

**South Dakota Department of Corrections (SDDOC)**  
**Personal Information for Security Check**

As part of maintaining a safe and secure environment, the SDDOC may conduct security checks prior to and periodically throughout an individual's employment or affiliation with the SDDOC. A conviction does not automatically bar an individual from entering a facility or from employment. Each case will be considered individually. **All information on this document is required.** If you omit any information from this form, you may be disqualified from entrance to a facility or employment. **PLEASE READ FULLY AND PRINT LEGIBLY IN INK.**

**Please check the appropriate reason for requesting entrance into a facility:**

- Employment \_\_\_\_\_ (list position, title and facility)  PREA
- Contractor  Volunteer  Intern  Clergy  Other: \_\_\_\_\_ (Please specify)

\_\_\_\_\_  
PRINT NAME Date of Birth Social Security Number  
(Last, First, Middle Initial) Month/Day/Year

\_\_\_\_\_  
Other Names Used (e.g. aliases, former names, etc.)

\_\_\_\_\_  
Driver's License Number /State State ID Number Expiration Date  
If no driver's license, please enter your state ID.

\_\_\_\_\_  
Place of Birth (City, State or Country) Sex Race Height ' " lbs. Weight Eyes Hair

List all previous states or countries of residence: \_\_\_\_\_

Please provide your current address:

\_\_\_\_\_  
Street Address City State Zip

Please provide your current phone number(s) and e-mail address:

Home: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

1. Are you currently on or have you ever been on an inmate phone list?  Yes  No If yes, please provide name(s) and relationships: \_\_\_\_\_
2. Are you currently on or have you ever been on an inmate visitor list?  Yes  No If yes, please provide name(s) and relationship(s): \_\_\_\_\_

3. Have you ever engaged in sexual abuse in prison, jail, lockup, community confinement facility (a locked facility, part or all of the day), juvenile facility, or other institution?  Yes  No If yes, please provide an explanation: \_\_\_\_\_
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4. Have you ever 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?  Yes  No If yes, please provide an explanation: \_\_\_\_\_
- 
5. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 1 or 2?  Yes  No If yes, please provide an explanation: \_\_\_\_\_
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6. Have you ever had any substantiated allegations of sexual harassment made against you in a prison, jail, lockup, community confinement facility or other institution?  Yes  No If yes, please provide an explanation: \_\_\_\_\_
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7. Have you ever had any substantiated allegations of sexual harassment made against you in the community?  Yes  No If yes, please provide an explanation: \_\_\_\_\_
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8. Are you currently or have you ever been affiliated with a gang/security threat group?  Yes  No If yes, please provide an explanation: \_\_\_\_\_
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9. Are you or have you ever been the subject of a protection order?  Yes  No If you, please provide an explanation: \_\_\_\_\_
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10. Have you ever been convicted of a crime involving the use or attempted use of force or a weapon against a current or former spouse, child, person for who you were or are a guardian, person with whom you share a child, live-in girlfriend or boyfriend, or a person similarly situated to a spouse, child or person for whom you were or are the guardian? This includes disorderly conduct, stalking, harassment, or similar charge.  Yes  No If yes, please provide an explanation: \_\_\_\_\_
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**I hereby certify that all information I have entered on this form is accurate and complete. I understand and agree that the SDDOC may use information on this form to conduct security checks prior to and periodically throughout my employment or affiliation with the SDDOC. I understand that failure to disclose or fully disclose the requested information may be grounds for disqualification of my application or termination of my employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK  
AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL  
TREATMENT**

By my signature below, I acknowledge that I am aware of, appreciate the character of and voluntarily assume the risks involved in participating in work, a religious activity, a cultural activity, a tour or some other activity that requires admission inside the security perimeter of each or all the following:

the South Dakota State Penitentiary or Jameson Prison Annex, Sioux Falls, South Dakota; Mike Durfee State Prison, Springfield, South Dakota; South Dakota Women's Prison, Pierre, South Dakota; or any and all subsidiary facilities or operations of the South Dakota Department of Corrections.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above;

2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and

3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_

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