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| DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC) | | OMB No. 0704-0586 OMB Approval Expires: 20200930 |
| <p>The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> | | |
| PRIVACY ACT STATEMENT | | |
| <p>AUTHORITY: 34 U.S.C. 20351 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended. PRINCIPAL PURPOSE(S): To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC). ROUTINE USES: The Routine Uses are listed in the applicable system of records notices found at: Army: A0215-3 SAMR, NAF Personnel Records (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/) and A0690-200 DAPE, Department of the Army Civilian Personnel Systems (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/) Navy and Marine Corps: NM 01754-3, DON Child and Youth Program, (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/) Air Force: F034 AF SVA C, Child Development/Youth Programs Records (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/) Defense Logistics Agency: S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/) and National Security Agency: GNSA 19, NSA/CSS Child Development Services, (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/) This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices. DISCLOSURE: Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.</p> | | |
| SECTION I. SUBJECT'S INFORMATION | | |
| 1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements) | | 2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name) |
| 3. PLACE OF BIRTH (City, State, Country) | 4. DATE OF BIRTH (MM/DD/YYYY) | 5. SOCIAL SECURITY NUMBER |
| 6. CURRENT ADDRESS (Street, City, State, Zip Code) | | |
| SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian) | | |
| <p>I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p> | | |
| 7a. PRINT NAME (Subject or Parent/Legal Guardian) | 7b. DATE (MM/DD/YYYY) | 7c. SIGNATURE (Subject or Parent/Legal Guardian) |
| 7d. EMAIL ADDRESS | | 7e. PHONE NUMBER |
| SECTION III. POSITION AND BACKGROUND CHECK INFORMATION | | |
| 8a. COMMAND / INSTALLATION / ORGANIZATION CFAS MWR CYP / CNRJ / CNIC | | 8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY) |
| 8c. POSITION CATEGORY | | |
| <input type="checkbox"/> Civilian Employee (APF) | <input type="checkbox"/> Civilian Employee (NAF) | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Military Personnel | <input type="checkbox"/> Volunteer | <input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care) |
| <input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor | <input type="checkbox"/> Other | <input type="checkbox"/> In-Home Care Family Members |
| | | <input type="checkbox"/> Teen Employee |

SECTION IV. INSTALLATION RECORDS CHECK

(To be completed based on service specific procedures)

9. FAMILY ADVOCACY PROGRAM

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: _____ Date Completed: _____

No record of applicant Record on file

Met criteria incident found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: _____ Date: _____

10. INSTALLATION LAW ENFORCEMENT

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: _____ Date Completed: _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: _____ Date: _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) *(Optional check)*

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: _____ Date Completed: _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: _____

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

General Information

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)



2. SOCIAL SECURITY NUMBER



3a. PLACE OF BIRTH (Include city and state or country)



3b. ARE YOU A U.S. CITIZEN?

YES NO (If "NO", provide country of citizenship) ◆

4. DATE OF BIRTH (MM / DD / YYYY)



5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)



6. PHONE NUMBERS (Include area codes)

Day ◆

Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below) NO

If your only active duty was training in the Reserves or National Guard, answer "NO."

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

| Branch | From (MM/DD/YYYY) | To (MM/DD/YYYY) | Type of Discharge |
|--------|-------------------|-----------------|-------------------|
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Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* YES NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* YES NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved.* YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* YES NO

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date: _____
(MM / DD / YYYY)

17b. Appointee's Signature: _____ Date: _____
(MM / DD / YYYY)

| |
|---|
| Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY |
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18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? _____ Date: _____
(MM / DD / YYYY)

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)**

OMB No. 0704-0516
OMB approval expires:
20241031

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 34 U.S.C 20351, Child Care Worker Employee Background Checks Requirements for Background Checks; Public Law 115-91, Section 925, (NDAA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

PRINCIPAL PURPOSE(S): To collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 522a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI-02 DoD, Personnel Vetting Records System, at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNS/OSDJS/DUSDI-02-DoD.pdf>

DISCLOSURE: Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.

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|--|-------------------------------------|-----------------------------------|
| 1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.) | 2. OTHER NAME(S) USED | |
| 3. DATE OF BIRTH (YYYYMMDD) | 4. INSTALLATION/PROGRAM NAME | 5. DATE OF HIRE (YYYYMMDD) |

6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.

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|---|---|---|--|
| CHILD ABUSE/ NEGLECT: <input type="checkbox"/> Yes <input type="checkbox"/> No | DRUG OR ALCOHOL: <input type="checkbox"/> Yes <input type="checkbox"/> No | VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No | DOMESTIC VIOLENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No | OTHER: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| (a) Month/ Year (MM/YYYY) | (b) Offense | (c) Action Taken | (d) Court or Law Enforcement Agency (City & Country if outside the United States) | (e) State | (f) Zip Code | (g) Date of Self- Report (YYYYMMDD) |
|------------------------------|-------------|---------------------|--|-----------|-----------------|--|
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7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

| | |
|---------------------|---------------------------|
| a. SIGNATURE | b. DATE (YYYYMMDD) |
|---------------------|---------------------------|

8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.)
In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

Failure to disclose accurate information may be grounds for dismissal, termination, or debarment from participating in the program.

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|-----------------------------------|----------------------|-------------------------------|-----------------------------------|----------------------|-------------------------------|
| a. 2nd YEAR (Yes or No) | (1) SIGNATURE | (2) DATE (YYYYMMDD) | b. 3rd YEAR (Yes or No) | (1) SIGNATURE | (2) DATE (YYYYMMDD) |
| c. 4th YEAR (Yes or No) | (1) SIGNATURE | (2) DATE (YYYYMMDD) | d. 5th YEAR (Yes or No) | (1) SIGNATURE | (2) DATE (YYYYMMDD) |

Failure to provide information may result in an unfavorable adjudication decision.

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)**

9. NOTES (Use this space to enter additional comments.)

10. AUTHORIZATION AND RELEASE CERTIFICATION

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Counterintelligence and Security Agency (DCSA), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or until termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and completeness of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be safeguarded, including for the purpose of conducting the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of good-faith compliance, or any good-faith 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 of this authorization that show my signature are as valid as the original release signed by me.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct. In addition to the annual certification, I understand that it is my responsibility to immediately inform my employer/supervisor or Child and Youth Programs representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law with a crime referenced in block 6. (Do not include traffic fines of less than \$300.). In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. I also understand that if I am a family child care provider that I will make the same report for the same offenses for members in my household.

WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. **SIGNATURE**

b. **DATE SIGNED** (YYYYMMDD)

11. PARENT CONSENT FOR MINORS:

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background checks. The Parent/Legal Guardian is certifying they understand the purposes of these checks and hereby provide consent for the background checks.

a. **SIGNATURE OF PARENT/GUARDIAN** (if under age 18)

b. **DATE SIGNED** (YYYYMMDD)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective or current employees, volunteers, DoD contractors or employees of DoD contractors, Family Child Care (FCC) providers, and adults residing in the FCC home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been apprehended, arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), Military law, State law, County law, or Municipal law, Regulation or Ordinance, nor have they been apprehended, arrested, charged or held by Federal, State or Local Authorities for any crime or offense involving any of the following: Crime involving a child, sex crime, drug or alcohol offense, domestic violence, violent crime/assaultive behavior, or other. FCC providers will also report the same offenses for members in their household. Individuals who work and volunteer in DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to provide requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children in support of DoD child care services programs

1. Provide your last, first, and middle name. Do not use initials or abridgements.
2. Provide any other names used to include maiden name.
3. Provide your date of birth in YYYYMMDD format.
4. Provide the installation and DoD program where you seek employment or to volunteer; if operating or residing in a FCC home, provide the address of the FCC home.
5. Provide the date of hire. *To be completed by HR or Security Manager.*
6. Place an X in the appropriate box based on whether you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you would not otherwise need to disclose them on an employment application or forms, as they may be identified in the background check process. You must also disclose all covered incidents, even if you did so on a previous consent and self-disclosure form and/or even if the incident was previously adjudicated.

If you answered "Yes," explain your answer in the space provided. If additional space is needed, use block 9.

Use column 6.g for subsequent self-reports (as applicable).

7. Sign and Date.
8. On an annual basis, for the most recent year only, select the appropriate answer (yes or no) or write in the appropriate response indicating if you have been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.
9. If needed, use this space for additional comments to explain blocks 6 and/or 8.
10. Sign and date.

CYP FINGERPRINT REQUEST AND PROCESSING FORM

***** FOR COMPLETION BY APPLICANT *****

FIRST NAME: _____ MIDDLE: _____ LAST: _____

DATE: _____

Please tell us where you have lived from PRESENT going back ONLY 5 years.
Note complete addresses are NOT being requested, only states, FPO Addresses, or countries.
If you require additional space please continue in space below.

Location 1 (Mo/Yr): From: _____ To: PRESENT STATE: _____ FPO/APO: Yes No Country: _____

Location 2 (Mo/Yr): From: _____ To: _____ STATE: _____ FPO/APO: Yes No Country: _____

Location 3 (Mo/Yr): From: _____ To: _____ STATE: _____ FPO/APO: Yes No Country: _____

Location 4 (Mo/Yr): From: _____ To: _____ STATE: _____ FPO/APO: Yes No Country: _____

Thank you for completing this request form.

***** FOR COMPLETION BY SECURITY OR HR *****

This case has the state of _____ which requires _____

This case has the state of _____ which requires _____

This case has the state of _____ which requires _____

EMPLOYER NAME: CNRJ N926 (circle): CFAY NAFA CFAS

EMPLOYER ADDRESS: NAVY CYP, ATTN: CSO 716 SICARD ST SE SUITE 204

WASHINGTON NAVY YARD, DC 20374

REASON FOR FINGERPRINTING: EMPLOYMENT

SON: 595K SOI: DODS IPAC: 17008711

UIC (circle): 61054 61057 61058 FBI PRINTS (circle): PAPER ELECTRONIC

***** FOR COMPLETION BY FINGER PRINTING OFFICE *****

FINGERPRINT TRANSACTION NUMBER: _____

FINGERPRINTING COMPLETED BY: _____

DATE FINGERPRINTED: _____

When fingerprints are complete please return this form to HR or Security

SPECIAL AGREEMENT CHECKS (SAC)

This form can be used to request a number of DCSA's National Agency Checks as Special Agreement Checks (SAC), case type 92. Authorized agency officials, not subjects of investigation, should complete items 1-16, as applicable and the required information for each SAC code requested. Submit this form and any attachments through the NP2 portal to: "(S) e-QIP Attachments (NTC)" or if required to be mailed:

DCSA-FIPC
PO Box 618
Boyers, PA 16018

For deliveries requiring a street address use:
1137 Branchton Road
Boyers, PA 16018

The requesting agency is expected to have on file, or know that DCSA has on file from a prior investigation, a valid signed release for the individual in which the SAC product is being requested. Please note: By submitting an investigative request using the OFI 86C, the agency is acknowledging that the fees associated with the SAC request have been approved by the agency.

Due to Paperwork Reduction Act (PRA) guidance, contractors are not permitted to respond to this collection at this time.

PRIVACY ACT STATEMENT

This investigative request is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the individual we are investigating. The information provided will be retained by the Defense Counterintelligence and Security Agency (DCSA) and may be disclosed to the individual being investigated or other federal agencies.

AUTHORITY: DCSA is authorized to collect this information based on section 925 of Public Law 115-91; 5 U.S. Code 301; Executive Order 13467, as amended by Executive Order 13869; and, 5 Code of Federal Regulations 736.

PRINCIPAL PURPOSE: To obtain records for investigating and determining an individual's initial or continued eligibility for access to classified national security information or assignment to positions with sensitive duties, suitability for enlistment or appointment into military service, suitability for federal employment, fitness for assignment to work under contract for or on behalf of the government, or eligibility for physical or logical access to U.S. Government systems or facilities. DCSA may also conduct other background investigations as authorized by law, designation, rule, regulation, or Executive Order.

ROUTINE USES: The information collected may be disclosed to DCSA personnel and shared externally with other authorized government agency personnel as a routine use when necessary and relevant to personnel vetting investigations, determinations, and adjudications; and, for other purposes permitted under subsection (b) of the Privacy Act of 1974, as amended (5 USC §552a). A complete list of the routine uses can be found in the system of records notice for the Department of Defense Personnel Vetting Records System DUSDI 02-DoD at: <https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records>.

DISCLOSURE: Disclosure is voluntary. However, failure to provide DCSA the requested information may result in our agency's inability to conduct a thorough investigation and may prevent the government from making a determination regarding the qualifications, suitability, eligibility or fitness of the individual being investigated. The information collected will be used to conduct investigative work and may be furnished to other government agencies as warranted, and to the individual investigated upon his or her request unless otherwise exempt.

CERTIFICATION: The requesting agency certifies the individual we are investigating has given written consent for this investigative inquiry. The requesting agency is expected to have on file, or know that DCSA has on file from a prior investigation, a valid signed release for the individual in which the SAC product is being requested.

1. Provide subject's full name. If subject has only initials in name, provide them and indicate "Initials only." If subject does not have a middle name, indicate "No Middle Name." If subject is a "Jr.," "Sr.," etc., enter this suffix.
2. Provide the month, day, year of subject's birth. Example: Enter June 7, 1942 as: "06/07/1942".
3. Provide subject's place of birth: Enter full name of city/town under CITY. Provide COUNTY, if born in United States. Provide the abbreviation for the State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.

ABBREVIATIONS FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES

| | | | | | | | | | |
|----------------------|----|-----------|----|---------------|----|----------------|----|---------------|----|
| Alabama | AL | Hawaii | HI | Massachusetts | MA | New Mexico | NM | South Dakota | SD |
| Alaska | AK | Idaho | ID | Michigan | MI | New York | NY | Tennessee | TN |
| Arizona | AZ | Illinois | IL | Minnesota | MN | North Carolina | NC | Texas | TX |
| Arkansas | AR | Indiana | IN | Mississippi | MS | North Dakota | ND | Utah | UT |
| California | CA | Iowa | IA | Missouri | MO | Ohio | OH | Vermont | VT |
| Colorado | CO | Kansas | KS | Montana | MT | Oklahoma | OK | Virginia | VA |
| Connecticut | CT | Kentucky | KY | Nebraska | NE | Oregon | OR | Washington | WA |
| Delaware | DE | | | | | | | | |
| District of Columbia | DC | Louisiana | LA | Nevada | NV | Pennsylvania | PA | West Virginia | WV |
| Florida | FL | Maine | ME | New Hampshire | NH | Rhode Island | RI | Wisconsin | WI |
| Georgia | GA | Maryland | MD | New Jersey | NJ | South Carolina | SC | Wyoming | WY |

U.S. TERRITORIES

| | | | | | | | | | |
|----------------------------------|----|--------------------------|----|------------------|----|------------------------------------|----|----------------|----|
| American Samoa | AS | Baker Island | FQ | Guam | GU | Howland Island | HQ | Jarvis Island | DQ |
| Johnston Atoll | JQ | Kingman Reef | KQ | Marshall Islands | MH | Micronesia, Federated States of | FM | Midway Islands | MQ |
| Navassa Island | BQ | Northern Mariana Islands | MP | Palau | PW | Palmyra Atoll | LQ | Puerto Rico | PR |
| Virgin Islands, United States | VI | Wake Island | WQ | APO/FPO America | AA | APO/FPO Europe | AE | | |

4. Provide the subject's Social Security Number.
5. Provide Other Names Used (If additional space is needed, attach an additional sheet to this form).
6. Select the appropriate box to specify sex as MALE or FEMALE.
7. Provide Subject's Email Address (Current).
8. Provide all the Special Agreement codes being requested from the Investigations Reimbursable Billing Rates, Federal Investigations Notice (FIN).
9. Provide subject's Position Title.
10. Provide your Submitting Office Number (SON).
11. Provide your Security Office Identifier (SOI).
12. Provide your agency's Intra-Governmental Payment and Collection-Agency Location Code (IPAC-ALC) number.
13. Provide your agency's Obligating Document Number (ODN).
14. Provide accounting data (Optional).
15. Requesting Official's Name and Title.
16. Provide information required per SAC code being requested.

DCSA USE ONLY

| | |
|------------|-------------|
| DCSA CODES | CASE NUMBER |
|------------|-------------|

AGENCY USE ONLY (Complete Items 1 through 16)

| | | | | | |
|-------------------------------|------------|-------------|--------|-------------------------|--|
| 1. SUBJECT'S FULL NAME | | | | 2. DATE OF BIRTH | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | (MM/DD/YYYY) | |

| | | | | | |
|--|--------|-------|---------|----------------------------------|--|
| 3. PLACE OF BIRTH (use 2 letter code for state) | | | | 4. SOCIAL SECURITY NUMBER | |
| CITY | COUNTY | STATE | COUNTRY | | |

| | | | | | |
|---|------------|-------------|--------|--|--|
| 5. OTHER NAMES USED (if additional space is needed, attach an additional sheet to this form) | | | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | | |

| | | | | | | | | |
|---|----------------|---|------------------------------------|---|---------------------|---------------------------------|-------------|-----|
| 6. SEX FEMALE MALE | | 7. SUBJECT'S EMAIL ADDRESS (current) | | 8. SPECIAL AGREEMENT CODES | | 9. POSITION TITLE | | |
| 10. SON | 11. SOI | 12. IPAC-ALC NUMBER | | 13. OBLIGATING DOCUMENT NUMBER (ODN) | | 14. ACCOUNTING DATA | | |
| 15. REQUESTING OFFICIAL'S NAME AND TITLE | | | REQUESTING OFFICIAL'S EMAIL | | PHONE NUMBER | | DATE | |
| 16. Provide information required per SAC code being requested. (CODE A) SECURITY/SUITABILITY INVESTIGATIONS INDEX CHECK (SII). (CODE B) FBI FINGERPRINT CLASSIFICATION CHECK (FBIF/FBFN) (PROVIDE REQUIRED HARDCOPY FINGERPRINT CARD.) (CODE C) FBI INVESTIGATIONS FILES CHECK (FBIN) (PROVIDE ADDRESSES OF THREE MOST RECENT RESIDENCES BELOW.) | | | | | | | | |
| ADDRESS | | | | | | | | |
| 1. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| 2. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| 3. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| (CODE D) DEFENSE CENTRAL INDEX OF INVESTIGATIONS CHECK (DCII) (CODE E) CREDIT RECORD (PROVIDE ADDRESS AND DATES FOR EVERY PLACE LIVED FOR MORE THAN SIX MONTHS IN THE PAST 12 MONTHS. (NOTE: IF ALL RESIDENCES WERE LESS THAN 6 MONTHS, PROVIDE THOSE ADDRESSES AND DATES). IF ADDITIONAL SPACE IS NEEDED, ATTACH A CONTINUATION SHEET TO THIS FORM.) | | | | | | | | |
| ADDRESS | | | | | | | | |
| 1. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| 2. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| 3. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| 4. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| (CODE G) MILITARY PERSONNEL RECORDS CHECK (MILR) (PROVIDE BRANCH, STATUS, AND DATES OF MILITARY SERVICE) PROVIDE THE BRANCH OF SERVICE | | | | | | | | |
| PROVIDE THE BRANCH OF SERVICE | | | | | | PROVIDE SUBJECT'S STATUS | | |
| ARMY | | AIR FORCE | | COAST GUARD | | ACTIVE DUTY | | |
| ARMY NATIONAL GUARD | | AIR NATIONAL GUARD | | | | RESERVE DUTY | | |
| NAVY | | MARINE CORPS | | | | INACTIVE | | |
| | | | | | | RESERVE | | |
| PROVIDE SUBJECT'S DATES AND ADDRESSES OF SERVICE | | | | | | | | |
| 1. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| 2. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| 3. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |
| 4. MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | | | STATE | ZIP |

| | | | |
|---|-----------------------------|--------------------|---|
| (CODE H) INVESTIGATIVE AGENCIES CHECK (INVA) (PROVIDE INVESTIGATING AGENCY.) | | | |
| Select the investigating agency: | | | |
| U.S. DEPARTMENT OF DEFENSE | | | |
| U.S. OFFICE OF PERSONNEL MANAGEMENT | | | |
| U.S. DEPARTMENT OF STATE | | | |
| FEDERAL BUREAU OF INVESTIGATION | | | |
| U.S. DEPARTMENT OF HOMELAND SECURITY (Provide name of bureau) | | | |
| U.S. DEPARTMENT OF TREASURY (Provide name of bureau) | | | |
| FOREIGN GOVERNMENT (Provide name of government) | | | |
| OTHER (Provide explanation) | | | |
| (CODE I) CITIZENSHIP AND IMMIGRATION VERIFICATION | | | |
| COUNTRY OF CITIZENSHIP | | | |
| PROVIDE COMPLETE INFORMATION BELOW. | | | |
| SELECT THE BOX THAT REFLECTS CURRENT CITIZENSHIP STATUS. | | | |
| U.S. CITIZEN OR NATIONAL BY BIRTH IN THE U.S. OR U.S. TERRITORY/COMMONWEALTH | | | |
| U.S. CITIZEN OR NATIONAL BY BIRTH, BORN TO U.S. PARENT(S), IN A FOREIGN COUNTRY | | | |
| NATURALIZED U.S. CITIZEN | | | |
| DERIVED U.S. CITIZEN | | | |
| NOT A U.S. CITIZEN | | | |
| U.S. CITIZEN OR NATIONAL BY BIRTH, BORN TO U.S PARENT(S), IN A FOREIGN COUNTRY. | | | |
| PROVIDE TYPE OF DOCUMENTATION OF U.S CITIZEN BORN ABROAD. | | | DOCUMENT NUMBER |
| FS240 | DS1350 | FS 545 | U.S. PASSPORT (current or most recent passport) |
| OTHER (Provide explanation) | | | |
| PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED. | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| NATURALIZED OR DERIVED U.S. CITIZEN. | | | |
| PROVIDE TYPE OF DOCUMENTATION OF NATURALIZED OR DERIVED U.S CITIZEN. | | | DOCUMENT NUMBER |
| CERTIFICATE OF NATURALIZATION | CERTIFICATE OF CITIZENSHIP | ALIEN REGISTRATION | |
| U.S. PASSPORT | OTHER (Provide explanation) | | |
| PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED. | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| SUBJECT IS NOT A U.S. CITIZEN. | | | |
| PROVIDE TYPE OF DOCUMENT ISSUED | | | DOCUMENT NUMBER |
| I-94 | U.S. Visa (red foil number) | I-20 | DS-2019 |
| | | I-551 | I-766 |
| FOREIGN PASSPORT (provide country) | | | |
| OTHER (provide explanation) | | | |
| PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED. | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |

| | | | |
|---|------------|-------------|------------------------|
| (CODE K) FBI FINGERPRINT NAME CHECK (FBN) | | | |
| (CODE N) BUREAU OF VITAL STATISTICS (BVS) | | | |
| MOTHER'S FULL NAME | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | |
| MOTHER'S MAIDEN NAME (If Applicable) | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | |
| SUBJECT'S MAIDEN NAME (If Applicable) | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | |
| FATHER'S FULL NAME | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | |
| (CODE R) SAC NATIONAL AGENCY CHECK (SAC NAC) (INCLUDES CODES A, B, C, D, AND H. ENSURE CODES C AND H ARE COMPLETED.) | | | |
| (CODE S) SPOUSE OR COHABITANT NACS | | | |
| SPOUSE OR COHABITANT'S FULL NAMES (PROVIDE SPOUSE/COHAB FULL NAME. IF THE SPOUSE/COHAB ONLY HAS INITIALS IN HIS/HER NAME, PROVIDE THEM AND INDICATE "INITIALS ONLY". IF SPOUSE/COHAB DOES NOT HAVE A MIDDLE NAME, INDICATE "NO MIDDLE NAME." IF SPOUSE/COHAB IS A "JR.," "SR.," ETC. ENTER THIS UNDER SUFFIX.) Spouse Cohab | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| SPOUSE OR COHABITANT'S OTHER FULL NAMES | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| DATE OF BIRTH (MM/DD/YYYY) | | | |
| PLACE OF BIRTH | | | SOCIAL SECURITY NUMBER |
| CITY | COUNTY | STATE | COUNTRY |
| COUNTRY OF CITIZENSHIP | | | |
| SELECT THE BOX THAT REFLECTS SPOUSE OR COHABITANT'S CITIZENSHIP STATUS. PROVIDE INFORMATION APPLICABLE TO SPOUSE OR COHABITANT'S CITIZENSHIP STATUS SELECTION. SELECT THE BOX THAT REFLECTS CURRENT CITIZENSHIP STATUS. | | | |
| <input type="checkbox"/> U.S. CITIZEN OR NATIONAL BY BIRTH IN THE U.S. OR U.S. TERRITORY/COMMONWEALTH <input type="checkbox"/> U.S. CITIZEN OR NATIONAL BY BIRTH, BORN TO U.S. PARENT(S), IN A FOREIGN COUNTRY <input type="checkbox"/> NATURALIZED U.S. CITIZEN <input type="checkbox"/> DERIVED U.S. CITIZEN <input type="checkbox"/> SPOUSE/COHAB NOT A U.S. CITIZEN | | | |
| U.S. CITIZEN OR NATIONAL BY BIRTH, BORN TO U.S. PARENT(S), IN A FOREIGN COUNTRY. PROVIDE TYPE OF DOCUMENTATION OF U.S. CITIZEN BORN ABROAD. | | | DOCUMENT NUMBER |
| <input type="checkbox"/> FS240 <input type="checkbox"/> DS1350 <input type="checkbox"/> FS 545 <input type="checkbox"/> U.S. PASSPORT (current or most recent passport) <input type="checkbox"/> OTHER (provide explanation) | | | |
| PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED. | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

| | | | | | |
|---|----------------|------------|-----------------------------|-------------|--------------------------|
| NATURALIZED OR DERIVED U.S. CITIZEN. | | | | | |
| PROVIDE TYPE OF DOCUMENTATION OF NATURALIZED OR DERIVED U.S. CITIZEN. | | | | | |
| CERTIFICATE OF NATURALIZATION | | | CERTIFICATE OF CITIZENSHIP | | ALIEN REGISTRATION |
| U.S. PASSPORT | | | OTHER (Provide explanation) | | DOCUMENT NUMBER |
| PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED. | | | | | |
| LAST NAME | | FIRST NAME | | MIDDLE NAME | SUFFIX |
| SPOUSE OR COHABITANT NOT A U.S. CITIZEN. | | | | | |
| PROVIDE TYPE OF DOCUMENT ISSUED | | | | | |
| I-94 | | | U.S. Visa (red foil number) | | I-20 DS-2019 I-551 I-766 |
| FOREIGN PASSPORT (provide country) | | | OTHER (provide explanation) | | DOCUMENT NUMBER |
| PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED. | | | | | |
| LAST NAME | | FIRST NAME | | MIDDLE NAME | SUFFIX |
| (CODE X) NATIONAL CRIME INFORMATION CENTER/INTERSTATE IDENTIFICATION INDEX CHECK (NCIC/III) (SIGNED MEMORANDUM OF UNDERSTANDING (MOU) REQUIRED.) | | | | | |
| (CODE 3) CONTINUOUS EVALUATION SPECIAL AGREEMENT CHECK (CE SAC) (SIGNED MEMORANDUM OF UNDERSTANDING (MOU) REQUIRED. PROVIDE ADDRESS AND DATES FOR EVERY PLACE LIVED FOR MORE THAN SIX MONTHS IN THE PAST 12 MONTHS. (NOTE: IF ALL RESIDENCES WERE LESS THAN 6 MONTHS, PROVIDE THOSE ADDRESSES AND DATES.) IF ADDITIONAL SPACE IS NEEDED, ATTACH A CONTINUATION SHEET TO THIS FORM.) | | | | | |
| ADDRESS | | | | | |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| (CODE 4) MILITARY DISCHARGE CHECK (MILD) | | | | | |
| (CODE 8B) STATE CRIMINAL HISTORY REPOSITORY CHECK (SCHR) CHILD CARE SEARCHES (IN ADDITION TO THE FINGERPRINT CARD REQUIRED FOR THE FBI CHECK, COMPLETE ADDITIONAL INFORMATION NEEDED FOR THE STATE CRIMINAL HISTORY REPOSITORY (SCHR) CHECKS. PROVIDE SUBJECT'S RESIDENCE ADDRESS FOR EACH STATE OF RESIDENCE THAT A SCHR CHECK IS REQUESTED, BEGINNING WITH THE CURRENT ADDRESS. DOCUMENT SUBMISSION DETAILS FOR THE STATES SHOULD BE REVIEWED BEFORE SUBMITTING THE INVESTIGATION FOR CHILDCARE POSITIONS AND CAN BE FOUND IN THE DCSA CHILDCARE AGENCY GUIDE. THIS GUIDE IS AVAILABLE IN THE NP2 SECURE PORTAL IN A PUBLIC LIBRARY FOLDER LABELED "CHILDCARE INVESTIGATIONS DOCUMENTS". IF ADDITIONAL SPACE IS NEEDED, ATTACH A CONTINUATION SHEET TO THIS FORM.) | | | | | |
| ADDRESS (Current) | | | | | |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |
| MONTH/YEAR TO MONTH/YEAR | STREET ADDRESS | | APT | CITY | STATE ZIP |

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

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

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of my investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director or National Intelligence, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

| | | | | |
|----------------------------------|-------------------------|--|---------------|-----------------------------------|
| Signature (<i>Sign in ink</i>) | | Full name (<i>Type or print legibly</i>) | | Date signed (<i>mm/dd/yyyy</i>) |
| Other names used | | | Date of birth | Social Security Number |
| Current street address Apt. # | City (<i>Country</i>) | State | ZIP Code | Telephone number |

Enter your Social Security Number before going to the next page



EMERGENCY INFORMATION

VOLUNTEER INFORMATION

| | | | |
|----------------|--|--|--|
| NAME | | | |
| ADDRESS | | | |
| HOME PHONE | | | |
| WORK PHONE | | | |
| CELL PHONE | | | |
| E-MAIL ADDRESS | | | |

EMERGENCY CONTACT #1

| | | | |
|--------------|--|--|--|
| NAME | | | |
| RELATIONSHIP | | | |
| PHONE | | | |
| E-MAIL | | | |

EMERGENCY CONTACT #2

| | | | |
|--------------|--|--|--|
| NAME | | | |
| RELATIONSHIP | | | |
| PHONE | | | |
| E-MAIL | | | |

LOCATION AND POSITION VOLUNTEERING FOR

| |
|--|
| |
|--|

AVAILABLE DAYS OF WEEK AND HOURS

(PROVIDE THE DAYS AND HOURS YOUR ARE AVAILABLE.)

| |
|--|
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|--|

| | | | |
|------------------|--|-------------|--|
| SIGNATURE | | DATE | |
|------------------|--|-------------|--|