

**DEPARTMENT OF CORRECTION BACKGROUND INFORMATION SHEET**

PRINT ALL REPLIES - COMPLETE ALL SECTIONS - SIGN AT BOTTOM

Name: \_\_\_\_\_  
Last First Middle (spell out)

Maiden Name (if applicable): \_\_\_\_\_

Have you ever been known by another name, i.e. include aliases, legal name change, etc.?

\_\_\_\_\_ YES \_\_\_\_\_ No If yes, list name and reason below.

Home Address: \_\_\_\_\_  
Street City/Town State Zip

Previous Address: \_\_\_\_\_  
Street City/Town State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
MM/DD/YYYY City State

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Eyes: \_\_\_\_\_

Hair: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Identifying Scars/Marks/Tattoos (Type and Location): \_\_\_\_\_

Driver's License: Yes \_\_\_\_\_ No \_\_\_\_\_  
Give State and License Number

License ever Revoked or Suspended? Yes \_\_\_\_\_ No \_\_\_\_\_, if YES, give reason:

HAVE YOU EVER BEEN **ARRESTED** FOR AN OFFENSE AGAINST CRIMINAL OR MILITARY LAW, FORFEITED BOND, AND/OR ARE THERE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?

YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER ENGAGED IN OR BEEN CIVILLY OR ADMINISTRATIVELY FOUND TO HAVE ENGAGED IN SEXUAL ABUSE IN A PRISON, JAIL, LOCKUP, COMMUNITY CONFINEMENT FACILITY, JUVENILE FACILITY, INSTITUTION HOUSING PERSONS WHO ARE MENTALLY ILL OR DISABLED OR RETARDED OR CHRONICALLY ILL OR HANDICAPPED OR INSTIUTUION PROVIDING SKILLED NURSING OR INTERMEDIATE OR LONG-TERM CARE OR CUSTODIAL OR RESIDENTIAL CARE?

YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ENGAGING IN 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 \_\_\_\_\_

HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED 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", list ALL cases regardless of the disposition below, giving details in space provided.**

DATE	PLACE	COURT LOCATION	OFFENSE(S)	DISPOSITION

The information that I have given above is true, accurate, and complete to the best of my knowledge. **I understand that any false, inaccurate, misleading or incomplete answer may result in disciplinary action including termination from state service.**

\_\_\_\_\_  
Signature of applicant/employee

\_\_\_\_\_  
Date signed

\* Fingerprints taken by the Department of Correction will be submitted to the Connecticut State Police and the FBI for a criminal history check.