SECURITY CLEARANCE FORM

PLEASE PRINT LEGIBLY

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LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS CITY STATE ZIP CODE

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Where you can be reached)

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex\_\_\_\_\_\_Race\_\_\_\_\_\_ Height\_\_\_\_\_\_ Weight\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_

EMPLOYER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Telephone Number

DO NOT WRITE BELOW THIS LINE

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**TO:** Sgt. Petrykowski/Sgt. Elsey

**FROM:** Jail Administration

**DATE:**

Please run: CCH, 29 Status, Complete Driving Record, and any SID or FBI number. This is for security clearance purposes. All required information is listed above/

* EMPLOYMENT Program

 Personal

 TOT: Sgt. Petrykowski/ Sgt. Elsey

* Volunteer/Contractor

TOT: Sgt. Petrykowski/ Sgt. Elsey