

Jones County Sheriff's Office  
Electronic Monitoring Application

Applicant's Full Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Apt / Lot # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Cell Phone: \_\_\_\_\_ Applicant's Home Phone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SOC: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Single     Married     Divorced     Separated     Widowed

Scars/Marks/Tattoos: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ How long with this employer: \_\_\_\_\_

Attending Court Ordered Activities:  Yes     No    Location: \_\_\_\_\_

Does Applicant have a VALID driver's license:  Yes     No    State: \_\_\_\_\_ DL# \_\_\_\_\_

Vehicle (s) that applicant will be operating: \_\_\_\_\_

Is the applicant currently involved in a no-contact/restraining order:  Yes     No

If yes, names of people involved in order: \_\_\_\_\_

Address (s) of parties involved in no-contact order: \_\_\_\_\_

Person (s) living in residence with applicant:

Name:	Relationship
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- 1.
- 2.
- 3.
- 4.
- 5.

Applicant's Current Criminal Charges: \_\_\_\_\_

Applicant's Criminal Case #: \_\_\_\_\_ Length of EM Sentence \_\_\_\_\_

Electronic Monitoring for:  Work Release  In Home Detention

Applicant's Attorney: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

Sentencing Judge: \_\_\_\_\_ County Attorney: \_\_\_\_\_

Does the applicant have ANY OTHER charges pending in ANY court?  Yes  No

Charges: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

The information that I have given to my attorney and the Sheriff's Office is true and correct. I understand that any information that is found to be false will disqualify me from the electronic monitoring program.

I understand that I must report free of any drugs or intoxicants, and that I will be tested upon turning myself in and randomly tested while on the work release program. If I test positive at any time I understand my release privilege may be revoked.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only, Do Not Write in Area Below

The applicant is a:  Good Candidate  Fair Candidate  Poor Candidate

Notes from Interview:

Applicant is:  Approved  Denied

Date: \_\_\_\_\_

If DENIED, reason for Denial:

(Continued – Official Use Only)

DCI: \_\_\_\_\_ FBI: \_\_\_\_\_

NCIC Warrants:  Negative  Hit Local Warrants:  Negative  Hit

Drivers Lic:  Valid  Revoked  Suspended  Barred  TRL  No Record

Active No Contact Order:  Yes  No Attached:  Yes  No

Date NCIC completed: \_\_\_\_\_ by \_\_\_\_\_

Registered Sex Offender:  Yes  No Current:  Yes  No

Probation/Parole:  Yes  No Officer: \_\_\_\_\_

Gang File Checked:  Yes  No Member/Associated which Gang: \_\_\_\_\_

On Electronic Monitoring Previously:  Yes  No

Assaultive History:  Yes  No Assault on Police:  Yes  No

Jail Incidents Checked:  Yes  No

Work Release:

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

Address of Employer: \_\_\_\_\_

Phone Number of Employer: \_\_\_\_\_

Foreman/Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hourly Rate Of Pay/Salary \_\_\_\_\_

Schedule per Day:

Monday: Work Hours \_\_\_\_\_ Release/Return Time \_\_\_\_\_

Tuesday: Work Hours \_\_\_\_\_ Release/Return Time \_\_\_\_\_

Wednesday: Work Hours \_\_\_\_\_ Release/Return Time \_\_\_\_\_

Thursday: Work Hours \_\_\_\_\_ Release/Return Time \_\_\_\_\_

Friday: Work Hours \_\_\_\_\_ Release/Return Time \_\_\_\_\_

Saturday: Work Hours \_\_\_\_\_ Release/Return Time \_\_\_\_\_

Sunday: Work Hours \_\_\_\_\_ Release/Return Time \_\_\_\_\_