

Dear Criminal Justice Applicant:

Thank you for your interest in applying for the Indian Hills Criminal Justice program. We feel that our program is one of the best in the nation with the highest standards for ethics, integrity and professionalism. All applicants to this program must complete a questionnaire for participation in the program and undergo a criminal background check. This program is closed to all applicants with a felony record, conviction of a serious misdemeanor crime or **any crime of moral turpitude**.

Background checks are required for the following reasons. It would be unfair for Indian Hills to allow a student to complete the entire criminal justice program only to be refused employment because of a felony or serious misdemeanor conviction. This program also demands completion of two firearms qualification courses. Federal law prohibits individuals convicted of domestic abuse from possessing a firearm.

The questionnaire for participation form is required as well for the following reasons. In accordance with Iowa law this institution can only receive a criminal background check for violations and convictions in the State of Iowa. In completing and signing this form you, as an applicant into this program, are stating that you have not been charged with or convicted of the listed offenses anywhere in the United States. Again, it would be unfair for an applicant to successfully complete the criminal justice program only to be unemployable in the field.

Included with this letter you will receive both the authorization for release form and the questionnaire for participation form. Please complete them both and return them to:

ATTN Criminal Justice
Indian Hills Community College
525 Grandview Ave
Ottumwa, IA 52501

Also, a check or money order payable to Indian Hills in the amount of \$20.00 is required for the processing fee and should be placed in the same envelope. Upon receipt of the completed forms and check, we will submit the form to the Iowa Department of Criminal Investigations (DCI) to perform the background check. A reply is usually received with a day or two. **It is very important to complete the forms and send the processing fee as soon as possible to be accepted into the criminal justice program prior to the start of fall term.**

We appreciate your interest in the Indian Hills Criminal Justice program and sincerely look forward to seeing you. If you have any questions feel free to contact me at (641) 683-5111, ext. 1839 or by email at Tim.King@indianhills.edu.

Sincerely,

Tim King
Program Director, Criminal Justice Department

**QUESTIONNAIRE FOR PARTICIPATION
IN THE INDIAN HILLS COMMUNITY COLLEGE
CRIMINAL JUSTICE PROGRAM**

YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been “sealed” or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

YES NO

1. Have you ever been charged or convicted of any felony offense (Including those under the Uniform Code of Military Justice)

2. Have you ever been charged with or convicted of a firearms or explosives offense?

3. Have you ever been charged with, convicted of or are there currently any charges pending against you for domestic abuse?

4. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

5. Have you been arrested for, charged with, or convicted of any offense(s) not listed to questions 1-4 above? (leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

Print Your Full Name

Signature

Date

Address

Phone#

Declaration – I declare that the information that I have given is correct, and I understand that any attempt to give false information could lead to denial of entrance into or removal from the Criminal Justice Program.



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

From: _____

Phone: _____

Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

(DCI use only)