



Correctional Officer Supplemental Form

January 2015

This form **MUST** be typewritten or printed legibly in **DARK INK ONLY**. All questions must be answered completely and accurately. If a question does not apply to you, print or check "DNA" (does not apply) in the space provided for the answer. **Omission** of or **falsification** of information discovered at any time during the pre-screening process that would reflect on your honesty or ability to perform the job will result in the **immediate termination** of your background investigation. The information you provide in this Correctional Officer Supplemental Form will be used in the investigation into your background to assist in determining your suitability for employment with the Oregon Department of Corrections.

| | | |
|-------------------------|---------------------|------------------------------|
| Legal Last Name: | First Name: | Preferred First Name: |
| Suffix: | Middle Name: | |

A. OREGON DEPARTMENT OF CORRECTIONS REFERENCES

Is there any Oregon Department of Corrections person who could provide a reference on your behalf?
 Yes No If YES, list below:

| First Name, Last Name | #of yrs known | Relationship | Institution Reference Works At | Daytime Telephone Numbers (include area code) |
|-----------------------|---------------|--------------|--------------------------------|---|
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |

B. Prison Rape Elimination Act (PREA)

The Oregon Department of Corrections is required to contact all prior institutions for information to be used in the background check process. If you have never been an employee, volunteer, or contractor with an Institution check the box below. Failure to complete this section will exclude you from consideration.

List all institutions where you have been employed, volunteered at or contracted with. These include a jail, prison, or other correctional facility (including juvenile corrections) AND any institution or facility where people are residing for the purpose of receiving care or treatment (e.g., adjudicated delinquent, neglected, placed in State custody, mentally ill or disabled, chronically ill, or physically disabled, etc.). These include skilled nursing care, intermediate or long-term care, or custodial or residential care (e.g., group home, rehabilitation, assisted living/nursing home, hospice, etc.).

I have never been an employee, volunteer, or contractor with an Institution.
 If you check this box proceed to section C Applicant History.

1

| | | |
|-----------------------------------|--|-----------------------|
| Institution/Agency Name: | Web Site Address: www. | |
| Complete Street Address: | Start Month / Start Year: | End Month / End Year: |
| City, State, Zip Code: | Your Position Title: | |
| Phone Number (include area code): | <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other | |
| Contact Person: | | |
| Short Description of Duties: | | |

2

| | | |
|-----------------------------------|--|-----------------------|
| Institution/Agency Name: | Web Site Address: www. | |
| Complete Street Address: | Start Month / Start Year: | End Month / End Year: |
| City, State, Zip Code: | Your Position Title: | |
| Phone Number (include area code): | <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other | |
| Contact Person: | | |
| Short Description of Duties: | | |

3

| | | |
|-----------------------------------|--|-----------------------|
| Institution/Agency Name: | Web Site Address: www. | |
| Complete Street Address: | Start Month / Start Year: | End Month / End Year: |
| City, State, Zip Code: | Your Position Title: | |
| Phone Number (include area code): | <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other | |
| Contact Person: | | |
| Short Description of Duties: | | |

C.

APPLICANT HISTORY

1. Have you ever applied for Correctional Officer with the Oregon Department of Corrections? Yes No

| | Date Applied | Results |
|----|--------------|---------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

D.

APPLICANT CERTIFICATION

This Correctional Officer Supplemental Form was personally completed by the applicant? Yes No

| | | |
|--------------------------------|---------------------------------|-------------------------------|
| Print-Type, First Name: | Print-Type, Middle Name: | Print-Type, Last Name: |
| Signature: | | Date: |

An electronic submission containing a typed or electronic signature or a photocopy or FAX reproduction of this authorization and release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Revised: January 2015

This form must be attached to your application before you submit your online NEOGOV application.

| | | |
|---|--|---|
| <p>Application Questions?</p> <p>Email us at recruitment@doc.state.or.us</p>  <p>recruitment@doc.state.or.us</p> |  <p>Oregon Department of Corrections</p> | <p>Visit Or web page for more information about Career Opportunities.</p> <p>www.odocjobs.com</p> |
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