2024 SECURITY CLEARANCE CONSENT & AUTHORIZATION

HENDERSON CO DETENTION CENTER

____ **HCDC EMPLOYEE** ____ **QCC** ____ **KELLWELL**

____ **GNJPM VOLUNTEER** ____ **ARAMARK** ____ **OTHER:** _____

NAME:

_____

LAST FIRST MIDDLE MAIDEN

SSN: _____ DATE OF BIRTH: _____

RACE: _____ GENDER: _____ HAIR: _____ EYES: _____

O/L STATE: _____ NUMBER: _____ EXP DATE: _____

ADDRESS:

_____

STREET CITY STATE ZIP

COPIES ATTACHED: ___ O/L ___ SOCIAL SECURITY CARD/OTHER

I hereby authorize the Jailer *or her designee* to conduct a prescreening and annual full security clearance investigation on me. Included is verification & validation of any licenses *and/or* certifications, full criminal history, check for active warrants, expired/current EPO/DVO's, weapons permits/restrictions, etc. *Information is included in a secure records file & only accessible by authorized personnel.*

Signature: _____ Date: _____

Completed By KSP: _____ Date: _____

Jailer: _____ Date: _____

NOTES: _____