

Completion of this supplemental application is required of all applicants seeking employment with the California Department of Corrections and Rehabilitation (CDCR), as set forth in the Department of Corrections Operations Manual, Section 31060.17, 31060.18 and State of California Labor Code Section 432.7. This questionnaire will supplement the information provided on your application/resume and will be considered during the selection process. Complete ALL items. If a question does not apply, enter "DNA." **If appointed to any position within the CDCR, you will be fingerprinted for the purposes of obtaining a criminal record check from the Department of Justice.**

POSITION APPLIED FOR		LOCATION (INSTITUTION, DIVISION, REGION)		DATE
NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP	PLACE OF BIRTH
OTHER NAMES KNOWN BY (INCLUDING MAIDEN)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER/STATE

Section (A) – Sections A and B are not to be completed for Peace Officers promoting to a higher Peace Officer Classification

Have you ever been arrested for any violation of the law? List all arrests or citations and their disposition, regardless of when or where they occurred. **All arrests** must be listed, including those that you believe may have been deleted from your official records. You may **only** omit those arrests that have been sealed, expunged, or destroyed pursuant to Penal Code Sections 851.7, 851.8, 1000.4, 1000.5 or 1203.45; or pursuant to Health and Safety Code Section 11361.5; or pursuant to Welfare and Institutions Code Section 781. You may also omit Vehicle Code infractions unless the position you are applying for requires that you operate a State-owned vehicle or your own or rental vehicle while on State business. Failure to accurately list your arrests will be grounds to deny your application and/or terminate your employment.

CHECK ONE: NO YES (IF YES, LIST ALL OFFENSES BELOW. USE BACK OF FORM IF ADDITIONAL ROOM IS NEEDED. IF CONFINED FOR ANY OFFENSE, PLEASE SEE SECTION (B)).

PLACE AND DATE OF ARREST		SPECIFIC CHARGE	DISPOSITION
CITY/STATE	MONTH/YEAR		
1.			
2.			
3.			

Section (B) If confined for any of the offenses listed above, complete the following in relation to the numbered offense.

NO.	PLACE OF CONFINEMENT	DATES	LENGTH

Section (C)

Have you ever engaged in any of the following behavior?

(1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997).

NO YES

(2) 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.

NO YES

3) Been civilly or administratively adjudicated to have engaged in the activity described in behavior (2) listed above.

NO YES

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In accordance with the California Code of Regulations, Title 15, Crime Prevention and Corrections, Section 3411; If an employee is subsequently arrested or convicted, the employee must promptly notify the institution head or deputy/assistant director. Pursuant to Section 3406, if an employee becomes aware that any relative or close friend has been committed or transferred to the jurisdiction of CDCR, the employee must report the matter in writing to the institution head or deputy/assistant director. Penal Code Section 4571 prohibits any person who has been previously convicted of a felony and confined in any State prison in this State, to come upon the grounds of any prison, forestry camp, or where any custodial inmates are located, without the consent of the warden or other officer in charge of that facility.

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and that all statements and answers are true and correct. I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employee application, this supplemental application, during my interview, or at any time prior to employment with CDCR, I may not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be disciplined, up to and including dismissal from State service.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF INTERVIEWER	DATE

PROTECTION AGAINST RETALIATION (PAR) – INMATE

The PREA Compliance Manager or designee shall monitor inmates who have reported an allegation of sexual violence or sexual misconduct or who cooperated with a sexual violence/misconduct investigation for 90 days following the allegation. If the allegation is determined to be unfounded the monitoring shall cease. The PREA Compliance Manager or designee shall interview the inmate member bi-weekly to review his/her perception of retaliation for the allegation or cooperation in the investigation and document below. If retaliation is detected ensure immediate corrective action is taken and document. This form shall be retained with the completed investigation file following the 90-day monitoring period.

Inmate Name: _____ **Number:** _____

Incident Date: _____ **SSV-IA#:** _____

IR# (if applicable): _____

Mental Health Assessment Completed on: _____

Monitoring Begin Date: _____

Monitoring End Date: _____

Allegation: Substantiated Unsubstantiated Unfounded On-going/Under Invest.

The inmate reported sexual violence

The inmate cooperated with a sexual violence/staff sexual misconduct investigation

FACILITY CHECKLIST	Initial Interview:	Update:	Update:	Update:	Update:	Update:
Protection Measures Employed:						
<ul style="list-style-type: none"> Housing Unit/ Facility Change Removal of the alleged inmate/ staff from contact with victim Emotional support services offered to inmate Other 						
Inmate Reported Concerns related to:						
<ul style="list-style-type: none"> Disciplinary report(s) Housing Unit Change(s) Work reports/ assignments Other 						

Continuing Need: _____ *If continuing need to monitor use attachment to identify reason and utilize another PAR Form.*

Date Allegations determined Unfounded: _____ *if unfounded discontinue monitoring*

 PREA Compliance Manager or designee (print) Title/Rank

 Signature Date

Distribution - PREA Compliance Manager

Reason for Continuing Need:



PROTECTION AGAINST RETALIATION (PAR) – STAFF

The PREA Compliance Manager or designee shall monitor staff who have reported an allegation of sexual violence or sexual misconduct or who cooperated with a sexual violence/misconduct investigation for 90 days following the allegation. If the allegation is determined to be unfounded the monitoring shall cease. The PREA Compliance Manager or designee shall interview the staff member bi-weekly to review his/her perception of retaliation for the allegation or cooperation in the investigation and document below. If retaliation is detected ensure immediate corrective action is taken and document. This form shall be retained with the completed investigation file following the 90-day monitoring period.

Staff Name: _____ **Rank/Title:** _____
Incident Date: _____ **SSV-IA#:** _____
IR# (if applicable): _____ **OIA Referral Date:** _____

Monitoring Begin Date: _____ **Monitoring End Date:** _____

Allegation: Substantiated Unsubstantiated Unfounded On-going/Under Invest.

The staff member reported sexual violence or staff sexual misconduct.

The staff member cooperated with a sexual misconduct investigation.

FACILITY CHECKLIST	Initial Interview:	Update:	Update:	Update:	Update:	Update:
Protection Measures Employed:						
<ul style="list-style-type: none"> • Post Reassignment (job Change) • Facility Transfer • Removal of alleged staff abuser from contact with victim • Emotional support Services (EAP) offered • Other 						
Staff Reported Concerns related to:						
<ul style="list-style-type: none"> • Performance Evals • Reassignment of Staff Member (Job Change) • Other 						

Continuing Need: _____ *If continuing need to monitor use attachment to identify reason and utilize another PAR Form.*

Date Allegations determined Unfounded: _____ *if unfounded discontinue monitoring*

 PREA Compliance Manager or designee (print) Title/Rank

 Signature Date

Distribution - PREA Compliance Manager

Reason for Continuing Need:

