# 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.

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

<i>PART I: REQUES</i>	STING OFFICE	Da	te of Request:				
REQUESTING MANAGER:							
Print Name William Hampton							
	(90 days or more Non-Pay Status)			romotion □ Other			
	EE INFORMATION: PL		Ketuili te	Duty Date			
THE LICINITED I	EE IN ORMANION. 11	ENSETMIN					
(Full Name: First, Middle	e and Last )	_	(SSN#)	(Date of Birth)			
<b>Applicant Position Title:</b>			lephone Numbers:	(= 333 55 = 333)			
		☐ High Potential Risk Position					
Work Site: DC JAIL		Tour of Duty:   Non-High Potential Risk Position					
	the following information:		·				
Company Name:	Contact Person	: Teleph	one No#:	Expiration Date:			
		ADDAIDG	D ( D	• 1			
PART II: OFFICE	E OF INTERNAL A	AFFAIRS	Date Rece	ived:			
Investigator: Wanda Par			Number: 202-727-2				
Findings:   NO RECORD	) CHED JUSTIFICATION		R PRINTING REQU				
RECOMMENDATION:		Date Applicant Ko	elerred to MPD (30	0 Indiana Ave., N.W.):			
RECOMMENDATION:							
DATE RETURNED TO	REQUESTING OFFICE:						
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	□ Approved □ Non-						
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# **AUTHORIZATION FOR RELEASE OF INFORMATION**

are public or private, and inc nature: the records of educa including but not limited to:	g records, or any part to cluding those which mational institutions, for amployment and pre-	athorize a review by, and a full and con ly authorized agent of the D.C. Depart thereof, concerning myself, whether the may be deemed to be of a privileged or mer employers, and law enforcement a employment records, background invi- tions for violations of the law, and cr	e said records confidential agencies, estigation
November 2, 2011, the Department by conducting accordance with D.C. Code Regulations. I further under	artment of Corrections pre-employment chech § 1-604.01 et seq. and erstand that the Departs	08-81 dated June 5, 2008 and 2011-182 is has the authority to establish my suit it is and background checks and investigated Chapter 4 of the District of Columbia ment of Corrections will ensure that a stability for employment will be kept of	ability for gations in a Personnel
or any other inquiry shall be	kept in strict confider	ed to the background check, suitability nce and shall not be disclosed to me no t would reveal or permit me to deduce	or shall any
determine my suitability to b	be employed by the D.	iding urine testing for controlled subst C. Department of Corrections prior to ployment with the D.C. Department of	heginning
SSN:	DOB:	Sex: M/F	
Race:	Place of Birth:		
Complete Name (Print):			
Previous/Other Names Used			
Signature:		Date:	
Notary Stamp:			
Signature:		Date:	