

Sheriff C. E. Jett  
Stafford County Sheriff's Office  
1300 Courthouse Road

## Stafford County Crime Solvers

*Crime Doesn't Pay – Crime Solvers Does*

*Crime Solvers Chairman*

Randy Shockey

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



*Crime Solvers Vice-Chairman*

Lisa Dawn Taylor

24-Hour Tip Line 540-659-2020

### *APPLICATION FOR CRIME SOLVERS*

The following information is required to perform a background investigation for all personnel 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.

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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:                      /    /	City/State of Birth:

***CURRENT EMPLOYMENT:***

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

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***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 not acceptable.)***

Name:	Name:
Address:	Address:
City/State:	City/State:
Daytime Phone #:	Daytime Phone #:

<b><i>Office Use Only</i></b>	Date Received:
	Date Read
	Date Vote On:
	Received By:

**STAFFORD COUNTY SHERIFF'S OFFICE**

*"Committed to Excellence"*

**AUTHORIZATION TO OBTAIN INFORMATION**

I, \_\_\_\_\_, hereby authorize the Stafford County Sheriff's Office  
(Applicant print your name)

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

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

State of Virginia, County of Stafford,

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name

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

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public