

ALABAMA DEPARTMENT OF CORRECTIONS

301 South Ripley Street, Montgomery, AL 36130



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

This constitutes my consent and authorization for the disclosure or furnishing of any relevant and necessary personal information or records, whether the records are of a public, private, or confidential nature, to the Alabama Department of Corrections (ADOC) by any person, corporation, agency, or association concerning my moral character, education, financial transactions, medical history, employment records, criminal records, driving records, military services records, and any other information as may be relevant and necessary for a determination on my suitability as an employee, volunteer, visitor, vendor, or contract employee with ADOC. I authorize and request the full release of the information, without any reservation, throughout the duration of my association with ADOC. Your reply will be used to assist the ADOC in making a determination on my suitability.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Alabama Department of Corrections (ADOC) in conjunction with the department's employment, volunteer, or visitation policies and/or other security matters and that this information is the sole property of the ADOC regardless of the outcomes of this investigation. I fully understand that I shall not be entitled to have disclosed to me the contents of any of the documents, records, and other information provided.

I hereby release the persons, corporations, agencies, associations, and their employees, agents, and representatives both individually and collectively, from any and all liability for damages of whatever kind, which may result because of compliance with this authorization and request.

PRINTED NAME

ALIAS NAMES (Also Known As, Maiden Name or Nicknames)

APPLICANT SIGNATURE

DATE

Sworn to and subscribed before me this _____ day of _____ A.D., 20 _____.

Notary Public

My Commission Expires: _____

NOTE: A Photocopy Reproduction of the Request shall be for all intents and Purposes as Valid as the Original. You may Retain this Form in your File

ALABAMA DEPARTMENT OF CORRECTIONS

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To: All Applicants

From: The Alabama Department of Corrections (ADOC), Personnel Division

Subject: Prison Rape Elimination Act (PREA) Compliance

The Prison Rape Elimination Act (PREA) and Alabama Department of Corrections (ADOC) administrative regulations disqualify any individual with a criminal or civil conviction for sexual assault, abuse, or any related offense, including civil adjudications of such misconduct, from having access to correctional facilities in any capacity, including as an employee, contractor, vendor, or volunteer. These regulations also prohibit the hiring of individuals convicted of inappropriate sexual behavior involving an incarcerated person or anyone who was unable to leave the facility without restriction. Similarly, individuals convicted of similar crimes within the community are also disqualified.

In compliance with PREA and ADOC administrative regulations, you are required to completely answer the following questions and provide requested information. Dishonest answers and/or the failure to disclose accurate and complete information may result in corrective action, up to and including termination of employment or revocation of volunteer authorization, should such omissions be discovered after appointment/screening.

- **Have you ever been an employee, contractor, vendor, or volunteer at a correctional facility, jail, nursing home, childcare facility, or similar institution or business where individuals were incarcerated or otherwise unable to enter and/or leave the facility without restriction?** YES NO

If yes, Facility or Company Name: _____

Address: _____

Position Held and Dates of Employment: _____

Name and Phone Number of Contact: _____

- **If you were employed at more than one such facility or company, please attach additional sheets to respond to the same set of questions for each employer.**
- **Have you ever been accused of or charged with inappropriate sexual behavior, criminally or civilly?** YES NO

If YES, provide a clear narrative regarding the incident(s), the allegations or charges, and the outcome(s) of any investigation.

- ***Have you ever been convicted of engaging or attempting to engage in sexual activity in the community by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?*** YES NO

If YES, provide a clear narrative regarding the incident(s), the allegations or charges, and the outcome(s) of any investigation.

- ***Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution?*** YES NO

If YES, provide a clear narrative regarding the incident(s), the allegations or charges, and the outcome(s) of any investigation.

- ***Have you ever been civilly or administratively adjudicated to have engaged in the activity described above?*** YES NO

If YES, provide a clear narrative regarding the incident(s), the allegations or charges, and the outcome(s) of any investigation.

Applicant Name (Printed)

Date

Applicant Signature

Name of Submitting Official
(Printed)

Submitting Official Work
Location/Unit

Date Received from Applicant

Date Submitted to ADOC Official

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APPLICATION TYPE:

- New
- Renewal
- Information Update

PERSONAL INFORMATION SHEET

APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE
ATTACH A COPY OF DRIVERS LICENSE OR I.D. CARD

REASON FOR ENTRY INTO A FACILITY

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> ADOC Employee | <input type="checkbox"/> Food Services | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Maintenance/Repair | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Religious | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Other: <i>(please list)</i> | | | |

Type or print all answers in blue or black ink only. Allow two (2) weeks to process. All clearances expire after one (1) year, unless otherwise notified.

PERSONAL INFORMATION

NAME (Last, Sr. / Jr. Etc., First & Middle)

All Names you have used (Aliases, Maiden Name, Nickname, or Name Change)

YEARS	MONTHS
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Current Address (Do not list P.O. Box) APT #

City State Zip Code

Last Address (Do not list P.O. Box) APT # City State

WORK PHONE	HOME PHONE	CELLULAR PHONE	E-MAIL ADDRESS
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Place of Birth (City & State or City & County) Y N
U.S. Citizen Naturalization/Citizenship Cert. Number

M F

Date of Birth Social Security Number Race Gender Height/Weight/Hair Color/Eye Color

Driver's License or I.D. Card Number D/L State I.D. Card State of Issue

LEGAL INFORMATION

Have you ever applied to this agency for a security clearance before? YES NO

If yes, explain: _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Have you, your family, or close friend ever been a victim of a crime? YES NO

If yes, explain information about the crime and the name(s) of the offender(s):

Do you have any relatives, close friends, or acquaintances who are currently incarcerated in any prison, jail, or correctional facility? This includes individuals such as family members, partners, or others with whom you have a personal relationship.? YES NO

If yes, provide the following information:

Name(s) of Inmate(s): _____

Inmate AIS# (if applicable): _____

Custody Location(s): _____

Have you communicated in any way with someone who is currently incarcerated in any prison, jail, or correctional facility? This includes, but is not limited to, communication through in-person visits, phone calls, letters, emails, or other forms of written correspondence. Please specify the method(s) of communication used.

YES NO

If yes, provide the following information:

Name(s) of Inmate(s): _____

Inmate AIS# (if applicable): _____

Custody Location(s): _____

Purpose for Communication: _____

Have you ever been accused or charged with inappropriate sexual activity, sexual abuse, or sexual harassment?

YES NO

If YES, provide a clear narrative regarding the incident(s), the allegations or charges, and the outcome(s) of any investigation. _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

STREET CITY STATE ZIP CODE TELEPHONE

Applicant Official Name (Printed)

Date

Applicant Signature

ADOC Intelligence and Communications Services Division Use Only:

NCIC Checks Completed: YES NO

APPROVED DENIED

Reason for denial: _____

Facility name approved for entry: _____

ADOC Official Name (Printed)

Classification

Date

ADOC Official Signature

The ADOC Personal Information Sheet must be completed by all individuals seeking to enter any ADOC correctional facility. The information provided on this form is used by the ADOC for operational and investigative purposes and will be kept confidential to the extent possible. All details are subject to investigation. Any false or omitted information may result in denial of approval to enter any ADOC facility. Please note, this application is specific to the facility for which the request is made.

The completed sheet and associated attachments are to be submitted by an ADOC authorized representative to the ADOC Intelligence and Communications Services Division for processing.