

CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please type the following information. Enter N/A in any space that does not apply. All information will be maintained confidentially, but **must be provided in order to complete a clearance check.** Falsification or omission of pertinent information will be considered as justification for disapproval or possible criminal prosecution. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility or respective Central Office moderator. Use additional sheets if necessary.

SECTION "A" (CANDIDATE)

Have you ever worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No

Have you ever been adjudicated, convicted, or otherwise disciplined for committing an act of sexual abuse or sexual harassment in the workplace or community? Yes No

- Type of Clearance:** Initial Clearance Request Renewal Request
- Category:** Agency Temp Services Contract Service Provider Intern/Extern Organization
- Reentry Services Vendor Volunteer Program
- Official Visitor (please select one):
- Government PA Prison Society
- Public Visitor (please select one):
- Ministry Criminal Justice Agency Entertainment, Sports, Activities, Guest Speaker
- Other (please explain):

Purpose of Visit:				Primary Facility:			
Organization/Agency/Company/Program Name:				Abbreviation (if applicable):			
Subcontracted to:				Title or Position:			
Last Name:		First Name:		Middle Name:			
List all previous names:							
Date of Birth:				Social Security Number:			
Passport #:		Alien Registration #:		Visa #:			
Sex:	Race:	Height:	Weight:	Eye Color:	Hair Color:		
Current Address:			City:	State:	Zip Code:		
Prior Address:			City:	State:	Zip Code:		
Place of Birth:				Email Address:			
Home Phone:				Alternate Phone (cell):			
Current Driver's License Information:		State:	Operator: <input type="checkbox"/>	ID Only license: <input type="checkbox"/>	OLN Number:	Valid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Licenses (List all states & #'s that apply):		State:	Operator/Non-Operator #:				
Professional/Medical Licenses:			DEA Number:		NPI Number:		
Identify names, relationships, and locations of any relatives or close friends in any DOC facility:							

I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Department rules and assume all risks which may result from the normal operation of a Department facility.

Signature:	Date:
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SECTION "B" (REQUESTING DOC STAFF MEMBER)

Requesting Staff Member:	Employee #:	Date of Request:
Describe Specific Event or Access:		Specific Period of Access Required:



Consent to Release Information for Prison Rape Elimination Act Compliance

I, _____, having made application for employment with the Pennsylvania Department of Corrections (DOC), understand that the DOC must gather specific information about prior employment to comply with the Prison Rape Elimination Act. I hereby authorize the DOC to investigate and ascertain any and all information concerning my prior employment as it relates to sexual abuse and sexual harassment. I understand that the information or documents may be obtained from any person, document or other source, inside or outside the Commonwealth of Pennsylvania. I hereby expressly authorize any former employer to release that information to the DOC.

I hereby release all persons and/or agencies from any liability which might otherwise result from the release of said information to any member of the DOC and/or their subcontractors.

In consideration of this release, the DOC and their subcontractors will regard all information obtained as confidential. I understand that the same will not be released to any individual, including myself, or organization, absent good cause.

I agree that the DOC may admit this information into evidence in order to defend any administrative or court proceeding. I retain the right to challenge the accuracy of such information, in such a proceeding, but waive all objections as to the admissibility of the information.

Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, (as defined in 42 U.S.C. 1997) to include state facilities for persons who are mentally ill, disabled, or **intellectually disabled**, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care?

NO YES If yes, this employment information must be included in Section 6 of this application regardless if experience occurred more than 5 years previously.

Applicant Signature

Date

*****DO NOT SIGN BELOW IF YOU HAVE SIGNED ABOVE *****

I, _____, having made application for employment with the DOC, do not desire to sign the authorization stated above. I understand that the DOC may not hire an individual who will come in contact with inmates without conducting a background investigation compliant with the Prison Rape Elimination Act, and that declining to sign the above authorization will result in my being passed over for such employment.

Applicant Signature

Date