

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 ☐ Community Partner ☐ 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

State ID number

____/____/
Expiration Date

If no driver's license, please enter your state ID.

Place of Birth (City, State or Country)

Legal Gender

Race

____'____"
Height

Weight

lbs.

Eyes

Hair

List all previous states or countries of residence: _____

Current Residential Address:

Street 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

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: _____

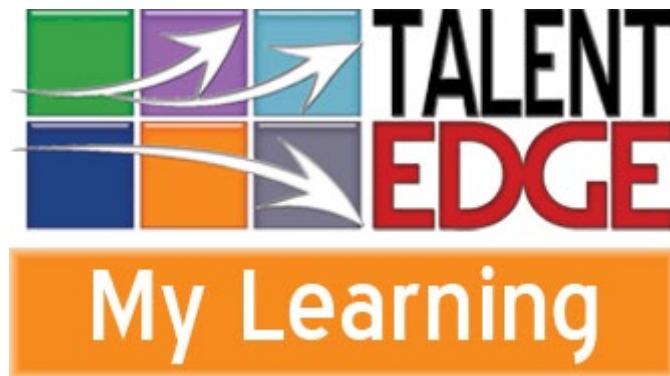
LEGAL REVIEW

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: