



SAR Unit Applied to: _____

BENTON COUNTY SHERIFF'S OFFICE
Emergency Management, Search & Rescue Division
180 NW 5th Street
Corvallis, OR 97330
(541) 766-6864, (541) 766-6052 fax

Criminal Background Investigation Form

Employees and volunteers involved in activities for and with the Benton County Sheriff's Office are regarded as persons who represent the Sheriff's Office, and as such are expected to be individuals of good character and are responsible to conduct themselves at all times according to the BCSO Code of Conduct¹. Past histories or current conduct that may discredit the Benton County Sheriff's Office may exclude an individual from any official association with the Sheriff's Office.

APPLICANT NAME: _____
Last First Middle

ALL PREVIOUS NAMES USED: _____

ADDRESS: _____
List all addresses for past 10 years, no post office boxes.

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE/CARRIER (i.e. Verizon, AT & T, Cricket, etc): _____ / _____

BIRTHDATE: _____ SOCIAL SECURITY #: _____

CURRENT EMPLOYER: _____ HOW LONG? _____

SUPERVISOR'S NAME: _____ PHONE: _____

DRIVER'S LICENSE NUMBER(s) AND ALL STATE(s): _____
Include *current and all* states where you have held a driver's license.

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

EMAIL ADDRESS(ES): _____

I hereby consent to the use of the above information to conduct a criminal background investigation. I certify that the information set forth in my application is complete, true and correct to the best of my knowledge

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if applicant is a minor): _____ Date: _____

¹ BCSO Chapter 7 Rules of Conduct