

<p style="text-align: center;"><b>POLICY OF</b></p> <p style="text-align: center;"><b>STATE OF DELAWARE</b></p> <p style="text-align: center;"><b>DEPARTMENT OF CORRECTION</b></p>	<p style="text-align: center;"><b>POLICY NUMBER</b></p> <p style="text-align: center;">9.30</p>	<p style="text-align: center;"><b>PAGE NUMBER</b></p> <p style="text-align: center;">1 of 3</p>
<p><b>CHAPTER: 9 Human Resources and Employee Management Relations</b></p>	<p><b>RELATED ACA STANDARDS:</b></p> <p>2-CO-1C-10, 2-CO-1C-18, 2-CO-1C-19, 4-4055,4-4061, 4-4062, 4-ACRS-7B-05, 4-ACRS-7E-06, 4-APPS-4A-02, 4-APPFS-3A-03, 4-APPFS-3E-07</p>	
<p><b>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE:</b></p>		
<p><b>APPROVED FOR PUBLIC RELEASE</b></p>		

**I. AUTHORITY:** 11 *Del. C.* §101, §4201 and 4202, §6506 (a) (b) and (c), 6517 and 29 *Del. C.* §8903, and DOC Policies 8.41 and 9.19.

**II. PURPOSE:** To establish the Department of Correction’s pre-employment process for applicants.

**III. APPLICABILITY:** All applicants for employment with the Department of Correction.

**IV. DEFINITIONS:**

**Ex-offenders:** Includes any person convicted of a crime or offense as defined in 11 *Del. C.* §101 (*Delaware Criminal Code*) of this title or the ordinances of any incorporated municipality of this State, including a person committed for civil or criminal contempt, except:

A person not yet 18 years old when adjudicated by a Family or Juvenile Court of this State except when committed to the Department in accordance with law, and

A person who has been determined to be mentally ill or criminally inclined, and has been committed to another appropriate authority.

**Felony:** Felonies are classified, for the purpose of sentence, into 7 categories as outlined in 11 *Del. C.* §4201.

**Misdemeanors:** Misdemeanors are classified for the purpose of sentence into 2 categories in accordance with 11 *Del. C.* §4202.

**Background Investigation:** A formal process to vet employees.

**D.S. 40 Information Request Form:** Form used by Internal Affairs to document the findings of applicants’ background investigations.

**Conditional Offer of Employment:** An offer of employment that is dependent on the successful completion of certain conditions

**Psychological Fitness for Duty Evaluation:** Screening for fitness for duty in a correctional environment performed by a licensed clinical psychologist.

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER 9.30</b>	<b>PAGE NUMBER 2 of 3</b>
<b>SUBJECT:</b> Pre-Employment Process		

**Confirmed Positive Test Result:** The presence of a controlled substance in the pure form, or its metabolites, at or above the cutoff level, as identified in two consecutive tests on the same sample which employ different test methods, and which is determined not to have been caused by an alternative medical explanation.

**V. POLICY:**

- A. The Department shall not employ individuals who have been convicted of a felony offense in this or any other state or jurisdiction, or who have ever been convicted of an offense in another state or jurisdiction that would be a felony offense in the State of Delaware. Misdemeanor convictions shall be reviewed on a case by case basis.
- B. The Department shall not employ individuals who are not recommended for hire after undergoing a psychological fitness for duty evaluation.
- C. The Department shall not employ any individual who does not receive medical clearance from his/her physician.
- D. The Department shall not employ individuals who refuse to submit to a pre-employment drug screening or who receive a confirmed positive test result.

**VI. PROCEDURES:**

**A. Pre-Employment Process for All Applicants shall include:**

- 1. The Department Human Resources Office will initiate a complete and thorough background investigation on all applicants. All applicants must complete, sign and date the attached background packet (Attachment 1). All forms must be completed in their entirety. Failure to complete the packet will result in disqualification for employment with the Department.
- 2. The Department Human Resources Office will forward the completed background packet to Internal Affairs to perform the background investigation.
- 3. Internal Affairs shall complete and review the results of a computerized name search of the National Crime Information Center (NCIC) and the Criminal Justice Information System (CJIS) maintained by the Delaware Criminal Justice Information System (DELJIS) to determine if the applicant has any criminal history record information.
- 4. Internal Affairs shall perform the background search using any state or federal automated fingerprint identification system.

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER 9.30</b>	<b>PAGE NUMBER 3 of 3</b>
<b>SUBJECT: Pre-Employment Process</b>		

5. Internal Affairs will return the packet and a completed background package to the Human Resources Office with their recommendation for or against hiring the applicant.
6. The Department may also consider additional factors when making hiring decisions. A complete listing of these factors can be found on the "Applicant Rejection" form.
7. The Human Resources Director and/or designee will review the background packet and Internal Affairs' recommendation, and make the final hiring decision.
8. The Department Human Resources Office will send the applicants a letter informing them of the Human Resources Director's or designee's decision.
9. If an applicant is recommended for hire, he/she will be required to submit to pre-employment drug screening. A confirmed positive result will preclude the applicant from being hired.
10. Applicants in the following classifications will be required to receive medical clearance from their physician to attend CEIT training which will be documented on the DOC physical form. Included classifications: Correctional Counselors, Paralegals, Community Work Program Coordinators, Chaplain, Recreation Program Series, Training Educators I, II and II and Inmate Classification Officers.

**B. Pre-employment Process for Correctional Officer and Probation Officers:**

In addition to the background investigation, Correctional Officer and Probation and Parole Officer applicants who successfully complete the following will be scheduled for Correctional Employment Initial Training (CEIT) or Basic Officer Training Course (BOTC):

1. Pass an oral interview;
2. Pass a psychological fitness for duty evaluation administered by a licensed clinical psychologist; and
3. Receive medical clearance from their physician which will be documented on the DOC physical form.



**DELAWARE DEPARTMENT OF CORRECTION  
PERSONAL HISTORY SUPPLEMENTAL QUESTIONNAIRE**

LAST NAME	FIRST NAME	MIDDLE NAME
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<b>PHOTOGRAPH</b>	<b>POSITION</b>
	<b>LOCATION OF POSITION</b>
	<b>SUPERVISOR</b>
	<b>ANTICIPATED START DATE</b>
	<b>HR COMMENTS</b>

	DATE	SIGNATURE	SECTION
NCIC COMPUTER CHECK SUBMITTED			
FINGERPRINTS TAKEN			
PHOTOGRAPHS TAKEN			
PERSONAL HISTORY COMPLETED			
APPLICANTS FILE FORWARDED TO INVESTIGATOR			
PERSONAL HISTORY RECEIVED BY INVESTIGATOR			
BACKGROUND INVESTIGATION COMPLETED			
F.B.I. RETURN RECEIVED DEPARTMENT OF CORRECTION			

**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

**PERSONAL DATA**

1. NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

2. MAILING ADDRESS \_\_\_\_\_  
(P.O. BOX OR STREET) (HOUSING DEVELOPMENT)

\_\_\_\_\_  
(ADDITIONAL STREET IF NEEDED)

\_\_\_\_\_  
(CITY) (COUNTY) (STATE) (ZIP)

3. If the above address (#2) is a PO Box, please give the address of your residence?

\_\_\_\_\_

4. SOCIAL SECURITY # \_\_\_\_\_ 5. HEIGHT (IN INCHES) \_\_\_\_\_

6. DATE OF BIRTH \_\_\_\_\_ 7. WEIGHT (IN POUNDS) \_\_\_\_\_

8. HOME TELEPHONE # \_\_\_\_\_ 9. WORK TELEPHONE # \_\_\_\_\_

10. RACE \_\_\_\_\_ 11. SEX \_\_\_\_\_

12. List all other names you have used, including maiden name and nicknames. If you have used any surname (last name) other than your true name, state period and circumstances.

\_\_\_\_\_  
\_\_\_\_\_

13. Are you a citizen of the United States? ( )Yes ( )No

14. Are you a resident alien: ( ) Yes ( )No. If yes, do you have an Alien Registration Receipt Card which entitles you to reside permanently and work in the United States? ( )Yes ( )No

**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

**RESIDENCES**

List all previous addresses from birth to present starting with present address. If you moved due to being stationed in the military, please list city/state/country.

From Month/Year	To Month/Year	Address	Rent (R) - Landlord Buy(B) - Who held Mortgage

**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

**FAMILY/FRIENDS**

State the name of every living member of your immediate family. Include father, mother, sisters, brothers, husband, wife, children, parents of children, half-siblings, and step-relatives.

Family Member Name	Relationship	Address	Phone Number	Occupation

List any non-relative individuals residing in your household, please give their full-name and date of birth.

Name	Date of Birth	Time Period Lived Together

**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

**CRIMINAL RECORD**

**Court and Criminal Arrests (Juvenile and/or Adult)**

1. Have you ever been arrested for a criminal offense? ( ) Yes ( ) No List **EACH** arrest, the charge(s), and the details below. (If more space is needed, please ask HR Rep. for additional paper.)

A. \_\_\_\_\_  
Charge                                      Date of Arrest                                      Police Agency

\_\_\_\_\_  
Disposition: (Prison, Probation/Fine)                                      Name and Location of Court

Give your explanation of why you were arrested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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B. \_\_\_\_\_  
Charge                                      Date of Arrest                                      Police Agency

\_\_\_\_\_  
Disposition: (Prison, Probation/Fine)                                      Name and Location of Court

Give your explanation of why you were arrested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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C. \_\_\_\_\_  
Charge                                      Date of Arrest                                      Police Agency

\_\_\_\_\_  
Disposition: (Prison, Probation/Fine)                                      Name and Location of Court

Give your explanation of why you were arrested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
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**CRIMINAL RECORD (cont.)**

2. Have you ever been placed on **Criminal** probation? ( ) Yes ( ) No If yes, list the following:

Date Probation Started: \_\_\_\_\_ Date Probation Ended: \_\_\_\_\_

Name and location of Probation Agency: \_\_\_\_\_

List any required programs below: ( anger management, etc.) \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been placed probation for a **DUI**? ( ) Yes ( ) No If yes, list the following:

Date Probation Started: \_\_\_\_\_ Date Probation Ended: \_\_\_\_\_

Name and location of Probation Agency: \_\_\_\_\_

List any required programs below: (DUI classes) \_\_\_\_\_

\_\_\_\_\_

4. Are you currently paying on or owe money on an outstanding fine (Criminal and/or Driving)?  
( ) YES ( ) NO

5. Do you have any pending offenses in Court in/or out of the State of Delaware? ( ) YES ( ) NO. If so,  
list charges:

\_\_\_\_\_

\_\_\_\_\_

**DRIVERS LICENSE**

1. Do you possess a valid driver's license? ( ) Yes ( ) No State Issued \_\_\_\_\_

Operator's License Number \_\_\_\_\_ Year Issued \_\_\_\_\_

2. Did you ever possess an operator's license issued by any state other than Delaware? ( ) Yes ( ) No  
If yes, give state and approximate dates that you held this license.

\_\_\_\_\_

**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

**DRIVING RECORD (cont.)**

3. Was your license ever suspended or revoked? Yes No If yes, state which and give reason for suspension or revocation:  
\_\_\_\_\_
4. Was your license ever restored? Yes No When? \_\_\_\_\_
5. Have you ever been refused an operator's license by any state? Yes NO If yes, give details: \_\_\_\_\_
6. Has your license ever been placed on negligent operator's probation? Yes No If yes, give details: \_\_\_\_\_

7. List below all traffic violations for which you were fined: (exclude parking)

Location (City & State)	Approximate Date	Nature of Violation	Penalty or Disposition

**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

**LAW ENFORCEMENT EMPLOYMENT HISTORY**

1. Have you previously submitted an application for employment with the Delaware Department of Correction? ( )Yes ( )No If yes, indicate the position applied for, approximate date and outcome.

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2. Have you previously been employed by the Delaware Department of Correction? ( )Yes ( )No If yes, indicate dates, position held and reason for leaving.

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3. Have you previously submitted an application for employment with another Correction Department or any other law enforcement agency: ( )Yes ( )No If yes, name the department or agency and outcome.

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**EDUCATION**

1. List all educational schools attended and describe any on the job training and educational skills you possess. Also list any foreign languages you can speak/read and write.

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**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

**MILITARY RECORD**

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

2. Branch of Military Service \_\_\_\_\_ Serial Number \_\_\_\_\_

3. What is the type of your discharge? Honorable, dishonorable, honorable conditions, etc.? Be exact: Discharge must either be honorable or under honorable conditions.

\_\_\_\_\_

4. Give period or periods of active military service:

From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

5. Are you now or were you ever a member of any branch of the United States Reserve Forces?  
Yes No Active Inactive

\_\_\_\_\_

BRANCH	UNIT	RANK
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ADDRESS \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

6. Are you now or were you ever a member of the National Guard? Yes No

\_\_\_\_\_

STATE	REGIMENT	UNIT	RANK
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FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

7. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment (including Article 15's), or any other disciplinary action while a member of the armed forces? Yes No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

8. List any disciplinary action taken in the National Guard or other reserve unit:

\_\_\_\_\_

**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
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**FAMILY & FRIENDS CRIMINAL HISTORIES**

Has any member of your **immediate family, former spouse, household member, or significant** other ever been incarcerated or placed on Probation/Parole? ( )Yes ( )No If yes, provide details below. (Ask HR Rep for additional copies if needed.)

Name	Relationship	Date of Birth
Original Charge	Name and Location of Agency	
Family Member's Address		

Name	Relationship	Date of Birth
Original Charge	Name and Location of Agency	
Family Member's Address		

Name	Relationship	Date of Birth
Original Charge	Name and Location of Agency	
Family Member's Address		

Have any of your **friends/relatives or associates** ever been arrested? ( )YES ( ) NO List names below:

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Have any of your **friend/relatives** ever been on Probation, Parole or incarcerated? ( )YES ( ) NO List names below:

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**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

**REFERENCES**

1. Fill in below the names of five persons not related to you, and not former employers, who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities. Personal references can not be related to you or have a close intimate relationship with you, such as girlfriend/parent of boyfriend. You may use co-workers but not former supervisors.

A. \_\_\_\_\_

NAME	HOME PHONE
_____	_____
ADDRESS	YEARS KNOWN
_____	_____
OCCUPATION OR PROFESSION	BUSINESS PHONE
_____	_____
BUSINESS ADDRESS	
_____	
IN WHAT CAPACITY IS THE ABOVE KNOWN TO YOU? _____	

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B. \_\_\_\_\_

NAME	HOME PHONE
_____	_____
ADDRESS	YEARS KNOWN
_____	_____
OCCUPATION OR PROFESSION	BUSINESS PHONE
_____	_____
(BUSINESS ADDRESS)	
_____	
IN WHAT CAPACITY IS THE ABOVE KNOWN TO YOU? _____	

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**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

**Personal References, continued**

C. \_\_\_\_\_  
NAME HOME PHONE

\_\_\_\_\_  
ADDRESS YEARS KNOWN

\_\_\_\_\_  
OCCUPATION OR PROFESSION BUSINESS PHONE

\_\_\_\_\_  
BUSINESS ADDRESS

IN WHAT CAPACITY IS THE ABOVE KNOWN TO YOU? \_\_\_\_\_

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D. \_\_\_\_\_  
NAME HOME PHONE

\_\_\_\_\_  
ADDRESS YEARS KNOWN

\_\_\_\_\_  
OCCUPATION OR PROFESSION BUSINESS PHONE

\_\_\_\_\_  
BUSINESS ADDRESS

IN WHAT CAPACITY IS THE ABOVE KNOWN TO YOU? \_\_\_\_\_

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E. \_\_\_\_\_  
NAME HOME PHONE

\_\_\_\_\_  
ADDRESS YEARS KNOWN

\_\_\_\_\_  
OCCUPATION OR PROFESSION BUSINESS PHONE

\_\_\_\_\_  
BUSINESS ADDRESS

IN WHAT CAPACITY IS THE ABOVE KNOWN TO YOU? \_\_\_\_\_

**FALSIFICATION OR MIS-STATEMENTS OF FACTS  
MAY BE SUFFICIENT TO DISQUALIFY YOU**

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AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, having filed an application with the State of Delaware Department of Correction for employment do hereby consent to the Department's and/or the Delaware State Police conducting such investigation as to my moral character, professional reputation and fitness for employment as such agencies deem necessary in connection with my application. I also agree to provide such further information as such agencies may require. In connection with the aforementioned investigation, I understand that I will not receive and am not entitled to a copy of any report compiled by the Department or the Delaware State Police or to know its contents, and I further understand that the contents of any such report are privileged.

I also authorize and request, every person, firm, company, corporation, governmental agency, court association or institution having control of any documents, records, tax returns and other information pertaining to me, to furnish to the Department and/or the Delaware State Police any such information, including documents, records, and any other pertinent data and to permit the Department and/or the Delaware State Police or any of their agents or representatives to inspect and make copies of such documents, records, tax returns and other information.

I hereby request and authorize the \_\_\_\_\_ (Army, Navy, Air Force, Marine Corps, Coast Guard, etc.) to furnish to the Department and/or the Delaware State Police the record of each period of my service therein, and to furnish the character or service report rendered for each such period. My serial number was/is: \_\_\_\_\_.

I hereby release, discharge and exonerate the Department and/or the Delaware State Police, their agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising of the furnishing or inspection of such documents, records, tax returns and other information or the investigation made by the Department and/or the Delaware State Police.

**I have read the foregoing document and have answered all questions fully and completely. The answers are complete and true to the best of my knowledge. I understand that any misstatements of material facts may subject me to disqualification or dismissal.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

