

As part of maintaining a safe and secure environment the NDCS may conduct security checks prior to and periodically throughout an individual's employment or affiliation with the NDCS. A conviction does not automatically bar an individual from entering a facility or from employment. Each case will be considered individually. **All information on this document is required.** If you omit any information from this form you may be disqualified from entrance to a facility or employment. **PLEASE READ FULLY AND PRINT LEGIBLY IN INK.**

**Please check the appropriate reason for requesting entrance into a facility.**

List position title and facility: \_\_\_\_\_

Contractor     NDCS Employment     Volunteer     Clergy     Intern     Temp/SOS     PREA

\_\_\_\_\_  
PRINT NAME (Last Name, First Name, Middle Initial)      / /      Date of Birth Month/Day/Year      - - - -      Social Security Number

\_\_\_\_\_  
Other Names Used (e.g. aliases, former names, etc.)

\_\_\_\_\_  
Driver's License Number / State      State ID number      / /      Expiration Date  
If no driver's license, please enter your state ID.

\_\_\_\_\_  
Place of Birth (City, State or Country)    Sex    Race    Height '    Weight lbs.    Eyes    Hair

List all previous states or countries of residence: \_\_\_\_\_

Current address:

\_\_\_\_\_  
Street Address      City      State      Zip

Please provide your current phone numbers and e-mail addresses (business and personal):

Home: (    )      E-mail addresses: \_\_\_\_\_

Cell: (    )      \_\_\_\_\_

Other: (    )      \_\_\_\_\_

Are you currently or have you ever been in contact with any Nebraska Department of Correctional Services inmate (current or former) by way of phone, facility visit, or email?      Yes \_\_\_\_\_      No \_\_\_\_\_  
If yes, state name, facility, and relationship to you \_\_\_\_\_

Are you or have you ever been affiliated with a gang/security threat group(s)?      Yes \_\_\_\_\_      No \_\_\_\_\_  
If yes, state group name and your affiliation \_\_\_\_\_

**I hereby certify that all information I have entered on this form is accurate and complete. I understand and agree that the NDCS may use information on this form to conduct security checks prior to and periodically throughout my employment or affiliation with the NDCS. I understand that failure to disclose or fully disclose the requested information may be grounds for disqualification of my application or termination of my employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

