



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. 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: _____

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 _____