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| **Check One:** | **[ ]  Applicant – New or Promotion** |
|  | **[ ]  Employee Annual** |
|  | **[ ]  Unescorted Contractor/Volunteer** |

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| --- |
| I hereby certify that, to the best of my knowledge and belief, all of the information I provide in this form is true, complete and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date. |

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| --- | --- | --- | --- |
| 1. | Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | [ ]  Yes | [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. | Have you ever 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? | [ ]  Yes | [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | Have you ever been civilly or administratively adjudicated to have engaged in sexual activity, sexual abuse, or sexual harassment? | [ ]  Yes | [ ]  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Printed Name: |       |  |       |  |       |
|  | (First) |  | (Middle) |  | (Last) |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |       | Date: |       |

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| Witnessed by (TDOC Representative): |       | Date: |       |

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| Cc: | Human Resources |