

Nebraska Department of Correctional Services (NDCS)

Personal Information for Security Check

As part of maintaining 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 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.**

Please check the appropriate reason for requesting entrance into a facility:

- Employment: _____ (list position title and facility) PREA
- Contractor Volunteer Intern Clergy Other: _____ (please specify)

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

 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.

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

List all previous states or countries of residence: _____

Please provide your current address:

 Street Address City State Zip

Please provide your current phone number(s) and e-mail address:

Home: () _____

Cell: () _____

Other: () _____

E-mail address: _____

1. Are you currently on or have you ever been on an inmate phone list? Yes No If yes, please provide name(s) and relationship(s): _____

2. Are you currently on or have you ever been on an inmate visitor list? Yes No If yes, please provide name(s) and relationship(s): _____

3. 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? Yes No If yes, please provide an explanation: _____

4. 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: _____

5. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 1 or 2?
 Yes No If yes, please provide an explanation: _____

6. 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: _____

7. Have you ever had any substantiated allegations of sexual harassment made against you in the community? Yes No
If yes, please provide an explanation: _____

8. Are you currently or have you ever been affiliated with a gang/security threat group? Yes No If yes, provide name of group and your affiliation: _____

9. Are you or have you ever been the subject of a protection order? Yes No If yes, please provide the jurisdiction, dates and explanation: _____

10. Have you ever been convicted of a crime involving the use or attempted use of force or a weapon against a current or former spouse, child, person for whom you were or are a guardian, person with whom you share a child, live-in girlfriend or boyfriend, or a person similarly situated to a spouse, child or person for whom you were or are the guardian? This includes disorderly conduct, stalking, harassment, or similar charge. Yes No If yes, please provide the jurisdiction, dates and 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

OFFICE USE ONLY

HR Site Contact: _____
Date Submitted: _____
Requested Due Date: _____
NCIC Processed By: _____
NCJIS Processed By: _____
Special Services comments: _____
NCIC Reviewed By: _____
NCJIS Reviewed By: _____

To be checked at facility/program:
*Check **only** if New Hire, Intern, or SOS temp*
Inmate Phone List
Inmate Visitor List
Verified by: _____
Approval Disapproval
Warden/Program Administrator:

Signature _____ Date _____

Project:
Project #:

Project Location:
Contractor:

Comments/Notes:

NDCS Company Hire Date:

PREA Indicator
 No
 Yes, Date: _____
Comments: _____

Emergency Management Services review:

Signature _____

Date _____
Legal review:

Signature _____

Date _____