CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please print the following information legibly. Enter N/A in any space that does not apply. ***All information will be maintained confidentially, but must be provided in order to complete a clearance check.*** *Falsification or omission of pertinent information will be considered as justification for disapproval. 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" (CANDIDATE)

(Check one)

- _____ I am requesting a Single Facility Clearance Identify Facility _____
- _____ I am requesting a Multi-Facility Clearance (*Circle all facilities that you require access to during clearance period)*

ALB BEN CAM (Camp Hill) CBS CEN CHS COA DAL FRA FRS FYT GRA GRN HOU

HUN LAU MAH MER MUN PIT PNG QBC RET ROC SMI SMR TRA WAM CCC

- _____ I am requesting a Statewide Clearance (Access required at every DOC facility within the clearance period)

Category: (Check one)

_____ VENDOR (Construction, Food delivery, Service, Repairs, IT,etc)
_____ CONTRACT SERVICE PROVIDER
(Medical, Mental Health, Therapeutic or Contract Chaplaincy)
_____ VOLUNTEER PROGRAM
_____ PUBLIC VISITOR (Ministry)
_____ PUBLIC VISITOR (Government)
_____ PUBLIC VISITOR (Criminal Justice Agency)
_____ PUBLIC VISITOR (Entertainment, Activities, Sports, Guest Speaker)

_____ COMMONWEALTH EMPLOYEE Employee # _____
_____ OFFICIAL VISITOR (**PA Prison Society)**
_____ OFFICIAL VISITOR (Govt)
_____ ORGANIZATION
_____ INTERN/EXTERN
_____ REENTRY SERVICES
_____ AGENCY TEMP SERVICES
_____ OTHER (identify) _____

Initial Clearance Request: ☐
Renewal Request: ☐

Purpose of Visit _____

Organization/Agency/Company/Program Name:_____ **Abbreviation if applicable (_____)**

Subcontracted to:_____ **Title or Position**_____

Last Name _____ **First Name** _____ **Complete Middle Name** _____

List all previously used names :_____ _____ _____

Date of Birth: _____ _____ _____ **Social Security Number:** _____ - _____ - _____ **or**

Passport # _____ **Alien Registration #**_____ **Visa #** _____

Sex _____ **Race (*circle*) W B I A** **Height** ____ **ft** ____ **in** **Weight** _____ **lbs** **Eye Color** _____ **Hair Color** _____

Current Address: _____, **City**_____, **State** _____ **Zip Code**_____

Prior Address: _____, **City** _____, **State**_____ **Zip Code**_____

Place of Birth _____, _____ **E-mail Address** _____@_____ . _____

Home Phone: ( ) _____ -_____ Alternate Phone: ( ) _____ - _____

Current Driver's License Info: State _____ ☐ **Operator** ☐ **ID only license** **List OLN Number** _____ **Valid: Yes** ☐ **No** ☐

Previous Licenses (list all states & #'s that apply) State _____ **Operator/Non-Operator Number** _____

Identify names, relationships and locations of any relatives or close friends confined in any DOC Facility _____

_____ _____ _____

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 facility.

_____ _____
Signature ***Date***

SECTION "B" (REQUESTING DOC STAFF MEMBER)

Requesting Staff Member: _____ **Emp #:**_____ **Date of Request** _____

Describe Specific Event or Access: _____ **Specific Period of Access Required** _____

Security Office approving staff member signature_____**Emp #**_____ **Facility** _____ **Date** _____

pennsylvania
DEPARTMENT OF CORRECTIONS

Consent to Release Information for Prison Rape Elimination Act Compliance

I, _____, having made application for a contract service with the Pennsylvania Department of Corrections (DOC), understand that the DOC must gather specific information about 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. **(§115.17 [c][2], §115.217 [g])**

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 shall regard all information obtained as confidential. I understand that the same shall 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 in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? NO ☐ YES ☐ If yes, this employment information must be submitted in writing to the DOC requestor along with the Centralized Clearance Check Information Request Form.

_____ _____
Applicant Signature Date

_____ _____
Witness Signature Date

<u>DO NOT SIGN BELOW</u> IF YOU HAVE SIGNED ABOVE ALLOWING THE DEPARTMENT TO OBTAIN PERSONNEL/PERSONAL INFORMATION.

I, _____, having made application for a contract service with the Pennsylvania Department of Corrections (DOC), do not desire to sign the authorization stated above. I understand that the DOC may not hire 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 sign the above authorization will result in my being passed over for such employment.

_____ _____
Applicant Signature Date

_____ _____
Witness Signature Date