

GEORGIA DEPARTMENT OF CORRECTIONS Applicant Verification

Name: _____

Position#: _____ Position Location: _____

Provided Essential Job Functions for Position Title: _____

At Interview: *(completed by Applicant – Please carefully read and initial all applicable statements.)*

_____ Essential Job Functions: I verify that I have read and understand all of the Essential Job Functions and Basic Training functions, if applicable, related to the position indicated above. I further verify that I can perform the Essential Job Functions with or without reasonable accommodation.

_____ PREA Prohibitions: The Georgia Department of Corrections (GDC) must adhere to the United States Department of Justice Final Rule on the “National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Standards” at 28 C.F.R. Part 115 Docket No. OAG-131. GDC may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answers “Yes” to any of the following questions:

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes ☐ No ☐
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes ☐ No ☐
3. Have you been civilly or administratively adjudicated to have engaged in the activities described? Yes ☐ No ☐

I acknowledge and understand that should I become subject to the PREA prohibitions in my current position or any subsequent departmental position I may hold, I will notify departmental management within twenty-four hours of my involvement in any of the above. I understand the Department has the authority to conduct random criminal background checks to ensure compliance with these federal standards in relation to the Department’s employment practices. Further, I understand that if I am subject to the PREA Prohibitions and answer “yes” to any of the above questions, I may be subject to termination of employment. In addition, if I falsely respond to the questions regarding PREA Prohibitions, I will be subject to termination or disqualification for employment.

Signature: _____ Date: _____

At Conditional Offer of Employment: *(Completed by Applicant)*

I verify that I have read and understand all of the Essential Job Functions and Basic Training Functions, if applicable, related to the position indicated above. I further verify that I can perform the Essential Functions (**Check ONLY one box**):

☐ with reasonable accommodation ☐ without accommodation

Signature _____ Date _____