

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 State ID number Expiration Date
 If no driver's license, please enter your state ID.

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

List all previous states or countries of residence: _____

Current Residential 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:

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:

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:

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:

6. Have you ever worked for or are you currently working for another State of Nebraska Agency? Yes No

If yes, what Agency:

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:

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:

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:

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:

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:

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 **Recommend**
 Inmate Visitor List **Not Recommend**
 Inmate Email List **Refer to**
 Cash Transfers **Hiring Authority**

Comments: _____

Intel Captain/ Designee:

Signature _____ Date _____

Hiring Authority (If Applicable)

APPROVED
 DENIED

Signature _____ Date _____

COMMENTS/JUSTIFICATION

PREA INDICATOR

LEGAL REVIEW

NDCS Company Hire Date: _____
 No
 Yes, Date: _____
 Comments: _____

Printed Name _____
 Signature _____
 Date _____

Project:
Project #:

Project Location:
Contractor: