


RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE


	POLICY NUMBER: 3.32 DOC	EFFECTIVE DATE: 3/18/2015	PAGE 1 OF 2
	SUPERSEDES: 28.10-4 DOC	DIRECTOR: 	
SECTION: PERSONNEL		SUBJECT: 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; Final PREA Standard § 115.17 Hiring and promotion decisions			
INMATE ACCESS THROUGH LAW LIBRARY?		X YES	

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.

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 RI SECRETARY OF STATE
 ADMINISTRATIVE RECORDS

PUBLIC NOTICE: 1/16/2015

PUBLIC HEARING: Not Requested

Pre-Employment Background Investigations

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).

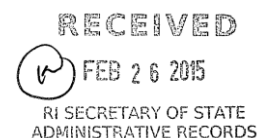
Requests include background information as supplied by the prospective employee - position applied for, references, neighbors (Background Information, Attachment 1), and a signed Personal Inquiry Waiver Form (Attachment 2).

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 ordinarily expected to be completed as within fifteen (15) working days.

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: _____

Address: _____

How Long? _____

Previous Address (if at current address for less than six months):

How Long? _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

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) _____

NEIGHBORHOOD: (must live within close walking distance)

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

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