



Clay County Sheriff's Office

Secondary Employment Application

Please complete the below application. Fields marked * are required.

APPLICANT INFORMATION

Business/Organization Name _____

* Applicant's Name _____
First Name Middle Name Last Name

* Address _____
Street # Street Name Zip Code

City State Zip Code

* Phone _____ Phone (Fax) _____
Area Code + Number Area Code + Number

E-Mail Address _____

CONTACT / LOCATION / JOB EVENT

* Contact Person _____
First Name Middle Name Last Name Date of Birth

* Phone _____ Cell _____ Pager _____
Area Code + Number Area Code + Number Area Code + Number

* Job / Event Location _____
Street # Street Name Zip Code

Venue Name _____
Name of Venue if there is a known or published name.

BILLING AND ACCOUNTS PAYABLE

* Contact Person's Name _____
First Name Middle Name Last Name

* Federal ID # _____ * SSN _____
Business/Organization Applicants Non-Business Applicants
Billing Purposes Billing Purposes

* Billing Address _____
Street # Street Name

City State Zip Code

* Phone Number _____ Fax _____
Area Code + Phone Number Area Code + Phone Number

E-Mail Address _____

JOB AND EVENT INFORMATION

* Select Reason for Police Service

Reason	Selection	Briefly describe need for Sheriff's Office Service
Security		
Road Construction		
Crowd Control		
Traffic Control		
Property Escort		
Other		

* Will Alcohol be Served ? _____ Predicted Attendance ? _____ Building Capacity ? _____

REQUEST SERVICES DATE AND TIME

Short Term Job (Less than 30 Days)

Number of Days Needed? _____ Number of Hours Per Day Service Needed? _____

Starting Date & Time _____
Date Time

Ending Date & Time _____
Date Time

Long Term Job (30 Days or Longer)

Starting Date & Time _____
Date Time

Additional Information

AUTHORIZATION

I have read and understand the conditions of this application, and I agree to all terms and conditions of this application.

* _____
Signature of Person making Application Date