



## WYOMING DEPARTMENT OF CORRECTIONS PRE-EMPLOYMENT BACKGROUND QUESTIONNAIRE

The purpose of this form is to gather information about you so a pre-employment background investigation can be conducted by the Wyoming Department of Corrections. If you provide false information or deliberately omit requested information, it could result in an unfavorable investigation. An unfavorable background investigation will be a factor in your application for employment.

**PLEASE TYPE OR LEGIBLY PRINT YOUR INFORMATION**

### GENERAL INFORMATION

1. FULL NAME.					2. DATE OF BIRTH.		
Last Name	First Name	Middle Name	Abbrev.	Month	Day	Year	
3. PLACE OF BIRTH.				4. SOCIAL SECURITY NUMBER.			
City	County	State	County (if not in the United States)				
5. OTHER NAMES USED.		Give other names you used and the period of time you used them (for example your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s). If the other name is your maiden name, put "nee" in front of it.					
Name	From (Month/Year)	From (Month/Year)	Name	From (Month/Year)	From (Month/Year)		
Name	From (Month/Year)	From (Month/Year)	Name	From (Month/Year)	From (Month/Year)		
6. OTHER IDENTIFYING INFORMATION.							
Height (feet and inches)	Weight (pounds)	Race/ Ethnicity	Eye Color	Hair Color	Gender	Citizenship (Check One)	
					<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> I am a U.S. citizen by birth in the U.S. <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. <input type="checkbox"/> I am not a U.S. citizen	
Do you have a current, valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide license number including state issued:							
If no, explain why:							
7. TELEPHONE NUMBERS AND E-MAIL.							
Cell Phone (include Area Code and extension)	Work (include Area Code and extension)	Home (include Area Code)	E-mail Address				
8. WHERE YOU HAVE LIVED. Give the information requested for every place you have lived for the past 10 years. Begin with where you live now and work backwards. If more than 5 addresses, attach an additional sheet providing this same information for each additional address.							
FROM (Month/Year)	TO (Month/Year)	Address (include apartment number, if any. Also include City, State, Zip Code, and Country if outside the United States).					
9. CURRENT MARITAL STATUS (CHECK ONE).							
<input type="checkbox"/> Never married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced					
<input type="checkbox"/> Married	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Widowed					
Current Spouse Complete the following about your current spouse:							
Full Name:	Best Time of Day to Contact			Phone Number (include area code)			
Other Names Used: Specify maiden names, names by other marriages, aliases, nicknames, etc.							

Enter your Social Security Number before going on to the next page.

### EDUCATION AND MILITARY BACKGROUND

**10. WHERE YOU HAVE ATTENDED SCHOOL.** Provide information for all schools you have attended beyond junior high school. Begin with the most recent school and work backwards. Use the following codes to indicate the type of school you attended: **1** – High School **2** – College/University **3** – Vocational/Trade  
*If necessary, attach additional sheet providing this same information for each school attended.*

FROM Month/Year	TO Month/Year	Code	Name of School	FROM Month/Year	TO Month/Year	Code	Name of School
Street Address			Degree/Diploma (show each degree and date received if Code 2)	Street Address			Degree/Diploma (show each degree and date received if Code 2)
City	State	ZIP Code		City	State	ZIP Code	
FROM Month/Year	TO Month/Year	Code	Name of School	FROM Month/Year	TO Month/Year	Code	Name of School
Street Address			Degree/Diploma (show each degree and date received if Code 2)	Street Address			Degree/Diploma (show each degree and date received if Code 2)
City	State	ZIP Code		City	State	ZIP Code	

### 11. MILITARY AND/OR MERCHANT MARINE SERVICE.

Have you served in the United States Military? ☐ Yes ☐ No

Have you served in the United States Merchant Marine? ☐ Yes ☐ No

*If you served in the United States military, answer question 12. If you only served in the United States Merchant Marines, go to question 13.  
If you answered "NO" to both questions, go to question 16.*

### 12. CURRENT MILITARY STATUS.

 Mark the box that corresponds to your current military status.

☐ None ☐ Active Duty ☐ Active Reserve ☐ National Guard ☐ Inactive Reserve ☐ Retired

**13. ACTIVE SERVICE.** Show each period of active service (includes active military service). Use one of the following in the box for **Code**. Mark "O" for Officer or "E" for Enlisted.

**1** – Air Force

**2** – Army

**3** – Navy

**4** – Marine Corps

**5** – Coast Guard

**6** – Merchant Marine

**7** – National Guard

FROM Month/Year	TO Month/Year	Code	Service or Certificate Number	O	E	FROM Month/Year	TO Month/Year	Code	Service or Certificate Number	O	E
				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

### 14. MILITARY DISCHARGE

Have you ever received other than an honorable discharge from the military? ☐ Yes ☐ No

If "Yes", provide the following information: **Date of Discharge (month and year):**

**Type of Discharge:**

### 15. COURT-MARTIAL/DISCIPLINARY PROCEEDINGS.

Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? ☐ Yes ☐ No

If "Yes", list any disciplinary proceedings in the last 15 years and all courts-martial. Attach additional sheet(s) if necessary.

Date (Month/Year)	Charge or Specification	Place (City and county/country if outside the United States)	State

Enter your Social Security Number before going on to the next page.

	Yes	No
<b>16.</b> Have you, your spouse, or a company effectively controlled by you filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b> Have you, your spouse, or a company effectively controlled by you been declared bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>

<b>18.</b>	Have you, your spouse, or a company effectively controlled by you been subject to a tax lien or other lien?	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b>	Have you, your spouse, or a company effectively controlled by you had legal judgment rendered against you for a debt?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to 16, 17, 18 or 19, provide date of initial action and other information requested below. Attach additional sheets if necessary.

Date (Month/Year)	Type of Action	Name Action Occurred Under	Name/Address of court or Agency Handling Case	State	ZIP Code

<b>20.</b>	Are you now over ninety (90) days delinquent on any loan or financial obligation? Include delinquent loans or obligations funded or guaranteed by the Government.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you answered "Yes" to 20, provide date loan or obligation was made and other information requested below. Attach additional sheet if necessary.

Date (Month/Year)	Type of Loan or Obligation	Name/Address of Creditor or Obligor	State	Zip Code

Be truthful and complete with your responses. Do not include any juvenile offenses (e.g., before your 16<sup>th</sup> birthday).  
If necessary, attach additional sheet providing this same information for each offense.

#### 21. PAST OFFENSES.

Have you ever been arrested for ANY felony or misdemeanor? (Do not include minor traffic violations; however you <b>must</b> include any DUIs or alcohol-related offenses).		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have been arrested, were you convicted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have been arrested for any felony or misdemeanor, provide the following information:

Date (Month/Year)	Offense	Action Taken	Law Enforcement Authority or Court (City, County, State and Zip Code). Include country if outside the United States

#### 22. PENDING CHARGES.

Are there currently any charges pending against you for any criminal offense including DUIs or alcohol-related offenses?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" provide the following information:			

Date (Month/Year)	Offense	Type of Offense (Check one)	Law Enforcement Authority or Court (City, County, State and Zip Code). Include country if outside the United States.
		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	

Enter your Social Security Number before going on to the next page.

23.	Have you ever been a member, officer, or employee of any organization, association, or group which: <b>1)</b> Advocates the overthrow of our Government; <b>2)</b> Advocates or approves of committing acts of force or violence to deny others their constitutional rights; or <b>3)</b> Wants to change our form of Government by unconstitutional means?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>If "Yes", what group, when and where?</b>		
24.	Have you ever been a member or otherwise affiliated with a criminal street gang or motorcycle club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>If "Yes", what group, when and where?</b>		

## 25. PEOPLE WHO KNOW YOU.

List five (5) individuals who know you well. **References should include one (but not more than one) family member, at least one person that has worked with you in the past and at least one close friend who is approximately the same age as you.**

Full Name	Relationship	Phone Number (with Area Code)	E-Mail Address

After completing this form you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification. You should also sign and date the release on page 5.

### Certification That My Answers Are True

I read and understood the questions explaining the purpose of this form and the Department's authority for asking the questions. I read each question asked of me and understood each question and certify that the information is true and accurate. I understand that false answers or deliberately omitted information in this questionnaire are grounds for disqualification for employment, internship, and /or certifications issued by the State and may result in prosecution for violations of appropriate state statutes.

Signature ( <i>Sign in ink</i> )	Date
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Enter your Social Security Number before going on to the next page.

Carefully read this authorization to release information about you, then sign and date it in ink.

## AUTHORITY FOR RELEASE OF INFORMATION

**I Authorize** any duly accredited representative of the State of Wyoming, Department of Corrections, to obtain information from any and all sources relating to my activities from schools, residential management agencies, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishment, medical institutions, hospitals or repositories of medical records, or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

**I Further Authorize** the State of Wyoming, Department of Corrections, to request criminal history record information about me from criminal justice agencies for determining my eligibility for employment and other purposes authorized by law.

**I Direct You To Release** such information upon request of the duly accredited representative authorized agencies as authorized by law.

**I Release** any individual, including records custodian, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies or facsimiles of this authorization that show my signature are as valid as the original release signed by me.

<b>Signature (<i>Sign in ink</i>)</b>		<b>Full Name (<i>Typed</i>)</b>	
<b>Other Names Used</b>		<b>Social Security Number</b>	
<b>Current Address (<i>Street/City</i>)</b>	<b>State</b>	<b>ZIP Code</b>	<b>Home Telephone Number (<i>Include Area Code</i>)</b>
<b>Date</b>	<b>Parent/Guardian Signature (<i>If Required</i>)</b>		