



**CLINTON COUNTY CORRECTIONAL FACILITY  
INTERN/VOLUNTEER / SERVICE CONTRACT PROVIDER APPLICATION**

**(CONT'D)**

**REFERENCES** (Cannot be relatives)

Ref 1 Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Ref 2 Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

I affirm that the information set forth in this screening form is true and correct according to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**BACKGROUND CHECK**

FULL NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

HOME TELEPHONE NUMBER

\_\_\_\_\_

CELLULAR TELEPHONE NUMBER

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

I authorize Clinton County Correctional Facility and its agents to investigate my background as it pertains to employment considerations. This may include investigation into family information, present and former employers, military service, personal references, educational institutions, criminal records, motor vehicle records, credit report and any other information contained in public records. I release all such persons and sources for any liability or damages on account of having furnished such information. If requested, I voluntarily consent to collection of specimens for the purpose of testing for illegal drugs.

I authorize that a photocopy or facsimile of this authorization be accepted with the same authority as the original.

My signature certifies that I have read, understand and agree with the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date