

**ARLINGTON COUNTY SHERIFF'S OFFICE**

1425 N. Courthouse Road, Suite 9100

Arlington, VA 22201

703 228-4460

Date:

You are being considered for the Electronic Home Detention Program. Please write a short statement on why you should be considered for this program below.

This packet is for the purpose of evaluation only. Its submission does not guarantee your placement on the program.

All applicants for the Electronic Home Detention Program must understand that each evaluation must be reviewed and approved prior to your acceptance into the program. Due to the above, we are unable to give you any prediction or expectation that you will receive approval or how long it will actually take.

NAME: \_\_\_\_\_ INMATE ID NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATEMENT:

THIS PACKET SHOULD BE RETURNED AS SOON AS POSSIBLE. ANSWER ALL QUESTIONS. MISSING INFORMATION COULD CAUSE YOUR APPLICATION TO BE DENIED.

First Name:		Last Name:			Middle:	
Address:			City:		State:	Zip:
Home Phone:			Work/Message Phone:			
DOB:	SSN:	Sex:	Age:	Family Size (Circle One) 1 2 3 4 5 6 7 8 9		

**Race/Ethnic Group/National Origin (Please choose one)**

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	Circle highest year of school completed 1 2 3 4 5 6 7 8 9 10 11 12
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian/Pacific Island	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hispanic	College: 1 2 3 4
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Vietnamese	Graduate School: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> American Indian	<input type="checkbox"/> Laotian	School Name: _____
<input type="checkbox"/> Other _____		Location: _____ (City and State)

If not an U.S. Citizen, are you legally authorized to work in the United States?  Yes  No

Do you have access to a car?  Yes  No

Do you have a valid Drivers License?  Yes  No

Any limitations which relate to a specific job?  No  Yes (explain)

Vocational or other training. List type(s) and date(s):

List any special skills, languages, licenses, typing speed, etc.

Current Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

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

Days and hours scheduled to work: \_\_\_\_\_

Is this a permanent schedule?  Yes  No

Is overtime required?  Yes  No

How do you get to work? \_\_\_\_\_ How often are you paid? \_\_\_\_\_

What days are you paid? \_\_\_\_\_ What are your job duties: \_\_\_\_\_

Are you required to drive?  Yes  No

In what facility are you currently being housed: \_\_\_\_\_

Address: \_\_\_\_\_ Case Manager: \_\_\_\_\_

\_\_\_\_\_ Case Managers phone: (\_\_\_\_) \_\_\_\_\_

Area Code & Number

Have you participated in any other Work Release Programs? If so, give dates and locations.

<b>A</b>	<b>Position Title:</b>	<b>Name, title and phone number of supervisor:</b>
<b>Name of Employer (PRIOR)</b>		<b>Address of Employer:</b>
<b>Dates of Employment: From</b> ___/___/___ <b>to</b> ___/___/___		<b>Last Salary \$</b> _____ <b>Reason for Leaving:</b>
<b>Describe your duties, responsibilities, and accomplishments below.</b>		

<b>B</b>	<b>Position Title:</b>	<b>Name, title and phone number of supervisor:</b>
<b>Name of Employer (PRIOR)</b>		<b>Address of Employer:</b>
<b>Dates of Employment: From</b> ___/___/___ <b>to</b> ___/___/___		<b>Last Salary \$</b> _____ <b>Reason for Leaving:</b>
<b>Describe your duties, responsibilities, and accomplishments below.</b>		

<b>C</b>	<b>Position Title:</b>	<b>Name, title and phone number of supervisor:</b>
<b>Name of Employer (PRIOR)</b>		<b>Address of Employer:</b>
<b>Dates of Employment: From</b> ___/___/___ <b>to</b> ___/___/___		<b>Last Salary \$</b> _____ <b>Reason for Leaving:</b>
<b>Describe your duties, responsibilities, and accomplishments below.</b>		

Martial Status: (please circle one) Single Married Separated Divorced Widowed	Name of Spouse:	Address of Spouse:
	Last:	_____
	First:	Street
	Middle:	_____
		City State Zip
		Telephone #: _____

**Fathers Name:** \_\_\_\_\_

Last First Middle

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

Street City State Zip

Phone Number: \_\_\_\_\_

Area Code Number

Living: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Mothers Name:** \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City State Zip

Phone Number: \_\_\_\_\_

Area Code Number

Living: \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Relatives (Brothers, Sisters, Children, etc.) List ages of all children:

NAME	RELATIONSHIP	AGE	ADDRESS (Street, City, State, Country)	LIVING

Military Service - Branch: \_\_\_\_\_

Type of Duty: \_\_\_\_\_

Rank: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Any criminal charges while in Military? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PLEASE PROVIDE COMPLETE NAME AND ADDRESS AND TELEPHONE NUMBER OF THREE PERSONS CLOSE TO YOU. THESE PERSONS CAN BE FRIENDS OR FAMILY. OUT OF STATE INFORMATION WILL BE ACCEPTABLE. THIS SECTION MUST BE FULLY COMPLETED OR IT WILL NOT BE PROCESSED.**

**Name:** \_\_\_\_\_  
First Last

**Address:** \_\_\_\_\_  
Street Apt. # City  
\_\_\_\_\_ County State Zip Code

**Phone:** \_\_\_\_\_  
Area Code/Telephone Number

**Name:** \_\_\_\_\_  
First Last

**Address:** \_\_\_\_\_  
Street Apt. # City  
\_\_\_\_\_ County State Zip Code

**Phone:** \_\_\_\_\_  
Area Code/Telephone Number

**Name:** \_\_\_\_\_  
First Last

**Address:** \_\_\_\_\_  
Street Apt. # City  
\_\_\_\_\_ County State Zip Code

**Phone:** \_\_\_\_\_  
Area Code/Telephone Number

**TO THE BEST OF YOUR KNOWLEDGE, LIST THE FOLLOWING:**

**Present Convictions**

**Sentences**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**TO THE BEST OF YOUR KNOWLEDGE, LIST THE FOLLOWING**

**Prior Convictions**

**Sentences**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Attorney:** \_\_\_\_\_

**In your own words, explain events that may be helpful in understanding prior convictions and sentences:**

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**MEDICAL INFORMATION:**

Do you have an acute or chronic medical condition that requires medical treatment or medication? \_\_\_\_Yes\_\_\_\_No

If yes, what is the condition and please explain what type of medical treatment and/or medication is required:

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**SUBSTANCE ABUSE HISTORY**

Circle any and all substances used:

If yes, how long:

1. Beer \_\_\_\_\_
2. Wine \_\_\_\_\_
3. Liquors \_\_\_\_\_
4. PCP \_\_\_\_\_
5. Cocaine/Crack \_\_\_\_\_
6. Marijuana \_\_\_\_\_
7. Opioid \_\_\_\_\_
8. K-2 \_\_\_\_\_

How often do you use these substances? \_\_\_\_\_

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Have you received any substance abuse treatment outside jail? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_

When? \_\_\_\_\_

Did you complete treatment? \_\_\_\_\_

Are you willing to provide information in reference to your substance abuse activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, why not: \_\_\_\_\_

Are you willing to submit to random drug and alcohol screens if approved for this program? \_\_\_\_\_

Case Manager or Agency Officials Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Case Managers/Classification Officers please include a jail/facility adjustment sheet. Thank you.**

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**I hereby authorize the staff of the Arlington County Sheriff's Office to inquire, release and exchange information about me with personnel or designees of medical, social services, mental health and substance abuse agencies, community service placement sites, service providers, probation/parole departments, jail or prisons, current or possible employers and family members listed on this form.**

**I will not hold the Arlington County Sheriff's Office, its staff members or service providers liable for any information collected or released in regards to my work or program evaluation or placement.**

**I have read this document and fully understand its meaning.**

**I hereby swear or affirm that all of the statements contained in this packet are true to the best of my knowledge and that any false statements made may subject me to disqualification during my evaluation and disciplinary action if I am selected for participation in the program. Failure to provide all information needed to complete this evaluation will result in this application being denied.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
State Identification #

\_\_\_\_\_  
Date