

Prison Application Instructions

Before you can enter the prison, you must submit to a background check. This form will give us as much necessary information as is necessary to complete a proper background check.

The prison will be conducting an investigation for local, state, and FBI criminal history, as well as outstanding warrants. All information will be held in confidence, but will be used to make as complete a check as possible. No information on this form leaves the prison.

With that in mind, please be careful in filling out the form to include **ALL** information as it is asked.

Specific instructions:

1. **Name:**

When filling out the name field, make sure that you fill in your entire birth name. If you have only a middle initial, enter it above the middle name section and mark it I.O. (Initial only). Otherwise, you must fill in your **FULL NAME**.

Do not use nicknames. If your birth name is William, do not put Bill or Billy.

2. **Maiden Name:**

Self explanatory

3. **Aliases:**

Enter any and all former names. If you were adopted, enter your birth name and your adopted name. Include any and all former married names. Enter the names completely.

4. **Date of Birth and Social Security Number:**

Make sure these numbers are legible. Make sure that the number 1 is distinguishable from 7, the number 4 from 9, etc.

It is requested that you print all letters in **UPPER CASE**. 'I' must be distinguishable from 'L', and 'U' from 'V', etc.

5. **Next of Kin:**

Enter the name of a responsible adult in this space. **Do not put a minor child's name here.**

6. **Record of Arrests:**

Do not leave this blank. If you have no record of arrests, enter 'N/A' in this area. If you were arrested, include **ALL** pertinent information.

7. **Signature:**

Sign your name. Do not print. Enter the date you signed this document.

8. **Signature of Witness:**

This signature is important also. Do not leave it blank. The witness must also enter the date it was

signed. The witness shall also **print** his/her name **legibly** beneath the witness' signature.

Do not enter any information in the section marked 'OFFICIAL USE ONLY'.

LANCASTER COUNTY PRISON APPLICATION FOR GENERAL PRISON ACCESS

The applicant is to complete all parts marked (*). **Incomplete submittals, incomplete information or falsification of any data, will result in automatic denial of access to the Prison complex.** The information provided is for Prison use only, and is accepted as confidential. **PLEASE TYPE, OR PRINT LEGIBLY.** Make sure that all numbers and letters are absolutely clear. Please sign the completed form and return.

***Full Name**

(last first middle name)

***Maiden Name**

***Alias**

(Any and ALL former names)

***Address**

(street city state zip code)

***Home Phone Number** () -

***Social Security #**

***Birth Date**

***Age**

***Birth Place**

(City
State)

***Citizenship**

***Race**

***Sex**

***Marital Status**

***Height**

***Weight**

***Driver's License**
#:

***State**

***Expiration**
Date

***Color of Eyes:** Circle one Black Brown Blue Gray Green Hazel Maroon Multicolored Pink Unknown

***Color of Hair:** Circle one Black Brown Blond Gray Sandy White Red
Unknown

***Next of Kin**

***Relationship to**
You

***Their**
Address

(street city state zip code)

***Their Telephone #**

***Your Job Title**

***Date of Hire**

***Length of**
Employment

***Full-Time**

***Part-**
Time

***Current Employer**

***Current Employer Address**

(street city state zip code)

***Daytime Telephone # Where You Can Be Reached:**

***Applicant's Reason for Access (Be Specific)**

*Record of Arrests		*Convictions		*Disposition of Case
*Date	*Offense	*Circle One)		
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

***Additional Information (in regards to any information provided: Arresting Police**

***Department /
Magistrate**

***Certification: I certify that the above information is true and correct.**

***Signature:
re:**

***Date:**

***Print Applicant name
LEGIBLY**

***(In the case of groups the recognized leader is to sign as witness.)**

***Signature of Witness**

***Date**

***Print Witness name**
LEGIBLY

Witness' Relationship to Applicant

OFFICIAL USE ONLY

Department Approval

Date

Comments:

**Security Checks and
Recommendations:**

Date

Comments

Current Status

Active

Date

Inactive

Date

Approved

Not Approved

Warden / Deputy Warden

Application Process Completed

By:

Date

Completed:
