

Sheriff David P. Decatur
 Stafford County Sheriff's Office
 1300 Courthouse Road

Stafford County Crime Solvers

Crime Doesn't Pay- Crime Solvers Does



24-Hour Tip Line **540-659-2020**

Crime Solvers Chairman
 Michelle Clay

Crime Solvers Vice-Chairman
 Gordon Shelton

Mailing Address:
 P.O. Box 189
 Stafford, Virginia 22555-0189

APPLICATION FOR CRIME SOLVERS

The following information is required to perform a background investigation for all persons interested in joining the Stafford County Crime Solvers:

Your signature is required so that appropriate information may be released to the Stafford County Sheriff's Office.

 Please Sign Here

Name: First MI Last	Nickname:
Address:	Social Security#:
City/State:	Zip Code: _____
Home Phone#: ()	Work; Phone #: ()
FAX#: ()	Email Address:
Date of Birth: I / I	City/State of Birth:

CURRENT EMPLOYMENT:

Employer: _____	Phone#: ()
Address:	Supervisor:
City/State:	Zip Code:

SKILLS THAT MAY HELP This ORGANIZATION:

REFERENCES: (Please provide the following information for two (2) persons who can Attest to your character. (Immediate family members or other relatives are acceptable.)

Name:	Name:
Address:	Address:
City/State:_____	City/State:_____
Day Time Phone #:	Day Time Phone #:

	Date Received:
	Date Read
	Dated Voted:

I, _____, hereby authorize the Stafford County Sheriff

(Applicant print your name)

to conduct a Background Investigation in connection with my application for Crime Solve investigation may include information regarding my residential history, schools attended, employer, previous employers, personal references, professional references, criminal history, of Motor Vehicle records, and other appropriate sources.

I authorize the release of any information that the County of Stafford may request from sources. A copy of this release shall be as valid as the original document. I also understand that all information received by the Stafford County Sheriff's Office in connection with application and background investigation is confidential and shall not be disclosed to me.

Applicant's Signature

Date

.. I
.....

State of Virginia, County of Stafford,

on this _____ day of _____, 20__ .

Name

whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, in an oath that the statements in the said instrument are true.

My Commission Expires: ----- '-----

Notary Public