



BROWARD SHERIFF'S OFFICE

Non-Employee Background Check and Photo ID Card Request

Please fill out *completely* and *print clearly*. Attach a copy of the valid driver license.

<i>All information requested below is required</i>		SSN		Today's Date	
Last Name		First Name		Middle Initial	
Other Names Used:					
Height	Weight	Eyes	Hair	Gender	Race
Date of Birth	Driver License #				State

Type of request: e.g. Vendor, Student Intern, Volunteer, Posse, COP, etc. <small>All grayed areas must be completed</small>	Start date of assignment	Expiration date
Vendor/School company name (if applicable)	Vendor/or other assigned to:(BSO Dept./Unit)	

ID Card Requested: <u>* Please refer to attached list</u>	<u>JAIL VENDOR:</u>	WellPath	Trinity	Court Appointed Psych.	Dept. of Children & Families
		Br Brwd Cnty Health Dept.	Broward Health	SBBC	Jail Other: _____
	<u>VENDOR:</u>	All Vendors Student Intern (through Academic Intern program)			Vendor Other: _____
	<u>VOLUNTEER:</u>	Park. Enforc. Spec. Vol.	C.O.P.	Reserve Firefighter	Civilian Volunteer Program
	<u>TASK FORCE/POSSE:</u>	Task Force	Posse	Chaplain's Office	
	<u>SPS:</u>				
<u>BOARDS:</u>	Sheriff's Advisory Council	Sheriff's Foundation	Crime Stoppers Board	PSC	

BSO Liaison Information

I hereby acknowledge that I have completed a minimum background investigation, consisting of NCIC/FCIC and Driver's License validity on this individual and the results are within standards of the Broward Sheriff's Office.

Background check requested. Fingerprint results received from FDLE will include state and national criminal history information. The BSO liaison listed below will be notified of any criminal record found.

BSO employee/liaison's name and CCN	Title	Today's Date
Signature Required	Location	Phone Number

For CJIS Compliance use only: Background check completed per CJIS Compliance _____

Receipt of ID Card by Non-Employee

I do hereby acknowledge the receipt of my BSO Photo ID card. I also do hereby acknowledge that I understand this ID card is BSO property and must be turned in to my supervisor or the BSO Human Resources office upon resignation or termination from the BSO facility.

Signature upon receipt of ID card

Card received - date