

# CRIMINAL RECORD CHECK (NON-EMPLOYEE)

## NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION

SFN 17216 (08-2024)

*This form is to be used for contract employees, service providers, volunteers, unpaid interns, students and/or other individuals who are not directly employed by the North Dakota Department of Corrections and Rehabilitation (ND DOCR) per definition of the ND DOCR Human Resources Division.*

### INSTRUCTIONS:

1. Please type or print legibly and ensure that all information is complete. Incomplete or illegible requests will be returned.
2. In compliance with the Federal Privacy Act of 1974, disclosure of the social security number (SSN) on this form is voluntary. The DOCR uses the SSN as a unique identifier to confirm your identity. Disclosure of your SSN is voluntary; however, failure to disclose your SSN may affect completion or approval of your application.
3. There are **TWO** places to sign this document: **1) PREA Compliance; AND 2) Applicant Signature.**
4. The DOCR may provide a copy of this completed release form to reference and/or criminal background records check sources when checking an applicant's references or background.

### TO BE COMPLETED BY APPLICANT

Last Name			First Name			Full Middle Name		
Telephone Number		Date of Birth (MM/DD/YYYY)		Social Security Number			Sex/Gender	
Other Name(s) Used (Maiden/Former/AKA) First Name, Full Middle Name, Last Name								
Current Street Address				City		State		Zip Code
Your Vehicle Make	Your Vehicle Model	Your Vehicle Year	Your Vehicle Color	Vehicle License Plate Number		Drivers License Number		Drivers License State
Other State(s) Lived, Worked, Or Was A Student In								
Name of Department of Corrections and Rehabilitation (DOCR) Staff/Department You Have Been In Contact With				Contract/Volunteer/Internship/Other Service To Be Provided				
Service to be provided will be <input type="checkbox"/> Ongoing <input type="checkbox"/> Temporary Projected End Date _____				Free Through Recovery Access Needed <input type="checkbox"/> Facility <input type="checkbox"/> Database <input type="checkbox"/> None or N/A				
Have You Been Convicted of Any Crime (Misdemeanor or Felony)?				<input type="checkbox"/> No <input type="checkbox"/> Yes - List below and/or attach a separate sheet				
Are you currently charge with any crime(s) or awaiting court proceedings?				<input type="checkbox"/> No <input type="checkbox"/> Yes - List below and/or attach a separate sheet				
Offense(s)		County	State	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?								<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you engaged in sexual abuse in prison, jail, lockup, a community confinement facility, a juvenile facility, or another institution?								<input type="checkbox"/> Yes <input type="checkbox"/> 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, if the victim did not consent or was unable to consent or refuse?								<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been civilly or administratively adjudicated to have engaged in the activity as described above?								<input type="checkbox"/> Yes <input type="checkbox"/> 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.

*Continued on Page 2*

### 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.

### PRISON RAPE ELIMINATION ACT (PREA) COMPLIANCE ACKNOWLEDGEMENT

I acknowledge that residents committed to the custody of the DOCR, or who are under 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, and/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 the penis, vulva, or anus; penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and any other intentional touching, either directly or through the clothing, or the genitalia, anus, groin, breast, inner thigh, and/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, and/or verbal comments, gestures, and/or actions of a derogatory and/or offensive sexual nature by one resident directed toward another; any verbal comments and/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, and/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 or 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 penalties under stated and federal law.

PREA Compliance Acknowledgment Signature

Date

### APPLICANT STATEMENT

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

Applicant Signature

Date

**APPLICANT RIGHTS appear on page 3 of this application. Please retain a copy for your records.**

### RETURN BY MAIL TO THE APPROPRIATE FACILITY

Heart River Correctional Center (HRCC)  
ATTN: Visiting  
PO Box 5521  
Bismarck, ND 58506-5521

James River Correctional Center (JRCC)  
ATTN: Visiting  
2521 Circle Drive  
Jamestown, ND 58401

Missouri River Correctional Center  
ATTN: Visiting  
PO Box 5521  
Bismarck, ND 58506-5521

North Dakota State Penitentiary (NDSP)  
ATTN: Visiting  
PO Box 5521  
Bismarck, ND 58506-5521

North Dakota Youth Correctional Center (ND YCC)  
ATTN: Visiting  
701 16th Avenue Southwest  
Mandan, ND 58554

*Continued on Page 3*

## **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 nongovernmental 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.