



SECURITY CLEARANCE RENEWAL and CONTRACTORS APPLICATION

Date: _____

Applicant Information

Print Legibly

Full Name

Last

First

Middle

Address

Street Address

Apt. or Unit

City

State

Zip Code

Phone

Preferred

Alternate

DOB

SS #

Do you legally reside in the United States? YES NO

You must provide a legible copy of your government issued identification card with your application.

Service Information

What contractor, inmate program or service are you entering the facility for?

For what purpose (nature of work, volunteer, contracted staff)?

How often will you enter the facility to provide your service?

When is the last time you provided a service for the facility?

History

Please check all that apply to you. If necessary you may explain any of your answers on a separate sheet.

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been arrested in the past 24 months for any reason including traffic offenses anywhere in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any pending felony or misdemeanor cases in any county or state?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been incarcerated in the Lake County Jail for any amount of time in the past 24 months?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on Probation or Parole in any county or state?
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently have any outstanding warrants, subpoenas, or civil papers outstanding against you?

Release of information, Certification of information

- I understand that false statements on any part of my application may be grounds for denial of my application for security clearance or for dismissing me after I have been allowed into the facility.
- I understand that information I give may be investigated, as allowed by law.
- I consent to the release of information about my ability and fitness by employers, schools, law enforcement agencies, and other individuals and organizations to investigators making inquiries on behalf of the Lake County Sheriff's Office.
- I understand that I will be issued a set of rules of conduct that I must follow while I am in the facility and that failure to follow those rules or any policies of the facility could lead to the revocation of my security clearance.
- I understand that the Lake County Sherriff's Office is not obligated in any way to allow me access into the facility and can revoke my security clearance at any time without cause.
- I certify to the best of my knowledge that all above statements are true, correct, complete, and made in good faith personally by me.

Applicants Signature

Date

Sheriff's Office use only below this line

Person legitimizing application

Date delivered to Coordinator

	Date	Initials
Documentation		
LEADS		
LCJN		
Vision		
PREA		
Orientation		

APPROVED

DENIED

Security Clearance Coordinator

Date