

Attachment M  
Security Authorization for Central Detention Facility

## Security Authorization Process

Security Authorization is required for all individuals performing work at the Central Detention Facility.

Contractors and non-DOC employees must complete Security Authorization forms and submit required information for approval **PRIOR** to the planned date of work. Security clearance process may take two to four days. Illegible or Incomplete submittals will be returned to the sender.

### Required information:

- 1) PS3040.6 Page 1: **Fill out Part 1 as specified**
  - Type of Action: Check "Contract"
  - Applicant Name: Print complete name
  - Social Security #
  - DOB
  - Applicant position title: Print title or type of trade work
  - Telephone number: Applicant's phone number
  - Work site: Print "DC Jail"
  - Tour of Duty: leave blank
  - "High risk" or "Non-high risk" : Leave blank
  - Company Name: Print Company or Agency name
  - Contact Person: Print Company or Agency contact person
  - Telephone #: Print Company or Agency contact number
  - Expiration Date: Leave blank
  
- 2) Authorization for Release of Information, Page 2
  - Print name on first line
  - Authorize a review by..."DOC OIS" on second line
  - Print SS#
  - Print DOB
  - Specify gender
  - Print Race
  - Print Place of Birth
  - Print complete name
  - Print any other names used
  - Sign and date form
  - **FORM MUST BE NOTARIZED**
  
- 3) Photo copy of valid Driver's License for verification purposes

Return original copies all required information to requesting manager. Scanned versions of completed forms may be submitted to expedite Security Clearance. However original forms must also be submitted.

**D.C. DEPARTMENT OF CORRECTIONS  
PRE-EMPLOYMENT/NEW HIRES/OTHER INTERNAL PROCESSES  
(RETURN TO DUTY/PROMOTIONS)  
TRACKING INFORMATION FOR**

**PART I: REQUESTING OFFICE** *Date of Request:* \_\_\_\_\_

**REQUESTING MANAGER:**  
Print Name William Hampton Signature \_\_\_\_\_ Office Maintenance Telephone Number 202-412-4281

**Type of Action:**  Hire  Contract  Volunteer  Intern  Detail  Promotion  Other  
 Return to Duty (90 days or more Non-Pay Status) Non-Pay Began \_\_\_\_\_ Return to Duty Date \_\_\_\_\_

**APPLICANT/EMPLOYEE INFORMATION: PLEASE PRINT**

\_\_\_\_\_  
 (Full Name: First, Middle and Last ) (SSN# ) (Date of Birth)  
 Applicant Position Title: Telephone Numbers: \_\_\_\_\_

Work Site: DC JAIL Tour of Duty:  High Potential Risk Position  
 Non-High Potential Risk Position

*For Contracts Only: List the following information:*  
 Company Name: Contact Person: Telephone No#: Expiration Date:

**PART II: OFFICE OF INTERNAL AFFAIRS** *Date Received:* \_\_\_\_\_

Investigator: Wanda Patten Telephone Number: 202-727-2700

Findings:  NO RECORD  FINGER PRINTING REQUIRED  
 SEE ATTACHED JUSTIFICATION Date Applicant Referred to MPD (300 Indiana Ave., N.W.):

**RECOMMENDATION:**

**DATE RETURNED TO REQUESTING OFFICE:**  
 (Check All That Apply)  Approved  Non-Approved  Pending Finger Prints  MEDAT  PENDING

**PART III: ORIGINAL REQUESTING OFFICE** *Date Received:* \_\_\_\_\_

**Date Applicant Referred For Drug Testing:**

**PART IV: MANDATORY DRUG/ALCOHOL TESTING** *Date Received:* \_\_\_\_\_

Test Date: :  Cleared  Non-Cleared  
 Date Forwarded to HRM: Date Returned to Requesting Office:

**PART V: OFFICE OF HUMAN RESOURCES** *Date Received:* \_\_\_\_\_

**HRM-FINAL CHECK - OFF LIST with Dates**

Requestor Disposition Notice:  Hire  Do Not Hire Tentative Requested Start Date: \_\_\_\_\_

Physical Cleared \_\_\_\_\_ Background Cleared \_\_\_\_\_ Drug Testing Cleared \_\_\_\_\_ MSS Acceptance Form \_\_\_\_\_

Educational Requirements: Degree  Yes  No \* Proof \_\_\_\_\_ License Requirement:  DCPS  Trades  Other \_\_\_\_\_

New Hires: Reference Check Forms (3) Proof of Current Salary (Pay-Stub) Gateway Security Form:  MSS  Other

Date Hire Request Sent to DCOP: DCOP Confirmed Entry-On-Duty Date:

**PART VI: TRAINING CENTER** *Date Received:* \_\_\_\_\_

Notices for Orientation and Schedule of Training Start Date:  
 • Pre-Service Training:  16 Hours  40 hours Ending Date:

**PART VII: OFFICE OF HUMAN RESOURCES**

DOC ID Issued: ID Number: Expiration Date:

Separation Date: Reason: Clearance Date:

Campaign Finance Form Notification: (Grade 13 and above Executive, Legal and MSS)  Appointment  Separation



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review by, and a full and complete disclosure to \_\_\_\_\_ a duly authorized agent of the D.C. Department of Corrections of the following records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature: the records of educational institutions, former employers, and law enforcement agencies, including but not limited to: employment and pre-employment records, background investigation reports, efficiency and performance ratings, convictions for violations of the law, and criminal and/or traffic records.

I understand that, pursuant to Mayor’s Orders 2008-81 dated June 5, 2008 and 2011-183 dated November 2, 2011, the Department of Corrections has the authority to establish my suitability for employment by conducting pre-employment checks and background checks and investigations in accordance with D.C. Code § 1-604.01 et seq. and Chapter 4 of the District of Columbia Personnel Regulations. I further understand that the Department of Corrections will ensure that any and all information gathered in order to determine my suitability for employment will be kept confidential.

I understand that information and documents related to the background check, suitability investigation or any other inquiry shall be kept in strict confidence and shall not be disclosed to me nor shall any information be discussed with me in a manner that would reveal or permit me to deduce the source of any information.

I fully consent to any fitness for duty testing, including urine testing for controlled substances, to determine my suitability to be employed by the D.C. Department of Corrections prior to beginning employment and throughout the course of my employment with the D.C. Department of Corrections.

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F

Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Complete Name (Print): \_\_\_\_\_

Previous/Other Names Used: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Stamp:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_