NEBRASKA
Good Life. Great Mission.
DEPT OF CORRECTIONAL SERVICES

Personal Information for Security Check

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 <u>required</u> (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 <u>PRINT</u> LEGIBLY IN INK.**

List position title and facility: _____

☐ Contractor ☐ NDCS Employment ☐ Volunteer ☐ Clergy Visitor ☐ Intern ☐ Temp/SOS ☐ PREA

☐ Other _____

_____ PRINT NAME (Last Name, First Name, Middle Initial)

___/___/___ Date of Birth Month/Day/Year

___ ___ ___ - ___ ___ - ___ ___ ___ ___ Social Security Number

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

_____/_____ Driver's License Number / State
If no driver's license, please enter your state ID.

_____ State ID number

___/___/___ Expiration Date

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

List all previous states or countries of residence: _____

Current Residential Address:

_____ Street Address _____ Apt. # _____ City _____ State _____ Zip

Please provide **<u>ALL</u>** current phone numbers and **<u>ALL</u>** business and **<u>ALL</u>** 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

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: _____

INTEL SECURITY CHECK

To be checked at facility/program:

*Check **only** if New Hire, Employee, Intern, SOS temp, Health Services Contractor, or Community Partner.*

Inmate Phone List ☐
Inmate Visitor List ☐
Inmate Email List ☐
Cash Transfers ☐

No Info found/ No Concern ☐

Refer to Hiring Authority ☐
(See comments below)

Intel Captain/ Designee:

_____
Signature Date

Hiring Authority (If Applicable)

APPROVED ☐
DENIED ☐

_____
Signature Date

COMMENTS/JUSTIFICATION

_____

_____

_____

_____

_____

_____

PREA INDICATOR

NDCS Company Hire Date: _____

☐ No

☐ Yes, Date: _____

Comments: _____

_____

LEGAL REVIEW

_____
Printed Name

_____
Signature

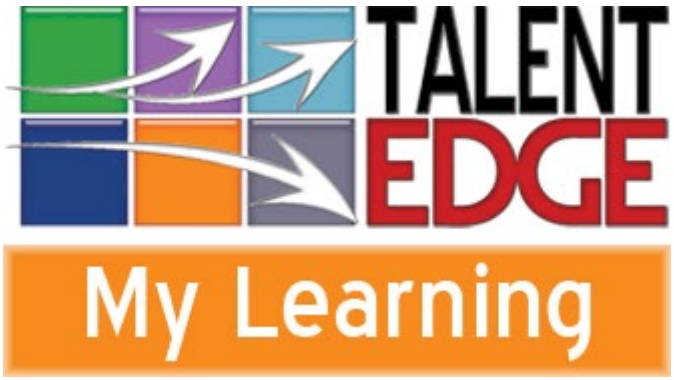
_____
Date

Project:

Project #:

Project Location:

Contractor:



State of Nebraska Learning and Development Center

Contingent Worker Course Registration

Form B

Name:

Last Four Digits of Social Security Number:

Type of Employee: Contractor Intern Volunteer

Has This Person Accessed the State of Nebraska Learning & Development Center Before? Y N

Course to Be Registered In:

Contact Address:

Contact Phone Number:

Contact E-mail:

Agency Contact and Phone Number: