

# SAN BENITO COUNTY JAIL SECURITY CLEARANCE APPLICATION

## PERSONAL INFORMATION (Please print or Type)

Applicants must be (18) years of age to apply. 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.

Please be sure to provide all of the required information.

**Clearances are only valid for one year. ALL Renewals are due December 31st.**

**Programs/Services: ALL APPLICATIONS MUST BE SUBMITTED BY THE PROGRAM DIRECTOR.**

1. Name: \_\_\_\_\_ 2. Primary Phone#: (\_\_\_\_) \_\_\_\_\_  
Last First M Secondary Phone#: (\_\_\_\_) \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
Street City State Zip

4. Email Address: \_\_\_\_\_

5. Emergency Contact: \_\_\_\_\_  
Name Phone#

6. SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 7. Driver's License ID#: \_\_\_\_\_ State: \_\_\_\_\_

8. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 9. Place of Birth: City \_\_\_\_\_ ST \_\_\_\_ 10. Gender \_\_\_\_\_

11. Race: \_\_White \_\_Black \_\_Hispanic \_\_Amer. Indian \_\_Asian or Pacific Islander \_\_Other \_\_\_\_\_

12. Current Employer: \_\_\_\_\_ Title: \_\_\_\_\_

13. Have you ever been employed by San Benito County: \_\_\_Yes \_\_\_No If yes, give department, title and dates of employment: \_\_\_\_\_

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

15. 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: \_\_\_\_\_

16. 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: \_\_\_\_\_

17. Please use this section to indicate the service area you are requesting to provide (check all that apply).

\_\_ Wellpath  
\_\_ Vendor Company Name: \_\_\_\_\_  
\_\_ Self Help: \_\_AA \_\_NA \_\_Other: \_\_\_\_\_ Sobriety Date : \_\_\_\_\_ \*Director: \_\_\_\_\_  
\_\_ Gavilan College Course Name: \_\_\_\_\_ \*Director: \_\_\_\_\_  
\_\_ Behavioral Health Program Area: \_\_\_\_\_ \*Director: \_\_\_\_\_  
\_\_ HHSA Program Area: \_\_\_\_\_ \*Director: \_\_\_\_\_  
\_\_ Faith Based Place of Worship: \_\_\_\_\_ \*Director: \_\_\_\_\_  
\_\_ Vocational Type: \_\_\_\_\_ \*Director: \_\_\_\_\_  
\_\_ Other Describe: \_\_\_\_\_ \*Director: \_\_\_\_\_

**\*Applications MUST be submitted by the program director to Renée Hankla, Reentry Program Manager**

# SAN BENITO COUNTY JAIL SECURITY CLEARANCE APPLICATION

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 applicants must have a clear criminal history for 3 years to be eligible.**  
**In addition, you must have been released from prison or jail for a period of 3 years.**

## 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**

Incomplete applications will not be processed.

#### For OFFICE USE ONLY

Expiration Date: 12/31/\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_