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STATE OF CALIFORNIA
BACKGROUND SECURITY CLEARANCE APPLICATION
CONFIDENTIAL - FOR OFFICIAL USE ONLY
CDCB 2211 (06/22)

CDCR 2311 (06/22)		
For Staff Use Only		
Requester:Department:	Extension:	
Division Head Authorization:	Date:	
Purpose of Entry:		
Date(s): Time: Du	iration:	
Escort:		
Type of Authorization Requested (Check One): Gate Clearan	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 Californ Rehabilitation inmate or parolee for non-work related reasons? (<i>If yes, please complete the CDCR Form 2189 Incarcerated/Paroled Rel</i> Are you a former California State Prison inmate? No:	<u>No:</u> <u>Yes:</u> ative/Associate Notification.) Yes: No: <u></u> Yes: on for the restriction/denial.)	
Are you currently on probation/parole?No:Do you have any pending or outstanding charges?No:	Yes: 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:	