New
-----

Renewal

## **ALAMEDA COUNTY SHERIFF'S OFFICE**



## DETENTION AND CORRECTIONS SECURITY CLEARANCE FORM

Purpose of obtaining security clearance           Immate Services           Santa Rita Jail           Convacion or Employer           Procurement Contract #:           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:         State::           COL/ID:         State::           Contact:         Phone #:           Email:           Ermail:           Contact:         Phone #:           Phone #:           #*** FAILING TO LIST AN ARREST OR CONVICTION MAY BE FASIS FOR DENIAL ****           Over low any family members or parsonal friends in custody in the Alameda County Jail System?         YES []         NO []           Mol []           Mol []           State:           Agency / YES []         NO [] <t< th=""><th colspan="10">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</th></t<>	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									
Inmate Services         Santa Rita Jail         Santa Rita Jail           Volunteer or Service Provider         Contractor or Enployer         Procurement Contract #:           Agency / Company Name:         Procurement Contract #:         No           Are you an employee of an organization that has an AB109 or other county contract?         Yes         No           Ibb Title:         Supervisor:         Supervisor:         Reason for Visit:         Reason for Visit:         Reason for Visit:         Ibb Title:         State:         State:         State:         No           DOB:         [SN:         CDL/ID:         State:         State:         State:         State:         State:         Address:         Cotty:         Clip:         Cotty:         Clip:         Cotty:         Clip:         Cotty:         Clip:         Cotty:         Clip:         No         Have you eve been arreated; charged, or convicted of any criminal offense?         YES         No         Have you eve been arreated; charged, or convicted of any criminal offense?         YES         No         Have you eve been arreated; charged, or convicted of any criminal offense?         YES         No         Have you eve towaged in any type of sexual abuse in any confinement?         YES         No         Have you eve towaged in any type of sexual abuse in any confinement?         YES         No         Have you eve eve arreated										
Volunteer or Service Provider         Contractor or Employer         Tour Group           Agency / Company Name:         Procurement Cintract #:         No           Agency / Company Same:         Supervisor:         No           Agency / Company Same:         Supervisor:         No           Address:         Supervisor:         State:           Reason for Visit:         Personal Information         State:           Coll Title:         MII:         Race:         Sex:           DOB:         SSN:         COL/ID:         State:           Address:         City:         Zip:         State:           Address:         Contact Phone #:         F-mail:         Fmone #:         State:           Employer:         Job Title:         Phone #:         VES         NO           May ou ever paged in any top of sexual abuse?         YES         NO         NO           May ou ever paged in any top of sexual abuse?         YES         NO         NO           May ou ever paged in any top of sexual abuse?         YES         NO         NO           May ou ever paged in any top of sexual abuse?         YES         NO         NO           May ou ever any italial ancotics within the last three years?         YES         NO         NO										
Arie you an employee of an organization that has an AB109 or other county contract?       Yes       No         Job Title:       Supervisor:       Reason for Visit:       Supervisor:         Reason for Visit:       Personal Information       Sex:       Sex:         DOB:       SSN:       CDU/ID:       State:       State:         Contact Phone #:       E-mail:       Ermail:       Ermail:       Ermail:         Employer:       Job Title:       Phone #:       Ermail:       Ermail:       NO         Address:       City:       Zip:       NO       NO         Awe any hamily members or personal friends in custody in the Alameda County Jall System?       YES       NO         Wave you ever been arrested, charged, or convicted of any criminal offense?       YES       NO         Wave you been found civily lable for engaging in any form of sexual abuses any any other members or personal friends in custody in the Alameda County Jall System?       YES       NO         Wave you been found civily lable for engaging in any form of sexual abuses any any confinement facility?       YES       NO       Have you and any illegal narcotics within the last three years?       YES       NO         If you answered yes to any of the above questions, please explain below:       YES       NO       Interviewed for a security site clearance. I understand that any false or inaccurate informati	<b>Volunteer or Service Provider</b>	Volunteer or Service Provider Contractor or Em								
Job Title:       Supervisor:         Reason for Visit:       Personal Information         Last:         First:         M :       Race:       Sex:         DOB:        SN:       CDL/ID:       State:       State:         DOB:        SN:       CDL/ID:       State:       Zip:         Contact Phone #:       E-mail:       E-mail:       Zip:       Zip:         Emergency Contact:       Phone #:       Phone #:       Phone #:       NO □         Pave you ever obean arrested, charged, or convicted of any criminal offense?       YES □       NO □         Have you ever been arrested, charged, or convicted of any criminal offense?       YES □       NO □         Have you ever enagged in any type of sexual abuse?       YES □       NO □         Have you ever enagged in any type of sexual abuse?       YES □       NO □         Have you ever enagged in any type of sexual abuse?       YES □       NO □         Have you ever enagged in any type of sexual abuse?       YES □       NO □         Have you ever enagged in any type of sexual abuse?       YES □       NO □         Have you used any llegal narcotics within the last thre years?       YES □       NO □         Itave you used any llegal narcotics within the last thre years?       YES □       NO □      <										
Reason for Visit:       Personal Information         Last:       First:       MI:       Race:       Sex:         DOB:       SSN:       CDL/ID:       State:         Address:       CTty:       Zip:         Contact Phone #:       E-mail:       Employer:       Job Title:       Phone #:         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       NO         Have you ever anged in any type of sexual abuse any confinement setting?       YES NO       NO         Have you ever use any raminy members or personal friends in custody in the Alameda County Jail System?       YES NO       NO         Have you ever bean arrested, charged, or convicted of any criminal offense?       YES NO       NO       Have you ever bean arrested, charged or any cyne warson setting?       YES NO       NO         Have you use any legal naroticits within the last three years?       YES NO       NO       Reve you user withing the last three years?       NO       YES NO       NO         Are you user will legal arroticits within the last three years?       YES NO       NO       If you answered yes to any of the above listed information nary result in the denial of my application.1 authorize the Office of the Sheriff to condu										
Personal Information         Last:       [First:       [MI:       Race:       Sex:         DOB:       SSN:       CDL/ID:       State:       Zip:         Address:       [City:       Zip:       Zip:         Contact Phone #:       [E-mail:       Phone #:       Zip:         Employer:       Job Title:       Phone #:       Emergency Contact:       Phone #:         Emergency Contact:       Phone #:       Phone #:       VES ID       NO ID         Boy ou have any family members or personal friends in custody in the Alameda County Jail System?       YES ID       NO ID         Have you eer charaged, cronvicted of any criminal offense?       YES ID       NO ID         Have you eer charaged in any type of sexual abuse in any confinement scility?       YES ID       NO ID         Have you been civily or administratively adjudicated to have engaged in sexual abuse in any confinement facility?       YES ID       NO ID         Have you been civily or administratively adjudicated to have engaged in sexual abuse in any confinement facility?       YES ID       NO ID         Have you been civily or administratively adjudicated to have engaged in sexual abuse in any confinement facility?       YES ID       NO ID         Id confidential documents to the Sheriff to conduct any linestigation to confirm the above listed information. I authorize the office of the S										
Last:  First:  MI: Race: Sex: DOB: SSN: CCL/ID: State: Address: CLI/UD: Zip: Zip: Contact Phone #: E-mail: Employer: Job Title: Emergency Contact: Phone #: E-mail: Emergency Contact: IPhone #: VES   NO   *** 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? *** 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? *** 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? *** FOR DOI = NO   Have you useer found civily liable for engaging in any confinement setting? *** YES   NO   Have you been found civily liable for engaging in any form of sexual abuse? *** YES   NO   Have you useen dary lingal narcicles within the last three years? *** NO   Have you useen dary lingal narcicles within the last three years? *** YES   NO   **** FAILING To engaging in any form of sexual abuse in any confinement facility? *** YES   NO   Have you useen found civily liable for engaged in sexual abuse in any confinement facility? *** YES   NO   **** YES   NO   **** YES   NO   **** FAILING To engaging in any form of sexual abuse in any confinement facility? **** YES   NO   **** YES   NO   **** YES   NO   **** YES   NO   **** YES   NO   ***** YES   NO   **** YES   NO   **** YES   NO   **** YES   NO   **** YES   NO   ***** YES   NO   ***** YES   NO   ***** YES   NO   ***** YES   NO   ************************************	Reason for Visit:									
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 ciminal offense?       YES       NO       Have you uend civily liable for engaging in any form of sexual abuse?       YES       NO         Have you uend ucivily liable for engaging in any form of sexual abuse?       YES       NO       Have you uend may illegal narcotics within the last three years?       YES       NO         Have you uend may illegal narcotics within the last three years?       YES       NO       Hese you uend may illegal narcotics within the last three years?       YES       NO         Are you currently on probation or parole?       If you answered yes to any of the above questions, please explain below:       If you answered yes to any of the above listed information. I authorize the release of all confidential documents to the Alameda Courty Sherff's Office to assert the release of all confidential documents to the Alameda Courty Sherff's Office to assert yet in the Alameda Courty Sherff's Office In writing within 24 hours, if anyone I know comes into custody within the Alameda County Jail System.	Personal Information									
Address:       City:       Zip:         Contact Phone #:       E-mail:	Last:	First:			MI:	Race:	5	ex:		
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 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 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:       //         If you answered yes to any of the above functions, please explain below:       //         Itertify 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 all affects and vehicle while I am on Sheriff's Office Property. I acknowledge that I will	DOB: SSN:		CDL/I	D:			S	itate:		
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 Jali System?       YES       NO         Have you ever engaged in any type of sexual abuse in any confinement setting?       YES       NO         Have you ever engaged in any type of sexual abuse in any confinement setting?       YES       NO         Have you used noil civily liable for engaging in any form of sexual abuse?       YES       NO         Have you used noil 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 three years?       YES       NO       Rev you currently on probation or parole?       YES       NO         If you answered yes to any of the above questions, please explain below:       If you answered yes to any of the above questions, please explain below:       Intervention         Isochift 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 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	Address:		City:				Z	'ip:		
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 been found civily liable for engaging in any form of sexual abuse?       YES NO         Have you been found civily administratively adjudicated to have engaged in sexual abuse?       YES NO         Have you used any illegal narcotics within the last three years?       YES NO         Are you used any lilegal narcotics within the last three years?       YES NO         Are you currently on probation or parole?       If you answered yes to any of the above questions, please explain below:         If you answered yes to any of the above questions, please explain below:       If you answered yes to any of the above questions, please explain below:         I certify that the statements contained herein are true. I understand that any false or inaccurate 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 an 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 of the 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	Contact Phone #:	E	E-mail:							
*** 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 engaged in any type of sexual abuse in any confinement setting?       YES    NO            Have you ever engaged in any type of sexual abuse in any confinement setting?       YES    NO            Have you ever engaged in any type of sexual abuse in any confinement setting?       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 three years?       YES    NO            Are you currently on probation or parole?       If you answered yes to any of the above questions, please explain below:         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 alm 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 alm subject to and give my consent to be searched, including my personal affects and vehicle while I am on Sheriff's Of	Employer:	J	ob Title:							
Do you have any family members or personal friends in custody in the Alameda County Jail System?       YES       NO         Have you ever engaged in any type of sexual abuse in any confinement setting?       YES       NO         Have you ever engaged in any type of sexual abuse in any confinement setting?       YES       NO         Have you been foully 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:           Indicating the test 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 sticlearance. I understand that 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 will notif the Sheriff's Office in writing within 24 hours, if anyone I know comes into usdow within the Alameda County Jail System.         Applicant Signature:       Date:           Diffice Use Only       EMARKS:           MARANTS:       REMARKS:            Reviewed by Sergeant1:<										
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 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 three years? YES NO Rev you currently on probation or parole?   If you answered yes to any of the above questions, please explain below: YES NO   If you answered yes to any of the above questions, please explain below:   Icertify 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'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 notiff's Office in writing within 24 hours, if anyone I know conces into custody within the last event within 24 hours, if anyone I know conces into custody within the last event within 24 hours, if anyone I know conces into custody within the last event within 24 hours, if anyone I know conces into custody within 24 hours, if anyone I know conces into custody within 24 hours, if anyone I know conces into custody within 24 hours, if anyone I know conces into custody within 24 hours, if anyone I know conces into custody	*** FAILING TO LIST AN ARREST OR CONVICTION MAY BE BASIS FOR DENIAL ***									
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 three years?       YES       NO       Re you currently on probation or parole?       YES       NO         If you answered yes to any of the above questions, please explain below:       If you answered yes to any of the above questions, please explain below:       NO         It status       If you answered yes to any of the above questions, please explain below:       NO       Reveree         It status       If you answered yes to any of the above questions are explain below:       NO       Reveree         It status       If you answered yes to any of the above questions are explain below:       NO       Reveree         It status       If you answered yes to any of the above questions are explain below:       NO       Reveree         It status       It advertee       It advere       It advertee       It advertee				nty Jail System?						
Have you been found civily liable for engaging in any form of sexual abuse?       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 three years?       YES       NO       Re you currently on probation or parole?       YES       NO         If you answered yes to any of the above questions, please explain below:       If you answered yes to any of the above questions, please explain below:       YES       NO         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       Office Use Only         DMV:       REMARKS:         FBI:       REMARKS:         FBI:       REMARKS:	Have you ever been arrested, charged, or convicted of any criminal offense?									
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 three years? YES NO Are you currently on probation or parole? YES NO YES NO YES NO YES NO YES NO YES NO Policy Acknowledgement I certify that the statements contained herein are true. I understand that any false or inaccurate 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 Jall System. Applicant Signature: Date: Office Use Only DMV: REMARKS: FBI: REMARKS: FFFI: Reviewed by Sergent: Reviewed by Cleutenant: Reviewed by Cleute	Have you ever engaged in any type of sexual abuse in any confinement setting?						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:       YES       NO         If you answered yes to any of the above questions, please explain below:       NO       NO         If you answered yes to any of the above questions, please explain below:       NO       NO         It 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:       Date:         DMV:       REMARKS:       E         FBI:       REMARKS:       E         FBI:       REMARKS:       Date:         Processed By:       Badge #:       Date:       APPROVED       DENIED         Reviewed by Lieutenant:       <	Have you been found civily liable for engaging in any form of sexual abuse?						YES	□ NO □		
Are you currently on probation or parole?       YES       NO         If you answered yes to any of the above questions, please explain below:         If you answered yes to any of the above questions, please explain below:         Policy Acknowledgement         Lertify 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:         Cli:       REMARKS:         Processed By:       Badge #:       Date:         Reviewed by Sergeant:       Badge #:       Date:         Reviewed by Lieutenant:       Badge #:       Date:         ApperoVED DeINIED         Reviewed by Commanding Officer:	Have you been civily or administratively adjudicated to have engaged in sexual abuse in any confinement facility?									
If you answered yes to any of the above questions, please explain below:         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:         FOrcessed By:       Redge #:       Date:         Reviewed by Sergeant:       Badge #:       Date:         Reviewed by Lieutenant:       Badge #:       Date:         Appeal Process	Have you used any illegal narcotics within the last three years?									
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:       EMARKS:         FBI:       REMARKS:         FBI:       REMARKS:         Processed By:       Badge #:       Date:         Reviewed by Sergeant:       Badge #:       Date:       APPROVED	Are you currently on probation or parole?						YES	□ NO □		
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:  DMV: REMARKS: WARRANTS: REMARKS: FBI: REMARKS: FBI: REMARKS: CII: REMARKS: CII: REMARKS: Processed By: Badge #: Date: APPROVED D DENIED D Reviewed by Sergeant: Badge #: Date: APPROVED D DENIED D  Appeal Process Facility Commanding Officer: Date: APPROVED D DENIED D  Appeal Process Facility Commanding Officer: Date: APPROVED D DENIED D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: APP	If you answered yes to any of the above questions, please explain below:									
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:  DMV: REMARKS: WARRANTS: REMARKS: FBI: REMARKS: FBI: REMARKS: CII: REMARKS: CII: REMARKS: Processed By: Badge #: Date: APPROVED D DENIED D Reviewed by Sergeant: Badge #: Date: APPROVED D DENIED D  Appeal Process Facility Commanding Officer: Date: APPROVED D DENIED D  Appeal Process Facility Commanding Officer: Date: APPROVED D DENIED D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: APP										
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:  DMV: REMARKS: WARRANTS: REMARKS: FBI: REMARKS: FBI: REMARKS: CII: REMARKS: CII: REMARKS: Processed By: Badge #: Date: APPROVED D DENIED D Reviewed by Sergeant: Badge #: Date: APPROVED D DENIED D  Appeal Process Facility Commanding Officer: Date: APPROVED D DENIED D  Appeal Process Facility Commanding Officer: Date: APPROVED D DENIED D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: APP										
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:  DMV: REMARKS: WARRANTS: REMARKS: FBI: REMARKS: FBI: REMARKS: CII: REMARKS: CII: REMARKS: Processed By: Badge #: Date: APPROVED D DENIED D Reviewed by Sergeant: Badge #: Date: APPROVED D DENIED D  Appeal Process  Facility Commanding Officer: Date: APPROVED D DENIED D  Appeal Process  Facility Commanding Officer: Date: APPROVED D DENIED D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: A										
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:  DMV: REMARKS: WARRANTS: REMARKS: FBI: REMARKS: FBI: REMARKS: CII: REMARKS: CII: REMARKS: Processed By: Badge #: Date: APPROVED D DENIED D Reviewed by Sergeant: Badge #: Date: APPROVED D DENIED D  Appeal Process  Facility Commanding Officer: Date: APPROVED D DENIED D  Appeal Process  Facility Commanding Officer: Date: APPROVED D DENIED D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: APPROVED D D  Commanding Officer: Date: A										
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: DMV: REMARKS: WARRANTS: REMARKS: WARRANTS: REMARKS: FBI: REMARKS: CII: REMARKS: CII: REMARKS: Processed By: Badge #: Date: Reviewed by Sergeant: Badge #: Date: Reviewed by Lieutenant: Badge #: Date: APPROVED DENIED Reviewed by Lieutenant: Badge #: Date: APPROVED DENIED Enviewed by Lieutenant: Badge #: Date: APPROVED DENIED Enviewed by Lieutenant: Badge #: Date: APPROVED DENIED CII: APPROVED DENIED Reviewed by Lieutenant: Badge #: Date: APPROVED DENIED CII: APPROVED DENIED CII: APPROVED DENIED CII: APPROVED DENIED CII: APPROVED DENIED CII: Badge #: Date: APPROVED DENIED CII: APPROVED DENI	Policy Acknowledgement									
al 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:  DMV:  MEMARKS:  WARRANTS:  REMARKS:  FBI:  CII:  REMARKS:  FII:  REMARKS:  Processed By:  Badge #:  Ba	I certify that the statements contained herein are true. I understand that any false or inaccurate information may result in the denial of my									
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: Date:  DMV:  CII: REMARKS: CII: REMARKS: CII: REMARKS: CII: REMARKS: Processed By: ReMARKS: Badge #: Date: APPROVED DENIED Reviewed by Sergeant: Badge #: Date: APPROVED DENIED  CIII: APPROVED DENIED  CIII: CI	application. I authorize the Office of the Sheriff to conduct any investigation to confirm the above listed information. I authorize the release of									
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 #:   Reviewed by Sergeant: Badge #:   Badge #: Date:   Approved 0 DENIED 0   Reviewed by Lieutenant: Badge #:   Date: APPROVED 0   Denied APPROVED 0   Date: APPROVED 0   Denied Date:	all confidential documents to the Alameda County Sheriff's Office to determine my eligibility for a security site clearance. I understand that I am									
Applicant Signature:       Date:         Office Use Only         DMV:       REMARKS:         WARRANTS:       REMARKS:         FBI:       REMARKS:         CII:       REMARKS:         Processed By:       Badge #:         Reviewed by Sergeant:       Badge #:         Badge #:       Date:         Approved by Lieutenant:       Badge #:         Badge #:       Date:         Approved by Lieutenant:       Badge #:         Badge #:       Date:         Appeal Process       APPROVED	subject to and give my consent to be search	ed, including my pers	sonal affects and vel	nicle while I am on S	Sheriff's Offic	e Property. <b>I ack</b>	nowledge	2		
Office Use Only         DMV:       REMARKS:         WARRANTS:       REMARKS:         FBI:       REMARKS:         CII:       REMARKS:         Processed By:       Badge #:         Badge #:       Date:         Reviewed by Sergeant:       Badge #:         Badge #:       Date:         APPROVED □ DENIED □         Reviewed by Lieutenant:       Badge #:         Badge #:       Date:         APPROVED □ DENIED □         Facility Commanding Officer:       Date:         APPROVED □ DENIED □	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.									
DMV:       REMARKS:         WARRANTS:       REMARKS:         FBI:       REMARKS:         CII:       REMARKS:         Processed By:       Badge #:         Badge #:       Date:         Reviewed by Sergeant:       Badge #:         Badge #:       Date:         APPROVED □       DENIED □         Reviewed by Lieutenant:       Badge #:         Badge #:       Date:         Approved □       DENIED □         Facility Commanding Officer:       Date:         Approved □       DENIED □	Applicant Signature:					Date:				
DMV:       REMARKS:         WARRANTS:       REMARKS:         FBI:       REMARKS:         CII:       REMARKS:         Processed By:       Badge #:         Badge #:       Date:         Reviewed by Sergeant:       Badge #:         Badge #:       Date:         APPROVED □       DENIED □         Reviewed by Lieutenant:       Badge #:         Badge #:       Date:         Approved □       DENIED □         Facility Commanding Officer:       Date:         Approved □       DENIED □										
WARRANTS:       REMARKS:         FBI:       REMARKS:         CII:       REMARKS:         Processed By:       Badge #:         Reviewed by Sergeant:       Badge #:         Badge #:       Date:         Reviewed by Lieutenant:       Badge #:         Badge #:       Date:         APPROVED □       DENIED □         Reviewed by Lieutenant:       Badge #:         Date:       APPROVED □         Date:       APPROVED □         Date:       APPROVED □         Date:       APPROVED □	DMV:	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 □										
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 □	FBI:									
Reviewed by Sergeant:       Badge #:       Date:       APPROVED □       DENIED □         Reviewed by Lieutenant:       Badge #:       Date:       APPROVED □       DENIED □         Appeal Process         Facility Commanding Officer:         Date:       APPROVED □       DENIED □										
Reviewed by Sergeant:       Badge #:       Date:       APPROVED □       DENIED □         Reviewed by Lieutenant:       Badge #:       Date:       APPROVED □       DENIED □         Appeal Process         Facility Commanding Officer:         Date:       APPROVED □       DENIED □		1	Badge #:	Date:						
Reviewed by Lieutenant:       Badge #:       Date:       APPROVED □       DENIED □         Appeal Process         Facility Commanding Officer:       Date:       APPROVED □       DENIED □	•	-			APPRO	/ED 🗆				
Appeal Process           Facility Commanding Officer:         Date:         APPROVED □         DENIED □										
Facility Commanding Officer:     Date:     APPROVED □     DENIED □										
	Facility Commanding Officer:	T.		APPRO	/ED 🗆					
	Division Commander:									

For Classification, email completed form to:ACSOSiteClearance@acgov.org