

COMPLETE FORM IN BLUE INK ONLY

NEW JERSEY DEPARTMENT OF CORRECTIONS
SPECIAL INVESTIGATIONS DIVISION
PO BOX 863 TRENTON, NJ 08625

NJDOC, RCRP, CONTRACT VENDOR EMPLOYEES, VOLUNTEERS & INTERNS APPLICATION FOR CLEARANCE AND ISSUANCE OF ID CARDS

Using **BLUE ink** only, all applicants must complete this pre-screening application in its entirety and will be subject to a criminal history background check as a condition of employment. Any omission or falsification of the requested information may render the application void and be just cause for denial of employment or immediate termination if employed. In addition, any applicant appearing on the permanent statewide ban list will be denied clearance.

Check one: New Promotion Renewal Background Check Only (No ID Issued)

If new, have you ever been employed by the NJDOC in any capacity? Yes No

**If yes, provide dates of employment, position and reason for leaving:*

Check one:

Civilian DOHHS CFG OTHER: _____
 Temporary RUTGERS Gateway RCRP: _____
 Volunteer Custody

NAME: _____ ****SS #:** _____
(LAST) (FIRST) (M.I)

AKA: _____
(OTHER NAMES USED SUCH AS MAIDEN NAME, ADOPTIONAL, RELIGIOUS, ETC.)

DATE OF BIRTH: ____/____/____ **PLACE OF BIRTH:** _____
(State or Country) **If you are a Naturalized Citizen, Naturalization paperwork must be attached.*

SEX: _____ **EYES:** _____ **HAIR:** _____ **COMPLEXION:** _____ **HT:** _____ **WT:** _____

****RACE:** Asian Black Indian White Other _____

****Completion of this part is mandatory. The information is to be used only for identification purposes and not as a basis for hire.**

DRIVER' S LIC. #: _____
(State) (Number)

MARKS, SCARS AND TATTOOS

TYPE (Scar, Mark, Tattoo)	BODY PART (Back, Shoulder, Leg)	SIDE (Left, Right, Front, Back)	DESCRIPTION
			(Rose with hearts. "RIP Rover". Skull. Burn marks. "232")

CONTACT INFORMATION

HOME ADDRESS: _____
(APT #, STREET)

(CITY) (STATE) (ZIP CODE)

HOME PHONE #: _____ **CELL PHONE #:** _____

EMAIL ADDRESS: _____

PREVIOUS HOME ADDRESSES *(Last ten years.)*

DATE FROM	DATE TO	ADDRESSES	CITY	STATE	ZIP

ARRESTS, CONVICTIONS, SUMMONSES, EXPUNGEMENT OF RECORDS

For the purpose of this application the following words are defined as:

ARREST: Includes any detaining, holding or taking into custody by police or any other law enforcement agency in this and/or any other state or foreign country.

CHARGE: Includes any indictment, complaint, summons or other notice of the alleged commission of any offense in this and/or any other state or foreign country.

OFFENSE: Includes all high misdemeanors, felonies, misdemeanors, disorderly persons/petty disorderly persons offenses under the criminal code of New Jersey or any other jurisdiction. Also included are local/municipal ordinance violations within this state or any other jurisdiction.

EXPUNGEMENT: Includes the extraction and isolation of all records on file within any court, detention or correctional facility, law enforcement or criminal justice agency concerning a person's detection, arrest, detention, trial or disposition of an offense within the criminal justice system.

Yes No

Have you ever been arrested, indicted, charged with and/or convicted of any offenses as defined above in this state or any other jurisdiction? *If yes, then list below. Must also include all expungements, conditional discharges and pre-trial interventions, as well as DUI/DWI, domestic violence and juvenile offenses.*

NATURE OF CHARGE, ARREST OR CONVICTION	DATE OF INCIDENT	AGE AT TIME OF INCIDENT	NAME OF POLICE AGENCY OR COURT	DISPOSITION <i>(Convicted, Not Guilty, Dismissed, etc.)</i>

**If more space is needed, please provide requested information on a separate sheet of paper.*

YES NO **DO YOU PRESENTLY HAVE ANY PENDING OFFENSES AS DEFINED ABOVE?** *If "YES", explain below.*

NATURE OF CHARGE OR ARREST	DATE OF INCIDENT	AGE AT TIME OF INCIDENT	NAME OF POLICE AGENCY OR COURT	SCHEDULED COURT DATES IF ANY

**If more space is needed, please provide requested information on a separate sheet of paper.*

INCARCERATION, SUPERVISION & INMATE CONTACT

YES NO **HAVE YOU EVER BEEN INCARCERATED WITHIN THE NJDOC OR ANY OTHER JURISDICTION?**
If "YES", explain below. Include SBI #, dates of incarceration and facilities.

YES NO **HAVE YOU EVER ENGAGED IN SEXUAL ABUSE IN A PRISON, JAIL, LOCKUP, COMMUNITY FACILITY, JUVENILE FACILITY OR OTHER INSTITUTION (as defined by U.S.C. 1997)?**

YES NO **HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY FOUND 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 ABLE TO CONSENT OR REFUSE?**

YES NO **HAVE YOU EVER HAD ANY INTERACTION WITH AN INTERNAL AFFAIRS UNIT, PROFESSIONAL STANDARDS UNIT OR ANY OTHER INVESTIGATIVE DIVISION? If "YES", explain below:**

YES NO **ARE YOU CURRENTLY ON PROBATION, PAROLE OR ANY OTHER COURT MANDATED SUPERVISION?**
If "YES", explain below.

YES NO **HAVE YOU BEEN UNDER SUPERVISION OF PROBATION, PAROLE OR ANY OTHER COURT MANDATED SUPERVISION WITHIN THE LAST 36 MONTHS? If "YES", explain below?**

DATE FROM	DATE TO	SUPERVISION TYPE	LOCATION OF SUPERVISION	NAME & NUMBER OF PERSON YOU REPORTED TO

YES NO **TO YOUR KNOWLEDGE DO YOU HAVE ANY BUSINESS OR PERSONAL RELATIONSHIPS WITH CURRENT OR PREVIOUS INMATES WITHIN THE NJDOC? THIS INCLUDES, BUT IS NOT LIMITED TO, ANY ACQUAINTANCES OR FAMILY MEMBERS. If "YES", explain below.**

YES NO **HAVE YOU EVER BEEN ON AN INMATE'S VISIT LIST or VISITED A NJDOC INMATE?**
If "YES", explain below.

YES NO **TO YOUR KNOWLEDGE ARE YOU OR WERE YOU EVER ON A NJDOC INMATE'S PHONE/PIN LIST?**
If "YES", explain below.

CURRENT/ FORMER INMATE	SBI	INMATE NAME	RELATION	CONTACT TYPE (VISIT, PHONE, MAIL, NONE, ETC)

**If more space is needed, please provide additional information on a separate sheet of paper.*

YES NO **ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN AFFILIATED WITH AND/OR A MEMBER OF ANY SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT OR GROUP, INCLUDING GANGS (BLOODS, CRIPS, LATIN KINGS, NETAS, MS-13, SKINHEADS, ORGANIZED CRIME OR ANY OTHER GANG)?** *If "YES", explain below.*

DATE	GROUP, GANG & SET	RANK OR ROLE	LOCATION

YES NO **HAVE YOU EVER BEEN EMPLOYED BY THE NEW JERSEY DEPARTMENT OF CORRECTIONS OR ASSOCIATED HALFWAY HOUSES IN ANY CAPACITY? IF YES, EXPLAIN.**

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that any omissions or falsification of this application may result in my denial of employment or immediate termination if already employed. I hereby authorize the release of any and all information regarding me, to the NJ Department of Corrections, at their request, in order that they may determine my suitability for employment.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

*****FOR NJDOC CONTACT USE ONLY*****

TITLE APPLYING FOR: _____ **LOCATION:** _____

CONTACT NAME: _____ **TITLE:** _____

DIVISION/BUREAU/UNIT: _____ **PHONE:** _____

CONTACT SIGNATURE: _____ **DATE:** _____

*****FOR RCRP CONTACT USE ONLY*****

TITLE APPLYING FOR: _____ **ANTICIPATED HIRE DATE:** _____

RCRP NAME: _____ **LOCATION:** _____

HOURS _____ **DAYS:** _____

_____ is a potential employee of _____
APPLICANT NAME _____ **RCRP NAME** _____

(A criminal background check of this potential employee is required prior to employment., to comply with Department of Corrections Contract Program hiring policy).

NAME _____ TITLE _____ DATE _____

*****FOR SPECIAL INVESTIGATIONS DIVISION USE ONLY*****

THE APPLICANT'S CRIMINAL HISTORY RECORD INDICATES:

_____	_____	_____	_____
ARREST & CONVICTION	ARREST & NO CONVICTION	CONVICTION & NO ARREST	NO RECORD
_____	_____	_____	_____
NAME	TITLE	DATE	

*****FOR CONTRACT ADMINISTRATION UNIT*****

The above-mentioned applicant (has) (has not) been cleared for employment at the aforementioned Contract Program.

_____	_____
DATE	OCP/CAU DESIGNEE

*****FOR DIRECTOR, OFFICE OF COMMUNITY PROGRAMS*****

The above-mentioned applicant (has) (has not) been cleared for employment at the aforementioned Residential Community Release Program by the Director, Office of Community Programs.

_____	_____
DATE	DIRECTOR OR DESIGNEE OFFICE OF COMMUNITY PROGRAMS