

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

Inmate Services
Volunteer or Service Provider

Santa Rita Jail
Contractor or Employer

Santa Rita Jail
Tour Group

Agency / Company Name:

Procurement Contract #:

Are you an employee of an organization that has an AB109 or other county contract?

Yes

No

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 ☐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.