ALAMEDA COUNTY SHERIFF'S OFFICE

SECURITY SITE CLEARANCE

PLEASE TYPE OR PRINT **Email Address:** _____

LAST NAME: _____ FIRST: _____ MI: _____ DOB: _____

ADDRESS: _____ CITY: _____ APT: _____ ZIP: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____ RACE: _____ SEX: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

DRIVER'S LICENSE #: _____ STATE: _____ SSN: _____

CONTRACTOR EMPLOYER: _____ JOB TITLE: _____ SUPV: _____

REASON FOR VISIT: _____ DATE OF VISIT: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____ PHONE: _____

DO YOU CURRENTLY KNOW **ANYONE** IN CUSTODY IN THE ALAMEDA COUNTY JAIL SYSTEM? (THIS INCLUDES FAMILY, FRIENDS, ASSOCIATES, ETC.)	YES ☐	NO ☐
HAVE YOU EVER BEEN ARRESTED BY ANY LAW ENFORCEMENT AGENCIES?	YES ☐	NO ☐
HAVE YOU EVER BEEN CHARGED OR CONVICTED ANY TYPE OF CRIMINAL OFFENSE?	YES ☐	NO ☐
HAVE YOU EVER ENGAGED IN ANY TYPE OF SEXUAL ABUSE IN ANY CONFINEMENT SETTING?	YES ☐	NO ☐
HAVE YOU EVER BEEN CONVICTED OF ANY SEX CRIME?	YES ☐	NO ☐
HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN SEXUAL ABUSE IN ANY TYPE OF CONFINEMENT FACILITY?	YES ☐	NO ☐
HAVE YOU EVER BEEN ACCUSED OF SEXUAL ABUSE/HARRASSMENT	YES ☐	NO ☐

FAILING TO LIST AN ARREST OR CONVICTION WOULD BE BASIS FOR DENIAL.
IF YOU HAVE BEEN ARRESTED OR CHARGED WITH A CRIME EXPLAIN BELOW

DATE	CHARGE	ARRESTING AGENCY	DISPOSITION

(IF MORE SPACE IS REQUIRED USE AN ADDITIONAL SHEET OF PAPER)

I UNDERSTAND THAT I AM SUBJECT TO AND GIVE MY CONSENT TO BE SEARCHED, INCLUDING MY PERSON, AFFECTS AND VEHICLE AT ALL TIMES THAT I AM ON JAIL PROPERTY.

FURTHERMORE, IF ANYONE I KNOW COMES INTO CUSTODY WITHIN THE ALAMEDA COUNTY JAIL SYSTEM, I WILL NOTIFY THE CLASSIFICATION UNIT SERGEANT IN WRITING WITHIN 24 HOURS.

THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY FALSE STATEMENT IS CAUSE FOR MY SITE CLEARANCE TO BE REVOKED.

APPLICANT SIGNATURE: _____ DATE: _____

(APPLICANT: KEEP A COPY OF THIS FORM FOR YOUR REFERENCE)

DMV: _____ REMARKS : _____
JPQN: _____ REMARKS : _____
JPPS: _____ REMARKS : _____
WPS: _____ REMARKS : _____
CII : _____ REMARKS : _____

CLEARANCE DEPUTY: _____ BADGE#: _____ DATE: _____

SUPERVISOR: _____ BADGE#: _____ DATE: _____

APPROVED ☐ DENIED ☐ COMMENTS: _____

GDJ _____ SRJ _____ CRC _____ **ID BADGE ISSUED AT DATE:** _____

_____ FAX to Backgrounds _____

FAX COMPLETED FORM TO INMATE SERVICES: (925) 551-6586

REVISED 05/2015