

**Cumberland County Jail/Law Enforcement Center
Security Screening & Application Form**

Date:	
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Name:		Phone:	
	First Middle Last (Maiden Name)		

Address:				
	# Street	City	State	Zip Code

Place of Birth:							
		Race	Sex	Height	Weight	Eyes	Hair

Date of Birth:				Driver's License #:		State:	
	Month	Day	Year				

Services to be provided:	
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Have you ever been arrested for an offense other than a minor traffic violation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If the answer is Yes, please provide the following information:

Date of Arrest:		Charge:		Disposition:	
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Are you related to an inmate currently being held at the CCI?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please provide Social Security Number:	
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Note: Person who you report to must ensure all is completed and sign form.	
	Signature

All applicants must be 21 years of age and sign a Statement of Confidentiality.

 FOR INTERNAL USE ONLY

ID Request Form (D-258) Required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Fingerprints:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
					Staff Member Completing Prints
SBI/III	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Agency Records Check By:		Date:	
Results:			

	Approved	<input type="checkbox"/>	Disapproved	<input type="checkbox"/>
Approved by: (Captain or Higher)		Date:		