

Orange County Sheriff's Office
REFERENCES FORM

Please complete all portions of this application fully and accurately or your processing may be delayed or stopped. Where requested, all addresses must include zip codes and phone numbers. If an item does not apply to you, write in the letters, "N/A" for the "Not Applicable". The application must be completed by the candidate only. Providing false information shall be sufficient cause for rejection. The background and truth verification examination will verify all information provided.

Last Name:

First Name:

RESIDENCES

List Chronologically all of your residences for the past ten year beginning with the most recent. Include addresses while attending school away from home and all military addresses, if applicable. If additional space is needed, please attach it on an additional page.

Dates (Month/Year) Example: 11/11 From To		Street Address	City	State Example: FL	Zip Code	Country Example: US

PERSONAL REFERENCES

List three (3) personal references you have known for at LEAST five (5) years. Do not list relatives, neighbors, current or past employers (to include supervisors), landlord or roommate(s). Also, do not list multiple references that reside together. You must give complete information for each reference, *especially the email address*. Please advise your references to check their spam/junk email folder for our questionnaire.

Name:		Relationship:	Occupation:	
Street Address:		City:	State:	Zip:
Home Phone:	Work Phone:		Email:	
Name:		Relationship:	Occupation:	
Street Address:		City:	State:	Zip:
Home Phone:	Work Phone:		Email:	
Name:		Relationship:	Occupation:	
Street Address:		City:	State:	Zip:
Home Phone:	Work Phone:		Email:	

NEIGHBORHOOD REFERENCES

List three (3) neighbors who live near your current residence; directly next to, across from, or behind you. If you have lived at your current residence for less than six months, then list neighbors from your previous residence. Please complete ALL requested information for each reference, *especially the phone number*.

Name:	Phone:	Email (optional):	
Street Address:	City:	State:	Zip:
Name:	Phone:	Email (optional):	
Street Address:	City:	State:	Zip:
Name:	Phone:	Email (optional):	
Street Address:	City:	State:	Zip:

LANDLORD (if applicable)

I do not have a landlord: ☐

Name:	Phone:	Email:	
Street Address:	City:	State:	Zip:

I Certify that the information contained in this supplemental application is correct and complete to the best of my knowledge.

I acknowledge that I have read and understand the above statement and that I have read the conditions of processing for employment as outlined in my web application for the Orange County Sheriff's Office.

Name:

Date: