

# 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

<p>HR Site Contact: _____</p> <p>Date Submitted: _____</p> <p>Requested Due Date: _____</p> <p>NCIC Processed By: _____</p> <p>NCJIS Processed By: _____</p> <p>Special Services comments: _____</p> <p>NCIC Reviewed By: _____</p> <p>NCJIS Reviewed By: _____</p>	<p>To be checked at facility/program:</p> <p><i>Check <b>only</b> if New Hire, Intern, or SOS temp</i></p> <p>Inmate Phone List <input type="checkbox"/></p> <p>Inmate Visitor List <input type="checkbox"/></p> <p>Verified by: _____</p> <p>Approval <input type="checkbox"/>                      Disapproval <input type="checkbox"/></p> <p>Warden/Program Administrator:</p> <p>_____ Signature <span style="float: right;">Date</span></p>
<p><b>Project:</b></p> <p><b>Project #:</b></p>	<p><b>Project Location:</b></p> <p><b>Contractor:</b></p>
<p><b>Comments/Notes:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>NDCS Company Hire Date:</b></p> <p>_____</p> <p><b>PREA Indicator</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p><b>Emergency Management Services review:</b></p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p> <p><b>Legal review:</b></p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>