

Clay County Sheriff's Office Secondary Employment Application

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

APPLICANT INFORMATION

Business/Organizatio	on Name				
A 1: (1.5)					
Applicant's Name	First Name	Middle Name		Last Name	
	That Name	Wildele Hame		Last Name	
Address		Street Name			
Street	#	Street Name		Zip Code	
City		State		p Code	
Phone		Phone (F		,	
Area Code + Number				Area Code + Number	
-Mail Address					
	<u>C</u>	ONTACT / LOCATIO	N / JOB E\	<u>/ENT</u>	
Contact Description					
	First Name	Middle Name		Last Name	Date of Birth
Phone		Cell		Pager	
Area Co	ode + Number	Area Code + Nu	mber	Area Code + I	Number
· Job / Event Locatio	on				
Job / Event Leeding	Street #	Street I	Name	Zip Co	de
Venue Name					
venue manie	Nam	e of Venue if there is a known	or published na	umo	
	INAIII	e or veride if there is a known	or published ha	ine.	
	<u>B</u>	ILLING AND ACCOL	INTS PAYA	ABLE	
*					
Contact Person's				1 (1)	
*	First Nam	ne Middle Name *		Last Name	
Federal ID#			SSN _		
Bus	siness/Organization Applic Billing Purposes			Non-Business Applican Billing Purposes	is
*					
Billing Address	Street #	Ctraat Nama		<u></u>	
	Sileet#	Street Name			
	City		State	Zip Code	
*	Oity		Giale	Zip Code	
Phone Number			Fax _		
	Area Code + Phor	e Number	_	Area Code + Phone N	umber
F-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				

Road Construction				
Crowd Control				
Traffic Control				
Property Escort				
Other		<u></u>		
Will Alcohol be Served			endance ?	Building Capacity ?
	KEG	TOES! SEKVIC	CES DATE AND TIME	
Short Term Job (Les	s than 30 Days)			
Number of I	Days Needed?		Number of Hours P	er Day Service Needed?
	-			
Starting Date & Tin	ne			
		Date	Time	
Ending Date & Tim	e	Date	Time	
		Dato	Time	
Long Term Job (30	n Davs or Longer\	П		
Long Term oob (5)	Days or Longer)			
Starting Date & Tim	ne			
		Date	Time	
Additional Informati	ion			
		AUTHORIZA	TION	
I have read and un	derstand the co	anditions of th	is application, and I a	gree to all terms
and conditions of t			application, and I a	g. 55 16 an 1511116
*				
				Dete
	Signature of Person making Application			Date