

<p>BALTIMORE COUNTY DEPARTMENT OF CORRECTIONS SECURITY CLEARANCE APPLICATION</p> <p>ALL OF THE BELOW INFORMATION MUST BE PROVIDED</p>	<p>DEPARTMENT USE ONLY</p> <p>PROX RENEWAL _____ CLEARANCE RENEWAL _____ LEVEL _____</p>
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Last Name: _____	First Name: _____	Full Middle Name: _____
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Maiden Name: _____	Date of Birth: ____/____/____ (Month) (Day) (Year)	Place of Birth: _____	Sex: ____ Male ____ Female	Race: ____ White/Caucasian ____ Black/African American ____ Asian
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Height: _____ Weight: _____ Eyes: _____ Hair: _____	In Case of Emergency Notify: Name: _____ Relationship: _____ Telephone No: (____) _____
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Home Address:

(Street) (City) (State) (Zip)

Social Security No: ____ - ____ - ____	Driver's License No: _____	State: _____
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Applicant's Telephone No: (____) _____ Cell Telephone No: (____) _____	<p>DEPARTMENT OF CORRECTIONS USE ONLY</p> <p>Name of Department Personnel Requesting Clearance _____ (____) _____</p> <p>Printed Name Telephone Number</p>
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REASON FOR SECURITY CLEARANCE: (Check One)

____ AA MEETING	____ CONSTRUCTION WORKER - Company: _____
____ NA MEETING	____ MINISTRIES
____ MEDICAL EMPLOYEE	____ SOCIAL SERVICES WORKER
____ DIETARY EMPLOYEE	____ VOLUNTEER - Name of Program: _____
____ COMMISSARY	____ GRANT PROGRAM - Name of Program: _____
____ INTERN	____ OTHER (Explain): _____
____ PUBLIC DEFENDER	REQUESTED DATE OF ACCESS / RENEWAL: _____

Applicant or Person Completing Application:
I certify that the information above is true and correct to the best of my knowledge.

Printed Name: _____ Signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT UNIT

Name of Person Performing Security Check: _____ **Date Check Completed:** _____

Information Verified: Yes _____ No _____	Able to Ascertain Identity: Yes _____ No _____	Security Clearance Granted: Date: _____	Security Clearance Rejected: Date: _____
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Comments: _____