



NASSAU COUNTY FIRE MARSHAL'S OFFICE Background Check Form

INSTRUCTIONS:

A. DATE:

*This form must be U.S. mailed or hand delivered between agencies.
E-mail transmission is not permissible.*

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. APPLICANT NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M

F

☐☐

5. RACIAL APPEARANCE

White

Black

Indian

Asian

Unknown

Other

☐☐☐☐☐☐

6. ETHNICITY

Hispanic

Not Hispanic

Unknown

☐☐☐

7. HEIGHT

Ft.

In.

8. DATE OF BIRTH

Month

Day

Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

APPLICANT SIGNATURE: _____

NOTARY PUBLIC: _____

RESULTS OF INQUIRY

INVESTIGATING OFFICER: _____ DATE _____
(PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

☐ NO RECORD OF ANY CONVICTION WITHIN NASSAU COUNTY

☐ CONVICTED OF A CRIME WITHIN NASSAU COUNTY - DOCKET #: _____