

ARMSTRONG COUNTY JAIL  
**APPLICATION FOR  
 WORK PRIVILEGES OR EDUCATIONAL RELEASE PROGRAM**

1. NAME OF APPLICANT: \_\_\_\_\_
2. HOME ADDRESS: \_\_\_\_\_
3. DATE OF BIRTH: \_\_\_\_\_ S.S.# \_\_\_\_\_
4. CHARGE: \_\_\_\_\_
5. SENTENCE: \_\_\_\_\_
6. DATE COMMITTED: \_\_\_\_\_
7. MARITAL STATUS: \_\_\_\_\_
8. EMPLOYER OR SCHOOL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_  
 SUPERVISOR/CONTACT PERSON: \_\_\_\_\_
9. TYPE OF WORK OR SCHOOL: \_\_\_\_\_
10. DAYS OF WORK OR SCHOOL: \_\_\_\_\_
11. HOURS OF WORK OR SCHOOL: \_\_\_\_\_
12. ESTIMATED TIME OF TRAVEL: \_\_\_\_\_
13. TRANSPORTATION PLAN: \_\_\_\_\_  
(Means of travel to and from work)
14. PAY RATE: \_\_\_\_\_ (Hourly) Weekly / Bi-weekly / Monthly
15. REMARKS: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
 Signature of Applicant / Date

**\*\*VERIFICATION\*\***

By my signature above, I hereby verify that the statements made in this application are true and correct to the best of my knowledge, information, and belief. I understand that this verification is made pursuant to the provisions of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities and that any false statements may cause me to be subject to criminal prosecution under that section and any other section which may apply.

**OFFICIAL USE ONLY**

Employment verified by WRC	Yes	No
Criminal History Checked	Yes	No

**Approved/Disapproved**

**Approved/Disapproved**

\_\_\_\_\_/\_\_\_\_\_  
 Work Release Coordinator Date  
 Remarks:

\_\_\_\_\_/\_\_\_\_\_  
 Warden Date  
 Remarks:

Work Release Maintenance Fee \$_____ Per Day
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Condition that inmate pays \$_____ per week to Clerk of Courts to cover fines/costs/restitution.
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**Approved/Disapproved**

\_\_\_\_\_/\_\_\_\_\_  
 District Attorney Date  
 Remarks:

By approving this application, the District Attorney verifies that the registered crime victim, if any, received notice of the application on \_\_\_\_\_, 20\_\_\_\_ by mail/telephone/message machine, and that the registered crime victim  
 \_\_\_\_\_ did not respond  
 \_\_\_\_\_ favors the application  
 \_\_\_\_\_ neither opposes nor consents to the application  
 \_\_\_\_\_ opposes the application because \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approved/Disapproved**

\_\_\_\_\_/\_\_\_\_\_  
 Chief Probation Officer Date  
 Remarks: