



Colorado State Patrol  
 1341 Sherman Street Denver, CO 80203  
 Phone: (303) 866-3660 Fax: (303) 866-2427

**APPLICATION FOR BACKGROUND CHECK**

Applicant Name: \_\_\_\_\_ Last 4 Numbers of SSN: \_\_\_\_\_  
 DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
 Department: \_\_\_\_\_ Division: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Room Number: \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_ Emergency Contact Phone: ( ) \_\_\_\_\_  
 Applicant Driver's License information: State \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_  
 Company Supervisor Name: \_\_\_\_\_ Supervisor's Phone: ( ) \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Project Number \_\_\_\_\_  
 I hereby authorize the Colorado State Patrol (hereinafter referred to as "CSP") to conduct a standard criminal history check on me. This standard history check is designed to reveal if I have ever been subject to a criminal conviction, in which case a more complete criminal background investigation may be conducted on me.

This release is executed with full knowledge and understanding that this criminal history information is for the official use of the CSP only. Consent is granted to the CSP to furnish such information to the supervisor requesting said history in connection with my application for employment. Such information will be treated confidentially by the CSP, the requesting supervisor, and their staff at all times except as may otherwise be required by law.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

(State Patrol use only)  
**Passed Background Check**  
 \_\_\_ Yes \_\_\_ No IBM: \_\_\_\_\_

**If application is also for a SECURITY ACCESS CODE, please fill out the following section:**

Building(s) Requested:  ALL BLDGS  ALL BLDGS & TUNNELS  TUNNELS  CAPITOL EXTERIOR TUNNEL DOOR  
 CAPITOL  HOUSE AND RESTROOMS  SENATE AND RESTROOMS  
 CAPITOL ATTIC  ROTUNDA TUNNEL DOOR  
 ANNEX  ANNEX - SUBBASEMENT  1881 PIERCE  POWER PLANT  CENTENNIAL  LSB  WELLNESS CENTER  
 STATE OFFICE BUILDING  1570 GRANT  HUMAN SERVICES  HUMAN SERVICE WITH DOCK  
 STATE SERVICES  SSB 6<sup>TH</sup> FLOOR  SSB 7<sup>TH</sup> FLOOR  SSB COMMUNICATION ROOM  
 SSB FREIGHT ELEVATOR:  All Floors  Basement to 5<sup>th</sup> floor  6<sup>th</sup> floor  7<sup>th</sup> floor  
 NORTH CAMPUS:  West  East  North  
 700 KIPLING  690 KIPLING  690 STAIR/ELEV FLR 1-4  690 STAIR/ELEV FLR 1-3  690 STAIR/ELEV 2<sup>ND</sup> FLR

The following information will be used in case the applicant requests information about the access code:  
 Mother's Maiden Name: \_\_\_\_\_ Unique Password: \_\_\_\_\_ Code Expiration Date: \_\_\_\_\_

I understand that the access code to be issued to me will be my private access code. I accept full responsibility for its use and will not share, assign, or divulge my code to any other person. I understand that if I abuse my code in any way, my code will be revoked for an undetermined amount of time.

Applicant Signature \_\_\_\_\_

\_\_\_\_\_  
 Supervisor/Authorized Individual (PRINT) Supervisor/Authorized Individual Signature ( ) \_\_\_\_\_ Phone

OFFICE USE ONLY  
 ACCESS CODE: \_\_\_\_\_ IBM: \_\_\_\_\_ DATE: \_\_\_\_\_