

New Renewal

ALAMEDA COUNTY SHERIFF'S OFFICE

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

<input type="checkbox"/> Santa Rita Jail	Volunteer	Contractor	Medical	Mental Health	Schools	Other	Temporary <input type="checkbox"/>
<input type="checkbox"/> Inmate Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full-Time <input type="checkbox"/>
Employer / Contractor:			Job Title:			Supervisor:	
Reason for Visit:							

Personal Information

Last:	First:	MI:	Race:	Sex:
DOB:	SSN:	CDL/ID:	State: CA	
Address:		City:	Zip:	
Contact Phone #:	E-mail:			Phone #:
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 <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been arrested, charged, or convicted of any criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever engaged in any type of sexual abuse in any confinement setting?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been found civilly liable for engaging in any form of sexual abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been civilly or administratively adjudicated to have engaged in sexual abuse in any confinement facility?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you used any illegal narcotics within the last five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently on probation or parole?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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.

Applicant Signature:

Date:

Office Use Only

DMV:	REMARKS:			
WARRANTS:	REMARKS:			
FBI:	REMARKS:			
CII:	REMARKS:			
PRIVATE LICENSE:	REMARKS:			
Processed By:	Badge #:	Date:		
Reviewed by Sergeant:	Badge #:	Date:	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
Reviewed by Lieutenant:	Badge #:	Date:	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
Facility Commander:	Date:	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	

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