

**PINAL COUNTY SHERIFF'S OFFICE  
BACKGROUND APPLICATION  
VEHICLE TOW OPERATOR**

**Company Name:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Approved:**  **YES**  **NO**

**STATEMENT OF PERSONAL HISTORY**

**INSTRUCTIONS:** Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use the Continuation Sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Record Law, ARS SCC 39-121 *et seq.*

1. Name (Last, First, Middle): \_\_\_\_\_

|                          |             |                       |
|--------------------------|-------------|-----------------------|
| 2. Street Address: _____ | City: _____ | State/Zip Code: _____ |
|--------------------------|-------------|-----------------------|

|                                     |                                  |
|-------------------------------------|----------------------------------|
| 3. Date of Birth (MM/DD/YYYY) _____ | 4. Social Security Number: _____ |
|-------------------------------------|----------------------------------|

5. List any other names, DOB's or SSN's you have used on the Continuation sheet: \_\_\_\_\_

|                                 |                                 |                              |
|---------------------------------|---------------------------------|------------------------------|
| 6. Home Telephone Number: _____ | 7. Work Telephone Number: _____ | 8. Cell/Mobile Number: _____ |
|---------------------------------|---------------------------------|------------------------------|

Are you a citizen of the United States? YES \_\_\_ NO \_\_\_ If no, please attach copy of birth certificate or other verification of citizenship

**CURRENT DRIVER'S LICENSE:**

State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_

**HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED? YES \_\_\_ NO \_\_\_**  
If YES provide a full explanation on the Continuation sheet.

**HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THIS OR ANY OTHER STATE? YES \_\_\_ NO \_\_\_**  
If YES provide a full explanation on the Continuation sheet.

**Each applicant must submit to a finger print check and pay the required finger print check fee.**

Fee amount: \_\_\_\_\_ Receipt No. \_\_\_\_\_

The foregoing application submitted by \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

