

# RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE

	<b>POLICY NUMBER:</b> 3.32 DOC	<b>EFFECTIVE DATE:</b> 11/09/2015	<b>PAGE 1 OF 2</b>	
	<b>SUPERSEDES:</b> 28.10-4 DOC	<b>DIRECTOR:</b>		
<b>SECTION:</b> PERSONNEL		<b>SUBJECT:</b> PRE-EMPLOYMENT BACKGROUND INVESTIGATIONS		
<b>AUTHORITY:</b> Rhode Island General Laws (RIGL) § 42-56-10(v), Powers of the director				
<b>REFERENCES:</b> ACA #, Criminal Record Checks on Prospective Employees; the most updated version of RIDOC Policy # 1.02 DOC, <a href="#">Mission Statement of the Rhode Island Department of Corrections</a> ; Final PREA Standard § 115.17 Hiring and promotion decisions				
<b>INMATE/PUBLIC ACCESS?</b>		<b>X YES</b>		
<b>AVAILABLE IN SPANISH?</b>		<b>X NO</b>		

I. **PURPOSE:**

To define the 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 in order to verify information, authenticate qualifications and confirm character.

PUBLIC NOTICE: 9/10/15

PUBLIC HEARING: N/A

III. PROCEDURES:

A. Referral from Human Resources

1. RIDOC's Office of Human Resources forwards requests for background investigations of prospective RIDOC employees to the Associate Director of Community Corrections. .

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 Personal Inquiry Waiver Form (Attachment 2).

2. 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.
3. The waiver is valid for six (6) months from date of signature.

B. Disposition of Information

1. The Probation Supervisor reviews the report for completeness, signs it and forwards all information to the 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.
2. After review, the Associate Director of Community Corrections or the Chief of SIU initials and forwards the package to the requesting official at RIDOC's Human Resources.
3. The assignment, investigation, and return of the package to Human Resources are expected to be completed as expeditiously as possible.

Exceptions, with explanation, are brought to the attention of the 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):

\_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_

**EDUCATION:**

Name of Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dates attended OR Degree Earned: \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSES:**

Type of license or certification: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_