

# ATTACHMENT ONE

# 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 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.**

Please indicate the appropriate reason for requesting entrance into a facility.

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

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

PRINT NAME

(Last Name, First Name, 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

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

'

"

Weight

lbs.

Eyes

Hair

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

Current Address:

Street Address

City

State

Zip

Please provide all current phone numbers and e-mail addresses (business and personal):

Home: ( )

E-mail addresses: \_\_\_\_\_

Cell: ( )

Other: ( )

# ATTACHMENT ONE

1. Are you currently or have you ever been in contact with any Nebraska Department of Correctional Services inmate (current or former) by way of phone, facility visit, or email? ☐ Yes ☐ No If yes, provide name, facility and relationship to you:

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2. 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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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:\_\_\_\_\_

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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:\_\_\_\_\_

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5. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 3 or 4? ☐ Yes ☐ No If yes, please provide an explanation:\_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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.**

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Signature

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Date

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PRINT NAME

# ATTACHMENT ONE

OFFICE USE ONLY	
<p>HR Site Contact: _____</p> <p>Date Submitted: _____</p> <p>NCIC Processed By: _____</p> <p>DMV Processed By: _____</p> <p>NCJIS Processed By: _____</p> <p>NCIC/NCJIS Reviewed By: _____</p> <p>Date Reviewed: _____</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DENIED</p> <p>HR Site Contact Notified: _____</p> <p>HRIS Entry: _____</p>	<p>To be checked at facility/program:</p> <p><i>Check <b>only</b> if New Hire, Intern, SOS temp, Health Services Contractor, or Volunteer.</i></p> <p>Inmate Phone List <input type="checkbox"/></p> <p>Inmate Visitor List <input type="checkbox"/></p> <p>Inmate Email <input type="checkbox"/></p> <p>Approval <input type="checkbox"/> Disapproval <input type="checkbox"/></p> <p>Comments: _____</p> <p>_____</p> <p>Intel Captain/ Designee:</p> <p>_____</p> <p>Signature _____ Date _____</p>
<p><b>Comments/Justification:</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>_____</p> <p>_____</p>	<p><b>NDCS Company Hire Date:</b> _____</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><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>
<p><b>Project:</b></p> <p><b>Project #:</b></p>	<p><b>Project Location:</b></p> <p><b>Contractor:</b></p>