

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"/> Inmate Services Volunteer or Service Provider	<input type="checkbox"/> Santa Rita Jail Contractor or Employer	<input type="checkbox"/> Santa Rita Jail Tour Group
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Agency / Company Name: _____
 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: _____			
Employer: _____	Job Title: _____			
Emergency Contact: _____	Phone #: _____			

***** 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 civilly liable for engaging in any form of sexual abuse?	YES	NO
Have you been civilly or administratively adjudicated to have engaged in sexual abuse in any confinement facility?	YES	NO
Have you used any illegal narcotics within the last three 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 personal 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:

Processed By: _____	Badge #: _____	Date: _____	
Reviewed by Sergeant: _____	Badge #: _____	Date: _____	APPROVED DENIED
Reviewed by Lieutenant: _____	Badge #: _____	Date: _____	APPROVED <input type="checkbox"/> DENIED

Appeal Process

Facility Commanding Officer: _____	Date: _____	APPROVED DENIED
Division Commander: _____	Date: _____	APPROVED DENIED

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