



PREA QUESTIONNAIRE

DATE RECEIVED

PERSONAL INFORMATION

FIRST NAME	MI	LAST NAME
ADDRESS		
CITY	STATE	ZIP

PRISON RAPE ELIMINATION ACT (PREA)

The following are required questions — if you choose to not answer these questions, you will be removed from consideration.

The Oregon Youth Authority (OYA) is responsible for complying with the federal Prison Rape Elimination Act (PREA 42 U.S.C. 1997). Prison Rape Elimination Act (PREA) prohibits OYA from hiring, promoting or contracting with anyone (who has direct contact with residents) who have been convicted 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. In compliance with the PREA of 2003, OYA has implemented a "Preventing, Responding to and Monitoring Sexual Abuse and Sexual Harassment" policy, I-A-10.0. OYA is committed to a zero-tolerance standard towards all forms of sexual abuse and sexual harassment in OYA facilities and its contracted programs.

Have you EVER engaged in sexual assault and/or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in <u>42 U.S.C. 1997</u>)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you EVER been convicted 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you EVER been civilly or administratively adjudicated to have engaged 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a history of substantiated sexual harassment issues?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list all prison, lockup, community confinement facility, or other institutions (as defined in 42 U.S.C. 1997) you have worked/volunteered at and be sure to include the city and state it is located in. If you have not worked for any of the above described organizations/businesses, put N/A in the space below.

SIGNATURE

By signing this document, I hereby certify every statement I have made in this document is true and complete to the best of my knowledge. I understand any false or incomplete answer may result in denial of employment, dismissal from state service if discovered after employment and, in some circumstances, prosecution for a crime may be grounds for not employing me or for dismissing me after I begin work. Criminal records will be checked in accordance with applicable laws and rules. I understand I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand I may be required to verify any and all information given on this document. I understand this completed document is the property of the state of Oregon and will not be returned. I authorize the state of Oregon to contact prior employers, educational institutions, law enforcement agencies and other relevant individuals and agencies. I understand I must update this document if I have any changes in my name, address, or phone number.

I have read and understand the above information.

_____	_____
SIGNATURE OF APPLICANT	DATE