I. **AUTHORITY:** TCA 4-3-603 and TCA 4-3-606.

II. **PURPOSE:** To ensure that all employees, contract employees and volunteers meet and maintain the qualifications established for their class title.

III. **APPLICATION:** To all Tennessee Department of Correction (TDOC) employees, contract staff, volunteers, Tennessee Rehabilitative Initiative in Correction (TRICOR) employees, and employees of all privately managed institutions.

IV. **DEFINITIONS:**

A. **DD214** - Certificate of Release or Discharge from Active Duty, generally referred to as a "DD214," is a document of the United States Department of Defense, issued upon a military service member's retirement, separation, or discharge from active duty in the Armed Forces of the United States.

B. **Appointing Authority:** A commissioner, warden or superintendent having power to make appointments to, and separations from, positions in state service.

C. **Contract Monitor of Compliance (CMC):** TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.

D. **Contract Monitor of Operations (CMO):** TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the CMC assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the correctional administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.

E. **National Crime Information Center (NCIC):** A computerized index of criminal justice information containing record history information (i.e., fugitives, stolen properties, and missing persons). It is available to federal, state, and local law enforcement and other criminal justice agencies and is operational 24 hours a day, 365 days a year.

F. **Offender Management System (OMS):** The management information system designed to track offender populations and characteristics throughout the TDOC.
G. Prison Rape Elimination Act (PREA): Federal legislation enacted and signed by President George W. Bush in 2003 to prevent, detect, and respond to rapes, sexual assaults, and sexual harassment within correctional institutions in the United States.

H. Safety-Sensitive Position: A position in which a drug impairment constitutes an immediate and direct threat to public health or safety, such as a position that requires the employee to carry a firearm, perform life-threatening procedures, work with confidential information or documents pertaining to criminal investigations or work with controlled substances, or a position in which momentary lapse in attention could result in injury or death to self or another person.

I. Tennessee Department of Correction (TDOC) Site Manager: For purposes of this policy only, Warden/Superintendent for prisons, Superintendent for the Tennessee Correction Academy (TCA), District Director for probation/parole offices, Directors for Day Reporting Centers, Office of Inspector General, Office of Investigations and Conduct (OIC), Major Maintenance, Information Technology Services, and Central Office or designee(s).

J. Terminal Agency Coordinator (TAC): A designated contact in each district and facility who is responsible for ensuring compliance with state and federal Criminal Justice Information Systems (CJIS) security policy and regulations including validation requirements.

K. TDOC Work Location: Any worksite in the Department of Correction generally recognized as an identifiable unit, including, but not limited to, correctional institutions, the TCA, transition centers, probation/parole offices, day reporting centers, Major Maintenance, the Office of Investigations and Conduct, and Central Office.

V. POLICY: All TDOC employees, contract employees and volunteers shall be required to obtain and maintain the minimum qualifications set forth by the Department of Human Resources (DOHR) in the job specifications or by law for their respective work classification.

VI. PROCEDURES:

A. TDOC site managers/designees shall ensure employees can access the current job classification specification with minimum qualifications and necessary special qualifications for each classification assigned to the TDOC. In TDOC work locations where employees are not assigned individual computers, a centrally located computer(s) shall be designated for this purpose. (See Policy #302.01)

B. Human Resources staff and hiring managers shall process applicants using the following procedures:

1. Human Resources Managers and hiring managers shall verify that applicants meet the minimum qualifications for education, training, and experience as stated in the job classification specification prior to selecting candidates for interview. For those applicants who are selected for employment, proof of education, license/certifications, DD214, and any documentation of verification of previous employment received shall be maintained in their human resources file.
Subject: JOB REQUIREMENTS

a. If the Human Resources Manager or hiring manager has a question or is in disagreement concerning an applicant’s or employee’s qualification, the final decision lies with the Assistant Commissioner of Human Resources and Statewide Learning and Development/designee.

b. If it is determined that an employee has been hired or promoted who does not meet the minimum qualifications of the position, the Assistant Commissioner of Human Resources and Statewide Learning and Development/designee shall be immediately notified. TDOC Central Office Human Resources staff will decide the action to be taken.

c. The Human Resources Manager/designee shall review the DD214 for an acceptable honorable discharge. An Entry Level Separation (ELS) is not a bar to consideration for employment; however, it must be reviewed and approved by the TDOC Site Manager prior to hire.

2. Those classifications which require added qualifications (license, certification, driver’s license, permits, citizenship, etc.) shall be verified by the TDOC work location’s Human Resources Staff prior to appointment/promotion to the position. Copies of the appropriate documentation shall be maintained in the employee’s human resources file.

3. After a conditional offer of employment is made to Correctional Officers (CO), Probation/Parole Officers (PPO), and staff commissioned to carry state-owned firearms, physical examinations and psychological evaluations must be completed prior to employment. The applicant/employee must meet the standards as defined in Policies #110.06, #305.06, and #305.06.1. These applicants/employees shall be required to pass the physical examination and the psychological examination as a conditional offer of employment or as a condition of continued employment. Human Resources staff/designee shall review the documentation submitted to ensure the applicant/employee has been certified as qualified by the medical and mental health providers.

4. After a conditional offer of employment, applicants applying for safety sensitive positions will be required to submit to a pre-employment drug screen. Human Resources staff shall verify that the screen was completed and has a negative result (See Policy #302.12). For those applicants selected for employment, documentation of the drug screen shall be maintained in the confidential human resources file.

5. Reference checks may be conducted, as a method of candidate screening or assessment, by the Human Resources staff or other member of the interview team before an offer of employment is extended. The TDOC site manager will determine the members of the interview team.

6. Candidates for CO positions, PPO positions, or any position that will require the use of a firearm shall not be hired if he/she has been convicted of a domestic violence criminal offense, unless the candidate can provide documentation to TDOC that these conviction(s) have been expunged, or set aside by a court of
competent jurisdiction, or that the candidate has been pardoned as to the offense. Applicants for these positions shall complete Affidavit, CR-3600.

7. When considering former state employees for positions, employment histories shall be examined for any earlier separations without recommendations for rehire. The circumstances of these separations and prior work history should be thoroughly investigated and considered in the hiring decision. If a hiring manager intends to offer a position to a former employee with such an earlier adverse recommendation, he/she must contact the Commissioner/designee for approval before making any final job offer.

8. Applicants/Employees may not be a member or closely associated with a member of a security threat group as defined in Policy #506.25. This shall be documented utilizing CR-3969.

9. An applicant’s/employee’s education, credentials, training, and experience may be investigated to verify the statements contained in the application form or to verify statements regarding the applicant's character and fitness. If this investigation shows any falsification, including false information or documents submitted in support of any application or intentionally omitted information in any application which materially affects eligibility for employment consideration, the applicant may be removed from consideration for employment or, if employed, may be dismissed.

10. An applicant’s Motor Vehicle Records (MVR) shall be reviewed utilizing the MVM portal after a conditional offer of employment is made. As a part of the employment process a driver’s license check must be conducted to obtain the motor vehicle record (MVR) for at least the past five years for all applicants applying for a position may require the operation of motor vehicles. Both in-state and out-of-state driver’s license must be checked. Information obtained utilizing the NCIC background check may be considered supplementing

a. Applicants may not be hired into a position requiring the operation of state vehicles if their MVR includes convictions for any of the following within the last five (5) years:

1. DUI.
2. Reckless driving.
3. License suspension for moving violation(s).
4. More than four (4) moving violations.

b. The appointing authority is the final authority and may allow an exception.

c. Applicants will acknowledge the Motor Vehicle Records requirements during the interview process utilizing CR-4275. If the applicant has an out-of-state driver’s license a copy of his/her MVR must be provided.
d. After hire employees in positions requiring the operation of state vehicles must maintain a valid driver’s license.

e. All employees’ information will be entered into the MVM Portal to enable notifications if an employee’s driver’s license becomes invalid. Human Resources staff shall maintain the list of employees in the MVM Portal keeping it updated.

f. If a bounce-back is received indicating an employee’s driver’s license is invalid, it should be reported immediately to the TDOC Site Manager, and the employee should be prohibited from any driving duties. The following actions shall be taken:

1. The employee may be given a designated date to provide a valid driver’s license. This should be tracked by the HR Staff and the result reported to the TDOC Site Manager upon the deadline date.

2. The employee may be dismissed for failure to maintain the minimum requirements for their position if unable to secure a valid driver’s license.

C. After a conditional offer of employment is made, a National Crime Information Center (NCIC) criminal history record check shall be conducted on all prospective departmental, contract, and TRICOR employees who are assigned to TDOC facilities and work locations, and fingerprints shall be taken and processed on all new or prospective staff assigned to a safety-sensitive position. The NCIC criminal history record check shall be conducted prior to employment. Such inquiries will be made to determine whether there is past or pending criminal matters that would adversely impact the TDOC’s mission.

Designated individuals at TDOC work locations will review criminal history results. The criminal history results of TRICOR employees assigned to designated TDOC facilities and work locations will be processed as indicated in Section VI.(D) of this policy. The results shall not be shared with TRICOR.

1. All applicants who are subject to a national fingerprint-based criminal history record check for a purpose such as employment have certain rights which can be reviewed at: https://www.fbi.gov/services/cjis/compact-council/guiding-principles-noncriminal-justice-applicants-privacy-rights.

2. 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.

   a. NCIC reports for applicants shall be retained with applicant files and follow records disposition authorization (RDA) SW28 for non-selected candidates.

   b. Applicant NCIC records shall be retained at the work site for five (5) years after that period of time they shall be returned to the designated Terminal Agency Coordinator (TAC) to be destroyed and documented.
c. See TDOC Policy 306.01 for retention of NCIC records for employees.

d. All staff that work in a TDOC work location where NCIC reports may be processed or stored shall sign the TBI Release of Information and it shall be retained in the employee’s Personnel File. Staff shall review and sign the TBI Release of Information annually.

3. The agency shall not provide applicants with a copy of their FBI criminal history record. Applicants that wish to challenge the contents of their criminal history records check may obtain information regarding this process at [https://www.edo.cjis.gov](https://www.edo.cjis.gov) and [https://www.fbi.gov/services/cjis/identity-history-summary-checks](https://www.fbi.gov/services/cjis/identity-history-summary-checks).

4. All applicants must be advised of these rights and sign Applicant’s Privacy Rights, CR-4142.

D. Criminal history inquiries through NCIC for prospective and current employees will be processed through the following TDOC work locations:

1. The following TDOC work locations will process all requests for applicants and employees at their location:

   a. Northeast Correctional Complex (NECX)
   b. Morgan County Correctional Complex (MCCX)
   c. Bledsoe County Correctional Complex (BCCX)
   d. Riverbend Maximum Security Institution (RMSI)
   e. Lois M. DeBerry Special Needs Facility (DSNF)

2. The West Tennessee State Penitentiary (WTSP) work location will process inquiries for:

   a. West Tennessee State Penitentiary (WTSP)
   b. Women’s Therapeutic Residential Center (WTRC)
   c. Mark Luttrell Transition Center (MLTC)
   d. Northwest Correctional Complex (NWCX)
   e. Hardeman County Correctional Facility (HCCF)
   f. Whiteville Correctional Facility (WCFA)

3. The Debra K. Johnson Rehabilitation Center (DJRC) work location will process inquiries for:
a. Debra K. Johnson Rehabilitation Center (DJRC)  
b. Tennessee Correction Academy (TCA)  
c. Turney Center Industrial Complex (TCIX)  
d. South Central Correctional Facility (SCCF)  
e. Trousdale Turner Correctional Center (TTCC)  

4. **Division of Human Resources** will process request for:  
a. Central Office (including but not limited to the following):  
   (1) Office of Inspector General (OIG)  
   (2) Office of Investigations and Conduct (OIC)  
   (3) Rehabilitative Services  
   (4) Clinical Services  
   (5) Operations  
   (6) Operational Support  
   (7) Community Supervision  
   (8) Fiscal Service  

b. Major Maintenance  

c. TDOC Contract Monitors of Compliance and Operations for privately managed facilities  

5. HR Generalist will request inquiries for Community Supervision applicants and employees.  

E. **Contract Vendors**  

1. Staff of privately managed facilities (excluding TDOC staff working at these facilities) and staff of any non-construction contract vendors working at any TDOC facility will be fingerprinted by the vendor contracted by the TBI for such services.  

2. Results of the criminal history record check applicable to contract vendor applicants/employees assigned to a TDOC facility shall be forwarded to the institution where the employee is working and maintained in the Human Resources Office. For contract staff assigned to a TDOC facility, the TBI letter Tennessee Applicant Processing Services (TAPS)-Contract Personnel Background Check may be maintained in lieu of a fingerprint card. Prior to June 1, 2019, either the payment confirmation for fingerprinting services or the TBI letter is acceptable in lieu of a fingerprint card.  

3. Results applicable to applicants/employees of privately managed facilities shall be sent to WTSP for WCFA and HCCF employees and to DJRC for SCCF and TTCC
employees. Assigned staff at WTSP and DJRC will forward the results to the CMO at the appropriate privately managed facility.

4. Construction contractors (contractors hired by the State or subcontractors that work on any TDOC property as part of an approved construction project) will complete a Construction Contractor Pre-Access Questionnaire, CR-3834, sign the TBI Release of Information, and submit them to the TDOC site manager. The TDOC site manager shall ensure that a photocopy of the contractor's driver’s license or other valid current photo identification is attached to the questionnaire. Fingerprints will also be collected at facilities and filed with the questionnaire. Assigned TDOC staff will review relevant data on the OMS as well as the submitted questionnaire in determining if the construction contractor or their employee(s) is allowed access to the site. Additionally, PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819, shall be completed as part of the process.

5. In no instance shall NCIC/FBI criminal history documentation or results be given to any contract entity.

F. Annual Background Checks

1. Current employees will be required to submit to an annual background check. The check is to be completed by the end of the month during which the employee’s birth date occurs. The Human Resources Offices of each TDOC work location will be responsible for compiling a monthly list of employees who have birthdays within each month. Once the list is developed, the information is to be forwarded to the appropriate NCIC operator at TDOC facilities and work locations as indicated in Section VI.(D) of this policy by the 25th of the month preceding the birth month in which the checks are to be completed.

a. Self-Declaration of PREA Sexual Abuse/Sexual Harassment, CR-3819, shall be completed as part of the annual background check.

b. For employees with out-of-state driver’s license assigned to positions requiring the operation of a state vehicle, an MVR verification will be conducted in conjunction with the annual background check.

2. TRICOR will be responsible for providing designated TDOC facilities and work locations (as indicated in Section VI.(D) of this policy with a monthly list of current employees who require annual background checks in conjunction with the employee’s birth month. Additionally, PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819, shall be completed as part of the annual background check. In no instance shall NCIC/FBI criminal history documentation or results be given to any contract entity.

3. All current contract employees who have been employed for at least one year will have their annual background checks completed each July. Additionally, PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819, and the TBI Release of Information shall be completed as part of the annual background check.
a. The administrator/designee for the contract vendor(s) providing services for the TDOC shall notify the local Human Resources staff immediately upon appointment or separation of an employee that will be/is assigned to the TDOC work location.

b. The contract vendor(s) shall ensure that the local Human Resources office has an up-to-date list of all contract employees providing services at the TDOC work location each June and upon request.

4. The results of the criminal history checks will be provided to the appropriate TDOC site manager and/or Human Resources Manager. The results of criminal history checks of TRICOR employees will be provided to the applicable TDOC Human Resources Manager. The results of the criminal history checks of employees of privately managed prisons will be forwarded to the appropriate CMO, who shall inform the Warden at the assigned contract facility, by completing a TDOC Vendor/Contractor Employee/Volunteer Criminal History Result, CR-3704. If the CMO is unavailable to complete the CR-3704, the CMC shall perform this function. The CMO shall maintain a copy of the CR-3704 that was provided to the Warden at the contract facility.

5. At no time shall the actual criminal history check results be shared with anyone outside the TDOC. Results of all criminal history checks of TDOC employees will be filed in accordance with Policy #306.01.

6. All results of criminal history checks must be thoroughly reviewed for any disqualifying convictions. The Appointing Authority/designee will have the final determination on approval of criminal history checks for hiring and retention decisions.

7. All pre-employment criminal history checks and annual criminal history checks with new findings shall be reviewed and signed by the TDOC site manager (Correctional Administrator for Probation/Parole) to approve or deny hire/retention utilizing CR-3552.

G. PREA Requirements

1. All applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with offenders shall sign PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to ensure compliance with PREA Standard #115.17 which states that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor, who may have contact with inmates, who:

   a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.

   b. Has 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, or;
c. Has been civilly or administratively adjudicated to have engaged in the activity described in (b) above.

d. The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

e. Material omissions regarding such misconduct, or false and fraudulent information provided regarding criminal history may disqualify the applicant/employee from further consideration for employment and, if employed, shall result in termination of employment.

2. Assigned employees who have substantiated PREA complaints against them for sexual harassment or abuse must acknowledge such each year on their CR-3819 and whenever they apply for advancement.

3. Consistent with federal, state, and local law, the TDOC will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This information shall be documented on PREA Questionnaire for Prior Institutional Employers, CR-3962. Additionally, unless prohibited by law, the TDOC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

H. TDOC employees shall acquire and maintain, at their own expense, any special qualifications required for a position for which the employee applies or holds. Employees required to hold licenses, permits, driver’s licenses, and/or certifications shall not allow them to expire. Failure to maintain the qualifications required for the position shall subject the employee to separation from state service, or other personnel actions as necessary and appropriate.

1. Human Resources staff or designee shall verify licenses, permits, driver’s licenses, and certifications annually during the employee’s birth month.

2. Human Resources staff shall notify the appropriate TDOC site manager immediately when an employee has failed to maintain the qualifications required for the position to which they are assigned.

3. The TDOC site manager shall take appropriate action to resolve any issue when he/she has knowledge of an expired/revoked license, permit, driver’s license or certification, etc.

   a. The employee may be given a reasonable deadline to obtain the required qualification.

   b. The employee may be assigned to another position for which they meet the minimum qualifications.
c. If the employee is unable to obtain the required qualification(s) and there is not another position available that the employee can fulfill satisfactorily, the employee shall be separated for failure to maintain the minimum qualifications of his/her position.

I. Prospective new employees shall complete a New Hire Information, CR-4122, once they have accepted a final offer of employment. Current employees shall complete an Employee Information Update, CR-3653, as personal information changes. These forms shall be submitted to the local Human Resources Division for placement in each employee’s human resources file. Current employees shall update this information annually, even if existing information remains current. A new copy of the employee’s driver's license and/or professional license will be made each year. All employees are required to maintain updated contact information in the Edison database to include a complete and correct physical home address, mailing address (if different), e-mail address (if available), and a valid contact phone number.

J. As a requirement of continued employment, all employees shall be required to acknowledge receipt and understanding of the following DOHR policies/documents annually prior to June 30th. Acknowledgement of DOHR policies shall be completed in Edison by following the indicated path below and then selecting “Create a Policy Acknowledgement eForm”:

   NavBar >Navigator > HCM > Self Service > Policy Acknowledgements

1. State of Tennessee – Code of Conduct
2. Workers’ Compensation Acknowledgement
3. FA-0984 Acceptable Use: Network Access Rights and Obligations
4. 12-008 Workplace Discrimination and Harassment
5. 12-012 Political Activity
6. 12-056 Operation of Motor Vehicles by State Employees
7. 12-058 Personal Use of Social Media
8. 12-060 Violence in the Workplace
9. 17-001 Abusive Conduct in the Workplace
10. GS-20-01 General Parking Policy
11. 22-002 Anti-Nepotism: Employment of Relatives and Family Members

K. As a condition of employment, all employees shall be required to acknowledge receipt and understanding of TDOC policies and documents utilizing TDOC Policy Acknowledgement, CR-4123. Many policies can be reviewed in Edison.
Subject: JOB REQUIREMENTS

Acknowledgement of TDOC policies will occur in orientation, core training, and/or as defined by local Human Resources staff.


VIII. ACA STANDARDS: 5-ACI-1C-08, 5-ACI-1C-10, 5-ACI-1C-14, 2-CO-IC-18, and I-CTA-IC-06.

IX. EXPIRATION DATE: March 15, 2026
Date: ________________________________

SECTION I - To be completed by applicant/volunteer/mentor/employee. (PLEASE PRINT CLEARLY)

Applicant Pre-employment, Volunteer, Mentor, Employee Annual Review:

Name: ___________________________ Last    First    Middle
DOB: ___________________________   SSN: ____________ - ____________ - ____________
DRIVER LICENSE #: ___________________________ ISSUE DATE: ____________   STATE: ____________

Applicant Pre-employment, New Volunteer, New Mentor:
Sex: ___________________________ Race: ___________________________
List All Other States Where Individual Has Resided or Worked:
1) ___________________________ 2) ___________________________ 3) ___________________________
4) ___________________________ 5) ___________________________ 6) ___________________________
7) ___________________________ 8) ___________________________
List All Aliases/Maiden/Legal Names Used:
1) ___________________________
2) ___________________________
3) ___________________________

Have you had any of the following on your Motor Vehicle Record in the past five years: 1) DUI 2) Reckless driving 3) License Suspension for moving violation 4) More than four moving violations:

Are you on Probation or Parole?   Yes   No

SECTION II - To be completed by Volunteer Coordinator or HR and signed by TDOC Site Manager/Approving Authority or Designee

Purpose: New Volunteer/New Employee/Annual Review

Site: ___________________________ Contact Person: ___________________________
Telephone: ( ) - Ext. ________ Fax Number: ( ) - ________

Authorizing Signature: ___________________________ Title: TDOC Site Manager/Approving Authority/Designee

SECTION III - To be completed by Terminal Agency Coordinator/NCIC Operator or Designee:

Synopsis of Information Obtained: ________________________________________________
______________________________________________
______________________________________________
______________________________________________
FBI# (if known): ___________________________ SID# (if known): ___________________________

TAC/NCIC Operator/Designee Signature: ___________________________ Date: ________________

SECTION IV – To be completed by the TDOC Site Manager/Approving Authority

☐ Approved for hire/retention   ☐ Not Approved for hire/retention   Volunteer/Mentor ☐ Approved ☐ Not Approved

Additional Action Required: ___________________________

TDOC Site Manager/Approving Authority Signature: ___________________________ Date: ________________
STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

STATE OF TENNESSEE
COUNTY OF ___________________________

AFFIDAVIT

Purpose: Compliance with the Omnibus Consolidated Appropriations Act of 1997.

General: The Omnibus Consolidated Appropriations Act of 1997 amended the Gun Control Act of 1968 (GCA) to make it unlawful for any person convicted of a "misdemeanor crime of domestic violence" to ship, transport, possess, or receive firearms or ammunition. As defined in the GCA, a "misdemeanor crime of domestic violence" means an offense that:

1. is a misdemeanor under Federal or State law; and
2. has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person with who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

The above definition includes all misdemeanors that involve the use or attempted use of physical force (e.g., simple assault, assault and battery) if the offense is committed by one of the defined parties. This is true whether or not the State statute or local ordinance specifically defines the offense as a domestic violence misdemeanor (e.g., a person convicted of misdemeanor assault against his or her spouse or child is prohibited from receiving or possessing firearms or ammunition). This prohibition applies to persons convicted of such misdemeanors at any time, even if the occurrence/conviction is prior to the new law’s effective date (September 30, 1996).

A person convicted of domestic violence as defined above would not be prohibited from receiving/possessing firearms if the conviction has been (1) expunged (2) set aside (3) pardoned (4) or the person has had his or her civil rights restored (if the law of applicable jurisdiction provides for the loss of civil rights under such an offense) and the person is not otherwise prohibited from possessing firearms or ammunition. Convictions that have been expunged by order of a court of competent jurisdiction are not required to be disclosed.

Employees of government agencies, convicted of misdemeanors as stated above, are not exempt from the prohibition against possessing firearms. Employees falling into this category may not lawfully possess or receive firearms or ammunition for any purpose, including performing their official duties.

I, (Name) _____________________________________, (SSN) _________________________, (have / have not) ever been convicted of a misdemeanor domestic violence offense (as defined above). (circle one)

If previously convicted, the place of conviction (court and location) was ________________________ and date of conviction was _________________________. Has the conviction been set aside, pardoned, or have your civil rights been restored? □Yes □No

NOTE: Convictions that have been expunged by order of a court of competent jurisdiction are not required to be disclosed.

Explain (give date and court granting relief):

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________

_____________________________________________________________

AFFIANT

Sworn to and subscribed before me, this ______ day of ______________, 20__.

__________________________________________________________________

NOTARY PUBLIC

My commission expires: ____________________________________________.

NOTE: TCA § 39-16-702 defines the offense of perjury as one who with intent to deceive, makes a false statement, under oath. Perjury is punishable with up to 11 months and 29 days in jail and a $2,500 fine.
TENNESSEE DEPARTMENT OF CORRECTION

EMPLOYEE INFORMATION UPDATE

This document must be completed when required by the Department or whenever information pertaining to your home address, telephone number, emergency contact, or driver’s license information has changed. Please forward to Human Resources upon completion. **Please legibly print all information. When requested please complete and sign form whether or not there is a change.**

### Personal Information

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<th>Details</th>
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<td>Cell Number:</td>
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<td>Health Care Directive:</td>
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- Employee Address and Phone updated in EDISON data base: **Yes**

### Emergency Information

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<td>Home Telephone Number:</td>
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</tr>
<tr>
<td>Cell/Work Number:</td>
<td></td>
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<tr>
<td>Does this contact need medical staff accompaniment?</td>
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#### 2nd Emergency Contact:

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<th>Field</th>
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</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Home Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>Cell/Work Number:</td>
<td></td>
</tr>
<tr>
<td>Does this contact need medical staff accompaniment?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Please contact clergy: **Yes**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes Name:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
</tr>
</tbody>
</table>

- Employee contact information updated in the EDISON data base: **Yes**

Have your beneficiaries changed for your life insurance, leave balances, retirement etc. **Yes**

Please provide any professional license or certification required as a part of the minimum qualifications of your position. 

Please provide a copy of valid driver’s license. 

___ For out-of-state drivers license a copy of MVR required. ___

---

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

CR-3653 (Rev. 11-21)  
Duplicate as Needed  
RDA SW03
SUBJECT: 

Employee Name (Printed)

The individual, referenced above, is an employee of a private vendor / contractor, who has entered into a contract with Tennessee Department of Correction (TDOC).

Pursuant to the FBI's CJIS Security Policy, Section 4.5 and the FBI's CJIS Security Addendum, Section 6.01 and 6.02, a search of the Tennessee Criminal History Database has been performed and an applicant fingerprint card was submitted to the FBI for a criminal history record check. In accordance with federal laws and regulations, a private vendor / contractor is prohibited from receiving any actual data that may be maintained by the FBI. However, based on the results of the federal and state criminal history checks, the following has been determined.

☐ There is nothing in the vendor / contractor employee's criminal history record that would preclude the employee from working on the contract with the TDOC.

☐ Based upon the vendor / contract employee's criminal history record, the employee is prohibited from shipping, transporting, possessing, or receiving firearms or ammunition. There is nothing in the vendor / contractor employee's criminal history record that would preclude the employee from working on the contract with the TDOC in a position that does not involve firearms or ammunition.

☐ Based upon the vendor / contract employee's criminal history record, the employee / prospective employee will not be permitted to work on the contract with TDOC.

☐ Other:

If the individual wishes to challenge the results of the criminal history record search and wishes to review his/her record, he/she should write to the following agencies:

FBI CJIS Division
Special Correspondence Unit
100 Custer Hollow Rd.
Clarksburg, WV 26306

Identification Services Section
Tennessee Bureau of Investigation
901 R.S. Gass Blvd.
Nashville, TN 37216-2639

CR-3704   Duplicate as Needed   RDA SW-03
Self-Declaration of Sexual Abuse/Sexual Harassment

Check One: ☐ Applicant – New or Promotion
☐ Employee Annual
☐ Unescorted Contractor/Volunteer

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.

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: ________________

Witnessed by (TDOC Representative): ____________________________ Date: ________________

Cc: Human Resources
CONSTRUCTION CONTRACTOR PRE-ACCESS QUESTIONNAIRE

COMPANY: ___________________________ DATE: ___________________________

EMPLOYEE NAME: ___________________________ FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER ___________________________ DATE OF BIRTH ___________________________

ADDRESS: ___________________________________________________________

___________________________________________________________

Have you ever been charged with a misdemeanor or felony?    □ Yes      □ No
If yes, please list below:

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>YEAR</th>
<th>CONVICTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Are you affiliated with any Security Threat Group(s)/Gang(s)? □ Yes □ No
If yes, please list:

___________________________________________________________

Do you know any individual previously/presently incarcerated within the TDOC? □ Yes □ No
If so, list name(s):

___________________________________________________________

___________________________________________________________

___________________________________________________________

Have you ever visited an inmate at any TDOC facility or other correctional facility in Tennessee? □ Yes □ No
If yes, please list:

<table>
<thead>
<tr>
<th>NAME</th>
<th>FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever worked for the TDOC or any other law enforcement or correctional agency? □ Yes □ No
If yes, please list:

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

CONTRACTOR EMPLOYEE SIGNATURE ___________________________ DATE ___________________________

CR-3834 Duplicate as Needed RDA SW03
TENNESSEE DEPARTMENT OF CORRECTION

PREA Questionnaire for Prior Institutional Employers

Pursuant to the Prison Rape Elimination Act 28 C.F.R. Part 115 (PREA) before hiring any employee who may have contact with any individual or detained, the Tennessee Department of Correction must contact all prior institutional employers and request certain PREA related employment information. It should be noted that PREA further requires a past or present institutional employer to provide PREA related information upon request by another institutional employer.

We have been informed that _______ (hereafter referred to as Candidate) has been employed by you and you may have PREA related information. Accordingly, we request that you please respond to the following questions and provide relevant information regarding any PREA involved allegations.

SECTION I: CANDIDATE INFORMATION (TO BE COMPLETED BY CANDIDATE)

<table>
<thead>
<tr>
<th>FULL NAME:</th>
<th>DATE OF BIRTH (MM/DD/YEAR):</th>
<th>ALIASES/MAIDEN NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIOUS EMPLOYER:</td>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>WORK PHONE NUMBER:</td>
<td>FAX NUMBER:</td>
<td>EMAIL ADDRESS:</td>
</tr>
</tbody>
</table>

SECTION II: CANDIDATE HISTORY (TO BE COMPLETED BY AGENCY)

Please identify the position held:

<table>
<thead>
<tr>
<th>DATE OF INCIDENT:</th>
<th>NATURE OF ALLEGATION:</th>
<th>INVESTIGATION FINDINGS:</th>
<th>DISCIPLINARY ACTION TAKEN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLEASE STATE WHETHER CANDIDATE RESIGNED DURING ANY PENDING INVESTIGATION OF AN ALLEGATION OF SEXUAL ABUSE:</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

Please identify any and all substantiated allegations of SEXUAL ABUSE against the candidate while in your employment. For each substantiated allegation identified, please provide the date of the incident, the nature of the allegation against the candidate, and the findings of any investigation conducted and disciplinary action taken.

<table>
<thead>
<tr>
<th>DATE OF INCIDENT:</th>
<th>NATURE OF ALLEGATION:</th>
<th>INVESTIGATION FINDINGS:</th>
<th>DISCIPLINARY ACTION TAKEN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLEASE STATE WHETHER CANDIDATE RESIGNED DURING ANY PENDING INVESTIGATION OF AN ALLEGATION OF SEXUAL HARASSMENT:</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

Please identify any and all substantiated allegations of SEXUAL HARASSMENT against the candidate while in your employment. For each substantiated allegation identified, please provide the date of the incident, the nature of the allegation against the candidate, and the findings of any investigation conducted and disciplinary action taken.

<table>
<thead>
<tr>
<th>DATE OF INCIDENT:</th>
<th>NATURE OF ALLEGATION:</th>
<th>INVESTIGATION FINDINGS:</th>
<th>DISCIPLINARY ACTION TAKEN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLEASE STATE WHETHER CANDIDATE RESIGNED DURING ANY PENDING INVESTIGATION OF AN ALLEGATION OF SEXUAL HARASSMENT:</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

SECTION II COMPLETED BY (PRINT NAME): ____________________

TITLE: ____________________ DATE: ______________

EMPLOYERS – Please return form to:
TENNESSEE DEPARTMENT OF CORRECTION

Inmate/STG Affiliation/Previous Employment
Acknowledgement Form

Print Name: ________________________________

1. Do you know any person(s) who is currently or was formerly housed in the Tennessee Department of Correction system?
   Circle one: YES  NO

2. Have you ever visited an inmate at a Tennessee Department of Correction facility or County Jail?
   Circle one: YES  NO

3. Have you ever been or are you currently on an inmate visitation list?
   Circle one: YES  NO

4. Have you ever or are you currently receiving calls from an inmate housed in a Tennessee Department of Correction facility or County Jail?
   Circle one: YES  NO

   If you answered YES to any of the above questions please complete this section.

   *TDOC is the acronym for Tennessee Department of Correction

<table>
<thead>
<tr>
<th>Inmate Name</th>
<th>TDOC Number</th>
<th>Relationship</th>
<th>Last Contact</th>
<th>TDOC Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Do you have any former or current Gang or Security Threat Group affiliation?
   Circle one: YES  NO

   If you answered YES to the above question, please complete this section.

<table>
<thead>
<tr>
<th>Gang or STG Name</th>
<th>Dates of affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Have you ever worked for the Tennessee Department of Correction; other state, federal, or local prison/jail/facility; or any privately operated prison/jail/ facility?
   Circle one: YES  NO

   If you answered YES to the above question, please complete this section.

<table>
<thead>
<tr>
<th>TDOC/CC/Other Prison/Jail Facility Name</th>
<th>Dates of Service</th>
<th>Reason for Leaving</th>
<th>Supervisor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

7. Are you currently on probation or parole with any local, State, or Federal agency?
   Circle one: YES  NO

   If you answered yes to question 7 please complete this section:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Dates</th>
<th>Criminal Offense</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

I agree that the above information is correct to the best of my knowledge. I do understand that there may be no social relationship with inmates, former inmates or members of inmate’s families. I also understand that answering YES to any of the above questions will not automatically exclude me from employment consideration, but the nature will be considered in relationship to the job for which I applied. Failure to accurately provide the above information could lead to disciplinary action up to and including termination of my employment.

Signature: ____________________________ Date: __________________

Witness: ____________________________ Date: __________________
NEW HIRE INFORMATION

SSN: __________ Employee ID #: __________ BL #: __________
Prefix:  □ Mr.  □ Ms.  □ Mrs.  □ Miss
Last Name: ___________________________  Legal First Name: ___________________________  Middle ___________________________
I prefer to be called: ___________________________ (Nickname)

Address: ___________________________
City: ___________________________ State: ___________________________ Zip: ___________________________
County of Legal Residence: ___________________________ Work County: ___________________________

Veteran Status: □ Yes  □ No (Select Below)
                      Active Reserve   □ Inactive Reserve
                      No Military Service □ Veteran (VA Ineligible)
                      Pre-Vietnam-Era Veteran □ Retired Military
                      Vietnam-Era Veteran □ Veteran

E-Mail Address: ___________________________
Home Phone: ___________________________ (including area code)
Cell Phone: ___________________________ (including area code)

Education (Please mark the highest grade completed):
□ Less than □ HS or Equivalent □ Some College □ Technical □ Associate □ Bachelors □ Masters □ Graduate □ Doctorate
□ High School Grad Equivalent □ 2-yr College

Marital Status: □ Single □ Divorced □ Married □ Widowed
Gender: □ Male □ Female
Race: □ White □ Black □ Asian □ Indian (American or Native) □ Hispanic □ Other
     (please specify) ___________________________

Date of Birth: ___________________________

Prior State Service □ Y  □ N
What Department? From ___________________________ To ___________________________

Health Care Directive: □ Yes □ No  If yes please specify: ___________________________

Emergency Contact Name #1: ___________________________ Relationship to Employee: ___________________________
Emergency Contact Address: ___________________________ ___________________________
Emergency Contact Phone: Home/Cell ___________________________ Work ___________________________

Emergency Contact Name #2: ___________________________ Relationship to Employee: ___________________________
Emergency Contact Address: ___________________________ ___________________________
Emergency Contact Phone: Home/Cell ___________________________ Work ___________________________

In case of life threatening emergency or death, do emergency contacts require medical staff accompaniment? □ Yes □ No
In case of life threatening emergency or death, contact your clergy? □ Yes □ No
If yes, please list clergy name: ___________________________ clergy phone number: ___________________________

Driver’s License #: ___________________________ Issuing State: ___________________________ Expiration Date: ___________________________

HR LIAISON USE ONLY

ePAF:

CR4122(Rev 09-19) Duplicate As Needed RDA SW03
TENNESSEE DEPARTMENT OF CORRECTION

POLICY ACKNOWLEDGEMENT

My signature below acknowledges that I have received a copy and read the following Department of Correction administrative policies and procedures. I understand it is my obligation to comply with the procedures and provisions contained within these policies:

PRE-EMPLOYMENT (After Conditional Offer of Employment)

☐ Domestic Violence – Affidavit CR-3600 (Positions that may be required to carry a firearm)
☐ 305.06 Employment Qualification Standards of Correctional Officers CR-2783 (Correctional Officers Only)
☐ 305.06.1 Employment Qualification Standards of Probation Parole Officers CR-3973 (PPOs Only)
☐ Inmate/STG Affiliation/Previous Employment/Prior Conviction Acknowledgement CR-3969
☐ PREA – Self-Declaration of Sexual Abuse/Sexual Harassment CR-3819
☐ CR4142 – Applicant’s Privacy Rights
☐ CR4275 – Motor Vehicle Records Requirements
☐ CR4122 – New Hire Information (Upon acceptance of employment)

ORIENTATION

☐ 109.05 Acceptable Use of Network Resources (signature page)
☐ 109.07 Code of Conduct for TDOC and STS Employees CR-3112
☐ 110.05 In-Service Training Policy
☐ 112.10 Non-Smoking Policy (TDOC Central Office) (Central Office and Community Supervision Staff)
☐ 112.11 Smoke-Free Policy (TDOC Institutions) (Institutional Staff)
☐ 301.04 Job Requirements CR-4122 and CR-4123
☐ 302.02 Nepotism
☐ 302.03 Political Activities
☐ 302.04 Conflicts of Interest and the Acceptance of Gifts and Gratuities
☐ 302.05 Employee Sexual Misconduct, Workplace Discrimination, and Harassment
☐ 302.06 Suspension/Termination of Staff for Alleged Criminal Acts
☐ 302.08 Code of Conduct and Oath of Correction Department Employees CR-3601 and CR-2254
☐ 302.09 Affirmative Action Program/Equal Employment
☐ 302.12 Drug-Free Workplace CR-3679 and CR-3678 (Safety Sensitive Positions)
☐ 302.14 Additional Employment
☐ 303.01.1 Attendance and Leave CR-4140
☐ 303.03 Tennessee Consolidated Retirement System
☐ 303.04 Workers Compensation/Return to Work Program CR-3875
☐ 303.08 Employee Insurance FA-0980
☐ 303.10 Assault Injury Pay
☐ 303.11 On Call/Call Back/Call In
☐ 305.01 Employee Disciplinary Action
☐ 305.02 Americans with Disabilities Act Complaint Resolution Procedures – ADA Act of 1990
☐ 305.03 Employee/Offender Interaction
☐ 306.02 Employee Exit Procedures CR-4043 and CR-4042 (upon the issuance of state property)
☐ 506.06 Acknowledgement Employee Searches

_________________________________________                     ________________________________
Employee Name (printed)                                           Employee Signature

_________________________________________
Employee Edison ID#

_________________________________________
Date
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.

☐ You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.

☐ You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.

☐ If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

☐ The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

☐ 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 criminal history record.

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.

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 http://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. 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.)

____________________________________   ________________________
Signature        Date
Applicant’s Name (print): ____________________________________________

I have been advised of the following standard criteria for potential new hires to be eligible to drive state vehicles:

- For the past five years, a potential employee’s driving record must not have the following:
  - DUI
  - Reckless driving
  - License suspension for moving violations
  - More than 4 moving violations

(Any of the above violations may disqualify me from consideration for employment in this position.) The appointing authority will have the final authority and may allow exceptions.

If you have an out-of-state license, you may be required to provide a copy of your Motor Vehicle Records Check.

I am aware, if hired, that there will be ongoing Motor Vehicle Records monitoring to verify that I have maintained a valid driver’s license.

( Failure to maintain a valid driver’s license may result in disciplinary action or dismissal.)

__________________________________________  ________________________
Applicant’s Signature                      Date
State of Tennessee Employee Policy Acknowledgement

By signing below, I acknowledge that I have read, understand, and agree to comply with each of the following policies identified below:

State of Tennessee – Code of Conduct

Workers’ Compensation Acknowledgement

FA-0984 Acceptable Use Policy State of Tennessee Information Technology Resources

12-008 Workplace Discrimination and Harassment

12-012 Political Activity

12-056 Operation of Motor Vehicles by State Employees

12-058 Personal Use of Social Media

12-060 Violence in the Workplace

17-001 Abusive Conduct in the Workplace

GS-20.01 General Parking Policy

22-002 Anti-Nepotism: Employment of Relatives and Family Members

_________________________________________          __________________________          ________________
Print Employee Name                                                       Employee Edison ID#                         Date

__________________________________________
Employee Signature

Policies can be found at https://www.tn.gov/hr/pr/policies-by-name.html or in EDISON
RELEASE OF INFORMATION

The CJIS Security Policy requires that basic security awareness training shall be required within six months of initial assignment, and biennially thereafter, for all personnel who have access to Criminal Justice Information (CJI).

*Criminal Justice Information is the term used to refer to all of the FBI CJIS provided data necessary for law enforcement and civil agencies to perform their missions including, but not limited to biometric, identity history, biographic, property, and case/incident history data.*

*Access to Criminal Justice Information is defined as the physical or logical (electronic) ability, right or privilege to view, modify or make use of CJI.*

Per the CJIS Security Policy (Section 5.2), the following topics related to access, dissemination, security, and misuse of CJI are explained in order to implement security awareness training for those with access to CJI:

1. **Rules that describe responsibilities and expected behavior with regard to CJI usage.**
   Access to and dissemination of CJI, III, CHRI, and NCIC Restricted Files, are only for criminal justice purposes. Such data can only be used for authorized criminal justice purposes, consistent with the purpose for which it was requested. Criminal justice purposes (also known as administration of criminal justice) means performance of any of the following activities: detection, apprehension, detention, pretrial release, post-trial release, prosecution, adjudication, correctional supervision, or rehabilitation of accused persons or criminal offenders. The administration of criminal justice shall include criminal identification activities and the collection, storage, and dissemination of criminal history record information.

2. **Implications of noncompliance.**
   Agencies are required to develop and publish internal information security policies, including penalties for misuse. Sharing information or using information for anything other than job related criminal justice duties constitutes a violation. Unauthorized requests, receipt, release, interception, dissemination, or discussion of CJIS data/CHRI could be considered a criminal offense and result in criminal prosecution.

3. **Incident response.**
   All agency personnel shall be aware of the agency’s procedures for reporting different types of incidents that might have an impact on the security of agency assets and be required to report them as quickly as possible to the designated agency point of contact.

4. **Media protection.**
   Electronic and physical media must be stored within physically secure locations or controlled areas. The agency shall restrict access to electronic and physical media to authorized individuals.
5. Visitor control and physical access to spaces.
A physically secure location is a facility or an area, a room, or a group of rooms within a facility with both the physical and personnel security controls sufficient to protect CJI and associated information systems. All physical access points must be controlled by the agency and they must verify individual access authorizations before granting access by maintaining a list of authorized individuals or issuing credentials to those authorized individuals. Additionally, visitors must be authenticated before authorizing escorted access to the physically secure location. Visitors shall be escorted at all times and their activity monitored.

Support personnel, contractors, and custodial workers with access to physically secure locations or controlled areas (during CJI processing) shall be subject to a state and national fingerprint-based record check unless these individuals are escorted by authorized personnel at all times.

6. Protect information subject to confidentiality concerns.
When no longer necessary, the agency shall sanitize or degauss electronic media prior to disposal or release for reuse by unauthorized individuals. Inoperable electronic media shall be destroyed (cut up, shredded, etc.). The agency shall maintain written documentation of the steps taken to sanitize or destroy electronic media. Sanitization or destruction is witnessed or carried out by authorized personnel.

7. Proper handling and marking of CJI.
The agency shall securely store electronic and physical media within physically secure locations or controlled areas to protect CJI from unauthorized disclosure, alteration or misuse.

8. Threats, vulnerabilities, and risks associated with handling of CJI.
Vulnerability is a condition or weakness in (or the absence of): security procedures, technical controls, physical controls, and other controls that could be exploited by a threat. Vulnerabilities include but are not limited to physical, natural, hardware, and software (e.g., computer placed in non-secure location, connection to internet without a firewall, no virus protection software, etc.).

Social engineering is the act of manipulating people into performing actions or divulging confidential information. While similar to a confidence trick or simple fraud, the term typically applies to trickery or deception for the purpose of information gathering, fraud, or computer system access; in most cases the attacker never comes face-to-face with the victim. Personnel should always ensure that the individual who is requesting CJI 1) is authorized to receive such data and 2) is who they say they are, and 3) is requesting such data for an authorized purpose.

10. Dissemination and destruction.
Dissemination is the transmission/distribution of CJI to authorized recipients within an agency. Secondary Dissemination is the re-dissemination of CJI from an authorized agency that has direct access to the data to another authorized agency. Secondary Dissemination is the same as “chain of custody” - not only the agency it is given to but
also whose hands it is put in must be documented. CJI is sensitive information and should be safeguarded accordingly to prevent unauthorized/improper access, use, or dissemination/release. Agencies are required to adhere to all policies promulgated by CJIS, NCIC, TBI, etc. as it relates to the protection of CJI.

Physical media shall be securely disposed of when no longer required, using formal procedures. Formal procedures for the secure disposal or destruction of physical media shall minimize the risk of sensitive information compromise by unauthorized individuals. Physical media shall be destroyed by shredding or incineration. Agencies shall ensure the disposal or destruction is witnessed or carried out by authorized personnel.
I hereby certify that I have read and am familiar with the information provided on the Release of Information Form and agree to be bound by those provisions.

I recognize that Criminal Justice Information (CJI) is sensitive and has potential for great harm if misused. I understand that misuse of CJI by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received for a purpose other than that envisioned by my job duties within this agency, may subject me to administrative and criminal penalties. I understand that accessing CJI for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than my official criminal justice duties also constitutes misuse. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.

Printed Name of Employee

Signature of Employee

Agency Name

Title

Date