BACKGROUND INVESTIGATIONS

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes responsibilities, policies, and procedures for governing background investigations.

II. POLICY

It is the policy of the ADOC to ensure a background investigation is conducted on all ADOC employees, interns, contractors, visitors, vendors and volunteers for employment and/or entry into ADOC offices/institutions.

III. DEFINITION(S) AND ACRONYM(S)

A. **Contract Employee**: Any employee(s) and/or representative(s) of a vendor providing services on a recurring basis pursuant to a contractual agreement with the ADOC.

B. **Criminal Records Background Check (CRBC)**: An investigation which may include, but is not limited to, verification of credentials, examination of employment references, review of criminal history and military records, as well as searching social media accounts/open source (i.e., Google, Yahoo, Bing, etc.).

C. **Felony**: A serious crime, characterized under federal law and many state statutes as any offense punishable by death or imprisonment in excess of one year.

D. **Law Enforcement Employee**: Any employee with current Alabama Peace Officers Standards and Training Commission (APOSTC) certification.

E. **Support Employee**: Any non-law enforcement person employed by the ADOC to include but not limited to non APOSTC security employees.
F. **Volunteer**: An individual who donates time and effort to enhance the activities and programs of an ADOC facility.

IV. **RESPONSIBILITIES**

A. The Director of Personnel/Designee is responsible for conducting a CRBC on all eligible candidates for new appointments in law enforcement positions and shall make a good faith effort to gather information regarding all potential ADOC employees from prior institutional employers. The Director of Personnel/Designee shall conduct a CRBC on all current ADOC and contract employees at least once every five years.

B. The Director of I & I/Designee is responsible for conducting a CRBC for all eligible candidates for employment in I&I positions, support positions, reemploys, rehires, part-time retirees, all contract candidates, including promotional candidates.

C. The Warden/Division Director is responsible for requesting a CRBC on all vendors, visitors and volunteers.

V. **PROCEDURES**

A. Applicants shall not be considered for employment:

1. Who have submitted false or deceptive information.

2. In a law enforcement position, with a felony conviction or a domestic violence conviction of any kind.

3. With a record of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

4. With a conviction of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

5. With a history of having been civilly or administratively adjudicated to have engaged in the activity, as described in paragraphs (3) and (4) above.

B. The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist services of any contractor, who may have contact with inmates.

C. Applicants for support staff positions, with a felony conviction, shall be referred to the Commissioner/Designee for review and consideration on a case-by-case basis.
D. The Personnel Director/Designee shall conduct the following steps for CRBC on eligible candidates for law enforcement employment:

1. Instruct applicants to complete the ADOC Form 216-A, *Waiver and Authorization to Release Information*.

2. Review the form for completeness. If the form is not complete the applicant may not be considered for employment.

3. Complete CRBC after the appropriate document has been received.

4. Ensure proper documentation on the log, ADOC Form 216-E, *CRBC Master Log*.

E. The Personnel Director/Designee shall conduct the following steps to make a good faith effort to gather information regarding potential employees from prior institutional employers.

1. Instruct applicants to complete the ADOC Form 216-B, *Prison Rape Elimination Act (PREA) Compliance*.

2. Review the form for completeness. If the form is not complete the applicant may not be considered for employment.

3. Submit up to two written requests after the appropriate document has been received.

4. Ensure proper documentation on the log, ADOC Form 216-E, *CRBC Master Log*.

F. The Personnel Director/Designee shall conduct a CRBC on current ADOC and contract employees at least once every five years.

1. Ensure applicable release form is on file.

2. Complete CRBC.

3. Should negative information surface refer to I & I for investigation and if appropriate, refer to AR 208.

4. Ensure proper documentation on the log, ADOC Form 216-E, *CRBC Master Log*.

G. The Director of I & I/Designee shall perform the CRBC for all candidates submitted for support positions, promotions, reemployments, rehires, part-time retirees, and all contract employees.
1. The Deputy/Associate Commissioner shall receive the names of the candidates for promotion from the Warden/Division Director.

2. The Deputy/Associate Commissioner shall submit the names of the candidates for promotion to the Director of I & I/Designee.

3. The Director of I & I/Designee shall perform the CRBC for submitted candidates.

4. The Director of I & I/Designee shall report the results of the CRBC to the appropriate Deputy/Associate Commissioner.

5. Upon receiving the results of the CRBC, the appropriate Deputy/Associate Commissioner shall determine the candidate(s) for promotion.

6. Ensure proper documentation on the appropriate form and forward completed form, on a weekly basis, to ADOC personnel for inclusion in the ADOC Form 216-E, CRBC Master Log.

H. The Warden/Designee shall conduct the following steps for CRBC on all visitors, vendors, and volunteers prior to entry:

1. Instruct the individual to complete ADOC Form 216-C, Personal Information Sheet and in addition, complete ADOC Form 216-A, Waiver and Authorization to Release Information.

2. The Warden/Designee shall review the ADOC Form 216-C, Personal Information Sheet for completeness.

3. The Warden/Designee shall complete and submit ADOC Form 216-D, NCIC Request Form to Staton Communications.

4. After conducting the review of the CRBC including the NCIC results, the ADOC Form 216-C, Personal Information Sheet, and any information provided by former employers, the Warden/Designee shall determine if the visitor, vendor or volunteer is approved or denied entry into the facility.

5. Ensure proper documentation on the ADOC Form 216-F, CRBC Institution Log for Visitors/Vendors/Volunteers. The ADOC Form 216-F shall be maintained on facility premises (do not submit to ADOC Personnel).

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).
VII. FORMS

A. ADOC Form 216-A, Waiver and Authorization to Release Information
B. ADOC Form 216-B, Prison Rape Elimination Act (PREA) Compliance Form
C. ADOC Form 216-C, Personal Information Sheet
D. ADOC Form 216-D, NCIC Request Form
E. ADOC Form 216-E, CRBC Master Log
F. ADOC Form 216-F, CRBC Institution Log for Visitors/Vendors/Volunteers

VIII. SUPERSEDES

This Administrative Regulation supersedes Administration Regulation 216, Employment of Individuals with Felony Convictions, dated June 1, 2005.

IX. PERFORMANCE

C. Rules of the Peace Officers’ Standards and Training Commission.
D. Rules of the State Personnel Board.
E. AR 454, Inmate Sexual Assault and Harassment Awareness (Prison Rape Elimination Act (PREA))

Jefferson S. Dunn
Commissioner
State of Alabama
Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL  36130-1501
(334) 353-3883

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

This constitutes my consent and authorization for the disclosure or furnishing of any relevant and necessary personal information or records, whether the records are of a public, private or confidential nature, to the Alabama Department of Corrections (ADOC) by any person, corporation, agency, or association concerning my moral character, education, financial transactions, medical history, employment records, criminal records, driving records, military service records, and any other information as may be relevant and necessary for a determination on my suitability as an employee, volunteer, visitor, vendor, or contract employee with ADOC. I authorize and request the full release of the information, without any reservation, throughout the duration of my association with ADOC. Your reply will be used to assist the ADOC in making a determination on my suitability.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Alabama Department of Corrections (ADOC) in conjunction with the department’s employment, volunteer, or visitation policies and/or other security matters and that this information is the sole property of the ADOC regardless of the outcome of this investigation. I fully understand that I shall not be entitled to have disclosed to me the contents of any of the documents, records, and other information provided.

I hereby release the persons, corporations, agencies, associations and their employees, agents, and representatives both individually and collectively, from any and all liability for damages of whatever kind, which may result because of compliance with this authorization and request.

______________________________
PRINTED NAME

______________________________
ALIAS NAMES (Also Known As, Maiden Names or Nicknames)

______________________________
APPLICANT’S SIGNATURE

______________________________
DATE

Sworn to and subscribed before me this _________________ day of _____________________ A. D., 20__________

______________________________
Notary Public

My Commission Expires: ________________________________

NOTE: A PHOTOCOPY REPRODUCTION OF THE REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.
YOU MAY RETAIN THIS FORM IN YOUR FILE.

DOC Form 216-A – December 7, 2105

Page 6 of 13   AR 216 – December 7, 2015
To: All Applicants

From: The Alabama Department of Corrections (ADOC), Personnel Division

Subject: Prison Rape Elimination Act (PREA) Compliance

Federal law and Alabama Department of Corrections (ADOC) administrative regulations prohibit the hiring of anyone who has been convicted, criminally or civilly, of inappropriate sexual activity, sexual abuse or sexual harassment involving an individual who was incarcerated or otherwise unable to come and go from a facility without restriction. The same regulations also prohibit the hiring of persons who were involved in similar crimes in the community. Omissions of fact may be grounds for disciplinary action, up to and including termination, should such omissions be discovered after appointment.

- **Have you ever been accused or charged with inappropriate sexual activity, sexual abuse or sexual harassment?** Yes or No

  If yes, provide a clear narrative regarding the incident(s), the allegations or charges and the outcome(s) of any investigation(s).

  ___________________________________________________________

  ___________________________________________________________

  ___________________________________________________________

- **Have you ever been employed at such an institution (businesses such as nursing homes and child care facilities would be among the employers of note)?** Yes or No

  If yes, Facility Name: ____________________________________________

  Address: _______________________________________________________

  Position Held and Dates of Employment: _____________________________

  Name and Phone Number of Contact: ________________________________

- **While employed, were you the subject of a sexual misconduct investigation of any kind?** Yes or No

  If yes, provide a clear narrative regarding the incident(s), the allegations or charges and the outcome(s) of any investigation. __________________________________________________________

  ___________________________________________________________

  ___________________________________________________________
• If you were employed at more than one such facility, please utilize the space below to respond to the same set of questions for each such employer.

Facility Name: ___________________________________________________________
Address: ________________________________________________________________
Position Held and Dates of Employment: ______________________________________
Name and Phone Number of Contact: _________________________________________

• While employed, were you the subject of a sexual misconduct investigation of any kind?
  Yes  or  No
  If yes, provide a clear narrative regarding the incident(s), the allegations or charges and the outcome(s) of any investigation.
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

Facility Name: ___________________________________________________________
Address: ________________________________________________________________
Position Held and Dates of Employment: ______________________________________
Name and Phone Number of Contact: _________________________________________

• While employed, were you the subject of a sexual misconduct investigation of any kind?
  Yes  or  No
  If yes, provide a clear narrative regarding the incident(s), the allegations or charges and the outcome(s) of any investigation.
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

________________________  ______________________
Printed Applicant’s Name

________________________  ______________________
Applicant’s Signature       Date

________________________  ______________________
Witness /Supervisor         Date
PERSONAL INFORMATION SHEET

All persons desiring to enter any ADOC facility must complete the following form. The information on this form will be kept confidential. All information is subject to investigation. False or omitted information will result in you being denied approval to enter any/all ADOC facilities. This application is for the specific facility to which request is made.

1. **Reason for applying for entry:**

2. **Facility:**

3. **Personal Information (Submit a copy of current government agency issued identification):**

   - **Name:**
     - (Last)
     - (First)
     - (Middle Initial)
   - **Address:**
     - (Address)
     - (City)
     - (State)
     - (Zip)
   - **Phone:**
     - Home: ( )
     - (Optional) Cell: ( )
   - **Work:**
     - ( )
   - **Email:**
   - **In case of emergency, contact:**
     - Name: ____________________________
     - Relation: ____________________________
     - Phone: ( )
   - **SSN:** ____________________________
   - **DL #:** ____________________________
   - **DOB:** ____________________________
   - **State:** ____________________________
   - **Are you a U. S. Citizen:** _Yes_ _No_
   - **If No, you are a citizen of:** ____________________________

4. **LEGAL DATA:**

   4a. **Have you, your family, or close friend ever been a victim of a crime?**
       _Yes_ _No_
       If Yes, explain information about the crime and the name(s) of the offender(s):
       ____________________________

   4b. **Have you ever been arrested?**
       _Yes_ _No_
       If Yes, what were the charge(s)?
       ____________________________
       Case Number(s): ____________________________
       County: ____________________________
       Disposition of case(s): ____________________________

   4c. **Do you have any relatives, or close friends, incarcerated in an ADOC institution?**
       _Yes_ _No_
       If Yes, provide the following information:
Inmate’s name(s): __________________________________________
Inmate’s AIS #: __________________________________________
Inmate’s institution: ________________________________________

4d. Have you ever been accused or charged with inappropriate sexual activity, sexual abuse and sexual harassment? ______ Yes    ______ No
If yes, provide a clear narrative regarding the incident(s), the allegations or charges and the outcome(s) of any investigations(s).
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ___________________________ Date: __________________________

5. ADMINISTRATIVE DECISION:

NCIC Checks completed: ______ Yes    ______ No

_____ Approved   _____ Disapproved

Reason For Disapproval:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Administrator’s Printed Name: __________________________________________

Administrator’s Title: __________________________ Date: __________________________

Administrator’s Signature: __________________________________________
NCIC Request Form

Date

Reason for Request

Please Check the Appropriate.
Wanted Check
Driver’s History
Criminal History
Vehicle Registration

Please fill in all information. Please include the state if the person DL# or ID# is out of state.

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<td>Tony</td>
<td>M</td>
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