



Office of the Sheriff
 Clarence F. Birkhead, Sheriff

OFF-DUTY EMPLOYMENT JOB-SITE APPLICATION

JOB-SITE EMPLOYER INFORMATION

Company submitting request:	Company's physical address:
Owner/Manager making request:	Owner/Manager's phone number:
Type of business: <input type="checkbox"/> Retail <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> Other If Other, please describe:	Type of duty to be performed: <input type="checkbox"/> Uniform Security <input type="checkbox"/> Traffic <input type="checkbox"/> Plain Clothes Security Vehicle required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe why you are requesting plainclothes security:
Owner/Manager in charge:	
Phone number of Owner/Manager in charge:	Briefly describe duties to be performed:
Hours you wish worked daily:	Number of days you expect to be worked weekly:

DEPUTY INFORMATION

Deputy submitting application (if applicable):	Date:
Deputy assigned as Job-Site Coordinator:	

REVIEW

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Special Provisions:
Reviewed by:	Secondary Employment Signature: