

DEPARTMENT USE ONLY:

ARAMARK CCS TKC MGMT SVCS

CHURCH, Rehabilitative Service: Yes _____ No _____

INMATE PROGRAMS ATTORNEY EMPLOYEE/INTERN/ CONTRACTOR OTHER

MECKLENBURG COUNTY SHERIFF'S OFFICE (MCSO)

BACKGROUND CHECK: APPLICANT BACKGROUND INFORMATION

Please fill this application out completely in black ink only. Any incomplete forms will cause a delay or denial of the application.

Full Name: _____ SS#: XXX-XX-_____ (last 4 only)

Have you ever been known by/used any other name(s) and what were they? (ex. maiden name(s)) _____

Current Address: _____

City/State: _____ Zip Code: _____

Driver License#: _____ State: _____ E-Mail Address: _____

Occupation: _____

Contact Numbers: Home: _____ Business: _____

Date of Birth: _____ Race _____ Sex: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____

Current Address: _____

Phone Numbers :(H) _____ (W) _____

Address for the past 10 years (beginning with current address)

(Use the back of the sheet for additional space)

From	To	Address	County	City/State	Landlord

REFERENCES

Name	Address	Phone #	Relationship

List all professional & civic memberships, organizations and other volunteer commitments: _____

If applicable, why do you want to be a jail volunteer? _____

What specific service will you provide in the Mecklenburg County Jail (MCJ)?

What firm(s)/agency(ies)/organization(s) do you represent or that have asked you to provide that firm/agency/organization services within the Jail? (Include the name of your employer as well as the name of any person or entity for whom you provide such services, including without limitation, the name of any law firm or legal entity, such as State or Federal Public Defender's Office, that has asked you to perform such services. (For example, I am employed by ABC Psychological Group, 21 10th Street, Charlotte, NC, and have been retained by Jones Law Firm, 14 E. 4th Street, Charlotte, NC to provide a professional evaluation of their inmate/client.)

Your Name: _____ (Signature) _____

Printed Name: _____ SS#: XXX-XX-_____ (last 4 only)

The Sheriff's Office conducts criminal history screening on all parties prior to approving their application. All questions must be answered truthfully. Failure to disclose all charges and/or arrests may disqualify you.

IF THE ANSWER TO ANY OF THE QUESTIONS IS YES, PLEASE EXPLAIN IN DETAIL IN THE SPACES BELOW. (USE THE BACK OF THIS PAGE IF ADDITIONAL SPACE IS NEEDED). If question is not applicable to you, you must write "NOT APPLICABLE" or N/A in the space provided.

1. Are you related to or do you know anyone currently incarcerated in the Mecklenburg County Jail System? If the answer is YES please provide name(s), relationship, and what contact you have with each (if you need additional space please use the back of this form): _____

2. Have you ever been arrested or charged with any criminal offense even if it were dismissed? If the answer is YES, list all dates and charges (if you need additional space please use the back of this form):

3. Have you ever been convicted of a crime, other than misdemeanor traffic offenses? If the answer is YES, please explain in detail: _____

4. Do you have any criminal or traffic charges pending against you? _____

5. Have you taken any illegal drugs in the past year? _____

6. Are you a city/county employee? _____

What Agency? _____

7. Have you ever committed a crime that you were not caught for? _____

8. If you are a contractor, name the service(s) you will provide: _____

My signature authorizes the Mecklenburg County Sheriff's Office to obtain a criminal background check prior to volunteering my services and/or being considered for entry to any Mecklenburg County Sheriff's Office facility for contracted vendor services.

Signature of Applicant _____ Date _____

