

DISCLOSURE & CONSENT FORM

BACKGROUND CHECK



PITT COUNTY SHERIFF'S OFFICE

P.O. Box 528 - 100 W. 3rd St.

Greenville, N.C. 27835

(252) 902-2800

www.pittcountysheriff.com

Print legibly in black ink or type (form is fillable). Fill in all blanks. Applications missing information, not notarized, or missing supporting documents will not be processed.

PERSONAL INFORMATION:

Last Name First Middle (Maiden or Suffix)

Street Address City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's License Number: _____ State _____ Social Security Number: _____
(Please attach a copy of your Driver's License to this application.)

Are you a United States Citizen?

Have you ever been arrested or otherwise charged with a criminal offense?

___ No ___ Yes (If so, provide a statement detailing the incident and outcome in court)

AUTHORIZATION TO CONDUCT BACKGROUND CHECK:

I, _____, certify that all information submitted on this application is complete and correct to the best of my knowledge. My signature below represents a waiver giving permission to the Pitt County Sheriff's Office to conduct a background check to verify my qualifications and the information I have provided. I hereby expressly absolve and release this agency and its authorized employees from any and all liability to me for monetary damages and/or infringement of my rights if the agency withdraws my application at the discretion of the Sheriff or for good cause. I understand that this is not an offer of employment but for voluntary services only.

Signature of Applicant

Date

Printed Name of Applicant

Subscribed and sworn to before me,
this the ___ day of _____, 20___

Notary Public Full Address City State

My Commission Expires _____ Birth Date _____