SECURITY CLEARANCE APPLICATION
BUREAU OF PRISONS/HOWARD R. YOUNG
PLEASE PRINT CLEARLY

NAME: _____
(LAST) **(FIRST)** **(MIDDLE)**

PLEASE LIST ALL OTHER NAMES YOU HAVE USED INCLUDING MAIDEN, NICKNAMES AND RELIGIOUS NAMES:
_____

DOB: _____ **PLACE OF BIRTH:** _____ **SSN#:** _____

SEX: MALE / FEMALE **RACE:** _____**DRIVER'S LICENSE #:** _____**State:** _____

ADDRESS: _____ **APT #:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: HOME: (_____) _____ **WORK: (_____)** _____

DO YOU HAVE A CRIMINAL CONVICTION ANYWHERE? NO/YES (IF YES, COMPLETE BELOW)
HAVE YOU EVER BEEN ARRESTED ANYWHERE WHETHER CONVICTED/DISMISSED/NOLLE PROSSED OR PARDONED: NO /YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE UTILIZE THE BACK OF THIS FORM.

COUNTRY :_____ **DATE:**_____

OFFENSE: _____ **SENTENCE:** _____

ARE YOU PRESENTLY UNDER DEPT. of CORRECTION SUPERVISION: NO/YES **(IF YES, WHAT):**_____

ARE YOU RELATED TO OR KNOW ANYONE INCARCERATED AT HRYCI: NO / YES

IF YES, NAME OF INMATE AND YOUR RELATIONSHIP TO THEM: _____

REASON FOR CLEARANCE: _____**DATE OF ACTIVITY:** _____**COMPANY/ ORGANIZATION**_____

COMPANY/ORGANIZATION EMAIL ADDRESS: _____

PLEASE READ AND SIGN:

I understand that prison authorities will verify my criminal record information. I also understand that my application may be rejected for any reason.

SIGNATURE: _____ **DATE:** _____

The following is the result of the DELJIS and NCIC records checks:

DELAWARE WANTS/WARRANTS_____**DELWARE CRIMINAL HISTORY**_____

NCIC WANTS/WARRANTS_____**NCIC CRIMINAL HISTORY**_____

DELJIS/NCIC INVESTIGATOR_____**SIGNATURE**_____**DATE**_____

APPROVED_____ **APPROVAL EXPIRES ON:** _____ **IF DENIED, PLESE INDICATE REASON BELOW:**

DENIED_____ **(1) Dishonest/incomplete application; (2) Active pending warrants/capiases; (3) Felony convictions or incarceration for a felony in past five years; (4) Misdemeanor convictions or incarceration for misdemeanor in past two**

NOT FOR BIDDING PURPOSES

years; (5) DUI conviction past two years; (6) Trafficking/delivery and/or possession of controlled substance conviction past ten years.

Reviewer's Signature_____Date_____

NOT FOR BIDDING PURPOSES