

OFFICER INFORMATION SHEET

Officer's Full Name:

Mailing Address:

Phone Number:

Secondary Number:

Emergency Contact Information:

E-mail Address:

Does Officer have text messaging capabilities? Yes No

Does Officer have e-mail capability in the field? Yes No

Employing Agency:

Agency Address:

Rank / Assignment:

Agency Phone Number:

Regular Duty Hours:

Supervisor Contact Information:

TYPE OF EMPLOYMENT:
 Full-time Employee Part-time Employee Reserve Officer

*Please use the space below to provide any additional information that might assist with scheduling and deployment:

PLEASE E-MAIL ALL COMPLETED DOCUMENTATION TO: officer@sostx.us | OR FAX TO: 800-936-3596

OFFICIAL USE ONLY			
DATE OF RECEIPT	CURRENT PROJECT	W-9 ON FILE?	COMPANY REPRESENTATIVE
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

RESTRICTED LAW ENFORCEMENT DATA

Data contained in this report is deemed sensitive. Such data shall not be copied, duplicated, or distributed for any purpose other than internal use.