



**Application for Off-duty Non-Law Enforcement Employment
Carroll County Sheriff's Office**

		Date
Name and Badge Number		Assignment
Business Name (Secondary Employer)		Business Phone Number
Business Address, City, State, & Zip Code		
Business Supervisor's Name		Business Supervisor's Title
Proposed Work Schedule		
Proposed Employment Job Description and Duties		
Is alcohol, drugs, or firearms involved in any manner?		
If yes, explain:		
The employee and the secondary employer must fully understand that the employee's primary responsibility is to his job with the Carroll County Sheriff. If the employee is working for the secondary employer and gets called out, or an emergency call-out occurs, the employee shall immediately respond to the call-out. The prospective secondary employer must acknowledge, in writing, his understanding that the Carroll County Sheriff is the primary employer and takes precedence over secondary employment.		
In the event that Deputy _____ is injured while in the employ of the secondary employer, Workers compensation shall be the responsibility of the secondary employer.		
Employee's Signature and Date		Secondary Employer's Signature and Date

