



**METRO REGIONAL
YOUTH DETENTION CENTER**

**FORMS FOR
BACKGROUND CLEARANCES**

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New and Returning Volunteers,

Thank you for your interest in volunteering with youth at Metro RYDC. Before you are able to be confirmed as a volunteer in our facility, there is a background clearance process that you **must** complete. This process has five phases and several steps of each phase that must also be completed. Below is a brief overview of the steps.

Completing Forms (Phase I)

Step 1: complete 12 pages relating to interest and background check. Forms to include:

- Visitor Consent To Search-1 pg (Attachment B);
- Volunteer/Intern Application-2 pgs;
- Volunteer and Intern Agreement- 1pg (Attachment C);
- Loyalty Oath (your signature required as Affiant)- 3 pgs (Appendix B);
- Background Investigation – 3 pgs (Appendix C);
- Georgia Driver's History Consent Form -1 pg (Appendix E)
- Applicant Self-Checklist for the Background Check- 1 pg (Appendix F)
- Provide your email address on fax cover page
- **Do not leave any form or questions blank! Use "N/A" if a question does not apply to you and do not have any scratch thrus or scribble marks.**

Step 2: Enclosed copy of state of GA issued ID and Social Security Card with signature

- Ensure that the GA state issued ID has not expired and has the same name and spelling of name on the forms in Step 1
- Ensure that the Social Security Card has the correct spelling of name and the same name appear on the state of GA issued ID
- If you do not have a social security card at the time of completing the forms, go to the social security office and request a card and attach, with your 12 pgs, the confirmation letter the Social Security representative will give to you before you leave the office

Step 3: Provide any confirmation from courts or police departments to show that you:

- Have paid tickets relating to a vehicle
- Have completed probation
- Are no longer on parole

Step 4: Be aware of dates

- Ensure that the date you sign matches the date of the notary's date
- Ensure that the date you forward 12 pages is within 30 days of the current calendar date

Step 5: Send forms to volunteer coordinator

Background Check (Phase II)

Step 1: Volunteer Coordinator receive forms then checks to ensure that all information was included

Step 2: Volunteer Coordinator to send confirmation email to volunteer or make phone call

Step 3: Volunteer Coordinator to process forms and send to Criminal History Unit on Mons and Thurs

Step 4: Criminal History Unit to send to Volunteer Coordinator clearance or request for more info

Step 5: Volunteer Coordinator to communicate to volunteer the status

- If clearance is provided for volunteer, Coordinator to schedule volunteer for Phase III
- If more info is needed from volunteer, Coordinator to contact volunteer; volunteer has to return info within 5 days
- If info is received within 5 days, volunteer coordinator to send to Criminal History Unit and await response; if not, then volunteer coordinator to shred volunteer forms

Fingerprinting (Phase III)

Step 1: Volunteer Coordinator to schedule fingerprint check for volunteers who have cleared Phase II

Step 2: Volunteer Coordinator to send email to volunteers with instructions for fingerprinting

Step 3: Volunteers to pick up packet from Metro RYDC get fingerprints and return confirmation back to facility by deadline

Step 4: Volunteer Coordinator to send email to volunteer regarding the receipt of fingerprints

Step 5: Volunteer Coordinator to receive fingerprinting confirmation, file confirmation in volunteer folder, wait for Criminal History Unit to send final determination (clearance or non clearance) letter

Step 5: Volunteer Coordinator receives determination letter and sends confirmation or regrets to volunteer

Volunteer Orientation (Phase IV)

Step 1: Volunteer Coordinator to send and invitation to volunteer for orientation with date and time

Step 2: Volunteer to respond favorably or send regrets for orientation

Step 3: Volunteer to complete orientation and tour of facility

Volunteer Calendar (Phase V)

If you reach Phase V, then your program will be added to the current calendar and you may begin working with Metro Youth. CONGRATULATIONS!

All the best,



Carrie T. Hamilton

Facility: Metro Regional Youth Detention Center

VISITOR CONSENT TO SEARCH

By state law, all information about the youth at this facility, including their identities, is considered confidential and privileged information. I understand that I must keep any information I may learn about the youth at this facility confidential.

I understand that I may not possess any weapon or any object that can be made into a weapon, knife, cell phone, alcoholic beverage, drug, sexually explicit or obscene material, or any other forbidden items while on DJJ property. I agree that I will not give any of the above items to any youth at the DJJ facility, nor any other contraband, including but not limited to, cigarettes or other tobacco products, matches, lighters or money. I understand that if I violate any of the above prohibitions or any other rules of the facility that I may be denied future visits to the facility and may be referred for prosecution, which could result in my imprisonment for 1 to 5 years.

As a condition of my admittance to the facility, I consent to a search of my person, and any minor child accompanying me, by means of a frisk or pat down or by use of a mechanical device. I understand that if I refuse to submit to any search that I will be refused admission to the facility. I understand that handbags, briefcases, and packages are prohibited.

Name of Volunteer/Intern/Advisory Council Member:

Role: Volunteer

(Volunteer, Intern, Advisory Council)

Start Date of Volunteer/Intern/Advisory Council Member:

Signature

Date

**Place the signed form into volunteer/intern/advisory council member's file.



Volunteer / Intern Application

Name:		DOB:	
Street Address:			
City:		State:	Zip Code:
Home Phone:		Alternate Phone:	

Education

High School Graduate or Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No		College Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University Attended	City and State	Field of Study	Degree	Year

Work History

Current / Last Employer:			Job Title:	
Address:			From:	To:
City:	State:	Zip:	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	
Job Duties:				
Employer:			Job Title:	
Address:			From:	To:
City:	State:	Zip:	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	
Job Duties:				
Employer:			Job Title:	
Address:			From:	To:
City:	State:	Zip:	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	
Job Duties:				

Community Affiliations (church, clubs, organizations)

Special Skills, Talents, Training

--

Hobbies and Recreational Activities

--

**Reason for wanting to volunteer / intern with the Department of Juvenile Justice
What do you hope to gain from this experience?**

--

Times available for volunteer / intern work:

	Hours Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

References (do not include relatives)

Name	Address	Phone #	Association

How did you hear about our volunteer / intern program?

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I certify that all information on this application is correct. I authorize any agent of the Department of Juvenile Justice to verify this information. I understand that I will be subject to a background investigation as a part of this application process.

Applicant's Signature: _____

Date: _____



Volunteer and Intern Agreement

For regularly scheduled volunteers and interns only:

I agree to volunteer to serve for the Department of Juvenile Justice. As a volunteer, I agree to:

1. Report as follows:

Day	Start Time	End Time

2. Undergo a training and orientation.
3. Provide volunteer services in the following areas:

For ALL volunteers and interns (both regularly scheduled and one-time volunteers)

Initial:

- I will keep confidential all matters that are classified as confidential, including the identities of the youth.
- I will interpret "volunteer" to mean that I have agreed to work without monetary compensation, but I will meet the same ethical and professional standards required of permanent staff.
- I will maintain an attitude of open-mindedness.
- I will complement the work of facility / program staff and contribute to good teamwork.
- I will maintain a professional attitude towards volunteer work, including accepting an obligation for the completion of work and meeting professional obligations to those who direct the program, to fellow colleagues, to those for whom the work is done, and to the general public.
- I will accept the differences among people in terms of culture, economic background, race, religion, and values.
- I agree to comply with all facility / program policies and procedures, especially those related to security.

Signature of Volunteer: _____

Date: _____



STATE OF GEORGIA STATE SECURITY QUESTIONNAIRE LOYALTY OATH

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each applicant/employee to complete and sign, prior to his/her employment in State government, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence, or who is a knowing member of a subversive organization. Georgia Code 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

INSTRUCTIONS: All items must be completed on a typewriter or printed in ink. If more space is needed for any item, or explanation, continue under item 11. This questionnaire and loyalty oath will be filed in the employee's personnel file in the employing agency. The employee may request that a copy be executed for his/her personal files.

FULL NAME, INCLUDING MAIDEN NAME, NAMES OF FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES AND NICKNAMES AND THE DATES USED.				
1.	LAST NAME:	FIRST NAME:	MIDDLE NAME:	PHONE #: ()
	MAIDEN NAME:	DATES USED:	NICKNAMES:	DATES USED:
	OTHER NAMES, INCLUDING ALIASES & FORMER MARRIAGES:			
	NAME:	DATES USED:	NAME:	DATES USED:

2.	ADDRESS: (No. and Street):	APT. NO.:	CITY:	STATE:	COUNTY:	ZIP CODE:
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3.	DATE OF BIRTH:	U.S. CITIZEN Nationality: <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE:	SEX:
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4.	<p>Are you now or have you been within the last ten years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or of the government of the State of Georgia by force or violence? If "Yes", state the name of the organization and your past and present membership status including any offices held therein.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NOTE: If the answer to the above question is "Yes" and the employing authority deems further inquiry necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the result of such inquiry brings your application within the prohibition within the Sedition and Subversive Activities Act of 1953.</p>
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5.	LIST CHRONOLOGICALLY ALL OF YOUR PREVIOUS RESIDENCES FOR THE PAST TEN YEARS:			
	DATES			
	FROM	TO	STREET ADDRESS	CITY
				STATE

6.	LIST NAMES AND ADDRESSES OF THE FOLLOWING:	
	SPOUSE: (MAIDEN NAME)	ADDRESS:
	FATHER:	ADDRESS:
	MOTHER:	ADDRESS:

7. MILITARY SERVICE: (PAST OR PRESENT)							
		ACTIVE SERVICE:		ACTIVE OR INACTIVE SERVICE:		DISCHARGE:	
SERIAL NUMBER	BRANCH	FROM	TO	FROM	TO	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other <i>If discharged other than honorably, explain in Item 11.</i>	

8. Have you ever been convicted by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Include traffic violations for which a fine of more than \$35.00 was imposed. All other convictions must be included even if they are pardoned.) <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "Yes", state the reason convicted, the date convicted and the place where convicted.			
CHARGE ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED	PARDONED
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Are there any charges now pending against you by Federal, State, or other law enforcement authorities, for any violation of any federal law, State law, county or municipal law, regulation or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less would likely be imposed.) <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "Yes", provide the following information:		
VIOLATION CHARGED	NAME OF GOVERNMENT	NAME OF COURT & LOCATION WHERE PENDING

10. If you are applying for a position which requires certification by the Georgia Peace Officers Standards and Training Council, have you ever had any charge(s) disposed by other than a conviction (excluding expungement)? Examples are: Pleas of <i>Nolo Contendere</i> , Disposition of charges under the First Offender Act, Dismissal of charges. <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "Yes", provide the following information:		
VIOLATION CHARGED	NAME OF GOVERNMENT	NAME & LOCATION OF COURT

NOTE: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Code Section 16-10-71 of the Criminal Code of Georgia.

11.	SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers & explanations apply. Attach separate sheet if more space is needed.)

LOYALTY OATH

I, (Print Name) _____, a citizen of _____ and being an employee of the Department of Juvenile Justice and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia, and I am not a member of the Communist Party.

(Signature of Affiant)

AFFIDAVIT OF VERIFICATION

_____ County (Where Notarized) _____ State

The above named individual personally appeared before the undersigned officer, duly authorized to administer oaths, who, after being duly sworn, deposes and says and declares under penalties of false swearing that he is the person who executed the foregoing instrument; that he has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him in the foregoing questionnaire, and loyalty oath, including any attachments thereto, are true and correct.

(Signature of Affiant)

SWORN TO AND SUBSCRIBED BEFORE ME: This _____ day of _____, 20____

(Notary Public)

My commission expires _____ County _____

ATTACH COPY OF DRIVERS LICENSE/GOVERNMENT ISSUED ID
Applicant Self-Checklist for Background Investigation
STOP



Background Investigation Notice and Authorization to Release Information

I understand that I am being considered for an employment/volunteer/intern/contract position with the Georgia Department of Juvenile Justice that allows contact with youth, and that an investigation of my background will be conducted as part of the selection process. The background investigation will include the investigation and/or verification of a portion or all of the following:

- Criminal record check;
- Employment history;
- Education history;
- Professional credentials;
- Credit history;
- Military service record investigation;
- Fingerprint check;
- Driver's history; and/or,
- Any information provided on the State of Georgia Application for Employment and/or State of Georgia Security Questionnaire Loyalty Oath.

I understand that any information obtained during the investigation, including the falsification and/or misrepresentation of any statement of material fact on required state forms, may result in the withdrawal of an employment/volunteer/intern/contract offer or termination if already employed/volunteering/interning/contracting.

I understand that I am required to disclose on the State of Georgia Security Questionnaire Loyalty Oath any conviction or plea of nolo contendere for any crime, including drug-related offense(s) and **traffic offenses where the fine was greater than \$35**. I understand that I am also required to disclose any conviction or plea of nolo contendere related to driving while under the influence. I further understand that I may be disqualified from employment/volunteering/interning/contracting if I fail to disclose all such information.

I understand that I will be **ineligible for employment/volunteering/interning/contracting** with the Department of Juvenile Justice if I am on active probation for any criminal or traffic-related conviction, if I have a pending criminal charge for any criminal offense or an active felony or non-felony warrant, or if I have been convicted of any of the following crimes:

- Any felony;
- Misdemeanor assault, battery, or sexual offense when the victim was a minor;
- Contributing to the delinquency of a minor;
- Misdemeanor sexual-related offense(s): including, keeping a place of prostitution, pimping, and pandering;
- Criminal attempt when the crime attempted is any of the crimes specified by this paragraph; or
- Any other offenses committed in another jurisdiction which if committed in this state would be one of the enumerated crimes listed in this paragraph.

I understand that I will be **ineligible for employment/volunteering/interning/contracting** with the Department of Juvenile Justice if:

- Tested positive on a state-agency required drug screen in the past 2 years.

- I entered a plea of nolo contendere or have been convicted of a misdemeanor violation of the Georgia Controlled Substances Act if such plea/conviction occurred within the previous 2 years;
- I entered a plea of nolo contendere or have been convicted of a first-time drug related criminal offense within the past 3 months;
- I have 2 or more convictions or pleas of nolo contendere for driving under the influence (or any similar charge) within the previous 5 years.

NOTE: The Drug-free Public Work Force Act stipulates, in part, that on or after July 1, 1990, any applicant, employee, volunteer, intern, or contractor who has been convicted for the second or subsequent time of a misdemeanor drug-related offense shall be ineligible for employment/volunteering/interning/contracting for a period of 5 years from the date of the most recent conviction.

I further understand that I will be **ineligible for employment** in any job requiring the transportation of juveniles or other staff while on Department of Juvenile Justice (Department) business if I have entered a plea of nolo contendere to or have been convicted of driving under the influence (or any similar charge) within the past 2 years. This provision applies to both job applicants and current Department employees.

I authorize the release of all information pertaining to my education, military, and employment history and any other information provided on applicable forms used in the selection process to any designated Department official. I further authorize the release of any criminal history record information pertaining to me that may be maintained by any federal, state, or local criminal justice agency to designated Department official(s).

I understand that if I refuse to sign this release form, the employment/volunteer/intern/contractor process will be terminated.

If hired/selected, I understand that this authorization shall remain in effect throughout my employment/volunteering/interning/contracting with the Department and shall serve as authorization for the Department to obtain information pertaining to my criminal history record(s) as necessary for valid business reasons.

If hired/selected, I understand that I am required to report all arrests and/or convictions to my supervisor within 24 hours of or the next business day following the date of the arrest and/or conviction.

A copy of this form may be used in lieu of the original.

Changes to this form, strikethroughs or white out/liquid paper are not permissible. Applicants must complete a new consent form if a change or correction is necessary.

Signature of Applicant

Date

Signature of Hiring Manager

Date

DJJ INFORMATION	
FACILITY/WORK UNIT NAME:	POSITION APPLIED FOR:
FACILITY/WORK UNIT CONTACT NAME:	FACILITY/WORK UNIT CONTACT PHONE #:

APPLICANT/EMPLOYEE PERSONAL DATA					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PLACE OF BIRTH:		DATE OF BIRTH:		SOCIAL SECURITY #:	
DRIVERS' LICENSE/GOVERNMENT ID #:		EXPIRATION DATE:		STATE OF ISSUE:	
SEX:	RACE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:

SWORN AND SUBSCRIBED BEFORE ME:

This _____ day of _____, 20__

Notary Public Signature and Seal

My commission expires _____

**Georgia Bureau of Investigation
Georgia Crime Information Center
Georgia Driver's History Consent Form**

I hereby authorize the Department of Juvenile Justice to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Print Full Name: _____

M F _____

Sex

Date of Birth

Driver's License Number

Signature

Date

My signature on this document shall also serve as authorization for the Department of Juvenile Justice to request driver's history information from any other state or territory in which I have been licensed.

***The section below must be completed by all applicants for the following positions:
Juvenile Correctional Officer, Juvenile Probation/Parole Specialist, Juvenile Program Manager,
Transportation Officer***

States you have possessed a driver's license in the past 10 years: (check what applies)

- Georgia Driver's License ONLY for the past 10 years
- Military Driver's License ONLY for the past 10 years
- Military Driver's License from (yr) _____ to (yr) _____
- States other than Georgia (list years and states below)

State _____ From (yr) _____ To (yr) _____

State _____ From (yr) _____ To (yr) _____

State _____ From (yr) _____ To (yr) _____

State _____ From (yr) _____ To (yr) _____

State _____ From (yr) _____ To (yr) _____

NOTE: All traffic citations after your 16th birthday for which a fine of more than \$35 was imposed must be listed on the State Security Questionnaire Loyalty Oath.

Have you ever had your license suspended? YES (complete information below) NO

Year of Suspension: _____

Reason: DUI / DWI Points Insurance related

Other: _____

Signature: _____

Date: _____



Applicant Self-Checklist for the Background Check

Stop, do not complete an application until you complete your self-checklist. Completion is mandatory.

I understand that I will be **ineligible for employment/volunteering/interning/contracting** with the Department of Juvenile Justice if I am on active probation for any criminal or traffic-related conviction, if I have a pending criminal charge for any criminal offense or an active felony or non-felony warrant, or if I have been convicted of any of the following crimes:

- Any felony;
- Misdemeanor assault, battery, or sexual offense when the victim was a minor;
- Contributing to the delinquency of a minor;
- Misdemeanor sexual-related offense(s): including, keeping a place of prostitution, pimping, and pandering;
- Criminal attempt when the crime attempted is any of the crimes specified by this paragraph; or
- Any other offenses committed in another jurisdiction which if committed in this state would be one of the enumerated crimes listed in this paragraph.

I understand that I will be **ineligible for employment/volunteering/interning/contracting** with the Department of Juvenile Justice if:

- Tested positive on a state-agency required drug screen in the past 2 years.
- I entered a plea of nolo contendere or have been convicted of a misdemeanor violation of the Georgia Controlled Substances Act if such plea/conviction occurred within the previous 2 years;
- I entered a plea of nolo contendere or have been convicted of a first-time drug related criminal offense within the past 3 months;
- I have 2 or more convictions or pleas of nolo contendere for driving under the influence (or any similar charge) within the previous 5 years.

NOTE: The Drug-free Public Work Force Act stipulates, in part, that on or after July 1, 1990, any applicant, employee, volunteer, intern, or contractor who has been convicted for the second or subsequent time of a misdemeanor drug-related offense shall be ineligible for employment/volunteering/interning/contracting for a period of 5 years from the date of the most recent conviction.

PLEASE ANSWER THE FOLLOWING QUESTIONS USING INFORMATION BACK TO YOUR 16TH BIRTHDAY

1. Do you have a pending criminal charge or are you on active probation? Yes No
2. Have you been convicted of any felony? Yes No
3. Have you been convicted of an assault, battery or sexual offense when the victim was a minor?
 Yes No
4. Have you been convicted of contributing to the delinquency of a minor? Yes No
5. Have you been convicted of misdemeanors involving drugs and/or alcohol-One in the past 2 years or 2 in the past 5 years? Yes
 No

If you answered yes to any question above, you are not eligible for employment with DJJ. If you answered no to all questions or if you have a conviction under First Offenders Act, you may apply and be considered for DJJ employment. Please go to the next set of questions.

6. I currently have a valid Driver's License from the State of Georgia? Yes No
7. If you answered no to #6, and your valid Driver's License is from another state in the U.S., check the correct answer:
 Yes (but I am moving to Ga. and getting a Ga. license)
 No (I live in another state and I'll drive into Ga. each day)

All applicants are considered for employment as long as they have a valid Driver's License and will get their Ga. License when they move permanently to Ga. Individuals living in other states may work for DJJ with a valid Driver's License from their home state.

Any applicant who is offered a job with DJJ must, by State regulations, complete the official Background Check. If you are offered a job with DJJ, you will be permitted to explain any background information in more detail in the official paperwork.

I certify that all information on this checklist is correct. I authorize the Department of Juvenile Justice to verify this information.

Print Name: _____

Date: _____

Address: _____

City/State: _____

Signature: _____