

CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please type the following information. Enter N/A in any space that does not apply. All information shall be kept confidential but it **must be provided in order to complete a clearance check**. Omission of pertinent information or the falsification of information shall be grounds for immediate disapproval or possible criminal prosecution. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility or respective Central Office moderator. Use additional sheets if necessary.

SECTION "A" (APPLICANT) The following two questions MUST be filled out:

- Have you ever worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No
- Have you ever been civilly or administratively adjudicated, convicted, or otherwise disciplined for committing an act of sexual abuse or sexual harassment in the workplace or community? Yes No

Type of Clearance: Initial Clearance Request Renewal Request

Category:

- Agency Temp Services Contract Service Provider Intern/Extern Organization
- Reentry Services Vendor Volunteer Program
- If I am an Official Visitor (select one): Government PA Prison Society
- If I am a Public Visitor (select one): Ministry Criminal Justice Entertainment, Sports, Activities, Guest Speaker, Other (explain): _____

Purpose of Visit: _____		Primary Facility: _____	
Org/Agency/Co/Pgm Name: _____		Abbreviation (if applicable): _____	
Subcontracted to: _____		Title or Position: _____	
Last Name: _____	First Name: _____	Middle Name: _____	
List all previous names: _____			
Date of Birth: _____		Social Security Number: _____	
Passport #: _____	Alien Registration #: _____	Visa #: _____	
Sex: _____	Race: _____	Height: _____	Weight: _____
Current Address: _____		City: _____	State: _____
Prior Address: _____		City: _____	State: _____
Place of Birth: _____		Email Address: _____	
Home Phone: _____		Alternate Phone (cell): _____	
Current Driver's License Information	State: _____	Operator: <input type="checkbox"/> ID Only license: <input type="checkbox"/>	OLN Number: _____
Valid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Licenses (List all states & #'s that apply) State: _____ Operator/Non-Operator #: _____		
Professional/Medical Licenses: _____	DEA Number: _____	NPI Number: _____	
<i>In the block below, identify names, relationships, and locations of any inmates that you have visited or communicated with (email, mail, phone calls, monetary transaction, etc.) within the past 12 months. Attach additional sheets if necessary.</i>			

I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Department rules and assume all risks which may result from the normal operation of a Department of Corrections facility.

Print Full Name: _____	Date: _____
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SECTION "B" (REQUESTING DOC STAFF MEMBER)

Print Staff Member Name: _____	Employee #: _____	Date: _____
Desc Event/Access: _____	Period of Access Req: _____	

*Attach additional pages if necessary to provide complete information.



Consent to Release Information for Prison Rape Elimination Act Compliance

I, , having applied to the Pennsylvania Department of Corrections (DOC) for a position (volunteer, contractor, agency temp, mentor, reentry service provider, contract service provider, official visitor, public visitor, intern, organizations and/or vendors, etc.) which includes access to DOC facilities, understand that the DOC must gather specific information about any prior employment to comply with the Prison Rape Elimination Act. I hereby authorize the DOC to investigate and ascertain any and all information concerning my prior employment as it relates to sexual abuse and sexual harassment. I understand that the information or documents may be obtained from any person, document or other source, inside or outside the Commonwealth of Pennsylvania. I hereby expressly authorize any former employer to release that information to the DOC.

I hereby release all persons and/or agencies from any liability which might otherwise result from the release of said information to any member of the DOC and/or their subcontractors.

In consideration of this release, the DOC and their subcontractors will regard all information obtained as confidential. I understand that the same will not be released to any individual, including myself, or organization, absent good cause.

I agree that the DOC may admit this information into evidence in order to defend any administrative or court proceeding. I retain the right to challenge the accuracy of such information, in such a proceeding, but waive all objections as to the admissibility of the information.

Have you ever been employed or volunteered in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, (as defined in 42 U.S.C. 1997) to include state facilities for persons who are mentally ill, disabled, or intellectually disabled, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care? YES NO

If yes, this employment information must be provided as an attachment to this application.

Applicant Printed Name

Date

*****DO NOT ACKNOWLEDGE BELOW IF YOU HAVE ACKNOWLEDGED ABOVE*****

I, , having made application for employment or access with the DOC, do not desire to authorize the release of information stated above. **I understand that the DOC may not hire or allow access to a DOC facility to an individual who will come in contact with inmates without conducting a background investigation compliant with the Prison Rape Elimination Act, and that declining to agree to the above authorization will result in my being passed over for such employment or access.**

Applicant Printed Name

Date