

Adams County Adult Correctional Complex

Work Release program Pre-Commitment Application

Personal Information					
Applicant's last name, first name, middle name			Date of Birth		Social Security Number
Street address		City	State	Zip	County
Home Phone #	Cell Phone #	Email Address			

Legal Information	
Case Number	Offense(s)
Sentence	Report Date
Do you have any open charges, warrants or detainers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, indicate what and where here;	
Have you ever had an escape conviction in PA or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, indicate when and where here;	
Have you ever had a felony conviction in PA or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, indicate when and where here;	
Have you ever been incarcerated in a state or federal facility in PA or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, indicate when and where here;	
Have you ever been affiliated with a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, indicate which gang, when and where here;	
Are you aware of any known enemies or anyone you are not permitted to be house with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, list who and why here;	

Employment Information				
Company/Employer name	Supervisor Name (Last, First)		Telephone number	
Street address	City	State	Zip	County
Human Resources Representative name	Email address		Telephone number	

Transportation Information	
Do you plan on driving yourself? (You must have a valid, unsuspended driver's license and a vehicle) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, attach copies of the following to this application; <input type="checkbox"/> Driver's license <input type="checkbox"/> Vehicle registration <input type="checkbox"/> Proof of Ins	
In order to drive yourself, you will need a 2 nd form of ID. Indicate here what you are attaching;	
Do you plan on having Family or coworkers others drive you to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, attach copies of the following for each individual; <input type="checkbox"/> Driver's license <input type="checkbox"/> Vehicle registration <input type="checkbox"/> Proof of Ins	