

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 135.00

EFFECTIVE DATE: 23 December 2024

**SUBJECT: PRE-EMPLOYMENT
PROCESSING**

POLICY DIRECTIVE

PURPOSE:

To establish policy and procedure that ensures personnel are selected on the basis of merit and specified qualifications and to provide uniformity in the hiring process of all prospective Division of Corrections and Rehabilitation (DCR) employees.

REFERENCE:

18 U.S. Code §922(g); 50 U.S. Code, Chapter 49; WV Code §§15-1F-10, 15-2C-1 *et seq.*, 15A-3-5, 16A-1-1 *et seq.* (Medical Cannabis Act), and 61-7-7; ACA Expected Practices 5-ACI-1C-10, 14, and 15, 5-ALDF-7B-01, 03, and 04, 5-ALDF-7C-03, 4-JCF-6C-01, 05, and 06, 3-JDF-1C-06, 13, and 14, 1-JDTP-1C-09 and 16, 2-CO-1C-13, 18, and 19, 1-CTA-1C-04 and 06, 2-CI-6C-3 and 2-CI-6D-4, 4-APPFS-3A-02 and 04, 4-APPFS-3E-08 and 09; Prison Rape Elimination Act (PREA) §§115.17 and 115.317; Division of Personnel Policies DOP-P02 Drug- and Alcohol-Free Workplace, DOP-P9 Employment References, and DOP-P11 Posting of Job Openings; and 143CSR4 Title 143 West Virginia Division of Personnel Pre-Employment Reference and Inquiries Rule.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instructions on the subject including DCR Policy Directive 135.00, dated 11 December 2024.

APPLICABILITY:

All facilities and work units within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution.

DEFINITIONS:

Appointing Authority: The executive or head of a department or agency who is authorized by statute to appoint employees in the classified or classified-exempt service.

Classified Service: Those positions which satisfy the definitions for “class” and “classify,” and which are covered under the Division of Personnel merit system standards.

Classified-Exempt Service: As established by statute, those positions which satisfy the definitions for “class” and “classify” but which are not covered under the Division of Personnel merit system standards or employment standards of the higher education systems.

Controlled Substance: As defined in the Division of Personnel Policy DOP-P02 Drug and Alcohol-Free Workplace, a federally regulated substance listed in Schedules I through V or a controlled substance analogue as provided in the Controlled Substance Act (21 U.S.C. 801 *et seq.*) and/or a substance listed in WV Code §60A-2-201, *et seq.*, that when taken into the body, may or may not impair one’s mental faculties and/or physical performance.

Physical Examination: Evaluation of a patient’s current physical condition and medical history conducted by or under the supervision of a licensed health care professional.

Temporary Employment: Limited term employment exempt from the classified service.

POLICY:

- I. In accordance with the Division of Personnel’s (DOP) *Posting of Job Openings* policy (DOP-P11), an agency with classified (i.e., civil service) employees has the responsibility to adhere to merit principles and to apply these principles in the classification of their positions, and the selection process.
- II. All facilities and work units shall comply with all procedures outlined herein during the hiring of individuals seeking classified, classified-exempt or temporary employment with the Division of Corrections and Rehabilitation (DCR). Pre-employment processes are typically the responsibility of the human resources department. Work units without on-site human resources staff may coordinate with local DCR facilities to assist with pre-employment processes. Each superintendent, or work unit supervisor/director as appropriate, shall ensure that the following procedures occur as noted below.
 - A. When appropriate, the human resources department/designee will notify qualified individuals of the date and time of their interview.
 - B. Applicants for Correctional Officer and Probation and Parole Officer positions must complete the online Correction Selection Inventory (CSI). This can be accomplished at the beginning of the pre-employment process but must be completed prior to the

structured interview. If the applicant's CSI results are over six (6) months old, the applicant shall complete a new CSI. A new CSI will also be completed anytime a DCR employee is requesting to transfer into a Correctional Officer or Probation and Parole Officer position.

- C. Designated staff shall conduct the initial interview of applicants to determine whether they will continue in the hiring process.
 1. Superintendents, or work unit supervisors/directors as appropriate, shall provide or approve appropriate structured interview questions relevant to the duties of the position to assist in determining the applicant's suitability for the position.
 2. All applicants shall be asked about misconduct utilizing the Sexual Misconduct Questionnaire as contained in the *DCR PREA Manual*. The applicant's response to those questions ensures that the DCR shall not hire anyone who may have contact with inmates or residents who:
 - a. Has 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).
 - 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.
 - c. Has been civilly or administratively adjudicated to have engaged in the activity described above.
 3. The DCR shall also consider any incident of sexual harassment in determining whether to hire anyone, who may have contact with inmates or residents.
 4. Correctional Officer and Probation and Parole Officer applicants who scored low in any areas of concern on the CSI shall be required to answer additional interview questions as provided by the CSI.
- D. The following steps (#1 through #5) are required for all applicants who successfully complete the initial structured interview and are recommended for further consideration. However, these actions may be taken prior to the initial interview for efficiency.
 1. Verification of Selective Service registration (male applicants).
 - a. No male person who has attained the age of eighteen (18) years who fails to be in compliance with the Military Selective Services Act is eligible for employment by or service with the state or a political subdivision of the state, including all boards, commissions, departments, agencies, institutions and instrumentalities.

- b. In order to ensure compliance with state law, when employing males between the ages of eighteen (18) and twenty-five (25), the DCR shall attach a copy of the applicant's Selective Service Registration Card to the personnel transaction.
 - c. Verification is not required of applicants who are twenty-six (26) years of age or older.
 - d. In accordance with the Military Selective Service Act, 50 U.S.C. §49, the provisions shall not be applicable to any alien lawfully admitted to the United States as a nonimmigrant for as long as he continues to maintain a lawful nonimmigrant status in the United States.
2. Correctional Officer applicants shall undergo a pre-agility physical examination in accordance with **Attachment #1**.
- a. The pre-agility physical examination shall be conducted by appropriate medical personnel or the applicant's physician/practitioner of choice at their expense. Facilities without medical departments shall make arrangements for the pre-agility physical examination.
 - b. Correctional Officer applicants who pass the pre-agility physical examination shall complete the established Physical Agility Test.
3. Applicants are required to review and sign acknowledging their understanding of the applicable Conditions of Employment. The applicant is given a completed copy, and the original shall be maintained with the applicant's background investigation information.
- a. Applicants for Correctional Officer or Probation and Parole Officer are provided **Attachment #2**.
 - i. Correctional Officer and Probation and Parole Officer candidates must be legally able to possess a weapon.
 - ii. WV Code §61-7-7 provides no person shall possess a firearm who has been convicted of a crime punishable by imprisonment for a term exceeding one (1) year; is habitually addicted to alcohol; is an unlawful user of or habitually addicted to any controlled substance; has been adjudicated to be mentally incompetent or who has been involuntarily committed to a mental institution; is an alien illegally or unlawfully in the United States; has been discharged from the armed forces under dishonorable conditions; is subject to a domestic violence protective order; or has been convicted of a misdemeanor offense of assault or battery either (in certain domestic related situations).

- iii. 18 U.S.C. §922(g) states it is unlawful for any person who is an unlawful user of or addicted to any controlled substance to possess a firearm. The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the State.
 - b. Applicants for all positions other than Correctional Officer or Probation and Parole Officer are provided with **Attachment 3**.
4. All applicants are advised they must undergo a background check, including criminal records checks in accordance with state and federal guidelines. Applicants acknowledge their understanding and authorization by signing a Background Investigation Applicant Authorization (**Attachment #4**) and an Authority to Release Information (**Attachment #5**).
- a. A completed and signed copy of the Background Investigation Applicant Authorization (**Attachment #4**) will be provided to a terminal operator at a National Crime Information Center (NCIC) terminal to conduct an NCIC Interstate Identification Index (III) (often referred to as “triple i”) and driver’s license query as follows:
 - i. Facilities with NCIC terminals (Huttonsville Correctional Center and Jail, Mount Olive Correctional Center and Jail, and St. Marys Correctional Center and Jail) will complete their own background checks on applicants.
 - ii. Bureau of Juvenile Services (BJS) and DCR Central Office background checks for applicants will be completed by the designated NCIC terminal at Central Office.
 - iii. All other facilities and Parole Services will have their background checks for applicants completed by the NCIC terminal operator at the DCR Corrections Emergency Operations Center.
 - b. A III will also be requested by submitting fingerprints of the applicant via the LiveScan terminal to the West Virginia State Police as a “law enforcement applicant.” Facilities and other work units without a LiveScan terminal (e.g., parole offices, Central Office, etc.) will require the applicant to submit their prints via a LiveScan terminal at a convenient DCR location.
 - c. If suspect information on matters with potential terrorism connections is returned on an applicant, it is forwarded to the West Virginia Fusion Center.
 - d. Correctional Officer and Probation and Parole Officer applicants’ backgrounds must be clear of felony convictions. Upon discovery (either through self-admission or background check) of a Correctional Officer or Probation and Parole Officer applicant having a prior felony conviction, no additional pre-

employment steps are to be taken. The applicable Assistant Commissioner or Chief of Staff shall review misdemeanor convictions for consideration and approval.

- e. Felony and misdemeanor convictions will be considered on a case-by-case basis with regard to the effect it would have on the applicant's job performance for all other positions. Factors to be considered when determining whether convictions have a connection to the duties and responsibilities of the position include but are not limited to nature and gravity of offense(s), age at time of conviction, length of time since conviction, sentence imposed, rehabilitation received, specific prohibitions in State Code, and employment history before and after conviction. Prior to a conditional offer of employment, the applicable Assistant Commissioner or Chief of Staff shall be provided with the specific circumstances for consideration and approval.
 - f. Applicants for employment in the BJS will also complete and sign the Authorization and Release for Protective Services Record Checks for Providers and Agency Personnel for Employment Purposes (**Attachment #6**) provided by the Department of Human Services, Bureau for Social Services. Responses will be returned to the human resource department of the facility or work unit. The Protective Services Record Check will also be completed anytime a DCR employee is requesting to transfer into BJS.
5. In accordance with DOP's *Employment References* policy (DOP-P9), an appointing authority may not employ or offer employment to an applicant until the appointing authority has verified the applicant's relevant past employment and has obtained references indicative of the applicant's skills, abilities and performance which can be used in the overall evaluation of the applicant's fitness for employment.
- a. Applicants are asked to provide the name, address, and telephone number of three previous employers. Academic or volunteer references may be considered only if such references supply relevant job-related information. Use of personal references such as friends or relatives is discouraged.
 - b. Obtain the applicant's written consent prior to initiating any employment verification reference process by having him/her complete DOP Employment References, Reference Request for Employment with the State of West Virginia (**Attachment #7**).
 - c. References may also be obtained by telephone, fax, or email using **Attachment #7** to document oral inquiries.
 - d. If employment verification or other reference information cannot be obtained, the reason should be noted.

- E. An applicant who successfully completes the pre-employment processes described above and who has been selected for employment may be offered conditional employment at the discretion of the superintendent or work unit supervisor/director, as appropriate. The conditional offer of employment will be made on the letter template provided by the DOP (**Attachment #8**). The anticipated starting salary per hour must include four (4) decimal places (e.g., \$00.0000). This letter is to be signed by the facility Superintendent or Acting Superintendent. For non-facility work units, the letter is to be signed by the work unit supervisor or director, as appropriate.
- F. The applicant shall be advised that the conditional offer of employment is contingent upon successfully satisfying the remaining requirements in the employment process, including passing the pre-employment drug screening and background check suitability determination, as well as all necessary approvals being received.
- G. It is strongly recommended that background checks for suitability determination include other sources of information (e.g., internet search engines, social media, etc.)
- H. If it is determined the applicant omitted or misrepresented information of material fact in his/her application for employment during the interview or is otherwise unsuitable for employment in the position, the Appointing Authority may, at his or her discretion rescind the conditional offer of employment. Failing to cooperate with the background check process, providing false or incomplete information, or discovery of disqualifying information will result in denial of or dismissal from employment irrespective of when discovered.
- I. In accordance with state code, all prospective DCR employees shall pass a pre-employment drug screening prior to being hired. All facilities and work units shall use the same testing procedures and panels for pre-employment purposes as determined by the Commissioner or designee. The drug screening will be conducted by designated DCR staff trained to conduct urinalysis (not the medical provider) who shall complete a Prospective Division of Corrections and Rehabilitation Employee Drug Screening form (**Attachment #9**) and shall not be conducted until the applicant has been offered and accepted conditional employment. If the drug screening is positive, the presumptive positive sample is sent for confirmation testing by an agency-designated approved laboratory for a confirmed analytical result.
 - 1. The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the State. Accordingly, applicants who possess a medical cannabis card shall not be selected for employment.
 - 2. In compliance with federal and State regulations, regarding alcohol, drugs, or controlled substances, including the provisions of the Drug-Free Workplace Act of 1988, reporting to work under the influence of a controlled substance (defined above) or illegal drugs is prohibited in the workplace.

3. Employees are required to notify the human resource department of the use of a controlled substance or illegal drug, whether prescribed or over the counter, that may substantially affect the performance of job responsibilities and give rise to a safety issue.
- J. For applicants who currently or previously worked for another DCR facility or work unit, the superintendent or work unit supervisor/director as appropriate (or designee) shall contact the other facility or work unit for employment reference information.
- K. Once all necessary approvals have been received for the selected applicant to start employment, unsuccessful applicants who completed the initial interview process shall be notified they were not selected. Pre-employment files for those not selected can be destroyed after two (2) years. Documents or records that are relevant to any official investigation or litigation, whether underway or potential (on "Litigation Hold"), must be retained until the matter is resolved.
- L. When selecting a "rejection code" on a DOP register, the designation of "Not Suitable for Employment – Failed Background Check or Failed Drug Screening" may only be used when coding a register for Correctional Officer and Probation and Parole Officer applicants and the background check reveals felony conviction(s); and when coding a register for any position and drug screening results are confirmed positive by an agency-designated approved laboratory and results are not due to a prescription from a licensed health care professional.
 1. When coding applicants for positions other than Correctional Officer and Probation and Parole Officer as "Not Suitable for Employment" due to **felony conviction(s)** which would have a negative effect on the applicant's job performance, note that the determination is location-specific and does not apply to all facilities and work units in the DCR.
 2. When coding applicants for all positions as "Not Suitable for Employment" due to a **misdemeanor conviction**, note that the determination is location-specific and does not apply to all facilities and work units of the DCR.
 3. Applicants coded as "Failed Drug Screening" will return to the register after one hundred and eighty (180) days. Upon re-interview, the applicant will have to pass a drug screening and provide proof of drug treatment.
4. Once the selected applicant has accepted the conditional offer of employment and no later than the first day of employment, he/she must verify his/her identity and employment authorization by completing the U.S. Citizenship and Immigration Services I-9 Form. This includes citizens and noncitizens. The I-9 Form and detailed instructions can be found on the U.S. Citizenship and Immigration Services website.
5. In order to verify his/her identity and employment authorization, the applicant must provide a valid driver's license and social security card, which shall be copied and

maintained in the new employee's confidential personnel file. (For non-facility staff without a valid driver's license, a list of acceptable documents to establish identity are listed in the I-9 instructions.)

- III. In order to ensure all required procedures outlined in this Policy have been completed, the Pre-Employment Checklist (**Attachment #10**) will be used.
- A. This is an internal measure to ensure uniformity in the hiring process.
 - B. Division of Administrative Services (DAS) may also provide a Checklist for Transactions listing all documentation that is required to be sent to DAS.

ATTACHMENT(S):

- #1 Report of Physical Examination (2 pages)
- #2 Conditions of Employment – Correctional Officer and Probation and Parole Officer (2 pages)
- #3 Conditions of Employment – Non-Uniformed Positions (2 pages)
- #4 Background Investigation Applicant Authorization (2 pages)
- #5 Authority to Release Information
- #6 Authorization and Release for Protective Services Record Checks for Providers and Agency Personnel for Employment Purposes (**BJs only**) (2 pages)
- #7 DOP Employment References, Reference Request for Employment with the State of West Virginia (Attachments A and B of DOP-P9) (3 pages)
- #8 Conditional Offer of Employment letter template
- #9 Prospective Division of Corrections and Rehabilitation Employee Drug Screening
- #10 Pre-Employment Checklist (Internal Use Only)

APPROVED SIGNATURE: William K. Marshall III 12/23/2024
William K. Marshall III, Commissioner Date

WEST VIRGINIA DIVISION OF CORRECTIONS AND REHABILITATION
REPORT OF PHYSICAL EXAMINATION

PLEASE PRINT

Name: _____
Last First Middle

Home Address: _____
Street

City State Zip

Date of Birth: _____ Height: _____ Weight: _____

Phone: _____

ATTENTION MEDICAL PERSONNEL: This individual is an applicant for employment with the West Virginia Division of Corrections and Rehabilitation. Applicants for employment are required to participate in moderate physical activity for physical agility testing.

CLINICAL EVALUATION

Check Each Item:	Normal	Abnormal
Lungs & Chest	_____	_____
Heart	_____	_____
Vascular System	_____	_____
Abdomen/Viscera	_____	_____
G-I System	_____	_____
Upper extremities	_____	_____
Lower extremities	_____	_____
Feet	_____	_____
Spine	_____	_____
Other Musculoskeletal	_____	_____
Eyes/Ears/Nose/Throat	_____	_____
Hearing	_____	_____
Blood Pressure	_____	_____
Pulse Rate:	_____	
Hypertension Rx:	_____	

Name: _____
Last First Middle

Describe any abnormalities: _____

Pre-Existing Conditions (LIST ONLY THOSE THAT RELATE TO THE QUESTIONS ON PRECEDING PAGE): _____

Medications Currently Being Taken and Reasons For: _____

Allergies: _____

Examinee *is* _____ qualified for moderate physical activity

Examinee *is not* _____ qualified for moderate physical activity

Signature of Medical Personnel *Date*

Physician's or Medical Practitioner's Name, Address, and Phone Number (PRINTED):

DIVISION OF CORRECTIONS AND REHABILITATION
CORRECTIONAL OFFICER AND PROBATION AND PAROLE OFFICER
CONDITIONS OF EMPLOYMENT

1. Satisfactorily complete the Correction Selection Inventory (CSI).
2. Satisfactorily complete an initial interview.
3. Satisfactorily complete a pre-agility physical examination.
4. Satisfactorily complete a physical agility test.
5. Satisfactorily complete drug-screening testing as required.
6. Prohibited from possessing a Medical Cannabis Card.
7. Character and suitability for employment verified through an agency investigation.
8. Possess a valid driver's license.
9. Legally able to possess a weapon in the State of West Virginia.
10. Successfully complete an initial Tuberculin PPD test and as required thereafter.
11. Successfully complete orientation training.
12. Successfully complete Basic Training.
13. Successfully complete On-the-Job Employee Training Program (OJT).
14. Successfully complete annual in-service training.
15. Successfully complete specialized training.
16. Successfully complete a twelve (12) month probationary period.
17. Subject to mandatory overtime requirements and must be available for assignment to any location in the State of West Virginia.
18. Required to work various shifts and schedules are subject to change at any time.
19. Required to maintain a working phone and respond when contacted.
20. Required to possess the ability to perform the essential functions and tasks of the job.

EXCLUSION FROM EMPLOYMENT
AUTOMATIC REJECTIONS

1. Criminal records check reveals felony conviction.
2. False statements on any official application or employment document or during the interview process.
3. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or 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 has been civilly or administratively adjudicated to have engaged in such activity.
4. At least two (2) former employers state that they would not re-employ him or her, or otherwise indicate that his or her services as an employee were unsatisfactory.
5. Failure to meet minimum requirements of the specified job title to include:
 - a. Pre-employment drug screening
 - b. Pre-agility physical examination
 - c. Physical agility testing
 - d. Valid driver's license
 - e. Education and/or experience requirements

If the applicant fails to authorize, complete, or cooperate with the background check suitability determination process then the application is considered incomplete and withdrawn. The application is void, no background check suitability determination is made and there is no right to an appeal. Circumstances which constitute a discontinuance or failure to cooperate and result in the application being withdrawn include but are not limited to:

1. Refusal to fully complete and sign a release and/or waiver.
2. Refusal to be fingerprinted.
3. Failure to respond within ten (10) calendar days to a request for any required information.
4. Failure to report a citation or arrest for an infraction that occurs after a conditional offer of employment has been made and during the background check suitability determination process.
5. Omission of required information pertaining to prior criminal convictions.
6. Withdrawal of the application or the applicant cannot be located or contacted.
7. Disqualification or determination of ineligibility for reasons other than background investigation.

I have read and understand the conditions of employment with the West Virginia Division of Corrections and Rehabilitation. I further understand that if I do not meet all of the minimum requirements listed above, I will not be eligible for continued employment and will be dismissed, or a conditional offer of employment will become invalid.

Printed Name of Applicant	Signature	Date
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Printed Name of Witness	Signature	Date
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To be signed by the applicant. Keep with pre-employment background investigation.

cc: Applicant

DIVISION OF CORRECTIONS AND REHABILITATION
NON-UNIFORMED POSITIONS
CONDITIONS OF EMPLOYMENT

1. Satisfactorily complete an initial interview.
2. Satisfactorily complete drug-screening testing as required.
3. Prohibited from possessing a Medical Cannabis Card.
4. Character and suitability for employment verified through an agency investigation.
5. Possess a valid driver's license. (The requirement to possess a valid driver's license may be waived for non-facility employees at the discretion of the Appointing Authority.)
6. Successfully complete an initial Tuberculin PPD test and as required thereafter.
7. Successfully complete orientation training.
8. Successfully complete Basic Training (if applicable).
9. Successfully complete On the Job Employee Training Program (OJT).
10. Successfully complete annual in-service training.
11. Successfully complete specialized training.
12. Successfully complete a six (6) month probationary period.
13. Subject to mandatory overtime requirements and must be available for assignment to any location in the State of West Virginia.
14. Required to work various shifts and schedules are subject to change at any time.

EXCLUSION FROM EMPLOYMENT
AUTOMATIC REJECTIONS

1. False statements on any official application or employment document or during the interview process.
2. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or 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 has been civilly or administratively adjudicated to have engaged in such activity.
3. At least two (2) former employers state that they would not re-employ him or her, or otherwise indicate that his or her services as an employee were unsatisfactory.
4. Failure to meet minimum requirements of the specified job title to include:
 - a. Pre-employment drug screening
 - b. Education and/or experience requirements

If the applicant fails to authorize, complete, or cooperate with the background investigation process then the application is considered incomplete and withdrawn. The application is void, no background check suitability determination is made and there is no right to an appeal. Circumstances which constitute a discontinuance or failure to cooperate and result in the application being withdrawn include but are not limited to:

1. Refusal to fully complete and sign a release and/or waiver.
2. Refusal to be fingerprinted.

3. Failure to respond within ten (10) calendar days to a request for any required information.
4. Failure to report a citation or arrest for an infraction that occurs after a conditional offer of employment has been made and during the background check suitability determination process.
5. Omission of required information pertaining to prior criminal convictions.
6. Withdrawal of the application or the applicant cannot be located or contacted.
7. Disqualification or determination of ineligibility for reasons other than background investigation.

I have read and understand the conditions of employment as a non-uniformed employee with the West Virginia Division of Corrections and Rehabilitation. I further understand that if I do not meet all of the minimum requirements listed above, I will not be eligible for continued employment and will be dismissed, or a conditional offer of employment will become invalid.

Printed Name of Applicant	Signature	Date
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Printed Name of Witness	Signature	Date
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To be signed by the applicant. Keep with pre-employment background investigation.

cc: Applicant

DIVISION OF CORRECTIONS AND REHABILITATION

Background Investigation

Applicant Authorization

I, _____, do hereby affirm the information supplied by me on the Employment Application, during the interview(s), pre-agility exam (Correctional Officer positions only), and all other selection processes is true and complete. I also do hereby acknowledge that I understand a background investigation will be made in the following areas:

- **Criminal History** – A criminal record check will be conducted utilizing N.C.I.C. and other sources, including fingerprinting, to ascertain whether there are criminal convictions which have a specific relationship to job performance. A criminal record does not automatically exclude an applicant from consideration for employment. Factors such as age at the time of offense, seriousness, nature of the violation and rehabilitation will be considered. Applicants for Correctional Officer and Probation and Parole Officer positions must be able to possess a weapon in the State of West Virginia.
- **Employment History** – Verification of previous employers as listed on the application and reference requests completed by those employers, to include disciplinary history.
- **Education** – Verification of education and training information.
- Any other work-related area deemed necessary or appropriate as the investigation progresses.

The Division of Corrections and Rehabilitation reserves the right to verify any information provided on the Employment Application during the interview and any other information obtained during the selection process.

I understand that if I wish to challenge the accuracy and/or completeness of information provided by the West Virginia State Police, Federal Bureau of Investigation or other entities reporting information, I must appeal to the law enforcement agency or other entity providing the information.

I hereby declare that the answers to the questions on my application and related paperwork which I have completed, and any attachments to the same, are true, complete, and accurate to the best of my knowledge and belief. I understand that any misstatements of fact(s) or omissions may form the basis for rejection of my application or for my dismissal after employment, irrespective of when discovered.

Furthermore, I also understand that I may be offered employment on a conditional basis while the information I have supplied is verified. I fully understand that the terms of this document must be satisfactorily met in order for me to continue employment. If any material misrepresentations have been made, I understand that I will be separated from employment with the Division of Corrections and Rehabilitation and may be ineligible to apply for other positions.

DIVISION OF CORRECTIONS AND REHABILITATION
Background Investigation
Applicant Authorization Continued

Please complete and sign below. The form must be legible, and all fields must be filled out **COMPLETELY**. Furnished for the purpose of positive identification.

Name (Print full name. Do not use initials):

(First Name) (Middle Name) (Last Name)

Birth Date: _____ Social Security Number: _____

Gender: _____ Race: _____

Current Home Address (Give location address, as well as P.O. Box address and County):

List maiden name, all aliases, or names known by Print full name(s); do not use initials:

Driver's License #: _____ State: _____

Does name above currently match name on Driver's License? _____

Please list all addresses or the county(s) and state(s) of residences for past seven (7) years:

Printed Name of Applicant **Signature** **Date**

Printed Name of Witness **Signature** **Date**

**WEST VIRGINIA DIVISION OF CORRECTIONS AND
REHABILITATION
AUTHORITY TO RELEASE INFORMATION**

TO: Any person having knowledge of my conduct or activities, or any past or present employer, educational institution, law enforcement agency, or government agency:

I, _____, hereby authorize the Division of Corrections and Rehabilitation (DCR) and/or its agents, to conduct an appropriate background investigation of me and prepare a report which may be used as a factor in determining my eligibility for employment, promotion, or retention. I understand this report may include information from personal interviews about my character, general reputation, personal characteristics, and mode of living as well as public and private sources including, but not limited to, the acquisition of criminal records, employment records, school records, driving records, or abstracts, etc.

I authorize all persons who may have information relevant to this investigation to disclose it to the DCR and/or its agents, and I release all persons from any liability on account of such disclosure.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person. This release sets forth the entire agreement between your organization and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document in executing this release. I hereby waive any privilege of confidentiality with respect to any such information.

I hereby further authorize that a photocopy of this authorization may be considered as valid as an original. Please provide the requested information within ten (10) days of the date of this letter so that I may receive further consideration for employment.

Signature: _____

Date: _____



**Authorization and Release for Protective Services
Record Checks for Providers and
Agency Personnel for Employment Purposes**

Please complete and sign below. The form must be legible, and all fields must be **filled out COMPLETELY**.

Name (Print full name. Do not use initials): _____
(First Name) (Middle Name) (Last Name)

Birth Date: _____ Social Security Number: _____

Current Home Address (Give location address, as well as P.O. Box address and County):

Please list all addresses or the county(s) and state(s) of all previous residences:

List maiden name, all aliases, or names known by Print full name(s); do not use initials:

Name of Agency who will receive results/verification of the protective services check:

Agency Address: _____

Agency Contact Information: _____

- Type of Agency:
- Child Placing Agency (Potential employee)
 - Residential Provider Agency (Including Psychiatric Residential (PRTF)/Intermediate Care Facilities (ICF))
 - Emergency Shelter
 - Child Care/Head Start
 - Other _____

Certification:

I certify that I have not committed any act of child/adult abuse or neglect, as determined by a civil or criminal proceeding or through an investigation by the WV Department of Health and Human Resources or through any like agency of any other state or country, or that I am currently being investigated for such except as stated below:

Authorization:

I authorize the WV Department of Health and Human Resources to conduct a background check on me which includes a search of Child Protective Services records, Adult Protective Services records, Youth Services records, Institutional Investigation Unit records and foster care provider records maintained by the Department. I authorize the Department to inform the person or agency named on the front of this form of the results of the background check, including any history I have had with Social Services. I understand that if I have an open CPS/APS investigation the protective service check will not be completed; the open investigation will be documented on the form and returned to the requesting agency. I understand that a positive history of maltreatment in any West Virginia Department of Health and Human Resources protective services record will affect my becoming a foster care placement provider or employee of an agency that provides foster care services. I understand that any involvement I have had with the WVDHHR as a client or foster care provider will be evaluated and may also affect my becoming a foster care placement provider or foster care agency employee. I release the WVDHHR and/or its agents in providing information pursuant to this authorization from any and all liabilities, claims or lawsuits.

Signature: _____ Date: _____

DHHR Office Use Only

.....

- No record of substantiated maltreatment was found.
- Records indicate that maltreatment occurred by the individual.
- Records indicate current open CPS, and/or APS investigation.

IF THIS CLIENT HAS ANY QUESTIONS OR NEEDS TO OBTAIN INVESTIGATION RECORDS, THEY MUST CONTACT THE FOLLOWING COUNTY:

COUNTY: _____

INTAKE/CASE #: _____

(DHHR Stamp or Signature of Authorized Individual)

(Date)

Reference Request for Employment with the State of West Virginia

To: _____ Date: _____

_____ Telephone: _____

Attention: _____

Agency Requesting Reference: _____

Contact Name: _____

Contact Title: _____ Telephone: _____

Reference	Position
Request For: _____	Sought: _____

The applicant named above has provided your name as a reference; a signed release is provided below. We would appreciate it if you would verify the information provided by the applicant on the attached form and answer the additional questions. A return envelope is provided for your convenience. If any applicant-provided information is incorrect, simply strike through it, write in the correct information, and initial. If you have any questions, please contact the requesting agency listed above.

Release of Liability

I am being considered for employment with the State of West Virginia, and have willingly consented to having my references contacted for information regarding my employment, volunteer, or other activities. Accordingly, I authorize all current and former employers, educational institutions, governmental entities, organizations or individuals to truthfully respond to the enclosed reference request and to provide all the information requested.

On behalf of my heirs, assigns, successor interests, and me I hereby forever release and hold harmless any and all persons, who request and/or furnish any information, from any liability or damage whatsoever, under any and all possible causes of legal action, which may result because of truthful responses to this request for information. I also hereby knowingly and permanently waive any rights I may have to examine or discover the contents of the provided reference.

A facsimile or photocopy of this authorization is as effective and valid as the original. If I am hired, your response will remain on file at the referenced agency. Please provide the requested information within ten (10) days of the date of this release so that I may receive further consideration for employment.

Applicant
Signature: _____ Date _____

Reference Request for Employment with the State of West Virginia

APPLICANT-PROVIDED INFORMATION:

Applicant Name: _____

Previous/Other Name if Used for This Position: _____

Please Check One: Employee Volunteer Contractor
 Other - (Please Explain): _____

Position Held: _____ From: _____
 _____ To: _____

Reason for Leaving: _____

Description of Duties:

I believe this employer (*check one*) would would not reemploy me in the same or similar position.

My supervisor would say that my work was (*state how your supervisor would rate your work performance*)

Rate of pay at time employment ended:
 \$ _____ per Hour Week Other _____



EMPLOYMENT REFERENCES

ATTACHMENT B

REFERENCE-PROVIDED INFORMATION: Please circle the appropriate number, with a 5 meaning a strong yes, 3 meaning met expectations, and 1 meaning a strong no.

	No					Yes				
Applicant exhibited a good work ethic.	1	2	3	4	5	1	2	3	4	5
Applicant demonstrated appropriate interpersonal skills with his/her peers.	1	2	3	4	5	1	2	3	4	5
Attendance was satisfactory.	1	2	3	4	5	1	2	3	4	5
Applicant was responsible and showed initiative.	1	2	3	4	5	1	2	3	4	5
Applicant's skills were satisfactory and he/she generally completed his/her work without errors.	1	2	3	4	5	1	2	3	4	5
The applicant was committed to good performance and meeting his/her goals.	1	2	3	4	5	1	2	3	4	5
The applicant was able to understand and follow instructions.	1	2	3	4	5	1	2	3	4	5

Please add any appropriate job-related comments about the applicant, particularly regarding any rating of "1" above:

How were you associated with the applicant?

- Coworker
 Supervisor
 Representative
 Other: _____

Reference provided by:

Name: _____

Title: _____

Signature: _____ Date: _____

FOR AGENCY USE ONLY: If the reference is completed via telephone:

- 1) Complete the name and title [above] of the person providing the reference.
- 2) Advise that the responses are being recorded on this form.
- 3) Advise the reference provider that a copy will be sent to him/her in the mail.

Name of person documenting telephone reference: _____

Title of person documenting telephone reference: _____

Date: _____

DOP Approved Form 2011

(Facility or Agency Letterhead)

Date

Applicant Name
Street Address
City, ST ZIP Code

Dear Recipient Name:

The [HIRING FACILITY or WORK UNIT] has completed the interview process for the [TITLE] position and has selected you on [DATE] as the best candidate. The [HIRING FACILITY or WORK UNIT] is excited to extend you a tentative offer of employment. This position will be located at [ADDRESS/FACILITY/WORK UNIT] as indicated on job posting [POSTING NUMBER] and your work hours will be [TIME] AM to [TIME] PM. Pending all approvals, your starting salary will be [\$00.0000] per hour. Once the [HIRING FACILITY or WORK UNIT] has received all approvals, [HIRING MANAGER] will contact you with a start date.

We are excited for you to join our team. If you have any questions prior to your start date, please call [HIRING MANAGER] at [PHONE NUMBER]. Once again, welcome to the [HIRING FACILITY OR WORK UNIT].

Please sign below to indicate acceptance or refusal of this offer and return to [HIRING MANAGER] at [ADDRESS].

Sincerely,

[SUPERINTENDENT OR WORK UNIT SUPERVISOR/DIRECTOR]

Applicant Signature

Date

Accept

Decline

**PROSPECTIVE DIVISION OF CORRECTIONS AND REHABILITATION
EMPLOYEE DRUG SCREENING**

Name: _____ Date _____

DOB: _____ Social Security Number (last 4 digits): _____

Applying for Position of _____

[1] Urine Sample taken on (Date/Time) _____

Name of Employee Receiving Sample _____

[2] Urine Sample tested by _____ Date/Time _____

[3] Preliminary Drug Screening Result: _____ Positive _____ Negative

[4] **If negative**, STOP – no further action necessary.

[5] **If positive**, urine sample submitted to agency-designated approved laboratory for confirmed analytical result.

[6] Specimen sealed in applicant's presence.

Applicant Initial _____ DCR Staff Initial _____

**(ATTACH TO THIS FORM A COPY OF ALL CHAIN OF CUSTODY FORMS
PERTAINING TO THIS SAMPLE)**

[7] Agency-designated approved laboratory results: _____ Positive _____ Negative

Signature of Employee Completing Form: _____

(ATTACH COPY OF RESULTS TO THIS FORM)

Prospective DCR Employee notified of results by:

Signature of DCR Employee _____

Date/Time _____

DIVISION OF CORRECTIONS AND REHABILITATION

Pre-Employment Checklist

- Correction Selection Inventory (CSI) completed (Correctional Officer and Probation and Parole Officer applicants ONLY)
- Structured interview conducted, including:
 - Applicant asked about misconduct utilizing Sexual Misconduct Questionnaire
 - Correctional Officer and Probation and Parole Officer applicants who scored low in any areas of concern on the CSI asked additional questions provided by CSI (if applicable)
- Verification of Selective Service registration (male applicants)
- Pre-agility physical examination (Correctional Officer applicants ONLY) (**Attachment #1**)
- Physical agility test (Correctional Officer applicants ONLY)
- Applicant reviews and signs Conditions of Employment (**Attachments #1 or #2**)
- Applicant signs Background Investigation Applicant Authorization (**Attachments #4**)
- Applicant signs Authority to Release Information (**Attachments #5**)
- Background Investigation Applicant Authorization submitted to assigned NCIC terminal to complete NCIC III and driver's license query
- Fingerprints submitted via LiveScan to West Virginia State Police
- Applicant signs Authorization and Release for Protective Services Record Checks for Providers and Agency Personnel for Employment Purposes (BJS applicants ONLY) (**Attachment #6**)
- Applicants provide names & contact information for 3 previous employers and employment verification and other reference information obtained by contacting references (**Attachment #7**)
- Prospective employee who successfully completes all above processes and is selected for employment issued Conditional Offer of Employment in writing (**Attachment #8**)
- Drug screening (AFTER accepting conditional employment) (**Attachment #9**)
- I-9 Form completed (AFTER accepting conditional employment; no later than first day of employment)
- Valid driver's license (or other proof of identity if license requirement waived) and social security card presented; copies placed in personnel file