPD/PCSO: \_\_\_\_\_ CJIS: \_\_\_\_\_ DCI: \_\_\_\_\_ Credit: \_\_\_\_\_ Sex Offender: \_\_\_\_\_  
Information Summary: