



Criminal History Check Authorization Form

A copy of these reports will be placed in your personnel file. You have the right to request a copy of these reports to challenge the accuracy and completeness of the reports, as well as request a waiver under Section 295.3040.

First Name, Middle Initial

Last Name

Position

Maiden Name or Other Names Used

Gender

Race

Present Address, City, State, ZIP

What other states have you resided in the past three (3) years? _____

_____/_____/_____
Date of Birth

Social Security Number

Have you ever been convicted of a crime? YES NO

If yes, what was the nature of the offense? _____

Are there any felony charges pending against you? YES NO

Employer Address: Ashford Martin Corporation
200 River Place, Suite 200
Monona, WI 53716

I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge and that knowledge providing false information or omitting information may result in denial or termination of my employment with Ashford Martin Corporation. I further understand that I may be denied employment or termination from employment if the criminal history report indicated a record of conviction of any of the criminal offenses enumerated in Section 295.3040 of the Code unless a fingerprint-based record is completed and cleared this record. The information received will remain confidential in that only Human Resources, or any potential supervisor, appropriate or applicable, will be party to this information. This information is for internal use only and will not be released to anyone outside of Ashford Martin Corporation or its affiliates.

Applicant Signature

Date