

Attachment M
Security Clearance

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.



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: _____