

To maintain a safe and secure environment, the NDCS may conduct security checks prior to and periodically throughout an individual's employment or affiliation with the NDCS. A conviction does not automatically bar an individual from entering a facility or from employment. Each case will be considered individually.

**All information on this document is required (if not applicable, please indicate "N/A").** If you omit any information from this form you may be disqualified from entrance to a facility or employment. **PLEASE READ FULLY AND PRINT LEGIBLY IN INK.**

List position title and facility: \_\_\_\_\_

- Contractor   
  NDCS Employment   
  Volunteer   
  Clergy Visitor   
  Intern   
  Temp/SOS   
  PREA  
 Other \_\_\_\_\_

\_\_\_\_\_ / /                      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 PRINT NAME                      Date of Birth                      Social Security Number  
 (Last Name, First Name, Middle Initial)                      Month/Day/Year

\_\_\_\_\_  
All Other Names Used (e.g. aliases, former names, etc.)

\_\_\_\_\_ /                      \_\_\_\_\_                      \_\_\_\_\_ / /  
 Driver's License Number                      State ID number                      Expiration Date  
 / State  
 If no driver's license, please enter your state ID.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Place of Birth (City, State or Country)    Legal Gender    Race    Height    "    Weight    lbs.    Eyes    Hair

List all previous states or countries of residence: \_\_\_\_\_

Current Residential Address:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Street Address                      Apt. #                      City                      State                      Zip

Please provide **ALL** current phone numbers and **ALL** business and **ALL** personal e-mail addresses (current and previous):

Phone 1: ( ) \_\_\_\_\_                      Email 1: \_\_\_\_\_  
 Phone 2: ( ) \_\_\_\_\_                      Email 2: \_\_\_\_\_  
 Phone 3: ( ) \_\_\_\_\_                      Email 3: \_\_\_\_\_

1. Do you have any relatives, friends, or personal relationships (e.g. former spouse, shared residence, employee, etc.) with anyone who is currently or has ever been:
- incarcerated with the Nebraska Department of Correctional Services and/or
  - on parole in the State of Nebraska

Yes  No

If yes, provide the name, facility, and relationship to you:

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2. Have you ever been in contact with any current or former inmates while they were incarcerated at the Nebraska Department of Correctional Services or another state or federal prison by way of:
- phone
  - facility visit
  - email and/or
  - sending or receiving money

Yes  No

If yes, provide inmate name, facility and relationship to you:

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3. Are you or have you ever been affiliated with a gang/security threat group(s)?

Yes  No

If yes, provide group name and your affiliation:

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4. Do you have tattoos which would be visible while in uniform or applicable work attire?  Yes  No

If yes, Nebraska Department of Correctional Services' Intelligence Division staff will assess all tattoos to ensure the material is not offensive or gang/security threat group related and does not create safety concerns. Tattoos construed as offensive may result in a withdrawn job offer or release from employment. You may request a review prior to accepting a job offer.

5. Do you have any relatives or personal relationships with anyone who is or has been employed with the Nebraska Department of Correctional Services?

Yes  No

If yes, provide name, facility, and relationship to you:

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6. Have you ever worked for or are you currently working for another State of Nebraska Agency?

Yes  No

If yes, what Agency:

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7. Have you ever engaged in sexual abuse in prison, jail, lockup, community confinement facility (a locked facility, part or all of the day), juvenile facility, or other institution as defined in 42 U.S.C. 1997?

Yes  No

If yes, please provide an explanation:

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8. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

Yes  No

If yes, please provide an explanation:

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9. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 7 or 8?

Yes  No

If yes, please provide an explanation:

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10. Have you ever had any substantiated allegations of sexual harassment made against you in a prison, jail, lockup, community confinement facility or other institution?

Yes  No

If yes, please provide an explanation:

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11. Have you ever had any substantiated allegations of sexual harassment made against you in the community?

Yes  No

If yes, please provide an explanation:

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**I hereby certify that all information I have entered on this form is accurate and complete. I understand and agree that the NDCS may use information on this form to conduct security checks prior to and periodically throughout my employment or affiliation with the NDCS. I understand that failure to disclose or fully disclose the requested information may be grounds for disqualification of my application or termination of my employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME

**OFFICE USE ONLY**

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CRIMINAL HISTORY**

**INTEL SECURITY CHECK**

HR Site Contact: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_  
 NCIC Processed By: \_\_\_\_\_  
 DMV Processed By: \_\_\_\_\_  
 NCJIS Processed By: \_\_\_\_\_  
 NCIC/NCJIS Reviewed By: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_

APPROVED   
 DENIED

HR Site Contact Notified: \_\_\_\_\_  
 HRIS Entry: \_\_\_\_\_

To be checked at facility/program:  
 Check **only** if New Hire, Employee, Intern, SOS temp, Health Services Contractor, or Community Partner.

Inmate Phone List       **No Info found/**  
 Inmate Visitor List       **No Concern**   
 Inmate Email List   
 Cash Transfers

**Refer to**  
**Hiring Authority**   
 (See comments below)

**Intel Captain/ Designee:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hiring Authority (If Applicable)**

APPROVED   
 DENIED

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS/JUSTIFICATION**

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREA INDICATOR**

**LEGAL REVIEW**

**NDCS Company Hire Date:** \_\_\_\_\_  
 No  
 Yes, Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

Printed Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Project:**  
**Project #:**

**Project Location:**  
**Contractor:**