

# Barnstable County Correctional Facility

6000 Sheriff's Place, Bourne, MA 02532

Phone 508.563.4327 Fax: 508.563.4475

## Security Dept. / Service Contractor Background Information Request and Waiver

PLEASE PRINT CLEARLY OR TYPE: ALL AREAS MUST BE FILLED OUT COMPLETELY

### PERSONAL DATA

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Jr/Sr)

Previous Name/  
Alias: \_\_\_\_\_  
(Last) (First) (Middle) (Jr/Sr)

Home  
Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Mailing  
Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Email: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Home Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name of  
Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. #: \_\_\_\_\_

Professional license #: \_\_\_\_\_

Do you have any friends or relatives that are presently, or have been incarcerated at the  
Barnstable County Correctional Facility? \_\_\_\_\_

Who/When? \_\_\_\_\_

Have you ever been convicted of a:

Felony? \_\_\_\_\_ Where/When: \_\_\_\_\_

What is the job assignment you are to be assigned at the Barnstable County Correctional Facility?

\_\_\_\_\_

Date(s) of job assignment:

\_\_\_\_\_

Vehicle Information:

Vehicle Model: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

I, \_\_\_\_\_, hereby release, discharge, and hold harmless the Barnstable County Sheriff's Office, its agents, representatives and employees from any and all liability arising out of the inspection of documents, records and other information pertaining to my background.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### **DRESS CODE:**

- Service Contractors shall conform to standards exercised by the local community's professional organizations.
- See-through clothing, strapless garments, and clothing exposing the midriff shall not be worn
- Dresses or skirts with slits shall not have slits that exceed eight (8) inches in length
- Tattered and faded T-shirts shall not be worn.

### **For BCCF Staff Only**

BCCF Security Clearance Complete?: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned Department/Supervisor: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Proposed Schedule: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Notification of Department: \_\_\_\_\_ Date: \_\_\_\_\_

### **SERVICE CONTRACTOR REVIEW/APPROVAL**

Reviewed by Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by ADS assigned to Security: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Sheriff/Designee: \_\_\_\_\_ Denied: \_\_\_\_\_