



Collier County Sheriff's Office

3347 East Tamiami Trail

Naples, FL 34112

239.252.9515 / 239.252.9782 (Fax)

Collier County Sheriff's Office will conduct a background screening on all contractors accessing the vehicles, buildings, properties, databases, or documents of the Sheriff. Please have prospective contractors complete the following questionnaire and return it to Jail Administration at the Collier County Sheriff's Office.

EMPLOYER OR ORGANIZATION: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____

E-MAIL ADDRESS & PHONE NUMBER: _____

ALIAS NAMES (MAIDEN, ETC.) _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

RACE AND SEX: _____

DRIVER'S LICENSE NUMBER (INCLUDING STATE): _____

STATES OF PRIOR RESIDENCY: _____

PLACE OF BIRTH (CITY & STATE): _____

ARRESTS (LIST **ALL** PRIOR ARRESTS – If you need additional space please complete on reverse side):

(DATE OF ARREST)	(CHARGE)	(DISPOSITION)	(DISPOSITION DATE)

In compliance with Florida Statute 119.071(5), this document serves to notify you of the purpose for the collection and usage of your Social Security Number (SSN). The Collier County Sheriff's Office collects and uses your SSN only for the following purposes in performance of its duties and responsibilities related to vendor background investigations, to include FCIC/NCIC/IQ checks, driver license checks, Accurant checks, local and state records checks, clerk of court checks, and clarification for duplicate or additional names. (INITIALS OF APPLICANT) _____

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge. I understand that I am authorizing CCSO to conduct a background investigation and that any negative outcome may result in my being denied access. If the background information is not acceptable to the CCSO for any reason (in their sole and absolute discretion) I may be denied access. I hereby release and agree to hold harmless from liability, the Sheriff, any of his agents, designees or employees in relation to their receipt, review and use of such background information.

Signature _____ Date _____

FOR AGENCY USE ONLY:

WinGS: _____ FCIC / NCIC: _____

IQ (if applicable): _____ IAQ (ICE Check): _____

ID# of Agency Member completing Check: _____ Date _____

RECOMMENDATIONS:

APPROVED / DISAPPROVED Signature / ID: _____ Date: _____