



DEPARTMENT OF  
JUVENILE SERVICES

# Memorandum

217 East Redwood Street  
Baltimore, MD 21202

Aruna Miller  
Lt. Governor

Wes Moore  
Governor

Betsy Fox Tolentino  
Secretary

Thank you for your interest in the Department of Juvenile Services, and congratulations on taking your next step in what we hope will be a rewarding career!

The pre-screening application process that you are about to embark on has been streamlined and made accessible for you. Please review this information carefully and complete all required sections as outlined. **DO NOT SIGN ANY OF THE FORMS**, this will be done when you arrive at your scheduled pre-screening event.

Should you arrive at the event without any of the required documentation and materials included in this packet, you will be unable to be processed and have to be rescheduled. There are no exceptions.

### **What is a “mandated position” within DJS?**

DJS Case Management Specialist I, II & III  
DJS Case Management Specialist Supervisor  
DJS Case Management Program Supervisor  
DJS Community Detention Officer I, II & III  
DJS Community Detention Officer Supervisor  
DJS Community Detention Administrator IV  
DJS Resident Advisor Trainee, I, II and Lead  
DJS Resident Advisor Supervisor  
DJS Residential Group Life Manager I & II  
DJS Youth Center Cook I, II & Lead  
DJS Youth Recreation Specialist I & II  
DJS Coordinator of Recreation  
DJS Youth Transportation Officer Trainee, I, II, & Lead  
DJS Youth Transportation Officer Supervisor

A/D Associate, Professional and Supervised Counselor  
Mental Health Professional Counselor & Advanced  
Psychology Associate Doctorate, Correctional  
Social Worker I, II & Advanced, Criminal Justice  
A/D Professional Counselor Supervisor  
Mental Health Professional Counselor Supervisor  
Social Work Supervisor, Criminal Justice  
Social Work Regional Supervisor, Criminal Justice  
Social Work Manager, Criminal Justice

**Please email the completed packet to [djs.careers@maryland.gov](mailto:djs.careers@maryland.gov) with your name in the subject line OR print and fill out and bring with you to your pre-screening event.**





# Attachment A

## PRE-EMPLOYMENT INFORMATION PACKET (MANDATED APPLICANTS ONLY)

APPLICANT'S NAME: \_\_\_\_\_

When reporting, ALL applicants are to bring the following:

1. **Proof of citizenship;** i.e. birth certificate or, if applicable identification card issued by the Immigration and Naturalization Service of the United States Department of Justice

2. **Proof of education.** Depending on the minimum qualifications for the classification, original high school diploma/GED Certificate or college degree/ transcript and any licensing required

**NOTE:** For education obtained outside the U.S., a copy of the equivalent American education as determined by a foreign credential evaluation service must be provided.

3. Class C Maryland **Driver's License:** A provisional or full driver's license only\*

4. **Social Security Card**

5. **Proof of Identity.** If the applicant does not present a Driver's License at the time of interview, one of the following **MUST** be submitted as proof of identity:

- State issued identification card with photograph
- United States military identification card with photograph
- School identification card issued by any Federal, State or Local government agencies with a photograph.

6. **DD 214 Long Form,** if the applicant has served in the military

7. **Completed enclosed forms**

### **DO NOT SIGN ANY OF THE ENCLOSED FORMS**

---

**Complete the forms!** However, **DO NOT SIGN THEM.** You will be instructed to sign the forms by the investigator during the interview. A Notary will be provided at the interview.

\*If required for the position and the applicant does not possess a provisional or full driver's license, he/she will be given a period of (90) days from the date of appointment to obtain a license or to have the privileges reinstated. **FAILURE TO DO SO BY THAT TIME WILL RESULT IN TERMINATION.**

**FAILURE TO PROVIDE ANY OF THE ABOVE MAY BE CONSIDERED A  
FAILURE TO QUALIFY FOR THE POSITION**

# Attachment 1-A

## NON- MANDATED APPLICANT INFORMATION

When reporting on your scheduled date and time, all applicants are to bring the following:

- **Proof of Identity:** An unexpired Driver's License or State issued identification card with photograph or United States military identification card with photograph or a school identification card issued by any Federal, State or Local government agency with photograph
- **Proof citizenship or employment authorization:** birth certificate or, if applicable identification card issued by the Immigration Service of the United States Department of Justice
- Depending on the minimum qualifications for the classification, original proof of education such as high school diploma/GED Certification or college degree/transcript and any licensing required.
- **NOTE:** For education obtained outside of the U.S., a copy of the equivalent American education as determined by a foreign credential evaluation service must be provided.
- Social Security Card
- DD 214 Long Form, if applicant served in the military.
- Completed enclosed form(s).

## DO NOT SIGN ANY OF THE ENCLOSED FORMS

**You will be instructed on when you when to sign during your scheduled appointment time**

**\*\*If required for the position and the applicant does not possess a provisional or full driver's license, they will be given a period of ninety (90) days from the date of appointment to obtain a license or to have the privileges reinstated. Failure to do so by that time will result in termination.**

**\*Failure to provide any of the above may be considered a failure to qualify for the position.**

## **DJS APPLICANT WILLINGNESS STATEMENT**

### **PLEASE KEEP IN MIND:**

- Employees in DJS mandated positions (involving the investigation, custody, control or supervision of minors, juvenile delinquents, and youthful offenders who are under the supervision and authority of DJS) are **subject to substance abuse testing** in accordance with Code of Maryland Regulations (COMAR).
- Applicants must meet the selection standards required and successfully complete the training prescribed by the Maryland Correctional Training Commission (MCTC).
- DJS employees in mandated positions **may be** (1) subject to being **on-call 24 hours a day** and therefore must provide the employing Agency with a telephone number where they can be reached; and (2) assigned duties that require the **operation of a motor vehicle** and therefore will be required **to possess a motor vehicle operator's license** valid in the State of Maryland.
- DJS employees in all mandated positions are assigned a regular shift but may be required to work other shifts, evenings, nights, weekends, and holidays as required by staffing needs.

### **DJS employees in all mandated positions must be WILLING to do the following:**

1. Give directions and follow instructions.
2. Be accountable and responsible for one's own work and decisions.
3. Behave as a role model for co-workers and youth.
4. Communicate and provide services to youth.
5. Successfully complete a six-week Training Academy.
6. Accept assignment on any work shift: day, evening, or night.
7. Work weekends and holidays, work mandatory overtime following your shift when needed due to a staff shortage, and work around the clock (with breaks) in cases of emergency.
8. Be designated as essential personnel, requiring you to attend work regardless of weather-related and other emergencies.
9. Arrive on time at the beginning of your assigned shift every day as scheduled.
10. Move from one assignment to another on short notice.
11. Take responsibility for your own transportation to work.
12. Regard your position with DJS as your primary employment, committing to work schedules and emergency call-ins over any other job you may hold.
13. Work around youth who may have behavioral problems and issues.
14. Patrol youth living quarters, work areas, and recreational areas to monitor youth activity and prevent or detect unusual or potentially disruptive behavior.
15. Listen to youth problems, needs, and complaints and respond with the appropriate action or referral.
16. Ensure that activities are in compliance with required laws and regulations and youth are held accountable for actions.
17. Conduct searches of living areas, youth rooms, and visitors for safety hazards and contraband, as required.
18. Administer basic first responder first aid as necessary to youth, including cardiopulmonary and mouth-to-mouth resuscitation.
19. Complete routine paper work on a regular basis, including writing notes in logbooks, documenting head counts, and writing in-depth narrative reports to document disruptive incidents.
20. Listen to and follow oral instructions from your supervisor.

The items listed above describe many of the things that you may be required to do as a DJS employee in a mandated position and are in addition to the duties and responsibilities outlined in your job description (MS22) and state and DJS policies, procedures, regulations and standards. Please consider each item carefully and honestly. If you are not willing to these terms and conditions, you should probably consider a different career opportunity in Maryland State government. For additional career information, please visit [www.dbm.maryland.gov](http://www.dbm.maryland.gov). **Please return this page with your signature as part of your application packet.**

**I hereby certify that I read and fully understand these items, and I am willing to conform to these terms and conditions of employment as a DJS employee in a mandated position.**

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

\_\_\_\_\_  
**Print Name**

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

**MARYLAND DEPARTMENT OF JUVENILE SERVICES**  
**OFFICE OF INVESTIGATION AND AUDITS**

**BACKGROUND INFORMATION (Please print)**

**Applicant Name** \_\_\_\_\_

**Position Applied For** \_\_\_\_\_

Each applicant must provide this information. If you do not provide this information, your background investigation can not be performed.

**A. PERSONAL REFERENCES - DO NOT USE FAMILY MEMBERS**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**B. RESIDENCE DATA - CHRONOLOGICAL ORDER OF ADDRESS FOR PAST FIVE (5) YEARS**

1 From: \_\_\_\_\_ To: Present \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Neighbor's Name \_\_\_\_\_  
Current Address \_\_\_\_\_  
Current Phone # \_\_\_\_\_

2 From: \_\_\_\_\_ To: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Neighbor's Name \_\_\_\_\_  
Current Address \_\_\_\_\_  
Current Phone # \_\_\_\_\_

3 From: \_\_\_\_\_ To: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Neighbor's Name \_\_\_\_\_  
Current Address \_\_\_\_\_  
Current Phone # \_\_\_\_\_

**C. CO-WORKER REFERENCES - LIST CO-WORKERS, PAST OR PRESENT**

1. Co-Worker's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2. Co-Worker's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**D. EMPLOYMENT DATA - CHRONOLOGICAL ORDER FOR PAST FIVE (5) YEARS**

1 From: \_\_\_\_\_ To: Present \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_

2 From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_

3 From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_

4 From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_

5 From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_

**I hereby affirm that this document contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief.**

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Investigator \_\_\_\_\_  
Date \_\_\_\_\_



**MARYLAND DEPARTMENT OF JUVENILE SERVICES  
ADDENDUM TO APPLICATION FOR STATE EMPLOYMENT**

Name: \_\_\_\_\_

Social Security Number:       XXX-XX-       Position Applied For: \_\_\_\_\_

---

**INSTRUCTIONS – READ CAREFULLY**

1. Print or Type, do not use pencil.
  2. False statements, omissions or any misrepresentation will be considered grounds for rejection for candidate or in case of employment, immediate dismissal.
- 

Have you ever been fired or asked to resign from any place of employment? If Yes, please explain below. YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been arrested for a crime of which the records have not been expunged? If Yes, please explain below. YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have an addiction to any habit forming narcotics or drugs or recurring addiction which may prevent you from properly performing the duties of the position for which you are applying? If Yes, please explain below. YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever worked for an employer that required certification by the Maryland Police & Correctional Training Commission (MPCTC) If Yes, please explain below. YES \_\_\_\_\_ NO \_\_\_\_\_

Is there any fact, issue or other circumstance not covered in this application which may be relevant to your fitness to perform the duties of the position for which your background is being investigated? This includes any misconduct that has occurred or actions that, if publicized, would bring the State into disrepute. If Yes, please explain below. YES \_\_\_\_\_ NO \_\_\_\_\_

---

---

---

Neither a conviction nor an addiction will necessarily bar you from employment, subject to applicable statutes. Each application will be individually considered on its own merits, taking into account such factors as the nature and seriousness of the conviction, how long ago it occurred and whether the applicant is undergoing treatment or rehabilitation. However, your candor will be a material part of this agency's consideration. Your failure to disclose a conviction or addiction or to otherwise provide accurate information could result in termination of your possible future employment.

**To obtain a copy of your criminal record for correction, you must have a criminal background check preformed at your expense. Contact the Criminal Justice Information System (CJIS) at 410-764-4501 for details.**

**I hereby affirm that this application addendum contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief.**

---

Signature

Date

# Privacy Act Statement

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

## NONCRIMINAL JUSTICE APPLICANT’S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. <sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. <sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

Updated 11/6/2019

\*\*\*\*\*

I acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant’s Privacy Rights.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification. <sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>  
<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



## Request for Information for Criminal History Records Check

The information you provide will be entered into the computer for the criminal history records check. All the information provided is required to complete a criminal history records check and is regarded as confidential.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Date of Birth: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

State of Birth or Country of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: Please chose:

**A** Asian or Pacific Islander

**B** Black

**I** American Indian or Alaskan Native

**U** Unknown

**W** White

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Maryland Driver's License Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### DISCLOSURE STATEMENT – Must be completed

Have you ever been convicted of a crime, received a probation before judgement or received a not criminally responsible disposition? Yes                      No

Are you the subject of a pending criminal investigation? Yes                      No

This is to acknowledge that I was fingerprinted on the following date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



State of Maryland-Child Protective Services Program

CONSENT FOR RELEASE OF INFORMATION

CPS BACKGROUND/ADAM WALSH BACKGROUND CLEARANCE REQUEST

\*\*\*\*\*PLEASE COMPLETE THIS FORM ON LINE AND THEN PRINT\*\*\*\*\*

Part I: PURPOSE OF SEARCH

A. RELEASE TO SELF:

- 1. To determine if I have been found responsible for an "indicated" or "unsubstantiated" disposition for a child abuse or neglect investigation.
2. To determine if I have any remaining appeal rights.

B. RELEASE TO AN AGENCY/INDIVIDUAL RELATED TO:

- Adoption, Foster Care, Kinship Care, International Adoption, School Personnel, Institutional Employee, CASA, Custody Evaluation, Day Care Center, Family Day Care, Community Mgmt. Entity, Group Home/Residential Treatment Facility, Youth Camp Personnel Administrator, Youth Camp Worker/Volunteer, Other (Specify) Child Care

Agency/Individual Name

Name of Agency Representative

Form with fields for Agency/Individual Name, Name of Agency Representative, Agency Address, Representative's Phone Number, Representative's Email.

Part II: SEARCH INFORMATION (To be completed in full by individual whose name is being searched)

Form with fields for Applicant's Last Name, First Name, Middle Name (Full), Maiden/Birth Name, Social Security Number, Date of Birth, Sex, Race, Other Names Used.

Form with fields for Number, Street Name, Unit Type/#, City, State, Zip Code, Country.

Form with fields for Daytime Telephone Number, Email Address.

CURRENT SPOUSE

Form with fields for Last Name, First Name, Middle Name (Full), Date of Birth.

FULL NAMES OF ALL CHILDREN (To include adult children and children not residing with you)

Table with columns for Last Name, First Name, Middle Name (Full), Date of Birth.

If more than 3 children, attach additional paper if necessary.

Have you lived in Maryland in the past? Yes No Have you worked or volunteered in Maryland in the past? Yes No

PRIOR ADDRESSES <i>(List all within the past 7 years in Maryland.)</i>					
NUMBER	STREET NAME	CITY	STATE	ZIP CODE	DATE

**Part III: AUTHORIZATION**

Pursuant to Code of Maryland Regulations § 07.02.07, pertaining to the confidentiality of Child Protective Services investigations and reports, I hereby authorize the Maryland Department of Human Resources (DHR) to notify Maryland Department of Juvenile Services *(agency or individual as listed in Part I)* as to whether a local department of social services has identified me as responsible for “indicated” child abuse or neglect in any record maintained by the Maryland Department of Human Resources, any local department of social services, and Child Protective Services.

**\*\*\*\*\*STOP\*\*\*\*\*REVIEW THAT ALL SECTIONS ARE COMPLETE\*\*\*\*\***

**\*\*\*\*\*PRINT THIS FORM BEFORE PROCEEDING TO PART IV\*\*\*\*\***

**PART IV: SIGNATURE** *(If Applicant is under age 16, must be signed by Applicant’s parent/guardian)*

**DATE**

<i>(Print name of signature above)</i>	

**PART V: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL BEFORE A NOTARY PUBLIC**

City/County of: \_\_\_\_\_ State of: \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_.

**PART VI: BACKGROUND CLEARANCE FINDINGS** (for Local Department or DHR use only)

	Applicant's Name:	MD CHESSIE ID#:
<input type="checkbox"/>	1. Active investigation	
<input type="checkbox"/>	2. Sent to DHR or Local Department of Social Services:	Name:
		Date:
<input type="checkbox"/>	3. We have determined that _____ is listed in the state's database as being responsible for an <input type="checkbox"/> Indicated / <input type="checkbox"/> Unsubstantiated disposition of <input type="checkbox"/> Abuse / <input type="checkbox"/> Neglect in reference to an investigation conducted in _____ by _____. Child Protective Service Investigation #: _____. (Unsubstantiated findings may only be released to the MSDE Office of Child Care.)	
<input type="checkbox"/>	4. Holding for appeal	
<input type="checkbox"/>	5. Notification sent to Applicant on _____	
<input type="checkbox"/>	6. As of this date, _____ the individual whose name was being searched is NOT identified in the state's system.	

Aruna Miller  
Lt. Governor

Wes Moore  
Governor

Betsy Fox Tolentino  
Secretary

National Personnel Records Center  
Military Personnel Records  
1 Archives Drive  
St Louis, MO 68138-1002

Sir/Madam:

The below request for military records is pursuant to the employment with the State of Maryland, Department of Juvenile Services. All information received will become confidential and in compliance with the Privacy Act of 1974.

**AUTHORIZATION FOR RELEASE OF MILITARY RECORDS**

I authorize the National Personnel Records Center or other custodian of my military records to release to the State of Maryland, Department of Juvenile Services, or its representatives, information or photocopies from my military personnel records. This release is to include records of **disciplinary action** to include **incidents of demotions, reports of AWOL, non-judicial punishment, court materials, captain's masts, reports of investigations, polygraph reports and any other disciplinary action**. This should also include a photocopy of my DD Form 214, Report of Separation. This release is for the purpose of employment only.

**NOTE: Even if you did not serve in the military this form requires your signature, date of signature, printed full name, date of birth and social security number.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Branch/s of Service: \_\_\_\_\_

Dates of Active Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Dates of Reserve Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Rev: 01/2017



**PREA MANDATED DISCLOSURE FORM**

In accordance with national standards to prevent, detect and respond to prison rape under the Prison Rape Elimination Act (PREA), Juvenile Facility Standard 115.317 requires that the Department ask all applicants, employees and contractors who may have contact with youth directly about previous misconduct as described in the following questions. These questions must be completed for hiring, promotions and performance evaluation reviews. The Department requires that all employees complete the PREA-Mandated Disclosures form regardless of their position and each employee has a continuing duty to disclose any such misconduct. Material omissions of such misconduct, or the provision of materially false information, shall be grounds for termination.

1. Have you ever engaged in sexual abuse<sup>1</sup> in a prison, jail, lockup, community confinement facility, juvenile facility or other institution<sup>2</sup>?                      Yes                                              No
  
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community that was (1) facilitated by force, overt or implied threats of force, or coercion, or (2) under circumstance where the victim did not consent or was unable to consent or refuse?                                              Yes                                              No
  
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph 2 above?                                              Yes                                              No

**Employee's Name (printed)** \_\_\_\_\_

**Employee's Signature** \_\_\_\_\_

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

<sup>1</sup> *Sexual abuse of an inmate, detainee, or resident by another inmate, detainee or resident* includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse:

- 1) contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2) contact between the mouth and the penis, vulva, or anus;
- 3) penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument; and
- 4) any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

*Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer* includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- 1) contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2) contact between the mouth and the penis, vulva, or anus;
- 3) contact between the mouth and any body part where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire;
- 4) penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5) any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6) any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) – (5) of this section;
- 7) any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident and;
- 8) Voyeurism by a staff member, contractor or volunteer.

(28 C.F.R § 115.6.)

<sup>2</sup> "Institution" means any facility or institution (A) which is owned, operated, or managed by, or provides services on behalf of any State or political subdivision of a State; and (B) which is:

- (i) for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped;
- (ii) a jail, prison or other correctional facility;
- (iii) a pretrial detention facility;
- (iv) for juveniles:
  - a. held awaiting trial;
  - b. residing in such facility or institution for purposes of receiving care or treatment; or
  - c. residing for any State purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is not an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in State custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or
- (v) providing skilled nursing, intermediate or long-term care, or custodial or residential care.

(42 U.S.C §1997 (1).)

Aruna Miller  
Lt. Governor

Wes Moore  
Governor

Betsy Fox Tolentino  
Secretary

## ACKNOWLEDGMENT FORM

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date of Interview

I have read and reviewed the Addendum to Application for State Employment, Background Information, Authorization for Release of Military Records, Authorization to Release Information and Child Protective Services Release of Information Form and agree with the questions found in those documents and my answers to them. I understand that a background investigation will be conducted. I consider this as acknowledgment that I will not be informed of any information or facts developed by that investigation whether I am accepted or rejected for the position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

