

APPLICATION FOR CLEARANCE
AND ISSUANCE OF
IDENTIFICATION CARDS



CHECK ONE: VOLUNTEER CONTRACTOR
CHECK ONE: NEW RENEWAL

PERSONAL INFORMATION
(PLEASE PRINT CLEARLY)

LAST FIRST MIDDLE

STREET ADDRESS

CITY STATE ZIP RACE SEX

() ()
PRIMARY PHONE SECONDARY PHONE

SSN DOB DRIVER'S LICENSE / STATE ID NUMBER

OTHER NAME(S), NICKNAMES, MAIDEN NAME(S)

CURRENT EMPLOYER TITLE

Have you ever been employed by the Sheriff's Office or a contractor of the Sheriff's Office? Yes No

If yes, give division, department, location, title and dates of employment: _____

Are you a victim of or related to any Saint Lucie County Sheriff's Office Jail offender? Yes No

Name of Offender _____ ID# _____ Victim Relative

List any other offender that you are currently visiting in our jail or knew prior to their incarceration.

Name of Offender _____ ID# _____ Victim Relative

Attach additional information as needed

CRIMINAL HISTORY

NOTE: For the security and safety of volunteers, offenders and employees, criminal histories of applicants are reviewed, and may require fingerprinting in some instances. If volunteer applicants have previous felony convictions, they are not necessarily excluded from participation. All applications will be reviewed and receive a response. *When answering questions, include all convictions. Do not include any violation of the law committed before your 17th birthday if the final decision was made in juvenile court or under a youth offender law or any conviction record that was expunged under federal or state law or minor traffic violations.

1. Have you ever served time in an adult correctional facility or been placed on probation or parole? Yes No

If yes: Years/Months served _____ State/County _____

2. Have you ever been a member of a gang? Yes No

If yes: name and description of gang: _____

3. Do you currently have any criminal charges pending? Yes No

If yes: Explain

4. Have you ever forfeited property/bond as a result of being charged with any criminal act? Yes No

If yes: Explain _____

5. Have you ever been convicted of a crime? *Convicted includes adjudication withheld, community supervision, and those that may not appear on record at this time, but excludes minor traffic violations. If yes, attach additional information as needed.* Yes No

REASON FOR APPLICATION	
<input type="checkbox"/> CHAPLAINCY	<input type="checkbox"/> RE-ENTRY PROGRAM
<input type="checkbox"/> NARCOTICS ANONYMOUS	<input type="checkbox"/> SPIRITUAL LEARNING PROGRAM
<input type="checkbox"/> ALCOHOLICS ANONYMOUS	<input type="checkbox"/> PHS
<input type="checkbox"/> ARAMARK	<input type="checkbox"/> OTHER
<input type="checkbox"/> OUTSIDE CONTRACTOR	<input type="checkbox"/>

Authorization to release information:

I hereby authorize the release of any and all information regarding me to the St. Lucie County Sheriff's Office, at their request, in order that they may determine my suitability for employment or volunteer status. I understand that I must have a valid Florida Drivers License or an Identification Card (Florida I.D.) issued by the Florida Department of Motor Vehicles. Failure to possess one of these will preclude the processing of this application. I also understand that if I am untruthful in my application it will disqualify me from entry to the facility.

Applicant Signature _____

Date _____

OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE	
CHECK BY: _____ ID# _____ DATE ____/____/____	
<input type="checkbox"/> NO CRIMINAL HISTORY	
<input type="checkbox"/> CRIMINAL HISTORY WITH	DLE/SID# _____
	<input type="checkbox"/> NO PENDING CHARGES
	<input type="checkbox"/> PENDING CHARGES
	DATE OF LAST INCARCERATION _____
<input type="checkbox"/> VALID DRIVER'S LICENSE	
REVIEWED BY: _____	
<input type="checkbox"/> APPROVED	SIGNATURE
<input type="checkbox"/> DENIED	
ADMINISTRATIVE CAPTAIN: _____	
<input type="checkbox"/> APPROVED	SIGNATURE
<input type="checkbox"/> PERMANENT PASS	
<input type="checkbox"/> TEMPORARY PASS	
<input type="checkbox"/> DENIED	
DATE ORIENTATION COMPLETED: _____	
DEPUTY CONDUCTING ORIENTATION: _____	