

**WEST HAVEN HOUSING AUTHORITY**  
15 Glade Street, West Haven, CT 06516  
Telephone # (203) 934-8671 FAX # (203) 937-5788  
TTD/TTY 1-800-545-1833 X 901

**Applicant Criminal History Evaluation Form**

Applicant Name: \_\_\_\_\_  
Position Sought: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date of Conditional Offer: \_\_\_\_\_

The relevance of the record to the position sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The nature of the work to be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The time since the conviction(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age of the applicant at the time of the offense(s):

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The seriousness and specific circumstances of the offense(s):

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The number of offenses:

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Evidence that the individual performed the same type of work, post-conviction, with no known incidents of criminal conduct:

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Any relevant evidence submitted by the applicant regarding his or her rehabilitation:

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Date of Re-Interview: \_\_\_\_\_

Evaluation: \_\_\_\_\_

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Recommendation: \_\_\_\_\_

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Name(s) of Evaluator(s): \_\_\_\_\_

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Date of Evaluation: \_\_\_\_\_

*Please retain a copy of this form and any other documentation in a secure location separate from the applicant's personnel file.*