

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 <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 three 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 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 <input type="checkbox"/> DENIED <input type="checkbox"/>
Reviewed by Lieutenant:	Badge #:	Date:	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>

### Appeal Process

Facility Commanding Officer:	Date:	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>
Division Commander:	Date:	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>