

**MONROE COUNTY  
RESERVE DEPUTY APPLICATION  
PRELIMINARY BACKGROUND CHECK**

<b>Applicant Information</b>				
LAST NAME	FIRST NAME	MI.	Sex: M F	DOB:
Social Security #		Driver License #	License State	
Current Address: Street & Apt.		City	Zip	
Phone (Day):	Phone (Evening):	Email:		
Previous Address: Street & Apt.		City	Zip	
Place of Birth: City	State	Status: Married ___ Single ___ Divorced ___		
Do you have a current handgun permit? Yes No		Permit #	Permit Issue State:	
Have you ever been arrested? Yes No		If yes, explain charge & when:		
Have you ever been convicted of a felony? Yes No		If yes, when & explain		
Citizenship: United States Yes No				
<b>Education</b>				
High School:		City	State	
Graduated: Yes No	Year Grad:	GED Yes No	Year Rec'd:	
College:		City	State	
Graduated: Yes No	Year Grad:	Degree:		
Other		City	State	
From	To	Did you graduate? YES NO	Degree	
<b>Employment</b>				
Company (Most Recent)				
Address		City	State	
Beginning	Ending	Supervisor:	Phone ( )	
<b>Military Service</b>				
From	To	Rank at Discharge	Type of Discharge	
<b>Disclaimer and Signature</b>				
<p>I hereby authorize and give my consent to the release of any and all background information and/or records about me, by any person, business, agency or other entity in possession of the same, to the Monroe County Auxiliary Police Incorporated for the purpose of conducting a background check. I authorize the Monroe County Auxiliary Police Incorporated to make photocopies of this document, and such copies shall suffice in place of the original to notify persons or entities in possession of information about me that I have freely and voluntarily agreed and consented to the matters herein.</p> <p>I certify that the information contained in this form is true. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final membership is contingent in part upon satisfactory completion of all phases of the Applicant Screening Process.</p> <p>I hereby waive, release, and surrender any and all rights to claims which I may have against the Monroe County Auxiliary Police Incorporated, County, or any of its members officers, employees, or agents as a result of the release of such records.</p>				
Signature			Date:	