



OFFICE OF SHERIFF

County of St. Clair, Michigan

204 BARD STREET, PORT HURON, MICHIGAN 48060

(810) 987-1700

DAN LANE
Sheriff

BRUCE LINDKE
Undersheriff

Application for Clearance Inmate Human Services

Personal Information

*** Attachment B ***

Name _____ date _____

Current address _____

Home phone _____ work phone _____

Employer's Name and Address _____

If you have ever gone by any other name, please list them here:

Have you lived at your current address at least three years? Yes No

If you answered "no" please list all places of residence in the last three years:

Street Address _____ City, State _____ County _____

Date of birth _____ sex _____ height _____ weight _____ race _____

Hair color _____ eye color _____

SS# _____ Drivers license # _____

A Government of Service



Professional References

Do you have a clearance to visit any other correctional facility? Yes No

If "Yes" please list: _____

Please provide us with two professional references that we may contact and inquire about your professional qualifications, personal integrity, and suitedness for provision of human services at the jail.

1. Name _____ credentials _____

Relationship _____ phone _____

Best time to reach them at this number? _____

2. Name _____ credentials _____

Relationship _____ Phone _____

Best time to reach them at this number? _____

List all professional licenses held and expiration date on the reverse of this form. →

I hereby authorize the St. Clair County Sheriff Department to make an investigation into my references and credentials. I also understand that an investigation through the law enforcement information network computer system will be made.

Signature _____ date _____

Jail staff accepting application _____ date _____

This application and original documents must be **presented in person** attesting to the applicant's identity, education and/or employment. The sponsoring agency/group must, on **letterhead** request clearance for the individual and take responsibility for their conduct. This letter will be directed to:

JOHN J. MOSS (JACK), LLP
Jail Human Services Coordinator
204 Bard Street
Port Huron, MI 48060

Approved by _____ Date _____

SLM 8-20-98 microsoft word/doc/personal/application for clearance