



SAR Unit Applied to: \_\_\_\_\_

**BENTON COUNTY SHERIFF'S OFFICE**  
Emergency Management, Search & Rescue Division  
180 NW 5<sup>th</sup> 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 Conduct<sup>1</sup>. 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:** \_\_\_\_\_ **PAGER:** \_\_\_\_\_

**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: \_\_\_\_\_

<sup>1</sup> BCSO Chapter 7, Rules of Conduct