

**Lake County Sheriff's Office Adult Correctional Facility  
Security Clearance Application  
(New Applicant)**

**Date:**

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle:</b>	
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Race</b>		<b>DOB</b>	
<b>SS #</b>	<b>Drivers License or State identification #</b> <i>(Provide Copy)</i>				

Street Address:		City and State		Zip Code	
Home Phone:		Alternate Number:		E-mail:	
Height		Weight		Hair Color	
Former names or any alias used in the past:					
Are you a citizen of the United States:			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

What specific Inmate Program are you requesting access for:

If not Inmate Programming what will your business be in the facility.

Current Employer ( Name, Address, Telephone Number):

Member of the Sheriff's Office or current Level I or II person sponsoring your request. (Not for contractors, or maintenance personnel)

Printed Name: \_\_\_\_\_ Signature of sponsor: \_\_\_\_\_

How often do you plan on entering the Lake County Jail:  
 Daily  Weekly  Monthly  4 days or less per year  Only once

If entering for a specific amount of time, provide dates

Have you ever been incarcerated in the Lake County Jail in the past three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been arrested five or more times in the past three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any pending Felony or Misdemeanor charges in any county or state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a drug related felony in the past ten years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a weapons related felony in the past ten years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a gang related felony in the past ten years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a violence related felony in the past ten years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of any other felony in the past five years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a misdemeanor in the past three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been released from a state prison within the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any outstanding felony, misdemeanor or traffic warrants in Illinois or any other state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently on probation or parole in Illinois or any other state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked in the Lake County Jail as a staff member, contractor, or volunteer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you personally know anyone who is incarcerated in the Lake County Jail?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*If you answer yes to any of the above questions, please attach a separate page to explain your response*

Emergency Contact (Name, Address, Telephone number)
Professional reference not related to you. Name, Address, Phone number. (Not for contractors, or maintenance personnel)

**Signature, Certification, Release of Information**

**You must sign this application. You must provide a copy of your state issued identification card or driver's license. Please read the following carefully before you sign.**

- 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 certify to the best of my knowledge and belief all of my statements are true, correct, complete, and made in good faith.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Do not write below this line Sheriff's Office Use only**

Review of application and documentation	_____	_____
Review copy of identification card	_____	_____
LEADS (CQH) Criminal History	_____	_____
Local warrants	_____	_____
LJN	_____	_____
VisionAir	_____	_____
Fingerprints	_____	_____
Personal References (attach statements)	_____	_____
Sponsor validation	_____	_____

**Applicant is approved for Level:**      I     II     III

\_\_\_\_\_  
Security Clearance Coordinator

\_\_\_\_\_  
Date

**Application is denied**

\_\_\_\_\_  
Security Clearance Coordinator

\_\_\_\_\_  
Date