# HENNEPIN COUNTY SHERIFF'S OFFICE SECURITY SCREENING ACCESS APPLICATION FOR HENNEPIN COUNTY CONTRACTORS/VENDORS AND COUNTY EMPLOYEE

***Page 1 is to be completed by the Point of Contact ONLY***
***Pages 2 - 7 are to be completed by the Applicant***

**HCSO will determine and manage access to all HCSO controlled spaces**

ESCORTED ☐ UNESCORTED ☐ RENEW ACCESS ☐ BCA CERTIFIED ☐

**POINT OF CONTACT**

**Name** **Email** **Division**
***(HC Facilities/MBC/HCIT/District Court etc.)***

**APPLICANT NAME**

**First** **Middle (No Initials add NMN if none)** **Last** **Jr, Sr, III, etc….** **Date of Birth**

| ***Contractors or Vendors* Information:** | ***Hennepin County Employees, Jail Medical staff, and Volunteers* Information:** |
|---|---|
| Full Name of Contractor/Vendor Company. | Name of Division |
| Applicant's Start Date. | Employee Start Date |
| Applicant's Projected End Date. | Employee Number |
| Applicant's Job Description/Job Function. | Employee Job Class, Job Title, or Job Description. |
| ***Complete the Request Access to Locations below.*** | ***Complete the Request Access to Locations below.*** |

**Request Access to Locations (Be Specific for all HCSO Buildings and Sites)**

- ☐ HCSO City Hall Offices; (List Specific Location)
- ☐ HCSO Court Services (HCGC – Court Security Office, Court Rooms, Holding)
- ☐ Brookdale Court ☐ Ridgedale Court ☐ Family Justice Center
- ☐ HCSO ECF 911 Dispatch Division (Communications)
- ☐ HCSO Forensics Sciences Laboratory (Crime Lab)
- ☐ HCSO Investigations (625 Building)
- ☐ HCSO Public Safety Facility (PSF)
- ☐ HCSO Public Safety Services (Patrol)
- ☐ HCSO Public Safety Services (Water Patrol)
- ☐ HCSO Tri Wellness (701 Building)
- ☐ HCGC (List Specific Location)
- ☐ Municipal Building (City Hall) (MBC Security/Janitorial/Plumbers/Painters/Electricians/etc.)
- ☐ Countywide/Other: Non HCSO Buildings (List Specific Location)

**It is the responsibility of the <u>Hennepin County/Municipal Building Commission</u> POINT OF CONTACT to ensure <u>APPLICATIONS ARE</u> filled out completely, legibly and <u>ALL</u> questions are answered. Applications missing information, are illegible, or otherwise incomplete <u>will be returned</u> to the POC for updating or clarification. This will delay processing the application.**

**We do not accept applications directly from the contractor/vendor or employee**

**HENNEPIN COUNTY SHERIFF'S OFFICE SECURITY SCREENING ACCESS APPLICATION FOR HENNEPIN COUNTY CONTRACTORS/VENDORS AND COUNTY EMPLOYEE**

***This Section must be completed by the Applicant***

PRINT FULL NAME:
FIRST MIDDLE NAME **(no initials)** LAST Jr, Sr, III, etc…. DATE OF BIRTH

OTHER LEGAL NAMES/ALIASES/MAIDEN NAME/DATES OF BIRTH ETC.**EVER USED**
ALIASES CONT.

ADDRESS:
NUMBER STREET APT. # CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? YEARS MONTHS

*If you have lived at your current residence for less than 6 months, list your most recent previous address below.*

NUMBER STREET APT. # CITY STATE ZIP

PHONE NUMBER: SOCIAL SECURITY NUMBER

EMAIL ADDRESS (**Print Legibly**)

DRIVER'S LICENSE NUMBER STATE

LIST ALL STATES IN WHICH YOU HAVE RESIDED, WORKED, OR HAD A DRIVERS LICENSE

HEIGHT WEIGHT EYE COLOR HAIR COLOR SEX

LIST THE CITY, STATE AND COUNTRY YOU WERE BORN IN

IF YOU **WERE NOT** BORN IN THE UNITED STATES, ARE YOU A NATURALIZED CITIZEN OF THE UNITED STATES?

**YES** ☐ **Go to A.** **NO** ☐ **Go to B**

**A** - IF **YES**, LIST **U.S.** *NATUALIZATION NUMBER*

CITY & STATE ISSUED DATE ISSUED

**B** - IF **NO**, WHAT COUNTRY ARE YOU A CITIZEN OF?

**BCA/CJIS ANNUAL CERTIFICATION INFORMATION**

DO YOU HOLD CURRENT BCA CJIS ANNUAL CERTIFICATION? YES ☐ NO ☐
IF YES, PROVIDE A COPY OF YOUR CURRENT CERTIFICATE TO THE APPLICATION

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## LAW ENFORCEMENT CONTACT INFORMATION

LIST ALL CITATIONS (TICKETS), ARRESTS, CONVICTIONS, OR ANY OTHER LAW ENFORCEMENT CONTACTS

CHECK THE BOX IF YOU HAVE HAD NO CONTACT WITH LAW ENFORCEMENT

☐ I HAVE HAD **NO** LAW ENFORCEMENT CONTACT

**ALL FIELDS BELOW ARE REQUIRED**

| DATE - REQ | OFFENSE - REQUIRED | AGENCY INVOLVED - REQUIRED | DISPOSITION - REQUIRED |
|---|---|---|---|
| *Month & Year* | ***EXAMPLE*** *Domestic Assault* | ***EXAMPLE*** *Minneapolis Police Dept.* | ***EXAMPLE*** *Pled Guilty to Disorderly Conduct* |
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Please use separate pages if needed

ARE YOU CURRENTLY ON PROBATION FOR ANY OFFENSE? YES ☐ NO ☐
A YES OR NO ANSWER IS **REQUIRED**

LIST THE OFFENSE YOU ARE ON PROBATION FOR.

GIVE THE NAME OF CITY AND STATE YOU WERE PLACED ON PROBATION.

WHAT DATE DOES YOUR PROBATION END?

In 2003, Congress passed the Prison Rape Elimination Act (PREA) which created the National Prison Rape Elimination Commission. This commission was charged with developing standards for the elimination of sexual abuse when in confinement. The US Department of Justice (DOJ) was charged with reviewing the standards, making necessary revisions, and passing the final standards into law. These final standards became effective in June 2012.

Hennepin County has Zero Tolerance for sexual assault, battery, misconduct, and harassment.

- Sexual misconduct includes any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, or other agency representative. Sexual relationships of a romantic nature between staff and inmates are included in this definition. Sexual misconduct is comprised of consensual or nonconsensual sexual acts; completed, attempted, threatened, or requested sexual acts; or occurrences of indecent exposure, invasion of privacy, or voyeurism for sexual gratification.
- Sexual abuse can be defined as any sexual touching or contact which is non-consensual, forced or coerced in any manner, including but not limited to rape, sodomy, or unlawful touching as defined by Minnesota statute.
- Sexual harassment is repeated verbal statements or comments of a sexual nature, demeaning references to gender or derogatory comments about body or clothing and/or repeated profane or obscene language or gestures.

Reports of victimization can be made confidentially. All complaints of attempted sexual assault, battery, misconduct, and harassment shall be reported promptly and thoroughly investigated by the appropriate authorities. Information regarding a sexual assault, battery, misconduct, or harassment shall only be disclosed to those who need to know for the purpose of the investigation, decision making and/or prosecution.

Federal Regulations require Hennepin County to ensure that all contractors who have contact with residents and/or inmates have been trained on their responsibilities under the County's sexual abuse and sexual harassment prevention, detection and response policies and procedures. This obligation requires that the contractors adopt and comply with PREA standards (per standard §115.332 and 115.32, Contractor training).

As a Hennepin County Contractor, you are being provided with the Zero Tolerance policy. Once you have read and agreed to the information outlined in these PREA materials, you will be asked to sign a form indicating you have read and understood these PREA policies and practices.

There is a wealth of information available online regarding PREA standards. The most comprehensive website is the National PREA Resource Center (http://www.prearesourcecenter.org/). Additionally, you can contact your Hennepin County Contract Representative with any PREA questions you may have.

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## SECURITY SCREENING AUTHORIZATION

I authorize Hennepin County Sheriff's Office (HCSO) to complete a Security Screening check for the purpose of determining whether to grant access to facilities operated by the HCSO or the Hennepin County Department of Community Corrections and Rehabilitation (DOCCR). I hereby swear that all statements that I have made in this document are true, correct, and complete to the best of my knowledge. I understand that withholding any information or making any false statement on this application is grounds for my rejection as an applicant.

SIGNATURE DATE

## SHARING OF SECURITY SCREENING CHECK INFORMATION

I agree that when I provide security screening check information to either the Hennepin County Sheriff's Office (HCSO) or to the Hennepin County Department of Community Corrections and Rehabilitation (DOCCR) for the purpose of determining whether to grant access to facilities operated by the HCSO or the DOCCR, the HCSO and the DOCCR may share such information for said purpose without obtaining any additional consent from me. This authorization shall remain in effect so long as I seek access to such facilities in connection as a vendor, with my company's contract, volunteer status or employment with Hennepin County.

SIGNATURE DATE

## PRISON RAPE ELIMINATION ACT TRAINING CONFIRMATION

I have received material on the Prison Rape Elimination Act on the following page which outline:

- ✓ My responsibilities under Hennepin County's Policies and Procedures,
- ✓ HCSO and DOCCR's Zero Tolerance for sexual abuse, harassment, and misconduct, and
- ✓ Information on how to report sexual abuse and sexual harassment, and sexual misconduct.

I have been given the opportunity and have been encouraged to ask questions about the materials I have been given.

I understand the materials I have been given.

SIGNATURE DATE

***This Page must be completed by the Applicant***

# APPLICANT VERIFICATION

The information provided in my security screening check documents is true and complete to the best of my knowledge and recollection.

**I understand that falsifications, misrepresentations, or deliberate omissions of information in the completion of this Background Check or in any interviews may result in the inability to work as an employee or volunteer within Hennepin County**.

Applicant Signature

(An electronic signature is acceptable with a **color** copy of your driver's license)

Date

**Attach a color front and back copy of your current Driver's License or State Identification.**

***Failure to include it will delay the start of the security screening process.***

***This Page must be completed by the Applicant***

# MINNESOTA GOVERNMENT DATA PRACTICES ACT

APPLICANT DATA AUTHORIZATION/RELEASE

I am an applicant for a position as a Vendor, Volunteer or employee with the Hennepin County Sheriff's Office.

I hereby authorize the Hennepin County Sheriff and/or their designee to procure any and all information, oral and written, that may be required in connection with my contract employment or volunteer application. I fully understand that the information required will include and be limited to criminal record checks.

**I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the Hennepin County Sheriff and/or his designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or state statutory provisions to the extent I am authorized to do so.**

I hereby authorize and grant my informed consent to permit you to make photocopies for the Hennepin County Sheriff and/or their designee of data that concerns me and is in your possession.

In giving my consent, I understand the data gathered shall be used for the limited purpose of evaluating my application associated with the Hennepin County Sheriff's Office. Upon collection, the data shall be subject to classification under the Minnesota Data Practices Act and, if classified as public, may be subject to release by the Hennepin County Sheriff's Office without my consent.

The law enforcement agency requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

The original or copy of this authorization reflecting my signature is valid for a period of one year from the date below. I reserve the right to cancel this authorization prior to expiration by providing written notice to you and the law enforcement agency where I applied.

**Printed** Full Name

Birth Date

**(Use NMN if you do not have a middle name)**

**ACKNOWLEDGEMENT**

By placing my signature below, I hereby acknowledge that I understand the above and voluntarily agree to supply the requested information.

Applicant Signature

(An electronic signature is acceptable with a **color** copy of your driver's license)

Date

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