Law Enforcement
Off-Duty Services Ur

Secondary Employment Services Application
Courtesy Officer

ORANGE COUNTY SHERIFF'S OFFICE

BUSINESS INFORMATION *(NOTE: Failure to fully complete all applicable information may result in processing delays.)*

Legal Business Name:_____
(Full Company Name)

Street:_____ E-Mail Address:_____

Suite #:_____ Bldg #:_____ Rm/Hall:_____ City:_____ State:_____ Zip:_____

Business Contact Representative:_____ Title:_____
(Last, First, Middle)

Work #:_____ FAX #:_____ E-Mail Address:_____

Pager #:_____ Cell #: _____

MANAGEMENT COMPANY *(Complete this section if you rely on an outside management company to process your accounts payable.)*

Management Company Name:_____

Street:_____ E-Mail:_____

P.O. Box:_____

Suite #:_____ Bldg #:_____ Rm/Hall:_____ City:_____ State:_____ Zip:_____

Management Company Representative:_____ Title:_____
(Last, First, Middle)

Work #:_____ FAX #:_____

Pager #:_____ Cell #: _____

JOB SITE LOCATION INFORMATION

Apartment Complex Name:_____ Is this job site located within a city jurisdiction? Yes ❑ No ❑

Address:_____ Gated? Yes ❑ No ❑

City:_____ State:_____ Zip:_____

REQUESTED SHIFT SCHEDULE

Start Date:_____

Describe the concession being offered to include the apartment amenities:_____

_____

_____

_____

_____

_____

_____

_____

JOB INFORMATION SECTION

Are there any other agencies working this detail? Yes ❑ No ❑

If yes, which ones?_____

Number of deputies requested:_____ # of Units in Complex: 1-49❑ 50-149❑ 150-299❑ 300-599❑ 600+❑

Please describe on a separate piece of paper the duties expected of the deputy.

SUBMITTED BY

I understand an Orange County deputy engaged in off-duty employment is not covered by the Workers' Compensation Program or liability provisions of the agency's insurance plan ***except*** *when engaged in law enforcement related actions. In the event of a non-enforcement-related incident/injury, the deputy falls under the Off-Duty Employer's Workers' Compensation coverage or liability insurance. If you do not provide this coverage, you must notify the deputy that he or she is assuming individual responsibility as an independent contractor.*

_____
(initial)

Print Name:_____ Signature: _____

Date:_____

FOR OFFICE USE ONLY

❑ **Approved** ❑ **Denied** Approved By:_____ Date:_____

NOTES:_____

_____

_____

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