



Emergency Medical Systems Bureau

CRIMINAL HISTORY BACKGROUND SCREENING PROGRAM

AFFIDAVIT – NO KNOWN CRIMINAL HISTORY

Applicant Affidavit Information

1. Applicant's Last Name:				2. Applicant's First Name				3. Applicant's Middle Name:							
4. Applicant's Social Security Number (No dash)				5. Applicant's Date of Birth				6. Applicant's Date of Employment							
7. List all other names by which the Applicant has been also known as:															
8. Length of Time as a Resident of New Mexico:															
9. Medical or Physical condition that prevents the Applicant from supplying readable fingerprints:															
I hereby certify that I DO NOT have any MISDEMEANOR OR FELONY convictions under the laws of any state, the United States, or a foreign country and the information provided is true and correct.															
Signature of Applicant												Signature Date			

Employer Information

10. Employer Name:															
11. Employer Address:															
12. Employer City:				13. Employer State:				14. Employer Zip Code:							
15. Employer Phone:				16. Employer Fax:				17. Employer Email:							
18. Authorized Representative Submitting Affidavit: (Last, First, MI)															
19. Explanation of Statement describing the good faith effort to provide readable fingerprints:															

Notary Public

State of: _____, County of: _____															
Subscribed and Sworn before me:															
On This _____ Day of _____, _____												SEAL			
My Commission Expires: _____/_____/_____															

FOR CHBS.EMS USE ONLY		
Date of FBI Name Check Requested	Date FBI Name Check Received	Result of FBI Name Check

PROOF OF OTHER COGENT or NM STATE & FEDERAL (NCIC) BACKGROUND MUST ACCOMPANY THIS FORM (ONLINE RECEIPT AND COPY OF LICENSE/CLEARANCE – CONDUCTED WITHIN 9 MONTHS OF EMS APPLICATION)