



# LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

## Custody Facility Clearance Application



**Applicant's Name:** \_\_\_\_\_

**CDL#** \_\_\_\_\_

**Please review the below disqualification criteria prior to completion:**

- Is currently on Probation or Parole (County, State, or Federal)
- Registered as a sex offender, narcotics offender, or arson offender
- Have been convicted and incarcerated in any Federal prison, State prison, or County jail within the last 7 years
- Are currently listed as a restrained person on a Protective Order/Restraining Order
- Have had an affiliation with a criminal street gang or any person of notorious reputation within the last 15 years
- Have active warrants or pending criminal cases
- Have used any controlled substance without a physician's prescription within the last 5 years
- Have attempted to escape or been convicted of aiding and abetting an escape from any Federal prison, State prison or County jail
- Have a lengthy history of criminal offenses
- Have a felony conviction pursuant to Penal Code 1192.7(c) and/or; misdemeanor conviction pursuant to Penal Code 667.5(c) which may include but are not limited to:
  - Murder or Attempted Murder within the last 15 years
  - Weapons law violation within the last 15 years
  - A serious or violent felony, including charges that were considered serious or violent and or categorized as a serious or violent felony at the time of conviction, within the last 15 years, or convicted of a serious or violent misdemeanor within the last 3 years
  - Possession of a controlled substance for sale within the last 15 years
  - Assault on a Peace Officer/Emergency Personnel within the last 15 years
  - Engaging in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)
  - Engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or been civilly or administratively adjudicated to have engaged in the activity described in this section
  - Bringing a controlled substance or unauthorized item into a Federal prison, State prison, or County jail.
  - Presents any safety and security concerns that warrant denying a security clearance per the unit commander's discretion.

**MUST BE COMPLETED BY ONE OF THE FOLLOWING:**

**LASD SPONSOR / PROGRAM COORDINATOR / PROJECT MANAGER / AUTHORIZED DHS SPONSOR**

**Requesting Clearance Unit:** \_\_\_\_\_ **Program/Project Name** (IF APPLICABLE) : \_\_\_\_\_

**LASD Sponsor** (Sgt. or above) : \_\_\_\_\_ **Employee #** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Program Contact / Project Coordinator (Please Print)** : \_\_\_\_\_ **Phone #**: \_\_\_\_\_

*(DHS/CHS Only)* **Position Applying For** : \_\_\_\_\_ **Custody Badge Recipient** : Yes \_\_\_\_\_ No \_\_\_\_\_

**Authorized DHS/CHS Sponsor Name** (Please Print) : \_\_\_\_\_ **Phone** : \_\_\_\_\_

**Facility Access:**      **MCJ**    **CRDF**    **TTCF**    **EAST**    **SOUTH**    **NCCF**    **NORTH**    **IRC**    **ALL**

(Please Select)      **Escort:** \_\_\_\_\_      **Non-Escort:** \_\_\_\_\_      **Attorney Room:** \_\_\_\_\_



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***Please read all instructions thoroughly prior to filling out application***

Do not leave any sections blank in the subject area

If the section does not apply, place an "N/A" in the appropriate box.

Please print clearly. Incomplete applications will not be processed.

A **color copy** of your driver's license or government issued ID card **must** be submitted with this application.

**APPLICANT INFORMATION: (NO P.O BOX ADDRESS)**

LAST NAME, FIRST NAME, MIDDLE NAME:

CURRENT ADDRESS:

CITY:

STATE:

ZIP:

DRIVERS LICENSE #:

DATE OF BIRTH:

SOCIAL SECURITY #:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMAIL ADDRESS:

MARITAL STATUS:

SPOUSE/PARTNER NAME:

SPOUSE/PARTNER PHONE#

**CURRENT EMPLOYMENT INFORMATION**

EMPLOYER NAME:

EMPLOYER ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

SUPERVISOR NAME:

HOW LONG?:

**EMERGENCY CONTACT**

FIRST NAME:

LAST NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

E-MAIL:

RELATION:



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**CRIMINAL BACKGROUND (IF APPLICABLE)**

**HAS ANYONE YOU CURRENTLY LIVE WITH OR LIVED WITH IN THE LAST 5 YEARS BEEN ARRESTED OR CURRENTLY SERVING TIME IN JAIL / PRISON? IF YES, PLEASE EXPLAIN:**

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**ARE YOU ASSOCIATED WITH ANYONE CURRENTLY INCARCERATED IN JAIL/PRISON? IF YES, PLEASE EXPLAIN (NAME, RELATIONSHIP, ETC.):**

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**ARE YOU OR ANY OF YOUR FAMILY MEMBERS RELATED TO OR AFFILIATED WITH GANG MEMBERS? IF YES, PLEASE EXPLAIN:**

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**HAVE YOU EVER BEEN ACCUSED OF SEXUAL ABUSE? IF YES, PLEASE EXPLAIN:**

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**HAVE YOU EVER BEEN ACCUSED OF SEXUAL HARASSMENT? IF YES, PLEASE EXPLAIN:**

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**HAVE YOU EVER USED DRUGS? IF YES, WHEN WAS THE LAST TIME YOU USED DRUGS? PLEASE EXPLAIN (BE SPECIFIC) :**

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### ARREST/DETENTION INFORMATION

*Either as an adult or a juvenile, have you ever been detained for investigation, named as a suspect in a police report, held on suspicion, questioned, fingerprinted, or arrested by any law enforcement agency or military authority? **Please include expungements***

|         |         |
|---------|---------|
| DATE:   | CHARGE: |
| AGENCY: | PENALTY |
| DATE:   | CHARGE: |
| AGENCY: | PENALTY |
| DATE:   | CHARGE: |
| AGENCY: | PENALTY |

**EXPLANATION OF PRIOR OR ADDITIONAL ARRESTS, EXPUNGEMENTS, ETC:**

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**HAS ANYONE EVER CALLED THE POLICE ON OR ABOUT YOU? IF YES, EXPLAIN:**

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**ARE YOU NOW OR, HAVE YOU EVER BEEN ASSOCIATED WITH ANY ORGANIZATIONS, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ENGAGE IN CIVIL DISOBEDIENCE AS A METHOD TO ACHIEVE SOCIAL CHANGE? IF YES, PLEASE EXPLAIN:**

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**HAVE YOU EVER PARTICIPATED IN AN UNLAWFUL DEMONSTRATION? IF YES, PLEASE EXPLAIN:**

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**HAVE YOU EVER PREVIOUSLY APPLIED FOR OR BEEN DENIED ACCESS TO A CUSTODY FACILITY? YES \_\_\_\_ NO \_\_\_\_**

**IF YES, PLEASE EXPLAIN:**

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# LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

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**\*\*\*CHAPLAINS AND VOLUNTEERS ONLY\*\*\***

**I WANT TO BE A VOLUNTEER WITH THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT BECAUSE...**

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**LIST PREVIOUS VOLUNTEER EXPERIENCE AT ANY FEDERAL PRISON, STATE PRISON, OR COUNTY JAIL.**

|                         |               |                  |                  |
|-------------------------|---------------|------------------|------------------|
| <b>ORGANIZATION:</b>    |               |                  |                  |
| <b>ADDRESS:</b>         |               |                  | <b>HOW LONG?</b> |
| <b>CITY:</b>            | <b>STATE:</b> | <b>POSITION:</b> |                  |
| <b>SUPERVISOR NAME:</b> |               | <b>PHONE:</b>    |                  |

**OTHER SKILLS, CERTIFICATIONS, AND LANGUAGES SPOKEN:**

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### ACCEPTANCE AND TERMINATION FROM THE PROGRAM

I have applied for security clearance into The Los Angeles County Sheriff's Department Custody Facilities.

I acknowledge that I am not considered a compensated employee of the Los Angeles County Sheriff's Department. Notwithstanding any other provisions or statements to the contrary, I may be suspended, or terminated/dismissed at the order of the Los Angeles County Sheriff's Department without cause of any kind.

I authorize the release to read, review, or photocopy any documents to assess my suitability to enter any jail facility within The Los Angeles County Sheriff's Department. This includes, but not limited to Arrest Records, Probation/Parole Records, Booking Records, Traffic Convictions, and Jail/Custody information. I understand any omission of the requested information, offered misstatements, or untruthful statements provided on the current application are an automatic disqualification.

I authorize the full disclosure of any and all information that you may have concerning me, including information of confidential or privileged nature to a duly authorized agent of the Los Angeles County Sheriff's Department.

Upon approval of my security clearance application, I agree to attend an orientation class regarding custody facility safety and jail policies & procedures. I am aware any violation of the policies set forth may result in my access revoked into all facilities.

**I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT.**

APPLICANT'S PRINTED NAME :

(Last)

(First)

(Middle)

APPLICANT'S SIGNATURE:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*\*\* PLEASE READ \*\*\*\*\*

**Long Term Security Clearances are effective for one (1) year from the date of approval. The unit or bureau sponsoring the non-Department person's security clearance is responsible for notifying RVS of any changes to the clearance and for requesting any extension of the clearance beyond the standard one (1) year period.**