

In order for Ramsey County Community Corrections (RCCC) to be in compliance with the directives of the Prison Rape Elimination Act (28 CFR Part 115.17, Part 115.317), all applicants,

Signature	
Name (print)	Date
By signature, I affirm that I understand answered all truthfully.	why the above questions are necessary and that I have
to obtain employment, contract work, v Department of Corrections. I hereby re employees, or related personnel, both damages of whatever kind, which may	n is necessary for determining my eligibility and suitability volunteer work, or an internship with the Ramsey County elease any individual or institution, including its officers, individually and collectively, from any and all liability for at any time result to me, because of compliance with this formation or any attempt to comply with it.
4. Have you ever resigned from emplo yes, please explain.	yment pending investigation for sexual misconduct? If
3. Have you been convicted in a civil chave engaged in the activity described	ourt (civilly adjudicated) or administratively adjudicated to in #2 above? If yes, please explain.
	ng or attempting to engage in sexual activity in the r implied threats of force, or coercion, or if the victim did or refuse? If yes, please explain.
Have you ever engaged in sexual all facility, juvenile facility, or other institut	ouse in a prison, jail, lockup, community confinement ion? If yes, please explain.
required to answer the following quest	rs or interns who have received a verbal offer for hire are ions as honestly and completely as possible. Failure to or untruthful responses may result in the rescinding of by Department Administration.

TENNESSEN WARNING: NOTICE OF RIGHTS

In accordance with the Minnesota Government Data Practices Act, Ramsey County is required to inform you of your rights as they pertain to the private information collected from you. Your personal information we collect from you is private. Access to this information is available only to you and the agency collecting the information and other agencies listed below, unless you or a court authorizes its release.

The Minnesota Government Data Practices Act requires that you be informed that the following information, which you are asked to provide, is considered private: Full current name, other names known as, Social Security Number, Date of Birth, State of Residence, Other States of Residency, fingerprints, Sex, Race, Height, Weight, Eye Color, Hair Color, Driver's License Number and Issuing State.

The purpose and intended use of the requested information is to conduct a criminal background check to determine if you are suitable for any of the following categories: Employee, Volunteer, Intern, Contractor, and Vendor.

You are NOT legally required to provide this information to us. Furnishing the above information is voluntary, but refusal to supply the requested information will mean you will not be considered for any of the categories listed above.

Authorized persons or agencies with whom this information may be shared include: Ramsey County Community Corrections, Ramsey County Sheriff's Department, Ramsey County Human Resources, Minnesota Department of Corrections, Minnesota Department of Human Services, Minnesota Bureau of Criminal Apprehension, and Federal Bureau of Investigation.

Print Name		
Signature	(authorized for 1 year)	
Date		

7.14