

BACKGROUND SECURITY CLEARANCE APPLICATION**CONFIDENTIAL - FOR OFFICIAL USE ONLY**

Page 1 of 1

CDCR 2311 (06/22)

For Staff Use Only

Requester: _____ Department: _____ Extension: _____

Division Head Authorization: _____ Date: _____

Purpose of Entry: _____

Date(s): _____ Time: _____ Duration: _____

Escort: _____

Type of Authorization Requested (Check One): Gate Clearance State ID Card (Contractor)

Last Name, First Name, MI: _____

Other names you have been known by: _____

Date of Birth (Month, Day, Year): _____

Gender: Male Female Non-Binary

Social Security Number (SSN): _____ - _____ - _____

Contact Telephone Number: (_____) _____ State Bar #: _____

State ID # or Driver's License #: _____ State: _____

Passport # (if no State ID/Driver's License): _____

Have you ever visited or had a personal relationship with any California Department of Corrections and Rehabilitation inmate or parolee for non-work related reasons? No: _____ Yes: _____

(If yes, please complete the CDCR Form 2189 Incarcerated/Paroled Relative/Associate Notification.)

Are you a former California State Prison inmate? No: _____ Yes: _____

Have you ever been restricted or denied access to a State Prison? No: _____ Yes: _____

(If yes, please provide an attachment listing the institutions and the reason for the restriction/denial.)

Have you ever been convicted of a felony? No: _____ Yes: _____

(If yes, please list the dates, counties & violations.)

Are you currently on probation/parole? No: _____ Yes: _____

Do you have any pending or outstanding charges? No: _____ Yes: _____

By signing this application, I attest that all of the information provided is true and correct. I acknowledge that prior written consent from the supervising agency is required for any parolee, probationer, or formerly incarcerated person to enter prison grounds. I further understand that, if approved, access is restricted to the designated area(s) and shall be under state employee escort unless otherwise authorized.

In accordance with the Privacy Act of 1974 (PL93-579), providing a SSN is optional. However, any omission of falsification may be cause for denial of access.

Signature of Applicant: _____ Date: _____

APPROVE DENY

Hiring Authority Signature: _____ Date: _____