

LANCASTER POLICE DEPARTMENT



525 Pavement Road
Lancaster, NY 14086

Tel: (716) 683-2800
Fax: (716) 681-2352

Chief of Police
William J. Karn, Jr.

Background Check Release Form for Employment and/or Membership

Lancaster Volunteer Ambulance Corp

Requestor Name _____ Title _____
(Print)

Signature of Requestor _____

(To be completed by applicant)

I, _____, authorize the Lancaster Police Department
(PRINT NAME)
to conduct a background check for purposes of membership to the above indicated organization to include
but not limited to local arrest record and driver's license history.

Name: _____
Last First Middle Jr./III

List all names you have previously been known as;

Street address: _____ Apt _____

City/Town: _____ State _____ Zip _____

Previous Address (If less than 5 years) _____

Date of Birth: _____ Driver's License # _____ State: _____

Date: _____ Signature of Applicant: _____

Notary Public _____ Affix Stamp

Lancaster Police Department Use Only

____ This person (has) / (does not have) Vehicle & Traffic Violations on file.
Circle One

____ This person (has) / (does not have) an Erie County New York arrest record.
Circle One

____ Other: _____

Signature: _____ Title: _____

Date: _____