Arrest Notification Worksheet

Notification Type: Record Four	nd 🗆 Subsequent Arrest	☐ Subsequent Disposition	n	
Date Notification Received	Date Reviewed	Reviewed By	_ Reviewed By	
Applicant/Staff Name				
Position Title				
DOB	SSN	XXX-XX-		
☐ Classified ☐ Certifica	ted 🗆 Volunteer	☐ Other		
Arresting Agency or Court				
Date of Incident/Court	_ TOC (Type of Crime): \Box Ir	nfraction Misdemeanor	☐ Felony	
Penal Code(s) or Vehicle Code(s)				
Disposition Sentence				
Conviction Status: Misdemeanor	☐ Felony ☐ Dismisse	d		
Arresting Agency or Court				
Date of Incident/Court	_ TOC (Type of Crime): \Box Ir	nfraction	☐ Felony	
Penal Code(s) or Vehicle Code(s)				
Disposition Sentence				
Conviction Status: Misdemeanor	☐ Felony ☐ Dismisse	d		
Arresting Agency or Court				
Date of Incident/Court	_ TOC (Type of Crime): \Box Ir	nfraction Misdemeanor	☐ Felony	
Penal Code(s) or Vehicle Code(s)				
Disposition Sentence				
Conviction Status: Misdemeanor	☐ Felony ☐ Dismisse	d		
☐ Continue to Next Page ☐ End	of Notification			
Proceed with Employment: Yes	□ No			
If no, submit NLI to: fingerprints@fcoe.org	Date Sent:	By:		