

DISCLOSURE & CONSENT FORM

BACKGROUND CHECK



PITT COUNTY SHERIFF'S OFFICE

P.O. Box 528 - 100 New Hope Rd.

Greenville, N.C. 27834

(252) 902-2800

www.pittcountysheriff.com

Print legibly in black ink or type (form is fillable). Fill in all blanks. Applications missing information 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

(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