RHODE ISLAND DEPARTMENT OF CORRECTIONS
POLICY AND PROCEDURE

	POLICY NUMBER: 28.10-4 DOC	EFFECTIVE DATE: 06/21/10	PAGE 1 OF 5
	REPEALS: 28.10-3 DOC	DIRECTOR:	

SECTION: PROBATION AND PAROLE FIELD SERVICES	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; Policy # 1.02 DOC, Mission Statement of the Rhode Island Department of Corrections

INMATE ACCESS THROUGH LAW LIBRARY? X YES

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 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: 01/29/10	PUBLIC HEARING: 03/10/10

III. PROCEDURES:

A. Referral from Human Resources

1. Requests for background investigations for prospective RIDOC employees are forwarded to the Administrator of Adult Probation and Parole (Administrator) from the RIDOC Office of Human Resources.

   Requests include background information as supplied by the prospective employee - position applied for, references, neighbors, and signed authorization for release of confidential information.

2. The Administrator or designee contacts RIDOC's Records and ID Unit to complete a criminal background investigation on the applicant, checking all names supplied [surnames (married and maiden) and aliases].

   a. Bureau of Criminal Identification (BCI), National Criminal Identification Center (NCIC), Rhode Island Court and INFACTS record checks are completed by RIDOC Records and ID.

      (1) Results of record checks (positive and negative) are forwarded to the Administrator by RIDOC Records and ID on a RIDOC record check form.

      (2) If a criminal record exists, a computer printout will be included.

   b. If any criminal record is revealed, the Administrator informs RIDOC's Associate Director of Human Resources or designee, who determines whether to continue or terminate the investigation.

3. 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.

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

B. Conducting the Character Investigation

1. The staff member conducting the investigation furnishes contacts with copies of signed Personal Inquiry Waiver Forms, when requested.

2. The assigned staff member contacts current and past employers as listed on the Background Investigation Form.

   a. Assigned staff member will contact identified supervisor or person authorized to release information.

   b. Ordinarily telephone calls and/or faxed information will suffice. In-person visits to local work sites should be conducted if necessary and feasible to obtain information regarding current and/or most recent employment.

   c. The staff member identifies him/herself as an employee of the RIDOC and states clearly the purpose of the contact is to identify and gather information in reference to an employment application with the RIDOC.

   d. Employers are asked to verify the applicant's work history. Inquiries are made about work record, attendance (use and abuse of exception time), working relationships with other staff, reasons for leaving (if not current job), and employer's general comments. If any problems are revealed, follow-up questions are asked to provide more information.

   e. If the applicant is self-employed, the assigned staff member obtains and verifies the applicant's Tax Identification Number and contacts his/her clients or contract holders for at least one (1) reference.

3. The assigned staff member contacts the references provided by the applicant.

   References are asked about capacity in which they have known applicant, and for how long. They may be asked to verify relevant information and are asked for comments regarding subject's character and suitability for employment. If any problems are revealed, follow-up questions are asked to provide more information.

4. The assigned staff member contacts neighbors of the applicant. Neighbors are asked how long and how well they have known the applicant and for comments regarding subject's character. If any problems are revealed, follow-up questions are asked to provide more information.

5. The assigned staff member contacts the local police departments to determine if the applicant is known to them.

6. If the individual is applying for a position for which a professional license, certification, or other special requirement is part of the job specifications, and when so requested by Human Resources, the assigned staff member verifies current standing with respect to such credentials with the appropriate authorities. Human Resources provide copies of any license, certification, degree, or special requirement for purposes of current standing verification.

7. In the event information is missing and the assigned staff member has to contact the applicant, only factual information necessary to complete the investigation should be shared.

C. Disposition of Information

1. Information is written as a report in memo format addressed to the Administrator from the staff member who conducted the investigation.

   a. Topics are generally presented in the following order: identity and comments of current employer, (sick leave hours, attendance, etc.) past employers, references, and neighbors; and verification of license, if applicable.

   b. Include dates of contacts with individuals interviewed for the investigation. If any contacts could not be successfully completed, or if requested information could not be secured, efforts made by the assigned staff member are documented in the report.

   c. Attach printed criminal record check (see item III.A.2.a.) form and any documented record to the investigation report.

   d. Staff shall maintain detailed notes gathered from the investigation. Notes shall be maintained in a secure and confidential manner for a period of three (3) years after the position has been filled.

2. The Probation Supervisor reviews the report for completeness and signs it. The investigation package (memo, copies of any pertinent documents, subject's application, and all information forwarded from Human Resources) is sent to the Administrator.

3. After review, the Administrator initials and forwards the package to the requesting official at RIDOC's Office of Human Resources.

4. The assignment, investigation, and return of the package to Human Resources are ordinarily expected to be completed within ten (10) working days.

   Exceptions, with explanation, are brought to the attention of the Administrator.

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, and military 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)

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: _____
Maiden Name: _____
Address: _____
_____
How Long? _____
Previous Address (if at current address for less than six months):
_____
_____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____
Date of Birth: _____

PREVIOUS WORK EXPERIENCE: (five years or three employers)

(If self-employed, please see next section)

Company: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____
Supervisor: _____

Company: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____
Supervisor: _____

Company: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____
Supervisor: _____

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

Customer/Vendor/Associate: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

Customer/Vendor/Associate: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

Customer/Vendor/Associate: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

BUSINESS REFERENCES:

Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

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

Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

<u>NEIGHBORHOOD</u>: (must live within close walking distance)

Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____

Name: _____
Address: _____
Telephone: (Home) _____ (Work) _____
(Cell Phone) _____