Monroe County Sheriff's Office APPLICANT INFORMATION SHEET

(Please print or type)

POSITION: MERIT DEPUTY_	CORRECTIONS OF	FICER CIVILIAN	RESERVE
	(Check One)		
NAME:			
Last/Maiden			ddle
PLACE OF RESIDENCE:			
	Number/PO Box	Street/Rd/Hwy	Apt/Lot
City	State		Zip
MAILING ADDRESS:			
	Number/PO Box	Street/Rd/Hwy	Apt/Lot
City	State		Zip
HOME PHONE:	WORK	(PHONE:	
DATE OF BIRTH:			
Mont	th Day	,	Year
PLACE OF BIRTH:			
	City	State	County
SOCIAL SECURITY NUMBER	l:		
DRIVER'S LICENSE NUMBER	R:	STATE:	
E-MAIL ADDRESS:			

CRIMINAL RECORDS AND BACKGROUND CHECK

l,	, understand that my
employn	nent and/or continuation of employment by the Monroe County Sheriff's Office gent upon, but not limited to, the following:
1.	An acceptable security clearance from both the Federal Bureau of Investigation and the Indiana State Police. A security clearance is necessary to complete computer training involving access to confidential information.
2.	An acceptable background check which includes, but is not limited to, investigation of my character, personal history, credit history, financial condition and information contained in this application.
3.	An unlimited criminal history data check which may include information with respect to any arrest, indictment, information, or other formal criminal charge, even if no disposition thereof has been entered. It may also include juvenile court records or juvenile records of a law enforcement agency.
	Waiver
informat court rec understa and will l	hereby waive all restrictions on access to or release of the foregoing ion to which I might otherwise be entitled. This waiver specifically includes all cords or law enforcement agency records relating to me when I was a juvenile. Ind that information gathered as a result of this waiver will be kept confidential, be used solely to determine my fitness as an applicant or employee. I make this nowingly and voluntarily, with full knowledge of its meaning and content.
Signature	<u> </u>
 Date	
 Witness	

Date