New

## ALAMEDA COUNTY SHERIFF'S OFFICE



Renewal DETENTION AND CORRECTIONS SECURITY CLEARANCE FORM Please print or type all entries. Please complete this form in its entirety. Illegible or incomplete forms will be returned. Any additional information may be attached to the application Purpose of obtaining security clearance Mental Health Volunteer Contractor Medical Schools Other Santa Rita Jail **Temporary Inmate Services** Full-Time Employer / Contractor: Job Title: Supervisor: Reason for Visit: **Personal Information** Last: First: MI: Race: Sex: DOB: SSN: CDL/ID: State: Address: City: Zip: Contact Phone #: E-mail: **Emergency Contact:** Phone #: **Criminal History** \*\*\* FAILING TO LIST AN ARREST OR CONVICTION MAY BE BASIS FOR DENIAL \*\*\* Do you have any family members or personal friends in custody in the Alameda County Jail System? YES NO Have you ever been arrested, charged, or convicted of any criminal offense? YES NO Have you ever engaged in any type of sexual abuse in any confinement setting? YES NO Have you been found civily liable for engaging in any form of sexual abuse? YES NO Have you been civily or administratively adjudicated to have engaged in sexual abuse in any confinement facility? YES NO Have you used any illegal narcotics within the last five years? YES NO Are you currently on probation or parole? YES NO If you answered yes to any of the above questions, please explain below: **Policy Acknowledgement** I certify that the statements contained herein are true. I understand that any false or inaccurate information may result in the denial of my application. I authorize the Office of the Sheriff to conduct any investigation to confirm the above listed information. I authorize the release of all confidential documents to the Alameda County Sheriff's Office to determine my eligibility for a security site clearance. I understand that I am subject to and give my consent to be searched, including my person affects and vehicle while I am on Sheriff's Office Property. I acknowledge that I will notify the Sheriff's Office in writing within 24 hours, if anyone I know comes into custody within the Alameda County Jail System. Date: Applicant Signature: Office Use Only DMV: **REMARKS:** WARRANTS: **REMARKS:** FBI: **REMARKS:** CII: **REMARKS:** PRIVATE LICENSE: **REMARKS:** Processed By: Badge #: Date: Reviewed by Sergeant: Badge #: Date: APPROVED □ DENIED □ Reviewed by Lieutenant: Badge #: Date: APPROVED □ DENIED □ Facility Commander: Date: APPROVED □ DENIED □

Fax completed form to Classification: (925) 828-4151. For Inmate Services, fax completed form to: (925) 551-6586.