

SAN BENITO COUNTY JAIL SECURITY CLEARANCE APPLICATION

PERSONAL INFORMATION (Please print or Type)

The following information is needed for the San Benito County Jail to conduct a criminal history check to determine whether access to jail units, facilities and offices should be approved. Applicants must be (18) years of age to apply. **All applicants must have a clear criminal history for 3 years to be eligible.** In addition, if applicable, must have been released from prison or jail for a period of 3 years. Please be sure to provide ALL of the required information, if it does not apply please indicate by responding with N/A. **Clearances are are only valid for one year. Renewals are due December 31st regardless of date of original application.**

Programs/Services: ALL APPLICATIONS MUST BE SUBMITTED THROUGH THE ASSIGNED PROGRAM DIRECTOR.

1. Name: _____ 2. Primary Phone#: (____) _____
(Last, First, MI) Secondary Phone#: (____) _____

3. Mailing Address: _____
Street City State Zip

Email Address: _____

Emergency Contact: _____
(Emergency Contact Name/Number)

4. SSN: _____ - _____ - _____

5. Driver's License/State ID#: _____

6. Date of Birth: ____/____/____ 7. Place of Birth: City _____ ST ____

8. Sex _____

9. Race: __ White __ Black __ Hispanic __ Amer. Indian __ Asian or Pacific Islander __ Other _____

10. Current Employer: _____ Title: _____

11. Have you ever been employed by San Benito County: ___ Yes ___ No If yes, give department, title and dates of employment: _____

12. List any current offender that you are visiting OR knew prior to their incarceration. ___ Not applicable
Name of Offender: _____ ID# _____ Relationship: _____

13. Are you related to a victim, or friend of a victim, of any offender or releasee now supervised by the San Benito County Probation Department? ___ Yes ___ No
Name of Offender: _____ ID# _____ Relationship: _____

14. Are you a victim of, related to, or friend of any offender or releasee now supervised by the San Benito County Probation Department? ___ Yes ___ No
Name of Offender: _____ ID# _____ Relationship: _____

Please use this section to indicate the area you applying for (check all that apply). All are subject to approval.

___ CFMG

___ Vendor Company Name: _____

___ Chaplaincy Please provide your Faith Identification/Religious Preference : _____ Place of worship : _____

****PROGRAM DIRECTOR (REQUIRED FOR ALL BELOW): _____

___ Substance Use Self Help/ Sobriety Date (if applicable): _____ Type of meeting: ___ AA ___ NA ___ Other: _____

___ Gavilan College Start Date: _____ Program Area: _____

___ Behavioral Health Start Date: _____ Program Area: _____

___ HHS Start Date: _____ Program Area: _____

___ Faith Based Start Date: _____ Program Area: _____

___ Vocational Start Date: _____ Program Area: _____

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For the security and safety of volunteers, offenders, and employees, criminal histories of applicants are reviewed and may require fingerprinting in some instances. Volunteer applicants with previous felony convictions are not necessarily excluded from participation. All Applications will be reviewed and receive a response.

CRIMINAL HISTORY

When answering the following questions, do not include any violation of the law committed before your 17th birthday IF the final decision was made in juvenile court or under a youth offender law; any conviction record that was expunged under federal law; or minor traffic violations. All other convictions must be included.

1. Have you ever served time in any adult correctional facility? Yes No

If Yes, please provide the following:

Years served: _____ State: _____ ID#: _____ Release Date: ____/____/____

2. Have you ever been a member of a gang? Yes No

If yes, name and description of gang: _____

Beginning date: ____/____/____ Ending date: ____/____/____

3. Do you have any criminal charges currently pending? Yes No

If Yes, please explain: _____

4. Are you now or have you ever been placed on probation or parole? Yes No

If Yes, please explain: _____

5. Have you ever forfeited property/bond as a result of being charged with any criminal act? Yes No

If Yes, please explain: _____

6. Do you have a maiden name, alias, or nickname? If yes, provide: _____

7. Have you ever been convicted* of a crime? Yes No

If yes, _____ Felony _____ Misdemeanor

*Convicted includes deferred adjudication, community supervision, and those that may not appear on record at this time. Exclude minor traffic violations. If yes, provide information below. All convictions apply. Attach additional pages as needed.

When: _____ Where: _____

Charges: _____ Disposition: _____

(Results of charge: fine, time served, community service, etc)

Signature _____ Date: ____/____/____

Submit Application with a copy of your Driver's License

To avoid delay in processing, application must be filled out in its entirety.

Programs/Services: Applications MUST be submitted by the program director ONLY to Renée Hankla, Reentry Program Manager.

Approved: _____ Disapproved: _____ Date: _____ Expiration Date: 12/31/____

Officer Signature: _____ Title: _____ Date: _____