PALM BEACH COUNTY					- Alton	
-SHERIFF'S O DEPARTMENT OF					0	
APPLICATION TYPE		DNTRACT/PER CANTS MUST BE AT I	LEAST 18 YEARS	OF AGE PLEASE		
	N/A Guest Speaker	Religious		Health Car		
A/A Guest Speaker	Food Service		Guest Speaker	Mental He		
□ N/A	Maintenance/Repair	Education		Other		
Type or print all answers in blue or	black ink only. Allow	two (2) weeks to process.	All	clearances expire after o	ne (1) year, unless otherwise notified	
NAME (Last, Sr. / Jr. Etc., Firs	t & Middle)					
ALL NAMES YOU HAVE USE	D (ALIASES, MAIDEN NAME, NIC	CKNAME, OR NAME CI	HANGE)			
CURRENT ADDRESS (DO NO	DT LIST P.O. BOX)		APT #	YEARS	MONTHS	
CITY		STATE	ZIP CODE	LENGTH OF TI	ME AT CURRENT ADDRESS	
LAST ADDRESS (DO NOT LI	ST P.O. BOX)		APT #	CITY	STATE	
WORK PHONE	HOME PHONE	CELLUL	AR PHONE	E-M	AIL ADDRESS	
PLACE OF BIRTH (City & Sta	te or City & Country)		U.S. Citizen	Naturalization / Ci	tizenship Cert. Number	
/ /	/ /		1 🗆 F			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE GEN	IDER HEIGHT	WEIGHT F	HAIR COLOR EYE COLOR	
Driver's License or I.D. Card N	lumber		Driver's License [State I.D. Card St	ate of Issue	
HAVE YOU EVER APPLIED T	O THIS AGENCY FOR A SECUR	ITY CLEARANCE BEF	ORE? 🗌 Y 🗌 N	IF YES, EXPLAIN:		
HAVE YOU EVER BEEN INVO	DLVED WITH OR ACCUSED OF	SEXUAL MISCONDUC	T? 🛛 Y 🗋 N	I IF YES, EXPLAIN:		
	IVICTED OF, PLEAD NOLO CON RRANTS OR PICK-UP ORDERS;					
MARITAL STATUS:)	
SPOUSE'S NAME						
		EMERGENCY CON	ITACT			
NAME			RELATIO	NSHIP		
STREET	CITY		STATE	ZIP CODE	TELEPHONE	
FI	LL OUT THE SECTION BELO	W IF YOU ARE APP	LYING FOR A	OLUNTEER POSI	ΓΙΟΝ	
	AGE 🗌 Y 🔲 N IF NO, WHAT I					
	L: HIGH SCHOOL: COLLEGE: POST GRADUATE: 					
	RK:					
PBSO CE #0047 CG REV 10/18						

APPLICANT'S CERTIFICATION / AGREEMENT / RELEASE

- 1. I hereby certify that all statements in this application are true correct, and complete, to the best of my knowledge.
- 2. I acknowledge that I am responsible for the repair or replacement of any property received from the Palm Beach County Sheriff's Office. I agree that upon request or separation from my sponsoring organization, I will surrender any such property to said Sheriff's Office.
- 3. I understand that both my person and my property are subject to search while at a detention facility. I understand that the introduction or possession of contraband at a detention facility is a Felony and agree not to participate in such an action and to properly report any such activity that I become aware of to the Sheriff's Office.
- 4. I understand that a local, state, and national criminal history check, which includes fingerprinting, will be conducted as a result of the submission of this application. I further understand that, due to the type of check being performed, I am not entitled to a copy of the results and that I must independently secure such information, if desired, at my own expense.
- 5. I freely and voluntarily assume the risk of personal injury and property damage arising from or in any way connected to my presence at a detention facility. I hereby release the Sheriff of Palm Beach County, his/her successors, assignees, appointees, designees, employees and representatives and the County of Palm Beach from any injury, damages, loss or other expense to me or my property that may occur, result from or is in any way connected to my presence at a detention facility or for any injury, damages or loss or expense caused by a third party during my presence at a detention facility or from the gross or simple negligence of the releasee.
- 6. I agree that I will hold harmless and indemnify the Sheriff of Palm Beach County, his/her successors, assignees, appointees, designees, employees and representatives and the County of Palm Beach against any and all manner of actions, causes of actions, suits, debts, claims, demand for damages or liabilities for expenses of any kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine during my presence at a detention facility. This also includes any intentional act in which I may engage and which consequently causes injury or for any third party claims brought as a result of my intentional or negligent act.

I hereby represent that I have carefully read, understand, and agree to comply with the applicable contents of this document and sign my name below of my own free will.

Signature	Print Name	Date
ORGANIZATION:	POSITION APPLYING FOR:	
ORGANIZATION ADDRESS:		
SUPERVISOR / SPONSOR:	PHONE:	
	ed the information contained in this application as true, correct, and complete, to the best e individual who is known to me and/or has produced identification.	st of my knowledge. I hereby
Signature	Print Name <u>Mail or deliver completed original application to:</u> Security Clearance Management – SSD #3090 Corrections Administration Palm Beach County Sheriff's Office 3228 Gun Club Road, West Palm Beach, Florida 33406-3301)

SHERIFF'S OFFICE USE ONLY

REQUESTING SUPERVISOR:	Signature	Print Name	I.D.	Date
ENTRY DAYS:	ENTRY TIMES:	FACILITIES:	ESCORT REQUIRED:	
APPLICANT STATUS: 🔲 WIL	L RECEIVE ID CARD	WILL BE ADDED TO THE APPROVE		
BACKGROUND CHECK: D	ALMS 🗌 NCIC/FCIC II	D# DATE:	FINGERPRINTS DATE:	
IDENTIFIERS: SID #		FBI#		
APPROVED FOR: 🔲 1 YEAR	FOR EMPLOYME	NT WITH:		
APPROVING OFFICER:S	ignature	Print Name	I.D.	Date