

**STATE OF RHODE ISLAND
DEPARTMENT OF CORRECTIONS
PUBLIC NOTICE OF PROPOSED RULE-MAKING**

In accordance with Rhode Island General Laws (RIGL) § 42-35-3, notice is hereby given that the RI Department of Corrections (RIDOC) proposes to amend the following RIDOC rule:

3.32 DOC; Pre-Employment Background Investigations

This amended rule includes revisions which reflect:

- title change
- procedures for referrals for investigations
- procedures for disposition of information

In the development of these rules, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

This proposed rule is accessible on the RI Secretary of State website (<http://www.sec.state.ri.us/ProposedRules/>) and the RIDOC website (<http://www.doc.ri.gov/index.php>) or available in hard copy upon request (401) 462-3533. Interested persons should submit written comments by October 10, 2015, to Jayne Del Sesto, Chief, Program Development, RI Department of Corrections, 1375 Pontiac Avenue, Cranston, RI 02920 (jayne.delsesto@doc.ri.gov).

In accordance with RIGL 42-35-3, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

RIDOC does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap in acceptance for or provision of services or employment in its programs or activities.

RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE

	POLICY NUMBER: 3.32 DOC	EFFECTIVE DATE: <u>Draft #4; 3/20/2015</u>	PAGE 1 OF 2	
	SUPERSEDES: 28.10-4 DOC	DIRECTOR:		
SECTION: PERSONNEL		SUBJECT: PROBATION AND PAROLE MANAGEMENT AND ADMINISTRATION; PRE-EMPLOYMENT BACKGROUND INVESTIGATIONS		
AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10(v), Powers of the director				
REFERENCES: ACA #, Criminal Record Checks on Prospective Employees; <u>the most updated version of RIDOC Policy # 1.02 DOC, Mission Statement of the Rhode Island Department of Corrections; Final PREA Standard § 115.17 Hiring and promotion decisions</u>				
INMATE/<u>PUBLIC</u> ACCESS?		X YES		
<u>AVAILABLE IN SPANISH?</u>		X NO		

I. PURPOSE:

To define the ~~circumstances and~~ procedures to be followed by employees of the Rhode Island Department of Corrections' (RIDOC's) Adult Probation and Parole Unit when conducting pre-employment background investigations on prospective RIDOC employees.

II. POLICY:

RIDOC seeks to employ qualified and capable individuals of good character in order to effectively promote the Mission of the Department. As part of the screening and selection process for prospective employees, Human Resources requests RIDOC's Adult Probation and Parole Unit or Special Investigations Unit (SIU) to perform background investigations on all job applicants ~~, except those applying for positions in the Adult Probation and Parole Unit,~~ in order to verify information, authenticate qualifications and confirm character.

PUBLIC NOTICE:

PUBLIC HEARING:

III. PROCEDURES:

A. Referral from Human Resources

- 1. RIDOC's Office of Human Resources forwards requests for background investigations ~~for~~ of prospective RIDOC employees ~~requests~~ to the ~~Administrator of Adult Probation and Parole Administrator~~ Associate Director of Community Corrections. ~~from the RIDOC Office of Human Resources.~~

Requests for background investigations for prospective RIDOC Probation and Parole employees are forwarded to the Chief of SIU.

Requests include background information as supplied by the prospective employee - position applied for, references, neighbors (Background Information Form, Attachment 1), and a signed authorization for release of confidential information Personal Inquiry Waiver Form (Attachment 2).

- 32. The request for character investigations is forwarded to a Probation and Parole Supervisor/designee for assignment within one (1) working day, or as soon as feasible.

- 43. The waiver is valid for six (6) months from date of signature.

~~B.~~ Disposition of Information

- 21. The Probation Supervisor reviews the report for completeness, ~~and~~ signs it ~~The investigation package (memo, copies of any pertinent documents, subject's application, and forwards all information forwarded/received from Human Resources) is sent to the Administrator~~ Associate Director of Community Corrections who forwards it to Human Resources. If the investigation is completed by SIU, the report is forwarded to the Chief of SIU.

- 32. After review, the ~~Administrator~~ Associate Director of Community Corrections or the Chief of SIU initials and forwards the package to the requesting official at RIDOC's Human Resources.

43. The assignment, investigation, and return of the package to Human Resources are ~~ordinarily~~ expected to be completed as expeditiously as possible ~~within ten (10) fifteen (15) working days.~~

Exceptions, with explanation, are brought to the attention of the ~~Administrator~~ Associate Director of Community Corrections/Chief of SIU.

STATE OF RHODE ISLAND
DEPARTMENT OF CORRECTIONS

AUTHORITY FOR RELEASE OF INFORMATION
PERSONAL INQUIRY WAIVER FORM

TO: CONCERNED PERSON OR AUTHORIZED REPRESENTATIVE OF
ANY ORGANIZATION, INSTITUTION OR REPOSITORY OF RECORDS

SUBJECT'S NAME: _____

ALIAS/MAIDEN NAME (Include all first and last names you have been known by from
birth, including all marriages, etc.): _____

I respectfully request and authorize you to furnish the Department of Corrections any and all information that you may have concerning my work record, school record, military and other record. This information is to be used for the purpose of conducting a background investigation for confidential use of the Rhode Island Department of Corrections.

I hereby release you, your organization or others, and the Rhode Island Department of Corrections from any and all liability whatsoever and/or damages which may result from furnishing the information requested. A photocopy of this authorization shall be deemed as effective as the original.

Signature Date

This waiver is valid through _____
(Six months from date of signature)

Witness Signature Date

**Department of Corrections
OFFICE OF HUMAN RESOURCES**

39 Howard Avenue
Cranston, RI 02920
(401) 462-3250
TDD# (401) 462-5180

BACKGROUND INFORMATION

APPLICANT:

Job Title: _____

Name: _____

Date of Birth: _____

Maiden Name: _____

Current Address: _____

How Long? _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Previous Address (if at current address for less than one year six months):

How Long? _____

Previous Address:

How Long? _____

PREVIOUS WORK EXPERIENCE: (five years or three employers)

(If self-employed, please see next section)

Company: _____

Address: _____

Supervisor: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Company: _____

Address: _____

Supervisor: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Company: _____

Address: _____

Supervisor: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

SELF-EMPLOYED:

Tax Identification Number (if any) _____

Please list business information and references, i.e., customers, vendors, associates:

Customer/Vendor/Associate: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Customer/Vendor/Associate: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Customer/Vendor/Associate: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

BUSINESS REFERENCES:

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

PERSONAL REFERENCES: (known at least one year, not immediate family)

Name: _____

Address: _____

Length and Nature of Association _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Name: _____

Address: _____

Length and Nature of Association _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Name: _____

Address: _____

Length and Nature of Association _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

NEIGHBORHOOD: (must live within close walking distance)

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

EDUCATION:

Name of Educational Institution: _____

Address: _____

Telephone: _____

Dates attended OR Degree Earned: _____ Date: _____

LICENSES:

Type of license or certification: _____

Date of issue: _____

Expiration Date: _____