

BACKGROUND INFORMATION PACKET
Hall County Dept. of Corrections
110 Public Safety Dr.
Grand Island, NE 68801

This packet is issued by the Hall County Department of Corrections (HCDC) to conduct a pre-employment background investigation. When completing this packet:

- Complete this form in its entirety and return the signed copy to the above address prior to the deadline. DO NOT refer to other documents, such as a resume, in lieu of completing the information on this form.
- Type or print clearly in ink
- Answer all questions
- If you need more space to answer a question, use additional paper. If using additional pages, be sure to write the corresponding question number in front of the response, write your name on each page and attach all pages to the form when you submit it.
- Your application for employment with HCDC will not be processed if this packet is not completed.
- Intentional inclusion of false or inaccurate information as well as omission of information may be grounds for rejection of your application for employment.
- Information obtained through the employment background check remains confidential.

Name

Signature

Date

I. Personal History

1. Name: _____ M D Y
Last First Middle / /
Date of Birth

Social Security Number: _____ - _____ - _____

Present Address: _____
Number and Street City State Zip Code

Permanent Address: _____
Number and Street City State Zip Code

Telephone: (____)____ - _____(Home)

(____)____ - _____(Work)

(____)____ - _____(Cell)

Email: _____

2. List all other name(s) which you have used or by which you have been known. Fully explain why it was used, where and when. Include nicknames, aliases and maiden names.

3. List all states in which you have lived or worked. Please include the dates you lived/worked in these states.

II. Citizenship

4. Are you a U.S. Citizen? Yes _____ No _____

Naturalized? Yes _____ No _____

If naturalized, give date, place and court of naturalization:

III. Driver's License

5. Are you licensed to operate a motor vehicle?

Yes _____ No _____ State of Issue: _____

6. Driver's License Number _____ Expiration Date: _____

7. Has your driving privilege been suspended or revoked within the last five (5) years?

Yes _____ No _____

If yes, explain fully: _____

8. Are there any current restrictions on or limitations to your driving privilege as a result of legal or DMV action?

Yes _____ No _____

If yes, explain fully: _____

9. List any other states (and dates) in which you have been licensed to operate a motor vehicle. Include the name under which the license was issued.

10. List all citations for traffic violations that you have received in the past 5 years. Do not include parking citations.

Date	City/State	Charge	Final Disposition
------	------------	--------	-------------------

IV. EDUCATION

HIGH SCHOOL

_____ NAME AND ADDRESS OF SCHOOL

_____ COURSE OF STUDY YEARS COMPLETED DIPLOMA/DEGREE

COLLEGE

_____ NAME AND ADDRESS OF SCHOOL

_____ COURSE OF STUDY YEARS COMPLETED DIPLOMA/DEGREE

COLLEGE

_____ NAME AND ADDRESS OF SCHOOL

_____ COURSE OF STUDY YEARS COMPLETED DIPLOMA/DEGREE

OTHER

_____ NAME AND ADDRESS OF SCHOOL

_____ COURSE OF STUDY YEARS COMPLETED DIPLOMA/DEGREE

INDICATE FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

	LANGUAGE	FAIR	FLUENT	GOOD
SPEAK				
READ				
WRITE				

V. MILITARY

11. List all military service in the U.S. Armed Forces, Reserves or National Guard.

DISCHARGE/SEPARATION PAPERS (DD214) MUST BE ATTACHED.

_____ Selective Service Number	_____ Military Service Number		
Branch of Service	Dates of Service From/To	Types of Discharge	Rank or Grade Achieved
_____ / _____	_____ / _____		
_____ / _____	_____ / _____		

12. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

VI. LEGAL ISSUES

13. If you have ever been convicted as an adult of any criminal offense (or any criminal cases are currently pending), provide the nature of the offenses, the arresting agency, approximate date of conviction (or future court appearances) and your sentence. Use additional paper if necessary.

14. Have you ever been convicted of, or engaged in sexual harassment and or sexual abuse?

VII. REFERENCES

People who know you will be contacted and asked to comment on your suitability for this position. Inquiries will be job-relevant.

15. List four people who have been acquainted with you for five years or more. Do not include relatives or your immediate or former supervisors from work.

a. Full Name _____
Number of Years Known _____
Complete Address _____

Telephone Numbers: Daytime (____)____ - _____
Evening (____)____ - _____

b. Full Name _____
Number of Years Known _____
Complete Address _____

Telephone Numbers: Daytime (____)____ - _____
Evening (____)____ - _____

c. Full Name _____
Number of Years Known _____
Complete Address _____

Telephone Numbers: Daytime (____)____ - _____
Evening (____)____ - _____

d. Full Name _____

Number of Years Known _____

Complete Address _____

Telephone Numbers: Daytime (____)____ - _____

Evening (____)____ - _____

e. Do you have any relative currently working for this agency or any other Hall County agency? Yes _____ No _____

Please indicate their name and agency they work for: _____

VIII. EMPLOYMENT HISTORY

16. Chronologically list your past 8 employers. Begin with your present employer. Include part time and volunteer jobs. If you have any periods of military service or unemployment, list those periods in sequence in the spaces provided. Give complete addresses, phone numbers and zip codes. Failure to provide all pertinent information may prolong your background investigation process and may prevent you from being considered further in our hiring process. Attach additional pages if needed.

ATTENTION:

Your application will be returned if there are any gaps or omissions in this section

A. Employment Dates (Month and Year)

From: _____ To _____

Name of Employer: _____

Complete Address of Employer: _____

Supervisor's Name: _____

Telephone Number: (____)____-_____

Your Job Title: _____

Other Contacts: _____

Reason for leaving: _____

May we Contact your present/last employer? Yes _____ No _____

If no, state reason _____

B. Employment Dates (Month and Year)

From: _____ To: _____

Name of Employer: _____

Complete Address of Employer: _____

Supervisor's Name: _____

Telephone Number: (____)____-_____

Your Job Title: _____

Other Contacts: _____

Reason for leaving: _____

C. Employment Dates (Month and Year)

From: _____ To: _____

Name of Employer: _____

Complete Address of Employer: _____

Supervisor's Name: _____

Telephone Number: (____)____-_____

Your Job Title: _____

Other Contact: _____

Reason for Leaving: _____

D. Employment Dates (Month and Year)

From: _____ To: _____

Name of Employer: _____

Complete Address of Employer: _____

Supervisor's Name: _____

Telephone Number: (____)____-_____

Your Job Title: _____

Other Contact: _____

Reason for leaving: _____

E. Employment Dates (Month and Year)

From: _____ To: _____

Name of Employer: _____

Complete Address of Employer: _____

Supervisor's Name: _____

Telephone Number: (____)____-_____

Your Job Title: _____

Other Contact: _____

Reason for leaving: _____

F. Employment Dates (Month and Year)

From: _____ To: _____

Name of Employer: _____

Complete Address of Employer: _____

Supervisor's Name: _____

Your Job Title: _____

Other Contact: _____

Reason for Leaving: _____

G. Employment Dates (Month and Year)

From: _____ To: _____

Name of Employer: _____

Complete Address of Employer: _____

Supervisor's Name: _____

Telephone Number: (____)____-____

Your Job Title: _____

Other Contact: _____

Reason for leaving: _____

H. Employment Dates (Month and Year)

From: _____ To _____

Name of Employer: _____

Complete Address of Employer: _____

Supervisor's Name: _____

Telephone Number: (____)____-____

Your Job Title: _____

Other Contact: _____

Reason for leaving: _____

IX. GENERAL TOPICS

17. The Corrections Officer job description lists the duties and working conditions of this position. Is there any reason you could not comply with these duties or working conditions?

Yes _____ No _____

If yes, explain: _____

18. Have you ever interviewed for a position with the Hall County Department of Corrections or any other Hall County agency?

Yes _____ No _____

If yes, where and when? List location(s) and date (s)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

19. Have you ever been or are you currently on an inmate's visiting/phone/contact list?

Yes _____ No _____

20. Do you know, or are you related to, any person who is currently an inmate under the supervision of any correctional facility at any level (federal, state, county, local)? If so, use the comments area and provide their name, location and the nature of your relationship with them.

Yes _____ No _____

	<u>Name</u>	<u>Location</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

21. The Hall County Department of Corrections will be completing an intensive employment background investigation. Please write in detail, everything you feel is important for your background investigator to know concerning your application and your suitability for service with the Department of Corrections: (use space below)

I hereby consent to the County's verifying all the information I have provided by my resume and application form. I also agree to execute as a condition of employment written authorizations necessary for the County to obtain access to and copies of records pertaining to the information. With regard to the foregoing and all courses of action that otherwise might arise from supplying the County with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on my application or any related document, will be sufficient cause for rejection of my application or for my immediate discharge should such falsification or misrepresentations be discovered after I am employed.

Applicant's Signature

Date

AUTHORITY TO RELEASE INFORMATION

(DO NOT USE BLUE INK OR PENCIL WHEN COMPLETING THIS FORM)

BACK PAGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

FULL NAME: _____
PLEASE PRINT

SIGNATURE

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

TELEPHONE NUMBER: _____ DATE: _____

I have made application for employment at the Hall County Department of Corrections in order to become an employee.

I hereby authorize a review and full disclosure of all records or files, or any part thereof, concerning myself that may be related to my application for my employment to the Hall County Department of Corrections, to its employees or its agents bearing or furnishing this release, within twelve (12) months of its date, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. I authorize the full and complete disclosure of the records and files of educational institutions, financial or credit agencies; medical and psychiatric consultant and/or treatment, including hospital, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities, public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of civil nature made by or against me including, but not limited to, the records and recollections of attorneys at law, other counsel representing or having represented me; and any records of any type whatsoever which concern any arrest or criminal charges involving me.

AUTHORITY TO RELEASE INFORMATION

This release is executed with the full knowledge and understanding that the information is for the official use of the Hall County Department of Corrections, and I further understand that such information can be released to any law enforcement agency where I might later wish to make application for employment.

I release from liability and hold Hall County and the Hall County Department of Corrections harmless for all actions taken as a result of the information they receive.

I release from liability and hold harmless the person, the agency, and its employees to whom this is presented for actions taken as a result of this request.

STATE OF NEBRASKA)
SS
COUNTY OF HALL)

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposed stated therein and I have voluntarily furnished my social security number.

Signature

Subscribed and sworn before me on this _____ day of
_____, 20_____.

Notary Public

CONSENT FORM FOR DRUG AND ALCOHOL TESTING

I hereby consent to undergo drug and alcohol testing for the purpose of my employment with Hall County Department of Corrections. I authorize a collection of urine and/or blood sample from me for testing. I understand that the result of this drug and alcohol test will be made available to Hall County. I further understand that the results of this test may adversely affect my employment status, including but not limited to any offer of employment, continued employment, my opportunity for promotion and my compensation.

I also understand that I have the right to refuse a drug or alcohol test, but if I do refuse, it will result in the withdrawal of an offer of employment by Hall County or, if employed, termination of my employment.

Dated: _____

Signature