

## Request for Contract Staff Background Investigation

Facility: GCRJCLocation Code: 6Kd*Please type all information*

LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL	OTHER NAMES USED
POSITION OR JOB TITLE	ANTICIPATED HIRE DATE	CRIMINAL HISTORY, IF APPLICABLE	

SEX	RACE	HAIR	EYES	HGT	WGT	DOB

DRIVERS LICENSE - STATE & NUMBER	SOCIAL SECURITY NUMBER	CITY AND STATE OF BIRTH

OTHER STATES LIVED OR WORKED IN		

*If this is a Key Staff Member, a copy of the applicants application and resume must be attached. Upon Conditional Approval, a sealed transcript must be sent directly to the CCM office from any schools, colleges or universities identified on the application which substantiate the individuals qualifications to fulfill the position.*

**Applicants Acknowledgment:**

I authorize the release to the Federal Bureau of Prisons of any information generated as a result of a national Crime Information Center/National Law Enforcement Telecommunications System (NCIC/NLETS) criminal history check on me, or any other information necessary to determine my suitability for work with federal offenders.

I also authorize the Federal Bureau of Prisons to disclose to the facility director or the contractor's "authorized negotiator" all information generated as a result of a National Crime Information Center/National Law Enforcement Telecommunications System (NCIC/NLETS) criminal history check on me, or any other information necessary to determine my suitability for work with federal residents at the above noted facility.

I understand that all my records are protected under federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to extent that action has been taken in reliance on it. In any event, this consent will cease to be effective after my employment.

Signature of Applicant

Date

Printed Name and Signature of Witness (Program Director)

Date

*Photocopy  
(If permitted by law)  
Drivers License  
in this Box*

*Photocopy  
Social Security Card  
in this Box*



## CHILD ABUSE REGISTRY CHECK CONSENT FORM

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

In addition to criminal history and driving record checks, the TJJD clearance process for all external applicants being seriously considered for hire includes requesting the Department of Family and Protective Services (DFPS) to conduct a check of the registry of reported cases of child abuse or neglect (child abuse registry) established and maintained by DFPS. The child abuse registry check is also part of the clearance process for: (1) employees of a TJJD contractor or subcontractor of a contractor who may have access to youth in TJJD-operated or TJJD-contracted facilities; and (2) internal applicants seriously being considered for promotion if the human resources director or designee directs such a check. The child abuse registry check complies with the federal Prison Rape Elimination Act (PREA) standards.

DFPS provides TJJD with confirmation of a negative finding if there is no match in the registry. If TJJD does not receive confirmation of a negative finding: (1) TJJD considers there to be an open child abuse investigation and potential violation of a PREA standard; (2) you are disqualified for the position unless you provide TJJD sufficient information to allow TJJD to determine that you should not be disqualified from employment (e.g., investigation is closed and you are not listed as a designated perpetrator in the child abuse registry); and (3) TJJD may select another applicant for the position if such sufficient information is not provided in a timely manner. Email TJJD at the following email address to provide additional information for TJJD's consideration: [HRCAR@tdj.texas.gov](mailto:HRCAR@tdj.texas.gov)

IDENTIFYING INFORMATION									
Instructions: Type or print clearly in black ink. Answer each of the following questions by filling in the blank or checking the appropriate box. If questions are not applicable, enter "NA." Do not leave questions blank.									
First Name:			Middle Name:						
Last Name:			Maiden Name:						
Other Names or Spellings Used (previous marriage, surname, alias, etc.): List entire name (first, middle, and last). Continue on back as needed.									
Social Security No.:			Birth Date: (mm/dd/yyyy)						
Driver License No.:			Issuing State:						
Position Applying for:									
Current Residence Street Address:									
City:		County:		State:		Zip Code:			
Residence Telephone No.:			( )		Alternate No.:		( )		
Personal Email Address:									
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male					
Race: (check all applicable)				<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian / Pacific <input type="checkbox"/> White <input type="checkbox"/> Other					
I certify that the above information is correct. I understand that by signing this form I am giving DFPS permission to complete a background check using the information that I provided above. I also understand that if I have any concerns regarding the results of the child abuse registry check, I should contact DFPS.									
Signature:						Date:			

- With few exceptions, you are entitled, upon request, to be informed about the information that the Texas Juvenile Justice Department collects about you.
- Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information.
- Under Section 559.004 of the Texas Government Code, you are entitled to have the Texas Juvenile Justice Department correct any information that is incorrect. Please notify the local HR administrator to correct any information about you that is not correct.



### **Disclosure of PREA Employment Standards Violation**

In compliance with the federal *Prison Rape Elimination Act (PREA)* standards relating to hiring and promotion decisions for juvenile facilities, the questions on this form must be asked of applicants in written applications or during the interview process and of current employees during the performance evaluation process.

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**Applicant Name / Employee Name (First, MI, Last)**

**SSN**

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? (See below definition for institution.)      **Yes      No**

**Definition of Institution:** Any facility or institution owned, operated, managed by, or provides services on behalf of any state or political subdivision of a state and which is:

- For persons who are mentally ill, disabled, mentally retarded, chronically ill or handicapped;
- A jail, prison, or other correctional facility;
- A pretrial detention facility;
- For juveniles held awaiting trial, residing in such facility or institution for purposes of receiving care or treatment, or residing for any state purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is not an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in state custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or
- Provided skilled nursing, intermediate or long-term care, or custodial or residential care.

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facility 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**
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question #2 above?      **Yes      No**
4. Have you ever been civilly or administrative adjudicated, disciplined or had any government issued license revoked or suspended for having engaged in conduct defined as sexual harassment?      **Yes      No**

**Important Notice:**

If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for hire or continued employment.

If you are hired or if you are a current employee, you have a continuing affirmative duty to immediately disclose to Human Resources any misconduct that would result in a 'Yes' answer to any of the above four questions.

Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a 'Yes' answer to any of the above questions will be grounds for termination through the disciplinary process.

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**Applicant / Employee Signature**

**Date**

**Garza County Regional Juvenile Center**

**800 N Avenue F Post, Texas 79356**

**(806) 495-0266**

**Application for Background Investigation**

I, \_\_\_\_\_, do hereby authorize GARZA County Regional Juvenile Center to complete a background check on the information I have provided below. I understand that the resulting information will not necessarily disqualify me from employment.

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Day time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Administrator**

### Out of State Residency Verification

Texas Administrative Code (TAC) requires that an out-of-state criminal history records check and sex offender registration records be made if the individual resided in one of eleven (11) states and the District of Columbia which do not contribute to the National Crime Information Center (NCIC) database. In order to comply with the requirements of the TAC, it is necessary that individuals being employed by the Garza County Regional Juvenile Center or being submitted for certification and recertification furnish a list of states of residence for the past (10) years. The applicant officer or candidate for certification must furnish the information contained on this form so that an out-of-state records check can be performed.

Has Texas been your sole state of residency for the last ten (10) years? Yes /No (Circle One)

If the answer is yes, please sign this form and return it to administration.

Have you resided in any of the following states in the past ten (10) years?

Hawaii	Yes	No	New Hampshire	Yes	No
Kansas	Yes	No	Rhode Island	Yes	No
Kentucky	Yes	No	Louisiana	Yes	No
Tennessee	Yes	No	Maine	Yes	No
Vermont	Yes	No	Massachusetts	Yes	No
District of Columbia	Yes	No			

If you have lived in any state, please complete the following information:

List all of the state and city or towns you have resided in within the last ten (10) years:

<u>State</u>	<u>City/Town</u>	<u>Dates of Residency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been arrested or convicted for an offense committed in a state outside of Texas during the past ten (10) years?  
YES/NO (Circle One) List all the apply:

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, verify the information provided above is true and correct.

_____ Signature	_____ Printed Name	_____ Date
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