



Carver County Sheriff's Office TRIAD Application

APPLICATION INFORMATION				
NAME LAST, FIRST, MIDDLE, JR/SR		BIRTHDATE	PHONE#	
MAIDEN NAME (IF APPLICABLE) OR ALIAS				
STREET ADDRESS		CITY	COUNTY	STATE
PLACE OF EMPLOYMENT		JOB TITLE		WORK PHONE
E-MAIL ADDRESS		MN DRIVERS LICENSE OR ID NUMBER		
EMERGENCY CONTACT INFORMATION				
NAME (LAST, FIRST, MIDDLE, JR/SR)		RELATIONSHIP	TELEPHONE #	

- Have you ever been convicted of a crime? YES NO
If yes please explain: _____
- Do you have any physical limitations or health conditions we should be aware of: YES NO
If yes please explain: _____
- Please briefly describe your interest in the Carver County Sheriff's Office TRIAD Program:

DATA PRACTICES ADVISORY	
<p>The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for the Carver County Sheriff's Office TRIAD program, you are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records and warrant information to determine your eligibility.</p> <p>You may refuse to provide this information; however should you choose to do so, the investigation cannot be completed and will result in your application being denied. The information that you provide will be used by this agency to complete its investigation, and may be shared with other law enforcement agencies.</p> <p>_____ I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY</p>	
APPLICANT SIGNATURE	DATE

FOR SHERIFF'S OFFICE USE ONLY			
MN DRIVERS LICENCSE PRINTOUT		HENNEPIN WARRANTS	
MNCIS/NCIC		RAMSEY WARRANTS	
B.C.A.		CARVER COUNTY RECORDS	
		BACKGROUND CHECK BY	

Please return the application to Lieutenant of Support Services, Carver County Sheriff's Office at 606 East 4th Street, Chaska, Mn 55318.