



Application for:

Building Pass I.D. Card New Pass Reissue

PLEASE PRINT LEGIBLY

Name: _____ Telephone: _____

Home Address: _____

Employer/Organization/Division: _____

Work Email: _____

Place of Birth: _____ Date of Birth: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Social Security Number: _____ - _____ - _____

Attach copy of Driver's License to this application. Set copier at 200%.

What type of work will be completed? _____

WAIVER AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I, the undersigned, do hereby authorize the Arapahoe County Sheriff's Office to conduct a full background investigation related to my application. I further agree that any duly authorized agent of the Arapahoe County Sheriff's Office may review any and all records concerning myself, and I hereby authorize the disclosure of said records, whether public, private or confidential in nature, to the Arapahoe County Sheriff's Office and/or any duly authorized agent thereof.

In consideration of the application I have filed, and the necessity to conduct a background investigation for clearance related to my application, I hereby release and covenant not to sue the County of Arapahoe, the Arapahoe County Sheriff's Office, the public officials, agents, servants, and employees of each, and any other persons and/or organizations who supply information in the course of this background investigation (hereinafter "Released Parties"), from any and all liability, including but not limited to any costs, claims, demands, injuries or damages which may arise out of, or relate to, the background investigation conducted in relation to my application. I further do hereby agree to defend, indemnify and hold harmless each of the Released Parties from any such liability, costs, claims, demands, injuries or damages.

I hereby certify that all statements in this application have been answered truthfully to the best of my knowledge, and I understand any false answers or deceit will be a basis for DENIAL OF THIS REQUEST.

Signature

Date

— FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE —

Will this applicant be: Escorted Unescorted

*** Unescorted applicants will require fingerprints and CJIS awareness training. This can take up to 2 weeks ***

Card Title (Deputy/Civilian/Volunteer/Etc.): _____

Comments: _____ Date: _____

Authorized By: _____ Second Authorization (if needed): _____