



Criminal History Request Form

Per Directive #2216 all employees and contractors of the Department of Corrections and Community Supervision (DOCCS) will be subjected to a criminal history inquiry in order to obtain background information pertinent to the security of operations, to verify data on employment applications, and receive notification when Department employees are arrested. Employees and contractors may also be fingerprinted in accordance with this directive.

All fields are required

FOR OFFICIAL USE ONLY:

Employment Details:

Criminal History Facility:

Type: (Circle One)

| | | |
|-------------------------------|-------------------------------|-------------------|
| Employee | Extra Service Employee | Per Diem Employee |
| Contractor | Contract Service Provider | Consultant |
| Outside Agency Employee | Executive Appointment | |
| Outside Agency Employee (DMV) | Outside Agency Employee (ITS) | |
| Outside Agency Employee (OMH) | Outside Agency Employee (OGS) | |

Title/Position:

Complete for Contract Service Provider, Consultant, or Contractor

Employer:

Frequency: (Circle One) Daily Weekly Monthly Other

Security Escort: Yes No

Duties:

Applicants Name: _____

Demographics:

Social Security Number: (not required for OMH employees)

Last Name:

First Name:

Middle Name: (Full)

Are you known by another name? Yes No

| First Name | Last Name |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Sex: M F X **Complexion:** Fair Light Medium Dark

Race: White Black Hispanic Asian American Indian Other

Eye Color: Blue Brown Hazel Green Gray Black Other

Hair Color: Bald Black Blonde Brown Gray Red White Other

Height: **ft.** **in.** **Weight:** **lbs.**

Birth Details:

Date of Birth:

Born outside of the US? Yes No **If Yes, Add Foreign Born City/Country**

Birth City/Location:

Birth State: ▼

Current Physical Address: (No P.O. Boxes)

Street:

City:

State/Providence: ▼

Country:

Zip Code:

Home Phone:

Cell Phone:

Driver License:

Do you have a Driver License or Non-driver ID? Yes No (If No, see below *)

If yes ID Number: Issuing State:

Do you have or ever had a Driver License in another state? Yes No

If yes, please list:

*Type of Government ID used for identification:

*Government Identification Number:

Incarcerated Individuals Details:

Do you know any incarcerated individuals, formerly incarcerated individuals, or individuals currently on parole? Yes No If Yes, please list:

| Full Name | DOB | Approximate Age | DIN# | Relationship |
|-----------|-----|-----------------|------|--------------|
| | | | | |
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| | | | | |

Do you have a J-Pay Account? Yes No (If yes, put Account ID # in Additional Comments)

Additional Comments:

OFFICIAL USE:

Details of person requesting:

Full Name:

Title:

Phone: x.

Email:

Responses will be sent to this email.

Applicants Name: _____