

BUCKLEY CITY JAIL
WORK RELEASE APPLICATION

EMPLOYMENT INFORMATION

Company

Name_____

Company

Address_____City_____

Company

Phone_____Occupation_____

Supervisors

Name_____Phone_____

Jobsite if different than company address listed above_____

Length of employment_____Wage per hour \$_____

Is employer related to you?_____If yes, how?_____

Pay periods_____Method_____

(Weekly-biweekly-monthly)

(Cash-check-direct deposit)

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WORK SCHEDULE

DAY	START TIME	END TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

TRANSPORTATION

Do you have a valid drivers license? _____ State _____

What is your drivers license status?(Clear/Revoked/Suspended) _____

How do you commute to work? _____

How long is your commute to work from the work release facility? _____

How long is your commute from work to the work release facility? _____

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If you commute to work by bus, what are the bus/route number(s) & time caught *to work* from the work release facility? _____

If you *return to the work release facility* by bus, what are the bus/route numbers & times _____

Do you have current/valid liability insurance on your vehicle? _____

What is the name of your insurance company? _____

What is your insurance policy number? _____

What is the name of your insurance agent? _____

What is your insurance agent's contact number? _____

MEDICAL

What illegal drugs have you tried? _____

What illegal drugs do you currently use? _____

How often do you use alcohol & in what amount? _____

Are you taking antabuse? Yes _____ No _____

Are you under a doctor's care? Yes _____ No _____

Are you taking any medications? Yes _____ No _____

Have you attempted suicide? Yes _____ No _____

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List any medications you are currently taking:

Do you have any allergies?_____

History or seizures disorders?_____

Mental Health problems?_____

ARREST HISTORY

ARREST DATE	LOCATION	CHARGE	DISPSTION

****Include ALL arrests: Felony, Misdemeanor and Traffic**** If more room is needed attach a separate sheet of paper.

Have you ever been rejected or removed from any work release or home detention program? Yes_____ No_____

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List any other work release or electronic home detention facilities you have served time at or have applied to:

Are you on currently on probation or parole? Yes___ No___

Probation/Parole Officer name & phone _____

Have you EVER been on probation or parole? Yes___ No___

START DATE	END DATE	OFFICER	PHONE	CHARGE

Have you ever been removed from probation/parole for disciplinary reasons?

Yes___ No___

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AA/NA MEETINGS

DAY OF WEEK	TYPE	LOCATION	TIMES	COURT ORDERED?

You must provide written verification on any counseling dates when you return this application

CHARGES/COURT ACTION PENDING

ARREST DATE	LOCATION	CHARGE/CAUSE	COURT

Are there any Restraining Orders/No Contact Orders against you? Yes ___ No ___

If yes, list the name, address and phone number of the person(s) on the order

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WORK RELEASE INFORMATION SHEET

Participant acknowledges by his signature that participation in the Work Release Program has been voluntarily entered into, and that this document has been fully explained to the participant, and that he understands and agrees to abide by all the rules and regulations of the Work Release Program.

COSTS

Effective January 1, 2009 participation costs shall be paid at the rate of \$60.00 per day including weekends. Participant agrees to pay in the form of cash or money order.

PRE-PAY

All fees shall be paid in full at the time of booking.

PARTICIPANT REQUIREMENTS

The participant agrees to ALL the following terms and conditions:

1. To obey all terms and conditions of the Work Release Program. To perform all tasks and be present at the times specified, in a manner satisfactory to the Jail Commander.
2. To abstain from the use of alcoholic beverages during participation in the Work Release Program. **ANY COMSUMPTION WILL CAUSE YOUR REVOCATION FROM THE WORK RELEASE PROGRAM.**
3. To submit to a breath test and provide breath samples *at any time* as requested by an officer or jail staff member. . **FAILURE TO SUBMIT TO SUCH TEST OR REFUSAL TO PROVIDED SUCH SAMPLE SHALL BE DEEMED SUFFICIENT GROUNDS TO TERMINATE YOU FROM THE WORK RELEASE PROGRAM**

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4. To abstain from the use of all drugs except those prescribed to you by a licensed physician.
5. To obey all federal, state, county and local laws.
6. To provide a urine sample, *under observation, and at any time*, as requested by any officer or jail staff member. **FAILURE TO SUBMIT TO SUCH TEST OR REFUSAL TO PROVIDE SUCH SAMPLE SHALL BE DEEMED SUFFICIENT GROUNDS TO TERMINATE YOU FROM THE WORK RELEASE PROGRAM.**
7. To not drive or operate any motor vehicle, which requires a license, without proper proof of a valid drivers license, proof or liability insurance and possible inspection(s) of your vehicle.
8. To proceed to and from your place of employment/worksite by the most direct route, without deviations or stops of any kind not previously approved by the Jail Commander. A delay of more than thirty (30) minutes in your return will cause jail staff to attempt to verify your location. Any longer delay or repeated delays, without cause, may be reason to revoke you from the Work Release Program.

Approved reasons for returning late are:

- Car problems
 - Natural disaster
 - Life threatening medical emergencies
 - Unforeseen traffic delays
9. To not bring any item(s) or contraband into the facility nor to remove any item(s) without approval from the facility.
 10. To keep your person and living quarters clean and neat.
 11. To follow all directions given by the Jail Staff or Officers
 12. The Buckley City Jail is a non-smoking, tobacco free facility.
 13. Personal mail cannot be delivered to the jail. You are responsible to make necessary arrangements.

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14. Participants may not work more than 48 hours per week, unless pre-approved by the Jail Commander. Participants must spend at least two (2) full days in the facility per week unless otherwise directed by court order or the Jail Commander.
15. Participants agree to assume full responsibility for all items brought into the facility. All items must be pre-approved by the jail staff.
16. Participants understand that the Chief of Police may discontinue the Work Release Program at any time.

REVOCATION OF WORK RELEASE

Participants agree and acknowledge that violation of any of the above requirements, or refusal to submit to any requested/required test, may result in their removal from the Work Release Program and/or **conversion of any remaining sentence to straight time incarceration.**

Applicant's signature

Applicant's printed name

Date & place signed

If you would like to be notified by email of the status of your application please provide a valid email address:
