

Maricopa County Jail Registry

APPLICATION FOR COURTESY IDENTIFICATION EMPLOYEE/CONTRACTOR BACKGROUND CHECK

Please follow the steps listed below, this is the initial phase of documents requirements.

1. Print these documents.
2. Complete all required areas, do not leave any blanks. If it does not pertain to you put N/A.
3. Take the completed forms along with a **Valid Government Issued Photo ID.**

4. Drop Off Location:

Maricopa County Sheriffs Office
201 W. Jefferson
West Court Building
4th Floor

Hours operation Monday-Friday 7:30 AM-4:30 PM

5. Once you have submitted the forms they will be stamped and returned to you. You must send us a copy of the completed stamped forms via Email, Scanned Documents, or even clean clear images via Text.

Thank You

Acadia Workforce Team



MARICOPA COUNTY
CORRECTIONAL HEALTH SERVICES
(602) 506-3103
FAX (602) 506-2920

TO: Sheriff's Department

FROM: Correctional Health Services

SUBJECT: APPLICATION FOR COURTESY IDENTIFICATION

NAME _____ DOB _____

ADDRESS _____

CITY _____ HOME PHONE _____

CURRENT EMPLOYER _____

ADDRESS _____

CITY _____ BUS. PHONE _____

RACE _____ SEX _____

OTHER NAMES USED _____

OTHER STATES OF RESIDENCE _____

I hereby authorize the Maricopa County Sheriff's Office to conduct a Criminal History/Records Checks and Warrants check for the purpose of issuing a Sheriff's Courtesy Identification Card. I understand that should this card be issued to me, it will be displayed **only** when I am in a Sheriff's Office building or facility. I further understand that the card will be used to enter Sheriff's buildings or facilities for official purposes related to my employment only.

Signature of Applicant

Date

Sheriff's Representation

Social Security Number _____

Driver's License Number _____ Exp _____

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Revised 04/11/2017

**CORRECTIONAL HEALTH SERVICES
EMPLOYEE/CONTRACTOR BACKGROUND CHECK**

Last Name: _____

First Name: _____

Middle Name: _____

Aliases (to include maiden names): _____

Date of Birth: _____

Social Security Number: _____

FINGERPRINT PROCEDURES

Report to:

**Maricopa County Sheriff's Office
201 W. Jefferson
West Court Building
4th Floor**

**Monday – Friday
7:30 am – 4:30 pm**

PLEASE BRING VALID GOVERNMENT ISSUED PHOTO I.D.

MCSO Employee Conducting Background Check: _____

AFIS UNIT:

Send results to: Gertrude Jackson, Personnel Services