

Monroe County Sheriff's Office
APPLICANT INFORMATION SHEET

(Please print or type)

POSITION: MERIT DEPUTY ____ CORRECTIONS OFFICER ____ CIVILIAN ____ RESERVE ____
(Check One)

NAME: _____
Last/Maiden First Middle

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: _____
Month Day Year

PLACE OF BIRTH: _____
City State County

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

E-MAIL ADDRESS: _____

CRIMINAL RECORDS AND BACKGROUND CHECK

I, _____, understand that my employment and/or continuation of employment by the Monroe County Sheriff's Office is contingent 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

I hereby waive all restrictions on access to or release of the foregoing information to which I might otherwise be entitled. This waiver specifically includes all court records or law enforcement agency records relating to me when I was a juvenile. I understand that information gathered as a result of this waiver will be kept confidential, and will be used solely to determine my fitness as an applicant or employee. I make this waiver knowingly and voluntarily, with full knowledge of its meaning and content.

Signature

Date

Witness

Date