I. **PURPOSE:**
   To describe the procedure that will be followed by departmental staff to determine when background investigations are conducted, and how they will be conducted.

II. **APPLICABILITY:**
   To all employees and potential employees of the NH Department of Corrections (NHDOC)

III. **POLICY:**
   It is the policy of the NHDOC that all applicants will have a background check conducted to ensure there are no willful misrepresentations made related to their employment with the NHDOC. It is also the policy of this Department not to deliberately exclude qualified ex-offenders from employment.

IV. **PROCEDURES:**
   A. The Human Resource Administrator/designee shall ensure that criminal record checks and motor vehicle checks are conducted on all potential and new employees to include permanent full-time positions, temporary full-time positions, temporary part-time positions, and consultants. Record checks shall include other states if applicants have resided in other states within the last seven years.
   B. The Human Resource Administrator/designee will ensure that employment reference background checks are conducted on all potential employees.
   C. The Human Resource Administrator/designee will ensure that all new employees, by the first day of employment have fingerprint cards completed. Background investigations for law enforcement personnel shall be conducted as described in the NH Police Standards and Training Council Administrative Rules, Training Rules and Technical Assistance Manual (POL. 301.05).
   D. The fingerprint card will be forwarded from the Bureau of Human Resources to the NH State
Police Criminal Records Division.

E. Results of the criminal record check that show “no record” will be filed in the personnel file should the person become employed.

F. Results of fingerprint cards that indicate a record on an employee shall be forwarded to the Investigations Bureau, if necessary.

G. Background investigations will also be conducted by the Investigations Bureau on new employees as directed by the Commissioner.
   a. Upon notification, the Investigations Bureau will initiate a background investigation and complete the investigation within 90 days from the notification date.

H. The background investigation is an official investigation as defined in PPD 2.16, "Rules and Guidance for Departmental Employees".

I. The employee will be required to meet with an investigator to furnish the investigator with background information and to sign Release of Information Forms as appropriate (attachment 2).

J. A follow-up meeting may be requested for additional information, clarification, or discussion.

K. The scope of this investigation may include, but is not limited to:
   1. A check with local, county, state, and federal law enforcement agencies
   2. Prior employers, schools, colleges, social service agencies
   3. Any agency, department, company, individual, or service may be contacted if it is deemed that such agency has pertinent background information.

L. The information obtained will be maintained in a confidential manner. If the information received is likely to result in an action negative to the prospective employee, they will be given the opportunity to review and refute or explain it. A conviction does not automatically eliminate one from State employment since the nature of the crime and type of job for which application is made will be considered.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards
2- CO-1C-10; 2-CO-1C-18

Standards for Adult Correctional Institutions
Fourth Edition Standards
4-4055; 4-4061

Standards for Adult Community Residential Services
Fourth Edition Standards
4-ACRS-7B-05

Standards for Adult Probation and Parole Field Services
Third Edition Standards
3-3054

Other
Also refer to PPD 2.01

FORBES/pf

Attachments
To Whom It May Concern:

I have made application for employment with the New Hampshire Department of Corrections.

It has been explained to me that one of the requirements for employment is a satisfactory criminal/motor vehicle record check performed by the New Hampshire Department of Safety. It has further been explained that my date of birth is required in order to perform this record check.

I hereby, voluntarily, reveal my correct date of birth: _________________ with the understanding that it will be utilized for this background check.

I also reveal the name of any other state in which I have held a valid Driver’s License.

__________________________
Signature

__________________________
Print Name

__________________________
Date

Rev. 6/00
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _________________________________, do hereby authorize a review of and full disclosure of any and all records, including medical records concerning myself to any duly authorized agent of the New Hampshire Department of Corrections whether said records are of a public, private or confidential nature. This shall include photocopies of any such documents if requested.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorized release will be considered in determining my suitability for employment by the NH Department of Corrections. I also certify that any persons, agencies or business who may furnish such information concerning me shall be held harmless for releasing said information and I do hereby release said persons, agencies or businesses from any and all liability which may be incurred as a result of furnishing such information.

I have had it explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

This authority shall continue for one year from the notarized date unless sooner revoked by me in writing.

A photocopy of this release form will be valid as an original, even though said photocopy does not contain an original signature.

____________________________________
Signature (Include maiden name)

____________________________________
Printed Name

____________________________________
Address

DOB ________ SS# _________________

State of New Hampshire) S.S.
County of Merrimack)

Subscribed and Sworn to before me
this _____ day of _________ 2

By ________________________________
Notary

Commissioner Expires __________________

Rev. 6/00

PPD 2.07
NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
SELF REPORTED BACKGROUND

Please answer all of the following questions accurately and truthfully. A “yes” (Y) answer will not in, and of itself, disqualify you for employment. However, willful misrepresentation could disqualify you, so be truthful.

Circle (Y) for Yes and (N) for No.

a. Have you ever been confined in a police lockup, a jail or a prison? Y N
b. Have you ever been found guilty of driving under the influence of alcohol? Y N
c. Have you ever been found guilty of driving under the influence of drugs? Y N
d. Have you ever been fired from a job? Y N
e. Have you ever been investigated by a law enforcement agency? Y N
f. Have you held other jobs not listed on your state application? Y N
g. Do you have a friend or relative in prison? Y N
h. Have you ever visited an individual in prison or a jail? Y N
i. Have you ever violated the law by having in your possession the following?
   1. Heroin? Y N
   2. Cocaine? Y N
   3. Marijuana? Y N
   4. Hallucinogens? Y N
   5. Other Illegal drugs? Y N

k. Is there anything else in your background related to the above questions which could cause embarrassment or problems if it were discovered later? Y N
l. How many traffic related violations (tickets) did you received in the last year

   Explanations of yes (Y) answers

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

____________________________________
Printed Name

____________________________________
Signature

Rev: 6/00