CRIMINAL RECORD CHECK-CONTRACTOR/INTERN/VOLUNTEER

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION

SFN 17216 (11-2021)

RETURN BY MAIL TO:
North Dakota State Penitentiary, PO Box 5521, Bismarck, ND 58506-5521
James River Correctional Center, 2521 Circle Drive, Jamestown, ND 58401
Missouri River Correctional Center, PO Box 5521, Bismarck, ND 58506-5521
Youth Correctional Center or Heart River Correctional Center, 701 - 16th Avenue SW, Mandan, ND 58554

PLEASE PRINT

In compliance with the Federal Privacy Act of 1974, disclosure of the social security number on this form is required for accurate record verification.

Your Name (First) (Middle Full) (Last Name)	Social Security Number	Birthdate (Mo/Day/Yr)

Other Name(s) Used (Maiden, Former, AKA, Etc.) (First, Middle-Full, Last)

Residence Address	City	State	ZIP Code	Telephone Number

Your Vehicle	Make	Model	Year	Color	License Plate Number	Drivers License No. & State

Name of staff or department you have been in contact with

Contract/Volunteer service to be provided

☐ Access to facility for Free Through Recovery ☐ Access to database for Free Through Recovery

Is service rendering
☐ Ongoing
☐ Temporary Approximate Date service ending_____

Have you been convicted of any crime? (Misdemeanor or Felony) ☐ No ☐ Yes - List each one below or on separate sheet..

Are you currently charged with any crimes or awaiting court proceedings? ☐ No ☐ Yes - List each one below or on separate sheet..

OFFENSE(S)	STATE & COUNTY	APPROXIMATE DATE	SENTENCE (Jail, Prison, Probation, Etc.)

Have your actions while on the job ever caused your employer to take disciplinary action or have you ever resigned from a position while under investigation for sexual harassment?
☐ Yes ☐ No

Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
☐ Yes ☐ No

Have you 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, of if the victim did not consent or was unable to consent or refuse?
☐ Yes ☐ No

Have you been civilly or administratively adjudicated to have engaged in the activity as described above?
☐ Yes ☐ No

SECURITY REQUIREMENTS

The individual shall comply with all applicable DOCR rules, regulations, and policies, including rules and regulations relating to safety, security, and confidentiality. DOCR reserves the right to deny admission in DOCR facilities to the individual for violation of any applicable DOCR rule, regulation, or policy. A staff member of DOCR shall review any violations with the individual prior to making a determination of denying the admission of the individual personnel or terminating the contract. DOCR requires a complete criminal history background check, including fingerprints for all individual personnel. When individual personnel arrive at a DOCR facility, they will be subject to search at any time, they must sign in and out as applicable, and they are responsible for ensuring that all tools and test equipment that are allowed in the facility are accounted for at all times. The individual shall report to the DOCR area supervisor immediately if any tools are lost, misplaced, or stolen.

CONTRABAND: Defined as any item or service not specifically authorized by security staff. No property or other items will be allowed in the facility unless specifically approved by security staff. You may not take vehicle keys. There are lockers available to secure all purses, wallets, caps, etc. You and your property are subject to search at any time.

WAIVER OF RESPONSIBILITY AGREEMENT

I fully understand I will be working in a prison facility, in field services and/or in the community, and I am aware of the inherent risks that are associated with working in a prison facility environment. I understand my adherence to DOCR rules, regulations, and policies is necessary to help insure not only my safety, but also the safety of others working in the prison facility. During my tenure, I will observe all the rules, regulations, and policies required of all employees and others working for the DOCR and/or entering the facilities. I will adhere strictly to policies and procedures required for confidentiality, security and safety of the facilities. I will not have any contact with the offender(s) via telephone, visitation or correspondence.

I hereby waive and release the State of North Dakota, its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information.

SEARCHES: Any individual entering the institution or its grounds may be subject to search at any time for contraband articles. This also applies to their personal property. Anyone refusing to submit to search will be denied admittance. If contraband is found, the institution may detain the individual for a reasonable amount of time. Searches are not intended to embarrass, degrade or cast aspersions on the integrity of any individual. The institution has found through experience that it is necessary to conduct searches for contraband to adequately provide a safe and secure institution for inmates, staff and visitors.

APPLICANT RIGHTS

Privacy Act Statement
As of 03/30/2018
This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L.92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

28 CFR 50.12(b) Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Those officials making such determinations must advise the applicants that procedures for obtaining a change, correcting, or updating of an FBI identification record are set forth in 28 CFR 16.34. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program. This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and further, to protect the interests of the prospective employee/licensee who may be affected by the information or lack of information in an identification record.

28 CFR 50.12(b) You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification records are set forth in Title 28 CFR 16.34.

All information is true and correct. I understand that providing false information on this questionnaire is grounds for denial. I have read and fully understand the information on this form. Proper picture identification is required at each visit. Failure to produce ID will be grounds to deny admittance.

Signature	Date

PRISON RAPE ELIMINATION ACT (PREA) COMPLIANCE ACKNOWLEDGEMENT

I acknowledge that residents committed to the custody of the DOCR, or who are u nder the supervision and management of the DOCR, will be free from the following:

Sexual abuse of a resident by another resident, staff member, contractor, or volunteer, includes any of the following acts, whether consensual or not, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse contact between the penis and the vulva or the penis and the anus, including penetration, however slight; contact between the mouth and ht epenis, vulva, or anus; penetration of the anal or genital opening of another person, however slight, by a hand, finger, objecdt, or other instrument; and any other intentional touching, either directly or through the clothing, or the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual Harassment to include any unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; any verbal comments or gestures of a sexual nature to a resident, or by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Voyeurism by a staff member, contractor, or volunteer is an invasion of privacy of a resident, by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet to perform bodily functions; requiring a resident to expose their buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions.

I acknowledge that I have read and understand the requirements of the PREA and acknowledge the DOCR's zero-tolerance towards all forms of sexual abuse and harassment. I must immediately report any information or knowledge of sexual harassment of a resident by another resident, staff member, contractor of volunteer, to a DOCR staff member in writing or verbally. By signing this agreement, I acknowledge that I understand and will comply with this agreement. I understand a violation of this agreement may result in the termination of any contract and the imposition of civil or criminal penalities under stated and federal law.

Signature	Date

Security Authorization	Administrative Signature	Date
☐ APPROVED ☐ DENIED		