

APPLICATION FOR EMPLOYMENT - DIVISION OF YOUTH SERVICES ADDENDUM

Beginning August 2013, the Department of Social Services, Division of Youth Services is in compliance with the final standards implementing the Prison Rape Elimination Act (PREA) issued by the U.S. Department of Justice. The following questions are being asked of all applicants who may have contact with youth in residential care as part of their regular job or volunteer duties.

INSTRUCTIONS

To be completed only by applicants with the Division of Youth Services (DYS). This includes all prospective employees, existing employees interviewing for DHS positions, and volunteers.

NAME (LAST, FIRST, MIDDLE, SUFFIX)

1. HAVE YOU PREVIOUSLY WORKED IN OR VOLUNTEERED FOR A PRISON, JAIL, LOCKUP, COMMUNITY TREATMENT CENTER, HALFWAY HOUSE, RESTITUTION CENTER, MENTAL HEALTH FACILITY, ALCOHOL OR DRUG REHABILITATION CENTER, JUVENILE FACILITY OR OTHER CORRECTIONAL FACILITY (PUBLIC OR PRIVATE)?

- NO If "no", proceed to #3.
 YES If "yes", complete the following (attach additional pages if necessary).

FACILITY #1

FACILITY NAME	ADDRESS	
CONTACT PERSON	PHONE NUMBER	POSITION WORKED
EMPLOYMENT DATES	EMPLOYEE NAME WHILE EMPLOYED (IF DIFFERENT THAN ABOVE)	

FACILITY #2

FACILITY NAME	ADDRESS	
CONTACT PERSON	PHONE NUMBER	POSITION WORKED
EMPLOYMENT DATES	EMPLOYEE NAME WHILE EMPLOYED (IF DIFFERENT THAN ABOVE)	

FACILITY #3

FACILITY NAME	ADDRESS	
CONTACT PERSON	PHONE NUMBER	POSITION WORKED
EMPLOYMENT DATES	EMPLOYEE NAME WHILE EMPLOYED (IF DIFFERENT THAN ABOVE)	

2. WHILE WORKING OR VOLUNTEERING AT ANY FACILITY, WERE YOU TERMINATED OR OTHERWISE DISCIPLINED OR COUNSELED FOR SEXUAL ABUSE, SEXUAL CONTACT WITH OR SEXUAL HARASSMENT OF AN INMATE, DETAINEE, CLIENT OR RESIDENT OF THE FACILITY?

- YES NO If "yes", identify the facility name and explain the circumstances.

3. HAVE YOU BEEN FOUND BY A CIVIL OR ADMINISTRATIVE BODY TO HAVE ENGAGED IN SEXUAL ACTIVITY OR ATTEMPTED SEXUAL ACTIVITY FACILITATED BY FORCE, OVERT OR IMPLIED THREATS OF FORCE, OR COERCION, OR IF THE VICTIM DID NOT CONSENT OR WAS UNABLE TO CONSENT OR REFUSE? THIS INCLUDES ANY ACTIONS TAKEN UPON A PROFESSIONAL LICENSE OR A PROFESSIONAL REGISTRY AND ANY INTERNAL ADMINISTRATIVE INVESTIGATION RESULTS.

YES NO If "yes", identify the civil or administrative agency or body below and explain the circumstances.

READ VERY CAREFULLY BEFORE SIGNING

I certify the information contained in this application addendum is true and complete to the best of my knowledge and belief. I understand that should an investigation at any time disclose any such misrepresentation, falsification, or concealment as to a material fact, it will be sufficient grounds for rejection of my application and/or removal from employment. I authorize the Department of Social Services (DSS) to investigate, obtain and compile information concerning my employment history; and to conduct a pre-employment background check and annual record review of myself, including information pertaining to any report of sexual abuse, sexual contact with or sexual harassment of an inmate, detainee or resident of a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private) or report of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to consent. I release DSS from any legal liability that may result from these investigations. I release any past employer or professional registry/licensing agency from any legal liability and waive all provisions of law forbidding disclosure of any information they acquired relative to my employment, and investigations or administrative proceedings involving myself. I consent that via a copy of this application addendum, they may disclose such information to DSS. I understand that any offer of employment is conditional upon results of background checks.

PRINT NAME (FIRST, MIDDLE, LAST)

SIGNATURE

DATE