



Authorization for Release of Information

I, _____ do hereby authorize a review by, and a full disclosure to
 LAST NAME FIRST NAME

the D.C. Department of Corrections of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of the records of educational institutions, financial and credit agencies (including credit reports and/or ratings), employment and pre-employment records, including background investigation reports, medical reports, efficiency and performance ratings, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether “adult” or juvenile.”

I fully consent to any physical, psychological, or other testing, including urine testing for controlled dangerous substances, to determine my suitability to be employed by the DC Department of Corrections prior to beginning employment and also during the entire course of my employment with the DC Department of Corrections.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements that will permit the development of a personal background inspection and professional history assessment.

I understand that any information obtained by a personal history background investigation, which is development, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I agree to indemnify and hold harmless the person(s) to whom this Authorization for Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys’ fees arising out of, or by reason for complying with requests for information that this Authorization provides.

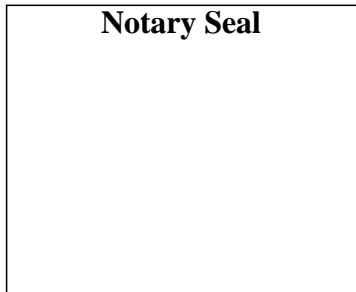
I further understand that in the event my employment application and/or resume’ is disapproved, not considered, or otherwise does not result in my appointment to the DC Department of Corrections, the source(s) of confidential information cannot and will not be released and/or revealed to me.

Additionally, all information and documentation obtained, to include testing results, will be the sole property of the DC Department of Corrections.

It is further understood by me that a photocopy, including a facsimile (or fax) copy of the actual original of this Authorization for Release of Information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

TYPE or PRINT

_____			_____			_____					
Last Name			First Name			MI					
_____						_____					
Social Security Number						Date of Birth					
		Gender		_____				Signature			
		M	F	_____							
Ethnicity				Date							
I WAS BORN IN: _____											
City						State					



Subscribed and Sworn to before me, in my presence

this _____ day of _____, _____

Notary Public

My commission expires _____



Background Investigation Form

Instructions

- Type or legibly print your answers in ink. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter “None” or “N/A”).
- If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking “Approx.” or “Est.”
- Any changes that you make to this form after you sign it must be initialed and dated by you.
- If you need additional space, use a continuation sheet. Each blank piece of paper you use must contain your name at the top of the page.
- Please sign this form in the area provided.

NOTE: The D.C. Department of Corrections conducts background investigations to establish that applicants or incumbents employed by the District of Columbia Government are suitable for the job. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placements are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide and to make your comments for the record.

APPLICANT INFORMATION			
PRINT NAME:	_____	_____	_____
	Last	First	Middle
ADDRESS:	_____	_____	_____
	Street	City	State Zip
OTHER NAMES USED:	_____		
I WAS BORN IN:	_____	_____	_____
	City	State	
DATE OF BIRTH:	_____	SOCIAL SECURITY NUMBER:	_____
HOME PHONE NUMBER:	_____	CELL PHONE NUMBER:	_____
WORK PHONE NUMBER:	_____	OTHER:	_____

POLICE RECORD

Have you ever been arrested, charged with, or convicted of any offense(s) YES NO

Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$150, unless the violation was alcohol or drug related. If you answered “YES,” explain your answer(s) in the space provided. If necessary, provide additional information on a separate sheet and attach it.

#	Offense	Month/Year	Action Taken	Law Enforcement Authority Court, City, State, County, Zip Code
1				
2				
3				
4				
5				

ILLEGAL DRUGS

Have you illegally used any controlled substance or prescription drugs? YES NO

You are required to answer the question fully and completely. If you fail to do so, this could be grounds for an adverse action against you if hired. NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding. Examples of illegal drugs are: Marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.) amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.) Do not include prescription drugs used legally. If you answered “YES,” provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received. If necessary, provide additional information on a separate sheet and attach it.

#	Controlled Substance/Drug Used	Month/Year	# of Times Used
1			
2			
3			
4			
5			

YOUR FINANCIAL RECORD

In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? YES NO

If you answered "YES," provide the date of the initial action and other information requested below. Also, indicate if the judgment or tax lien has been satisfied and the date. Provide additional information on a separate sheet and attach it.

#	Type of Action	Month/Year	Action Taken	Name of Court or Agency Handling Case
1				
2				
3				
4				
5				

Are you now 180 days delinquent on any debt(s) YES NO

Include all delinquent indebtedness over 180 days, such as credit cards, loans, child support, etc.

#	Name of Creditor	Type of Loan	Account Number
1			
2			
3			
4			
5			

YOUR TAXES

In the last 10 years, have you filed all State and Federal Tax returns timely? YES NO

Note: A return is considered filed timely for this purpose if you filed an authorized and approved extension of time.

Have you paid all State and Federal taxes timely? YES NO

If you answered "NO," to the above, provide details on a continuation sheet. Specify the tax year, the jurisdiction (DC, Federal, or which state, city or county), the type of tax (income, property, etc.) and the current status. If you answered "NO" because you were legally not required to file, please provide the details

YOUR EMPLOYMENT

Has any of the following happened to you in the last 20 years?

YES NO

Fired from a job;

- Quit a job after being told you would be fired;
- Left a job by mutual agreement following allegations of misconduct;
- Left a job by mutual agreement following allegations of unsatisfactory performance; or
- Left a job for other reasons under unfavorable circumstances.

If “YES,” begin with the most recent occurrence and go backward, providing date fired, quit, or left; which of the above circumstances was involved (e.g. fired, quit after being told you would be fired, etc.); employer’s name and address, including zip code; and reason for action taken.

#	Month/Year	Employers Name & Address	Action Taken
1			
2			
3			
4			
5			

List your employment activities, beginning with the present and working back 20 years.

List the business names of your employer, address, including zip code, and telephone number. Include dates employed there, and your supervisor’s name.

If you were self-employed or unemployed, enter this in the Employer’s Name block, and provide the name, location, phone number, and business relationship of a person (“verifier”) who can verify your self-employment or unemployment.

#	From MM/YYYY	To MM/YYYY	Employers Name & Address	Supervisor’s Name	Supervisor’s Phone
1					
2					
3					
4					
5					

#	From MM/YYYY	To MM/YYYY	Employers Name & Address	Supervisor's Name	Supervisor's Phone
6					
7					
8					
9					
10					

Signature, certification, and release of information

My statements on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may be grounds for not hiring me, or for firing me after I begin work. I understand that the nature of a false statement on this form or materials submitted with or in support of this form is punishable by criminal penalties pursuant to DC Code **section 22-2405 et. Seq.** (2001 Repl).

I understand that any information I give may be investigated as allowed by law or Mayoral order. I authorize any investigator or other duly accredited representatives of the District of Columbia conducting my background investigation to obtain any information relating to my activities from individuals, schools, criminal justice agencies, credit bureaus, federal, state and local tax administration authorities, or other source of information.

Signature
(Sign in ink)

Date Signed
(Month, Day, Year)





Informed Consent: Liability Release Form

I, (Print) _____, an applicant for employment with the District of Columbia, Department of Corrections (DCDOC), do hereby consent to take the physical fitness examination as part of the application process for employment with the DCDOC. I understand that the physical fitness examination is intended to test overall physical ability including but not limited to strength, endurance and the ability to withstand stress. Further, I understand that there are risks to my physical health and wellbeing inherent in the physical fitness examination and hereby voluntarily and knowingly agree to accept those risks. I confirm that I have been instructed to consult my private physician prior to taking the test and obtain a completed and signed Medical Release Form in order to determine whether I am in proper physical condition to do so. I hereby represent to the DCDOC, and the District of Columbia, that I am in proper physical condition to take the physical fitness examination.

For and in consideration of the DCDOC's agreement to consider my application for employment, I do, for myself, my heirs, personal representatives and administrators, remise, release and forever discharge the DCDOC, the District of Columbia, their successors, agents and the employers of and from all manner of action and actions, damages, cause or causes of actions, suits, debts, and sums of money, claims and demands whatsoever, in law or equity, which I have now or may have in the future against the DCDOC or the District of Columbia by reason of my participation in the physical fitness examination which is part of the application process for employment with the DCDOC.

Applicant _____ Date _____
Signature

Witness _____ Witness _____
Department of Corrections Department of Corrections





GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Corrections
Office of Human Resources Management

Pre-screening Employment Questionnaire Form

#	Question	Yes	No
1.	Are you at least 21 years of age?		
2.	Are you a US citizen		
3.	Are you bi-lingual		
4.	Would you be available for hire within the next 30 days?		
5.	Are you physically fit?		
6.	Can you run a mile; do push-ups and pull-ups on a bar?		
7.	Can you stand/walk for long periods, climb stairs with little difficulty?		
8.	Can you get a physical from your doctor?		
9.	Have you ever performed any security skills?		
10.	Can you handle working in an enclosed environment?		
11.	Are you able to work rotating shifts?		
12.	Can you follow directions, oral and written?		
13.	Do you have a current driver's license?		
14.	Can you obtain motor vehicles clearance?		
15.	If asked, can you pass a urinalysis test?		
16.	Can you use a firearm?		
17.	Do you have a high school diploma or GED?		
18.	Can you pass a background investigation?		
19.	Are you willing to undergo a psychological review?		
20.	Do you currently have any relatives or friends at the jail?		
21.	Have you visited the jail within the last 90 days?		

PERSONAL INFORMATION			
PRINT NAME:			
	Last	First	Middle
ADDRESS:			
	Street	City	State Zip
OTHER NAMES USED:			
I WAS BORN IN:			
	City	State	
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:	
HOME PHONE NUMBER:		CELL PHONE NUMBER:	
WORK PHONE NUMBER:		OTHER:	



Signature Date





GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Department of Corrections
 Office of Human Resources Management

References and Address Information Form

References for:

Last Name	First Name

Three (3) Neighbors (Name & Address CURRENT)

Name	Street	City	State	Zip
Name	Street	City	State	Zip
Name	Street	City	State	Zip

Four (4) Professional References (Name, Address & Phone No.)

Name	Street	City	State	Zip	Phone
Name	Street	City	State	Zip	Phone
Name	Street	City	State	Zip	Phone
Name	Street	City	State	Zip	Phone

Residence information covering the last ten (10) years.

From MM/YYYY	To MM/YYYY	Street Address	City	State	Zip Code

