

BACKGROUND INVESTIGATION QUESTIONNAIRE

PURPOSE

- As a law enforcement agency, the Idaho Dept of Correction (IDOC) screens all applicants for suitability to the position requested and conducts a criminal background check prior to an offer of employment.

IMPORTANT

- Use only blue or black ink.
- Take your time and print legibly.
- Mark any unused spaces with **N/A** so we know you didn't forget to fill it out.
- It is important that the information disclosed in this form is **ACCURATE** and **COMPLETE** to the best of your knowledge.
 - Being arrested for a crime, or terminated from an employer is not an automatic disqualifier, but failure to disclose it may be.
- If you need more room for an answer DO NOT write on the back of the page. Please insert a new page.
- You may be asked to begin employment prior to the results of fingerprinting. Continued employment depends on the results of your fingerprints. If any information is discovered that disqualifies you from continued employment, you will be asked to resign immediately from IDOC employment.

DOCUMENTS

- You will need to provide a copy of the following documents with this packet.
 - High School Diploma, Official High School Transcripts, GED, or Certificate
 - Professional License or Certification (If listed)
 - Military Service (DD-214 or NGB-22)
 - To request military records go to <http://www.archives.gov/veterans/military-service-records/>

QUESTIONS

- For clarification or questions please contact the IDOC's Background Unit at backgrounds@idoc.idaho.gov or go to http://www.idoc.idaho.gov/content/careers/background_investigation_questionnaire.

Last Name

First Name

Middle Name

Signature

Date

IDAHO DEPARTMENT OF CORRECTION
AUTHORIZATION TO RELEASE INFORMATION

As an applicant for employment with the Idaho Department of Correction (IDOC), I understand that I am providing personal and employment history information to determine my qualifications and suitability for employment with the Department, or for enrolling in the POST Academy, if requested.

I understand that I am voluntarily providing personal information such as my name, race, height, weight, gender, date of birth, place of birth, driver's license number, and social security number to assist in conducting a criminal background check. By not providing the required information, I am voluntarily suspending, terminating or forfeiting my opportunity for employment.

I hereby authorize any representative of the Idaho Department of Correction (IDOC) or POST Council agent bearing this release, or copy of this release, within one-year of its date, to obtain any or all records and information concerning myself regardless of whether the records and information are of a confidential nature. The release of files/records and information may include, but are not limited to, arrest records, training files, criminal files, employment records, personnel files, disciplinary records and/or performance evaluations.

I understand that any information obtained in a personal and employment history background investigation will be considered in determining my qualifications and suitability for employment with IDOC. I also understand that any person, partnership, association, organization, or government agency, including their employees who provide information concerning me, will not be liable for providing accurate records or information.

Therefore, I release all persons and parties from all claims, damages and liabilities that may result from providing the information requested by an authorized agent from IDOC.

Applicant/Employee:

Print full name: _____

Sign full name: _____

Social Security number: . _____ - _____ - _____

Date of Birth: ____ / ____ / ____

Position applying for: _____

Current Residence Address _____

Telephone Number (____) _____

Date: ____ / ____ / ____

Witness – Print Full Name _____

Signature _____

(Witness must be an adult, over the age of 18 that is not that applicant)

IDAHO DEPARTMENT OF CORRECTION
BACKGROUND INVESTIGATION QUESTIONNAIRE

Please read and answer all questions below. Please print. Be accurate and complete.
 All answers are subject to verification. Use **black** or **blue** ink.

Personal Information

Last Name:	First Name:	Middle Name:		
E-mail Addresses:				
List OTHER names: ie; nicknames, and when applicable, maiden name that you are using or have used or been known by in the past. Also, please list the time periods that the names were used:				
OTHER NAME(s) USED (First, Middle, Last) Nicknames, AKA's, Maiden Name (if applicable)		From Mo./Yr.	To Mo./Yr.	
1.				
2.				
3.				
4.				
List your CURRENT home address:				
Address		City	State	
			Zip Code	
Primary Phone Number: ()		Alternate Phone Number: ()		
List your mailing address or other point of contact if it is different from your home address:				
Mailing Address		City	State	
			Zip Code	
Please answer the following questions regarding your citizenship:				
Are you legally authorized to work in the United States?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are applying for a security position (Correctional Officer, Food Service Officer, or Probation and Parole Officer) you must be a United States Citizen or be able to obtain citizenship within 6 months of your hire date. (IDAPA Rule 11.11.04.032)				
The personal information you provide below is required for verification in conducting the criminal background check:				
Date of Birth		Place of Birth		Social Security Number
Mo.	Day	Year	City	State
Current Driver's License #			State Issued:	
Other states that you have had a Driver's License in:				
Height	Weight	Hair Color	Eye Color	
Gender	Race (Check Below)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	
	<input type="checkbox"/> Native American	<input type="checkbox"/> Other (Please Define):	<input type="checkbox"/> Hispanic	

Licensing/Certification

Do you currently hold, or have you ever possessed a professional license or certification? If Yes please list below and attach copy of license/certificate			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of License/Certification	State of Issuance	Date Issued	Date Expired
Has a professional licensing or certification board ever disciplined you, or have you ever had your license or certification revoked?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please explain below. Include date, reason, and outcome. (If more room is needed attach additional page)			

Military

Are you currently, or have you ever served in the U.S. military or National Guard? (If Yes, please provide a copy of DD-214, or NGB-22)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Branch of Service/Reserve Branch	Date of Entry	Date of Discharge	Type of Discharge
If currently active, list your unit and location.			
Have you ever received any formal or informal discipline? If Yes, please explain below. Include date, reason, and outcome. (If more room is needed attach additional page)			

Qualifications/Related Training

Please list any qualifications or training related to the position you are applying for.

Employment History – 10 Years

- Beginning with your most recent employment, chronologically list your past **ten (10) years** of employment.
- List all periods of time you were unemployed and state what you were doing during that time. You must account for all time during the past ten years.
- **Personal Reasons** and **“Will explain in person”** are not acceptable reasons for leaving employment. Please provide a detailed explanation in the Reason for leaving box.
- Please attach additional pages if more room is needed.

Dates of Employment	Business Name	Business Address
From (Mo/Yr) – To (Mo/Yr)		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Military <input type="checkbox"/> Other		
Job Title:	Job Duties:	Telephone Number:
Supervisor’s Name:	Can we contact your employer? If “no,” please explain: Yes	
Reason for Leaving:		

Were you unemployed between these jobs? Yes <input type="checkbox"/> No <input type="checkbox"/> If “Yes” explain why below (i.e. school, between jobs, travel, etc.)

Dates of Employment	Business Name	Business Address
From (Mo/Yr) – To (Mo/Yr)		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Military <input type="checkbox"/> Other		
Job Title:	Job Duties:	Telephone Number:
Supervisor’s Name:	Can we contact your employer? If “no,” please explain: Yes	
Reason for Leaving:		

Were you unemployed between these jobs? Yes <input type="checkbox"/> No <input type="checkbox"/> If “Yes” explain why below (i.e. school, between jobs, travel, etc.)

Dates of Employment	Business Name	Business Address
From (Mo/Yr) – To (Mo/Yr)		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Military <input type="checkbox"/> Other		
Job Title:	Job Duties:	Telephone Number:
Supervisor's Name:	Can we contact your employer? If "no," please explain: Yes	
Reason for Leaving:		

Were you unemployed between these jobs? Yes No If "Yes" explain why below (i.e. school, between jobs, travel, etc.)

Dates of Employment	Business Name	Business Address
From (Mo/Yr) – To (Mo/Yr)		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Military <input type="checkbox"/> Other		
Job Title:	Job Duties:	Telephone Number:
Supervisor's Name:	Can we contact your employer? If "no," please explain: Yes	
Reason for Leaving:		

Were you unemployed between these jobs? Yes No If "Yes" explain why below (i.e. school, between jobs, travel, etc.)

Dates of Employment	Business Name	Business Address
From (Mo/Yr) – To (Mo/Yr)		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Military <input type="checkbox"/> Other		
Job Title:	Job Duties:	Telephone Number:
Supervisor's Name:	Can we contact your employer? If "no," please explain: Yes	
Reason for Leaving:		

Were you unemployed between these jobs? Yes No If "Yes" explain why below (i.e. school, between jobs, travel, etc.)

If more room is needed print off additional page 7's until your 10 year work history is complete.

Terminations

Have you ever been fired, laid-off, failed to complete probation, asked to resign, or resigned pending investigation from employment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered "yes" to the question above, please provide an explanation below:		
Mo./Yr.	Name of Employer	Please provide a detailed explanation regarding the termination:
If more room is needed for explanation please attach additional page		

Law Enforcement Employment

Have you been previously employed with the Idaho Department of Correction or any other law enforcement agency? (Corrections, Police, Sheriff, etc.)		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever applied with the Idaho Department of Correction or any other law enforcement agency? (Corrections, Police, Sheriff, etc.)		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever attended a POST Academy?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you answered "yes" to any of the questions above, please complete the requested information below:					
Job Title/Position	Agency	City, State	Reason for Leaving/Outcome of application or academy	From Mo./Yr.	To Mo./Yr.

Drug Usage

Have you ever legally or illegally tried, experimented with, possessed or bought any form of marijuana? (This includes but is not limited to cannabis, hashish, hash oil, marijuana edibles, or synthetic/natural THC)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently use any illegal drugs, narcotics or pills that are prohibited by the Uniform Controlled Substances Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever tried, experimented with, possessed, or bought any type of illegal drug, narcotic, or controlled substance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever sold, distributed, or transported an illegal drug, narcotic, or controlled substance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever participated in the cultivation or production of an illegal drug, narcotic, or controlled substance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever used a prescription medication that was not currently prescribed to you at the time? (If yes, list on following page)	Yes <input type="checkbox"/> No <input type="checkbox"/>
To your knowledge, does any of your present circle of friends or acquaintances use any illegal drugs, narcotics, or controlled substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Drug Usage (cont'd)

List all drugs or narcotics you have ever used and/or experimented with. Do not list prescription medications that were prescribed to you.					
Type of Drug or Narcotic	First Used Mo./Yr.	Last Used Mo./Yr.	Total # of Times Used in Lifetime:	Bought (Yes/No)	Sold (Yes/No)

Arrests/Convictions

- It is your responsibility to know your complete criminal and traffic history.
- A criminal record in itself does not necessarily disqualify you from employment. **However, omitting or falsifying information is reason for disqualification or termination once employed.**
- You must list all criminal charges regardless if they were **dismissed, sealed, expunged, withheld, vacated, or amended.**
- If you are unsure of your criminal history you can find most Idaho cases online at www.idcourts.us, for other states, most records can be obtained through county court houses either online or in person.
- Severity of crimes can vary from state to state. While traffic tickets are infractions in Idaho, the same infraction may be a misdemeanor in another state.

As an adult or juvenile have you ever been arrested, cited, or charged with a FELONY offense; regardless of whether the charge was dropped, dismissed, plea bargained, or you were found not guilty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As an adult or juvenile have you ever been found guilty of a FELONY ? (This includes diversion treatments, bond forfeitures, and withheld judgments)	Yes <input type="checkbox"/> No <input type="checkbox"/>
As an adult or juvenile have you ever been arrested, cited, or charged with a MISDEMEANOR offense; regardless of whether the charge was dropped, dismissed, plea bargained, or you were found not guilty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As an adult or juvenile have you ever been found guilty of a MISDEMEANOR ? (This includes diversion treatments, bond forfeitures, and withheld judgments)	Yes <input type="checkbox"/> No <input type="checkbox"/>
As an adult or juvenile have you ever had a warrant or issued for your arrest?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As an adult or juvenile have you ever had a no contact order served against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As an adult or juvenile have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As an adult or juvenile have you ever been convicted criminally of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As an adult or juvenile have you ever been civilly or administratively adjudicated to have engaged in the activity described in the question above?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to any of the questions on page 9 please list all felony and misdemeanor charges below. Include warrants and traffic misdemeanors in this section.

Date (Mo/Yr):	Charge/Crime:	<input type="checkbox"/> Felony <input type="checkbox"/> No Contact Order <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Arresting agency:
Explain the circumstances of the charge listed above.		

Date (Mo/Yr):	Charge/Crime:	<input type="checkbox"/> Felony <input type="checkbox"/> No Contact Order <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Arresting agency:
Explain the circumstances of the charge listed above.		

Date (Mo/Yr):	Charge/Crime:	<input type="checkbox"/> Felony <input type="checkbox"/> No Contact Order <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Arresting agency:
Explain the circumstances of the charge listed above.		

Date (Mo/Yr):	Charge/Crime:	<input type="checkbox"/> Felony <input type="checkbox"/> No Contact Order <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Arresting agency:
Explain the circumstances of the charge listed above.		

If more room is needed print off additional page 10's until your criminal history is complete.

Traffic History – Last 5 Years

List all traffic citations and infractions from the last 5 years below even if they were dismissed, dropped, bond forfeited, or amended.

Date (Mo/Yr):	Charge:		
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Ticketing agency:	

Date (Mo/Yr):	Charge:		
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Ticketing agency:	

Date (Mo/Yr):	Charge:		
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Ticketing agency:	

Date (Mo/Yr):	Charge:		
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Ticketing agency:	

Date (Mo/Yr):	Charge:		
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Ticketing agency:	

Date (Mo/Yr):	Charge:		
Disposition (Guilty, Dismissed, etc.):	City, County, State:	Ticketing agency:	

If more room is needed print off additional page 11's until your traffic history is complete.

Driver's License Suspensions

Has your driver's license **EVER** been suspended? YES NO If YES Please explain below.

From (Mo/Yr) – To (Mo/Yr)	State	Reason

If more room is needed print off additional page 11's until your suspension history is complete.

Relatives, Friends and Acquaintances in the System

This includes but is not limited to: Relatives such as child, parent, brother, sister, grandparent, aunt, uncle, niece, first cousin, fiancé, or legal spouse, common-law spouse, or "significant other", friends, acquaintances, someone with whom you have previously had a relationship. Also, relatives include your in-laws and/or individuals related to your "significant other".

Do you know anyone who is currently, or has ever been incarcerated in any county facility, state institution, or federal prison?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you know anyone who is currently, or has ever been on probation or parole?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever lived with anyone who is currently, or has ever been incarcerated in any county facility, state institution, or federal prison?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever lived with anyone who is currently, or has ever been on probation or parole?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied to become a visitor for an offender incarcerated in any county facility, state institution, or federal prison?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently visiting an offender incarcerated in any county facility, state institution, or federal prison?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any question above please fill out the section below

Full name of relative, friend, or acquaintance:		Relationship to you:	Crime:
Currently incarcerated? Yes <input type="checkbox"/> No <input type="checkbox"/> From (Mo/Yr) – To (Mo/Yr)	On Probation/Parole? Yes <input type="checkbox"/> No <input type="checkbox"/> From (Mo/Yr) – To (Mo/Yr)	Location of institution or probation/parole district:	
		Name of institution or probation/parole officer:	

Full name of relative, friend, or acquaintance:		Relationship to you:	Crime:
Currently incarcerated? Yes <input type="checkbox"/> No <input type="checkbox"/> From (Mo/Yr) – To (Mo/Yr)	On Probation/Parole? Yes <input type="checkbox"/> No <input type="checkbox"/> From (Mo/Yr) – To (Mo/Yr)	Location of institution or probation/parole district:	
		Name of institution or probation/parole officer:	

Full name of relative, friend, or acquaintance:		Relationship to you:	Crime:
Currently incarcerated? Yes <input type="checkbox"/> No <input type="checkbox"/> From (Mo/Yr) – To (Mo/Yr)	On Probation/Parole? Yes <input type="checkbox"/> No <input type="checkbox"/> From (Mo/Yr) – To (Mo/Yr)	Location of institution or probation/parole district:	
		Name of institution or probation/parole officer:	

If more room is needed print off additional page 12's until your relationship history is complete.

For all friends, relatives, and acquaintances listed on the previous page complete the following questions for each.

PLEASE USE A SEPARATE PAGE FOR EACH INDIVIDUAL LISTED.

RELATIVE(s), FRIENDS, ACQUAINTANCES, ETC.

If not a family member, how did you meet the individual?

How long has it been since you had contact with this individual? What type of contact did you have with the individual?(i.e. phone, email, letter, face to face)

Have you ever visited or had personal contact with this individual? If so, please explain

Are you currently or have you ever lived with this individual? If so, when, and for how long?

Please give a detailed history of your relationship with the individual.

Source

How did you find out about applying for employment with the Dept of Correction?

- Division of Human Resources Friend Internet Job Fair
- Job Service Radio Television Job Announcement
- Other _____

CERTIFICATION OF BACKGROUND ANSWERS

Please read and sign below

Department's Statement

The statements and answers that you provided in this background questionnaire are subject to verification. Any discrepancies, misstatements, omissions and/or falsifications that you made, may disqualify you from consideration for employment, or may result in your dismissal from employment with the Idaho Department of Correction (IDOC).

Applicant/Employee Statement of Understanding

I voluntarily agreed to provide this completed background questionnaire for the purpose of conducting a background check prior to a conditional offer of employment.

I understand that the background questionnaire must be fully completed and no information left out. If the form is partially completed, I may not be considered for employment.

Applicant/Employee Statement of Certification

I certify that all of my answers in this questionnaire are true and complete. I understand that any discrepancies, misstatements, omissions and/or falsifications will subject me to disqualification from employment, disciplinary actions during my employment, and/or dismissal from employment with IDOC.

Applicant/Employee Signature:

Print full name: _____

Sign full name: _____

Date: ____ / ____ / ____