

Washtenaw County Sheriff's Office

Jail / Facilities Security Clearance



Jerry L. Clayton, Sheriff

Full Name (include middle name(s) and any suffixes):

Current Mailing Address (street number, apartment number, city, state, zip code):

Street Address / If Different (street number, apartment number, city, state, zip code):

Company / Employer Name: _____

Work / Service Being Performed: _____

The following information is needed for LEIN and Criminal History Check:

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issue: _____

Race: _____ Gender: _____

My signature below indicates that the information provided on this form is true and accurate. I understand that failure to provide true and accurate information can result in disqualification. My signature permits for automatic annual renewal check. I understand that I may be dropped from the active background list as deemed necessary through background information or failure to provide services within one calendar year.

Signature

Date

Send this completed form, driver's license image (front and back), and Covid-19 vaccination card (if available) to your Hiring Manager, Supervisor, or Washtenaw County Department Representative to submit to WCSO.