



**BACKGROUND CHECK VERIFICATION
FORM**

This is to certify that:

Name

Employee Identification Number or last 4 Social Security Number

is currently working at _____ State Prison/Center/Office. I verify

the above named employee has had a complete background check and

is cleared of any Domestic Violence convictions pursuant to the Gun

Control Act of 1968.

Signature of Appointing Authority or Designee

Date

Retention Schedule: All training records must be kept at local facility training offices and/or regional training offices until storage capacity is exceeded. Training records must then be boxed, labeled by location and year, and forwarded to the Academy Director's office for storage in Bay D, SOSTC Fleet Warehouse, which is climate controlled. After retention for at least seven (7) years, only the Academy Director may direct that training records be destroyed.