Winnebago County Juvenile Detention Center

17th Judicial Circuit

PREA PRE-EMPLOYMENT QUESTIONNAIRE FOR CURRENT/PREVIOUS EMPLOYERS

Date: _____

Applicant Name: _____

Position applied for: _____

Company/Facility Name: _____

Address: _____

Name of Human Resources Contact: _____

Phone: _____

Fax: _____

APPLICANT'S AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I hereby authorize my current employer named above to answer the questions below. I hereby release all such person/entities from any liability regarding the provisions or use of such information.

Applicant's signature: _____

Applicant's Social Security Number: _____

Date: _____

******Below is to be completed by your employer/previous employer******

Please answer the following questions in accordance with the Prison Rape Elimination Act, Part 115 of Title 28 of the Code of Federal Regulations.

This PREA Pre-Employment Questionnaire is required for candidates previously and/or currently employed in institutional settings (i.e. correctional facility, juvenile detention center, juvenile detention alternative program and community confinement facility). Community confinement facility is described as a community treatment center, half-way house, restitution center, mental health facility, drug or alcohol treatment /rehabilitation center, community correctional facility, residential re-entry centers in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post release supervision.

While employed by your agency/organization, did the applicant/candidate ever have any allegations of sexual abuse? No _____

Yes _____ if yes, please explain _____

Did the applicant/candidate resign while there was a pending investigation for an allegation of sexual abuse? No _____

Yes _____ if yes, please explain

_____

NOTE: Prison Rape Elimination Act, Part 115.317 (h) of Title 28 of the Code of Federal Regulations states: "Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer from whom such employee has applied to work."

I acknowledge that I am authorized to provide the information above.

_____ _____ _____

Agency Representative Phone Number Date

PLEASE FAX THE COMPLETED FORM TO: 815 282 8161

WINNEBAGO COUNTY JUVENILE DETENTION CENTER ATTN: PREA COORDINATOR

5350 NORTHROCK DRIVE

ROCKFORD, ILLINOIS 61103