



APPLICATION TYPE

- New
- Renewal
- Information Update

VOLUNTEER/CONTRACT/PERSONNEL SECURITY APPLICATION

APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE PLEASE
ATTACH A COPY OF DRIVERS LICENSE OR I.D. CARD

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> AA | <input type="checkbox"/> N/A Guest Speaker | <input type="checkbox"/> Religious | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> A/A Guest Speaker | <input type="checkbox"/> Food Service | <input type="checkbox"/> Religious Guest Speaker | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Maintenance/Repair | <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ |

Type or print all answers in blue or black ink only.

Allow two (2) weeks to process.

All clearances expire after one (1) year, unless otherwise notified.

NAME (Last, Sr. / Jr. Etc., First & Middle)

ALL NAMES YOU HAVE USED (ALIASES, MAIDEN NAME, NICKNAME, OR NAME CHANGE)

CURRENT ADDRESS (DO NOT LIST P.O. BOX) _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

LENGTH OF TIME AT CURRENT ADDRESS

YEARS

MONTHS

LAST ADDRESS (DO NOT LIST P.O. BOX) _____ APT # _____ CITY _____ STATE _____

WORK PHONE	HOME PHONE	CELLULAR PHONE	E-MAIL ADDRESS
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PLACE OF BIRTH (City & State or City & Country) _____ Y N U.S. Citizen _____ Naturalization / Citizenship Cert. Number _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ RACE _____ GENDER M F _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

Driver's License or I.D. Card Number _____ Driver's License State I.D. Card State of Issue _____

HAVE YOU EVER APPLIED TO THIS AGENCY FOR A SECURITY CLEARANCE BEFORE? Y N IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF, PLEAD NOLO CONTENDERE TO, OR HAD ADJUDICATION WITHHELD FOR ANY CRIMINAL OFFENSE; DO YOU HAVE ANY ACTIVE WARRANTS OR PICK-UP ORDERS; DO YOU HAVE ANY CRIMINAL CASES PENDING? Y N IF YES, EXPLAIN: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

SPOUSE'S NAME _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

FILL OUT THE SECTION BELOW IF YOU ARE APPLYING FOR A VOLUNTEER POSITION

ENGLISH PRIMARY LANGUAGE Y N IF NO, WHAT LANGUAGE? _____

EDUCATION LEVEL: HIGH SCHOOL: _____ COLLEGE: _____ POST GRADUATE: _____

OCCUPATION: _____ RETIRED: Y N

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

PREVIOUS VOLUNTEER WORK: _____

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.
3. I understand that both my person and my property are subject to search while at a detention facility.
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.
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.
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

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: _____

APPLICANT'S SUPERVISOR OR SPONSOR'S CERTIFICATE / AGREEMENT

I hereby certify that I have verified the information contained in this application as true, correct, and complete, to the best of my knowledge. I hereby witness the signature of the above individual who is known to me and/or has produced identification.

Signature _____ Print Name _____ Date _____

Mail or deliver completed original application to: 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: [] WILL RECEIVE ID CARD [] WILL BE ADDED TO THE APPROVED ENTRY LIST [] OTHER: _____

BACKGROUND CHECK: [] PALMS [] NCIC/FCIC ID# _____ DATE: _____ [] FINGERPRINTS DATE: _____

IDENTIFIERS: SID # _____ FBI # _____

APPROVED FOR: [] 1 YEAR [] FOR EMPLOYMENT WITH: _____ [] OTHER: _____

APPROVING OFFICER: Signature _____ Print Name _____ I.D. _____ Date _____