ONEIDA COUNTY SHERIFF'S OFFICE

Grady M. Hartman
Sheriff

Daniel L. Hess
Chief Deputy

ONEIDA COUNTY JAIL
Inmate Worker Screening Sheet

Date _____/_____/_____

Inmate Name _____ DOB _____/_____/_____

Charges _____

_____

_____

Sentence Information_____

_____

Travel Options/Restrictions _____

_____

Probation Agent _____

Comments _____

_____

Work Experience _____

_____

_____

Criminal History

NCIC/CIB/Warrant _____ CCAP _____

Medical Screening/Needs

U/A _____ TB _____ Medical reviewed by _____ Nurse _____

Comments _____

_____

Huber Rules Signature Form ☐ _____

Huber/Inmate Worker Agreement ☐ _____

Inmate Emergency Contact _____ Phone _____

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☐ Approved ☐ Denied

Signature _____ Date _____/_____/_____

Revised 11/2023