REQUEST FOR INVESTIGATION VERIFICATION FROM INVESTIGATIVE SERVICES

SECTION I - TO BE COMPLETED BY APPLICANT

NAME: _____
FIRST **MIDDLE** **LAST**

SSN: _____ **DATE OF BIRTH:** _____

Were you previously employed with OJJ in a Secure Care Facility and/or Regional Office? ☐ **Yes** ☐ **No**

If yes, provide name(s) and location(s) of all those locations: _____

Provide any other previous name(s) used for employment: _____
(Use additional pages if necessary)

_____

_____ _____
Applicant's Signature **Date**

SECTION II - TO BE COMPLETED BY HUMAN RESOURCE OFFICE

☐ **BCCY** ☐ **SCY** ☐ **SCYC** ☐ **Regional Office**

The applicant listed above is currently under consideration for employment.
COMMENTS:

_____
_____
_____

_____ _____
Human Resource Signature **Date of Request**

SECTION III - TO BE COMPLETED BY CENTRAL OFFICE INVESTIGATIVE SERVICES

☐ **The above listed applicant has <u>substantiated</u> allegation(s) of abuse.**
(See attached Central Registry History.)

☐ **The above listed applicant has allegation(s) of abuse.**
(See attached Central Registry History.)

☐ **The above listed applicant has previous disciplinary actions.**

☐ **The above listed applicant has no allegation of abuse or previous disciplinary actions.**

COMMENTS: _____
_____
_____
_____
_____
_____

Manual Review of Substantiated Cases: ☐ **Yes** ☐ **No**
Central Registry Database Review: ☐ **Yes** ☐ **No**
VR-1 Database Review: ☐ **Yes** ☐ **No**

_____ _____
Investigative Services Staff Signature **Date**

INVESTIGATIVE SERVICES FORM #6
Revised May 2017