



INDIANA DEPARTMENT OF CORRECTION

 Facility/Parole District/Central Office

 Reason for Background Check

By the person's signature on this letter, he/she is aware of and has agreed to a criminal history check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in our determination of approval or denial of employment, volunteer and visitation that this information will only be shared on a need to basis.

Please **PRINT** clearly and fill in with the correct information.

LAST NAME		FIRST		MIDDLE		MAIDEN	
STREET ADDRESS				CITY		STATE	ZIP CODE
ADDRESS LAST 5 YEARS				CITY		STATE	ZIP CODE
DATE OF BIRTH		STATE OF BIRTH		SOCIAL SECURITY #		DRIVER LICENSE NUMBER	
STATE OF DRIVER LICENSE		SEX		RACE		WEIGHT	
HEIGHT	HAIR		EYES	FELONY CONVICTIONS? NO ___ YES ___ IF YES EXPLAIN ON BACK OF THIS SHEET			
LAST EMPLOYER			ADDRESS			CITY	STATE
IF BORN OUTSIDE THE UNITED STATES, HOW OLD WERE YOU WHEN YOU ARRIVED IN AMERICA? _____							
IF BORN OUTSIDE THE UNITED STATES WERE YOUR PARENTS IN THE U.S. MILITARY AT THE TIME OF BIRTH? NO ___ YES ___							
PASSPORT NUMBER _____				GREEN CARD NUMBER (FORM I-90) _____			

 Signature of Applicant

 Authorization Signature

MANDATORY PRE-INTERVIEW QUESTIONS

Name: _____ Date: _____

1. Have you ever been convicted of a Domestic Violence Offense, or charged with Domestic Violence and pled down to a lesser offense?

Yes No

If yes, please explain:

Offense: _____

Sentence: _____

Arrest: _____

Date: _____

Location: _____

(City, State, County)

2. Do you have any criminal charges pending?

Yes No

If yes, please explain:

Offense: _____

Sentence: _____

Location: _____

(City, State, County)

3. Have you ever been disciplined formally for violence in the workplace?

Yes No

If yes, please explain: _____

4. Do you have any known immediate family (spouse, parents, siblings, children) or close associates (any person other than a relative with whom you reside) currently employed by or who provide services to the Indiana Department of Corrections.

Yes No

Name: _____

Relationship: _____

Facility: _____

5. Do you currently have any known relatives (spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, cousin, including first blood, step, half, foster or in-law) or close associates (any person other than a relative with whom you are currently residing or have previously resided) incarcerated in the Indiana Department of Correction or who are currently on parole, mandatory supervised release or electronic detection?

Yes No

Name: _____

Relationship: _____

Facility: _____

6. Have you visited any Indiana Department of Correction inmate while he/she was/is incarcerated?

Yes No

Name: _____

Relationship: _____

Facility: _____

7. Have you ever been a volunteer at any other Indiana Department of Correction facility? What facility did you volunteer at?

Yes No

If yes, please explain: _____

8. Do you have any bi-lingual skills?

Yes No

Volunteer Signature

Date