



UNITED STATES ARMY CADET COMMAND JUNIOR OFFICERS TRAINING CORPS DIRECTORATE

Fort Knox, KY 40121

Tier 1 with Childcare Investigation Packet



1. Complete this packet, signing all locations as required. Please sign forms in **BLACK** ink; digital signatures are not acceptable.
2. Please save a copy of this packet to your desktop prior to beginning so that all fillable fields populate the document correctly. **Use Adobe; otherwise, a "0" will populate after your name.**
3. Use the checklist below to complete all forms correctly; checking every box as you go ensures completion of packet requirements.
4. You CANNOT email this packet. You have thirty (30) days to complete this packet free of error and send it via certified mail with all required state documentation to the following address:

**USACC, JROTC Directorate
ATTN: Background Check Administrator
1307 Third Avenue, Fort Knox, KY 40121**

5. If you have any questions or concerns, contact dennis.a.ford2.civ@army.mil and raymond.c.craig.civ@army.mil before mailing in your Tier 1 with Childcare documentation. This will prevent a lot of back and forth in regard to corrections being needed and will go a long way in ensuring a quick processing of your packet.

TIER 1 WITH CHILDCARE WALK-THRU GUIDE/FAQs

ONLY USE DOCUMENTS PROVIDED IN THE CURRENT PACKET PROVIDED ON THE JROTC WEBSITE. **OLD, OUTDATED, BORROWED PACKETS ARE OUT OF DATE AND WILL NOT BE ACCEPTED.**

CONTACT REQUEST

- Complete Blocks 1-14.

NOTE: If an applicant, enter "Applicant" in Block 11 and list school or brigade supervisor information in Blocks 12-14.

OFI 86C: SPECIAL AGREEMENT CHECKS

- Complete Blocks 1-7.
- ip to CODE 8B (bottom of Page 6 of 6) – List residences of past 5 years to PRESENT.

NOTE: Leave all other sections blank.

STANDARD FORM 86: QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

- Complete all blocks.
- NOTE: *Other Names Used* Block is required. If no other names used, please put "N/A."**
- Sign in *Signature* block.
- NOTE: Ensure all date formats are correct, as indicated on form.**

DD FORM 2981: BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION

- Complete blocks 1-6.

NOTE: Block 2 *Other Name(s) Used* is required. If no other names used, please put "N/A."

NOTE: Block 5- For current instructors, enter date of initial hire by JROTC. For initial applicants, please put "N/A."

NOTE: Mark each box in Block 6 yes or no. If yes for any, complete columns A-G in table and provide summary of incident in Block 9.

- LEAVE SECTION 8 BLANK. Sign and date in Blocks 7a/7b and 10a/10b.

NOTE: Ensure all name and date formats are correct, as indicated on the form.

STANDARD FORM 85P

- Complete all blocks.

NOTE: *Other Names Used* Block is required. If no other names used, please put "N/A."

- Sign in *Signature* block.

DA FORM 5018-R: ADAPCP CLIENT'S CONSENT STATEMENT

- Enter full name and date.

- Name of installation ADAPCP* field should read "HQDA ASAP."

- Block 1 must be checked.

- Sign in *Signature of Client* block and date.

- Any adult over the age of 21 completes *Name of Witness, Signature of Witness, and Date* below.

NOTE: All dates, in Section A and Section B, must be the same dates.

NOTE: LEAVE SECTION C BLANK.

LIVESCAN

- Take both pages to Army Recruiter's station and have Livescan conducted.

- Complete Page 18 with Recruiter's signature.

OPTIONAL FORM 306: DECLARATION FOR FEDERAL EMPLOYMENT

- Complete Block 1 with full name.

NOTE: If no middle name, indicate "No Middle Name." If initial only, indicate (Initial only).

- Complete Blocks 2-6.

NOTE: Block 5 *Other Names Ever Used* is required. If no other names ever used, please put "N/A."

- Complete Block 7a. If yes, complete 7b. If no, skip to Block 8.

- Complete Block 8. Mark yes or no.

- Mark yes or no for Blocks 9-15.

NOTE: For every "yes" answer in Blocks 9-15, an explanation is required in Block 16. Format is Block # followed by explanation (i.e. #9-05/03/2013- Driving under the influence/Radcliff, KY/Hardin CO Court, Elizabethtown, KY 42701).

NOTE: When listing a debt, include (a) type of debt, (b) length of debt, (c) total amount of debt, and (d) payment plan.

- Sign and date Block 17a.

NOTE: You are considered an applicant. LEAVE BLOCKS 17B AND 18 BLANK.

NOTE: Ensure all name and date formats are correct, as indicated on the form.

FINGERPRINTS- The digital fingerprint scan DOES NOT take the place of fingerprint cards. If states on the OFI 86C Special Agreement Checks require them, both are required.

NOTE: Ensure 2X fingerprint cards are either the FD-258 (REV. 5-15-17 or newer) or SF87 (FEV. JAN 2025 or newer). If state/local agencies do not have the correct fingerprint cards, email Lead BCA your home address, and fingerprint cards will be mailed to you. If you decide to print the fingerprint cards on cardstock, YOU MUST PRINT THE FRONT AND BACK ON THE SAME CARD.

NOTE: HGT Block on fingerprint cards must contain three numeric characters (i.e. 6'1" = 601).

NOTE: If born outside of the United States, you must provide the FULL NAME of the country in the *Place of Birth* Block. ABBREVIATIONS ARE NOT ACCEPTABLE.

NOTE: For each state that has a fingerprint requirement, 2 fingerprint cards are needed for EACH state. Packets received with only 1 fingerprint card for each state requirement WILL NOT MOVE FORWARD in the process until that additional fingerprint card is received.

NOTE: You do not have to drive/fly to that state to obtain fingerprints. Fingerprints can be obtained at state/local agencies where you currently reside.

******ILLINOIS STATE FINGERPRINT CARDS****** Acceptable versions of the state fingerprint cards are the versions dated July 1998 and November 2010. Ensure all applicable boxes are filled, checked, and dated.

STATE REQUIREMENT SPREADSHEET

For every state listed on the OFI 86C Special Agreement Checks, complete the state requirements. **IF THE STATE REQUIRES A STATE FORM, TWO ORIGINAL DOCUMENTS WITH WET SIGNATURE ARE REQUIRED.** All forms are found on the JROTC Tier 1 with Childcare website: <https://www.usarmyjrotc.com/t1wc-background-check/>

Alabama Application to Review Alabama Criminal History Record Information. (1) All blocks in PERSONAL INFORMATION section are required. If not applicable, please enter "N/A." (2) Three phone numbers (Home, Mobile, Work) are required - they may be the same number. (3) Underneath "included with my Release are the following items," the first two blocks must be checked.

Kentucky Request Form. Address must be the address used while living in Kentucky. If you have lived at multiple addresses in KY in the last five years, you must have a form to cover each address.

New Jersey Criminal History Record Request – Name Check (212B Form). Form will be sent in with your packet. Once our office submits the form, New Jersey will contact the applicant to approve/deny the request via email. Applicant must approve the request for the check to go through and satisfy the New Jersey Criminal Name Check. If not, the investigation will be terminated.

Texas Request Form. Where prompted for DL/ID#, you must also include the issuing state of the license or ID (i.e. TX/12345678).

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DO NOT SEND ANY TYPE OF MONEY WITH YOUR PACKET OR TO THE STATES, EVEN IF THE STATE FORM SAYS TO. SEND JUST THE FORMS WITH YOUR PACKET.
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CONTACT REQUEST

Requested Individual Information

1. Rank:
2. Last Name:
3. First Name:
4. Do you have a middle name?
If "Yes", please list full middle name:
5. Date of Birth:
6. Were you born in the United States?

If born outside the United States:

1. List Country of Birth
2. Provide documentation of US Citizenship (passport, naturalization certificate, certification of birth abroad)

7. Primary Email Address:
8. Secondary Email Address:
9. Day Telephone Number:
10. Night Telephone Number:
11. Current JROTC Position:
12. Supervisor's Name and Title:
13. Supervisor's Email Address:
14. Supervisor's Phone Number:

PRIVACY ACT NOTICE: Disclosure of any information by you is strictly voluntary. All information collected will be used for the initiation of an investigation. Delays in providing the requested may result in a delay in the initiation of your investigation. Complete each number section ensuring it is true and accurate

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) DCSA CTR e-QIP Attachments" 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
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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 8B		9. POSITION TITLE JROTC Instructor	
10. SON 607C	11. SOI Z256	12. IPAC-ALC NUMBER 21008711	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		
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		
(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 PRESENT	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 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 investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or 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 of 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



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

OMB No. 0704-0516
 OMB approval expires:
 20271130

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-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.

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, (NDA 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.

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.

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)

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.

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.

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, to obtain any information relating to my activities 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, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, 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 sensitive 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 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature <i>(Sign in ink)</i>	Full Name <i>(Type or Print Legibly)</i>		Date Signed
Other Names Used			Social Security Number
Current Address <i>(Street, City)</i>	State	ZIP Code	Home Telephone Number <i>(Include Area Code)</i>

ASAP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

I, _____, this _____ day of _____ 20____,
 (Client's Full Name)

do hereby voluntarily consent to the release of the following information by _____ **HQDA ASAP**
 (Name of Installation ASAP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation, or research to Child/Youth Svcs Suitability Prog _____ for the purpose of completing a background check requirement in accordance with _____ Department of Defense Instruction 1402.05 and Army Directive 2014-23.

_____ namely,

*** see above***

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION / REVOCATION

(Check applicable paragraph)

1. I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 10-22 and 10-27, AR 600-85)

2. I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ASAP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS (Type or print)	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC/DHA Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of _____
 (Client's Name)
 in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC/DHA Commander OR DESIGNATED REPRESENTATIVE (Type or print)	
SIGNATURE	DATE

16-061.txt

081100 August 2016 (EST) USAREC MESSAGE 16-061

From: Headquarters USAREC
To: All Recruiting Personnel

Part I

SUBJECT: Recruiting Center Live Scan (LS) Support for Army ROTC/JROTC and Army Civilian Personnel.

- 1. Recruiting centers must support the LS submission for potential ROTC cadets, JROTC, and Army Civilian Personnel.
2. Security Managers for ROTC or Army Civilian Personnel will notify the individual(s) who require LS submission.
3. Individual(s) may walk in to a center if unable to contact by phone.
4. Individual(s) will have a Live Scan Request Form with them upon arrival to the center...
5. UM 12-073 has been rescinded.
6. POC for this message for technical issues and or FP submission difficulties is the CSC at (800) 223-3735 ext 4.
7. References:
a. AR 601-210, Active and Reserve Components Enlistment Program, dated 12 March 2013.
b. UR 601-210, Enlistment and Accessions Processing, Rapid Action Review dated 29 June 2015.
c. USAREC Live Scan Users Guide, dated 01 April 2012.
d. Army Directive 2014-23, Conduct of Screening and Background Checks for Individuals who have regular contact with Children in Army Programs, dated 10 September 2014.
e. DoD 4000.09 Support Agreements, dated 25 April 2013.

Mr. Todd Sherman, Assistant Chief of Staff, Deputy G3

081100 August 2016 (EST) USAREC MESSAGE 16-061

SUBJECT: Recruiting Center Live Scan (LS) Support for Army ROTC and Army Civilian Personnel Request Form.

Live Scan Fingerprint Request Form

Subject Name:

SON: 607C - Select Cadet Command

SOI: A662

ARMY ALC: 21008711

Appointment Date/Time:

Security Manager: Dennis A. Ford, dennis.a.ford2.civ@army.mil

Subject will not be fingerprinted if they do not arrive with a government issued picture ID (driver's license, passport, etc.). Responsibility for the authorization to fingerprint rests solely on the Security Manager. USAREC personnel will facilitate the capture and transmission of fingerprints, but cannot be required to determine if a non-applicant subject is authorized to fingerprint.

Recruiter's Name: _____

RSID: _____

Recruiter's 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. Most applicants are asked to complete this form after a tentative offer of employment has been made; however, depending on your position, you may be asked to complete this form earlier during the hiring process. Follow instructions that the agency provides. 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

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 relativeworks. 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

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

Additional Information

Optional Form 306

Declaration for Federal Employment

Directions: Use this form for assistance in explaining questions 9 – 15 in block 16. All information required for a complete explanation will be below. Remember for every YES answer, there should be correspondence in block 16 detailing the required information (ie, an applicant answered YES on questions 9, 12, and 15, so there should be three (3) explanations in the space provided for question 16).

9. Provide the following: ***date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.***

10. Provide the following: ***date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.***

11. Provide the following: ***date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.***

12. Provide the following: ***date, explanation of the problem, reason for leaving, and the employer's name and address.***

13. Provide the following: ***Type of Federal Debt in delinquency, length or tax year accrued, amount of delinquency, steps you have taken to correct error, and the estimated date of payment completion.***

14. Only check YES on this question if you have relatives that work for the Office of Personnel Management. Provide the following: ***Relative's name, relationship, and department, agency, or branch of military.***

15. Provide the following: If you are receiving military retirement, the phrase "Military Retirement Pay" should be used. (Explanation will auto-populate if box 15 is checked digitally).

Example: Applicant answers YES to questions 9 and 15. The answer to question 16 should look like below:

9. Date: 03/2015 (approx.), Violation: Driving Under the Influence, Place of Occurrence: Las Vegas, NV, Name and Address of the Police Department: Las Vegas Police Department, 123 Main Street, Las Vegas, NV 88901

15. Military Retirement Pay

Use the space below to complete Question 16 using the information above. Typing in this block will automatically transfer it to the block for Question 16 on the form if you are completing the packet digitally. Failure to complete the explanations correctly will result in a delay in your investigation initiation. If you answered no to all questions, please remember to sign the form and leave Question 16 blank.

<u>State</u>		<u>State Document Requirements</u>
ALABAMA	AL	<ul style="list-style-type: none"> Alabama Request Form - SBI Form 46 Rev. 10-01-17 (Notarized or 2 witness signatures. MUST be the Subject's original wet signature and the Subject is required to date and sign the form in front of witnesses or a notary public) Must be accompanied by form(s) of acceptable identification from either Primary (1 document) or Secondary (2 documents) lists below: <ul style="list-style-type: none"> <u>Primary Document Acceptable Forms - One needed</u> Certified U.S. birth certificate issued by an agency designated by state or federal authority, U.S. Passport, Alabama Identification Card, Alabama Driver License, Certificate of Naturalization, Certificate of Citizenship, U.S. Certificate of Birth Abroad, Resident Alien Card, Valid Foreign Passport with valid U.S. Immigration Document OR <u>Secondary Document Acceptable Forms - Two needed</u> U.S. State-issued Driver License or Non-driver ID card, Current International Driver's License/Permit, Marriage License, U.S. Armed Forces Driver License, U.S. Military DD-214, Professional license issued by a state or federal agency, Selective Service card, Veterans Administration card, Current medical insurance identification card, U.S. Military ID card, ID card issued by school with photo, School enrollment form (DL-1/93), W-2 tax form (along with copy of previous year's filed forms (tax return)), Certified school record: Certified letter from school, GED certificate, Certificate of graduation, Documents from Court of Record (Divorce decree, Adoption decree, Name-change decree) If Subject is a minor under the age of 19 the Alabama Consent to Conduct Background Check of a Minor Form is required. Also requires a copy of 1 form of parent or legal guardian's valid unexpired photo identification
ALASKA	AK	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card
ARIZONA	AZ	<ul style="list-style-type: none"> No Required Forms
ARKANSAS	AR	<ul style="list-style-type: none"> Arkansas Request Form (Notarized) - (ASP - 122 Eff. 9/21/2022) OPM General Release Form
CALIFORNIA	CA	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card <i>*All resubmissions must be received by CA DOJ within one year of the initial transaction/submission</i>
COLORADO	CO	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card and cannot be over 6 months old upon the state's receipt for processing. Required citizenship for FD-258 fingerprint card submissions must be present with "U.S." if subject is a citizen of the United States On the FD258, the foreign country of citizenship must be spelled out Yes or No responses are not acceptable
CONNECTICUT	CT	<ul style="list-style-type: none"> No Required Forms
DELAWARE	DE	<ul style="list-style-type: none"> No Required Forms
DISTRICT OF COLUMBIA	DC	<ul style="list-style-type: none"> No Required Forms
FLORIDA	FL	<ul style="list-style-type: none"> No Required Forms
GEORGIA	GA	<ul style="list-style-type: none"> No Required Forms
HAWAII	HI	<ul style="list-style-type: none"> No Required Forms

<u>State</u>		<u>State Document Requirements</u>
IOWA	IA	<ul style="list-style-type: none"> No Required Forms
IDAHO	ID	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card and cannot be over 180 days old upon the state's receipt for processing.
ILLINOIS	IL	<ul style="list-style-type: none"> Illinois State Fingerprint Card Illinois State Police Fingerprint Card* is preferred, an SF87 or FD258 fingerprint card may be substituted, as long as the following criteria are met: <ul style="list-style-type: none"> The SF87/FD258 card is signed and dated. The Illinois State Police Fingerprint Card is included and all required sections (sans the actual fingerprint images) are filled out. Either the 07/98 or 11/10 versions of the Fingerprint Cards are acceptable. For instructions on how to fill either card out, refer to the Childcare Agency Guide on the PSIP Website in the References Tab Childcare and SHARP SCHR Checks folder OPM General Release Form
INDIANA	IN	<ul style="list-style-type: none"> No Required Forms
KANSAS	KS	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card
KENTUCKY	KY	<ul style="list-style-type: none"> Kentucky Request Form Minors (<18 years old) must provide a "Minor Consent" form (Required form must also include a signed and dated written consent from a parent or legal guardian giving their permission for the State to conduct the Criminal History Record checks. Sample is provided in PSIP -> References -> Parental Release) OPM General Release Form
LOUISIANA	LA	<ul style="list-style-type: none"> No Required Forms
MAINE	ME	<ul style="list-style-type: none"> No Required Forms
MARYLAND	MD	<ul style="list-style-type: none"> No Required Forms
MASSACHUSETTS	MA	<ul style="list-style-type: none"> No Required Forms
MICHIGAN	MI	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card Michigan Fingerprint Background Check Request (RI-030) Form
MINNESOTA	MN	<ul style="list-style-type: none"> Minnesota Request Form (Notarized)
MISSISSIPPI	MS	<ul style="list-style-type: none"> Mississippi Department of Public Safety Authorization to Release Information Form Copy of State ID or Driver's License
MISSOURI	MO	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card OPM General Release Form
MONTANA	MT	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card
NEBRASKA	NE	<ul style="list-style-type: none"> No Required Forms
NEVADA	NV	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card and cannot be over 1 year old upon the state's receipt for processing *DO NOT submit fingerprint card on any form other than a standard size (8"x8") fingerprint card. OPM General Release Form

<u>State</u>		<u>State Document Requirements</u>
NEW HAMPSHIRE	NH	<ul style="list-style-type: none"> New Hampshire Request Form (Notarized) OPM General Release Form
NEW JERSEY	NJ	<ul style="list-style-type: none"> New Jersey Criminal History Record Request - Name Check (212B) Form - All areas must be filled out legibly including a complete email address An email with a link will be sent to the subject by the State of New Jersey directing the subject to review and approve this search. The subject will have seven (7) days to review and approve
NEW MEXICO	NM	<ul style="list-style-type: none"> New Mexico Request Form (Notarized) Forms must be RECEIVED in New Mexico for processing within 120 days of Subject and notary's public signature. OPM General Release Form
NEW YORK	NY	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card and cannot be over 1 year old upon the state's receipt for processing. New York IdentoGO Cardscan Authorization Form
NORTH CAROLINA	NC	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card
NORTH DAKOTA	ND	<ul style="list-style-type: none"> OPM General Release Form
OHIO	OH	<ul style="list-style-type: none"> Ohio State Fingerprint Card (Both versions of the BIM12-98 are acceptable and both sides must be complete) or FD258 with Ohio Waiver (back of OH State Fingerprint Card). The back of the Ohio card must have DCSA as the Agency. Ohio Request Form
OAKLAHOMA	OK	<ul style="list-style-type: none"> No Required Forms
OREGON	OR	<ul style="list-style-type: none"> No Required Forms
PENNSYLVANIA	PA	<ul style="list-style-type: none"> No Required Forms
RHODE ISLAND	RI	<ul style="list-style-type: none"> Rhode Island Request Form (Notarized) Copy of Photo ID (Must include date of birth) OPM General Release Form
SOUTH CAROLINA	SC	<ul style="list-style-type: none"> No Required Forms
SOUTH DAKOTA	SD	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card South Dakota Request Form with FULL subject name OPM General Release Form
TENNESSEE	TN	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card Tennessee Request Authorization and Notification Form
TEXAS	TX	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card Texas Consent and Authorization to Retain Fingerprints
UTAH	UT	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card OPM General Release Form
VERMONT	VT	<ul style="list-style-type: none"> No Required Forms
VIRGINIA	VA	<ul style="list-style-type: none"> No Required Forms
WASHINGTON	WA	<ul style="list-style-type: none"> No Required Forms
WEST VIRGINIA	WV	<ul style="list-style-type: none"> SF87 or FD258 Fingerprint Card West Virginia Certification and Authorization Form
WISCONSIN	WI	<ul style="list-style-type: none"> No Required Forms
WYOMING	WY	<ul style="list-style-type: none"> Two (2) SF87 or FD258 Fingerprint Cards OPM General Release Form

SF87 (REV FEB2021) Fingerprint Card

SF 87 (REV. FEBRUARY 2021) US DEPT OF DEFENSE E.O. 13869		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME <u>1</u> MIDDLE NAME			EPI	LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED <u>2</u>		OR		SERIAL NO. (DOD USE ONLY) OCA					
RESIDENCE OF PERSON FINGERPRINTED		SON <u>13</u>	SOI <u>13</u>	IPAC <u>13</u>	MISCELLANEOUS NO. MNU		DATE OF BIRTH DOB MONTH <u>12</u> DAY YEAR		
ALIANSES AKA		SEX <u>5</u>		HGT <u>7</u>	WGT <u>8</u>	EYES <u>9</u>	HAIR <u>10</u>	PLACE OF BIRTH POB <u>11</u>	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <u>3</u>		RACE (SELECT ONE OR MORE):			LEAVE BLANK			
TITLE AND ADDRESS		SCARS, MARKS, AND TATTOOS			CLASS		REF.		
POSITION TO WHICH APPOINTED H-CHILDCARE		FBI NO. FBI			ISLANDER <u>6</u>				
DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)		SOCIAL SECURITY NO. SOC <u>4</u>			WHITE				

SAMPLE

- NAM:** Full name in following order, **LAST, FIRST, MIDDLE**. Initials are NOT acceptable. If Applicant has no middle name, enter NMN for the MIDDLE.
- SIGNATURE OF PERSON FINGERPRINTED:** Signature of person fingerprinted (legal name).
- DATE and SIGNATURE OF OFFICAL TAKING FINGERPRINTS:** Signature and date of OFFICAL taking fingerprints.
- SOC:** Applicant's full social security number
- SEX:** Enter "M" for male or "F" for female
- RACE:** (Not Required): Enter the applicable code:
American Indian or Native – I
Asian or Pacific Islander – A
Black - B
White – W
Unknown or Other - U
- HGT:** **Must include three numeric characters. Enter Applicant's height in feet and inches.** Do not use or". Example: for 5' 11" enter 511 for 6' 1" enter 601
- WGT:** Must include three numeric characters. Enter Applicant's weight in pounds Example: for 94 pounds – enter 094 for 186 pounds –enter 186
- EYES:** Must include three letter code
Black- BLK Hazel- HAZ
Blue - BLU Maroon -MAR
Brown - BRO Multicolored-MUL
Gray - GRY Pink- PNK
Green - GRN Unknown- XXX
- HAIR:** Must include three letter code
Bald -BAL Gray - GRY Black- BLK Red - RED
Blonde or Strawberry -BLN Sandy - SDY
Brown -BRO White - WHT
- POB (Place of Birth):** Enter applicable state (US or Mexico) or province (Canada) from the POB listing.
- DOB (Date of Birth):** Must include full DOB (xx/xx/xxxx). Enter Applicant's date of birth in order of month, day, and year. Example: January 1, 1965 = 01/01/1965 October 31, 1983 = 10/31/1983
- SON, SOI, and IPAC** Please leave blank.

FD258 (REV 5-15-17) Fingerprint Card

FD-258

Contractor Fingerprint Card - Numbered Fields are Required and Must be Fully Completed in Accordance With The Instructions.

APPLICANT <small>* See Privacy Act Notice on Back FD-258 (Rev. 5-15-17) 1110-0046</small>		TYPE OR PRINT ALL INFORMATION IN BLOCK		FBI	
SIGNATURE OF PERSON FINGERPRINTED 2		LAST NAME <u>NAM</u> FIRST <u>1</u> MIDDLE NAME		LEAVE BLANK	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		DATE OF BIRTH <u>DOB</u> Month <u>12</u> Day Year	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 3	CITY <u>CTZ</u>	SEX <u>5</u>	RACE <u>6</u>	HGT <u>7</u>
EMPLOYER AND ADDRESS		STATE NO. <u>FBI</u>	WGT <u>8</u>	EYES <u>9</u>	HAIR <u>10</u>
REASON FINGERPRINTED		ARMED FORCES NO. <u>MNU</u>	PLACE OF BIRTH <u>POB</u> 11		
		SOCIAL SECURITY NO. <u>SOC</u> 4	LEAVE BLANK		
		MISCELLANEOUS NO. <u>MNU</u>	CLASS _____		
			REF. _____		

- NAM:** Full name in following order, LAST, FIRST, MIDDLE. Initials are NOT acceptable. If Applicant has no middle name, enter NMN for the MIDDLE.
- SIGNATURE OF PERSON FINGERPRINTED:** Legal name and signature of person fingerprinted
- DATE and SIGNATURE OF OFFICAL TAKING FINGERPRINTS:** Signature and date of OFFICAL taking fingerprints.
- SOC:** Applicant's full social security number
- SEX:** Enter "M" for male or "F" for female
- RACE:** (Not Required): Enter the applicable code:
American Indian or Native – I
Asian or Pacific Islander – A
Black - B
White – W
Unknown or Other - U
- HGT:** Must include three numeric characters. Enter Applicant's height in feet and inches. Do not use or". Example: for 5' 11" enter 511 for 6' 1" enter 601
- WGT:** Must include three numeric characters. Enter Applicant's weight in pounds Example: for 94 pounds – enter 094 for 186 pounds –enter 186
- EYES:** Must include three letter code
Black- BLK, Blue -BLU, Brown- BRO, Gray -GRY, Green- GRN, Hazel- HAZ,
Maroon -MAR, Multicolored MUL, Pink- PNK, or Unknown- XXX
- HAIR:** Must include three letter code
Bald -BAL Black- BLK
Blonde or Strawberry -BLN Brown -BRO
Gray- GRY Red -RED
Sandy -SDY White-WHT
- POB:** (Place of Birth): Enter applicable state (US or Mexico) or province (Canada) from the POB listing.
- DOB:** (Date of Birth): Must include full DOB (xx/xx/xxxx). Enter Applicant's date of birth in order of month, day, and year. Example: January 1, 1965 = 01/01/1965 October 31, 1983 = 10/31/1983

See example on the next page and fill in all of the highlighted fields with your information in the correct format. If you listed any other names used on the 86C, please fill that information in the Aliases AKA field on the fingerprint card as well.

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

JONES JOHNNY JAMES

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

YOUR SIGNATURE

ALIASES AKA

O
R
I

OTHER NAMES USED

RESIDENCE OF PERSON FINGERPRINTED

YOUR ADDRESS

DATE OF BIRTH DOB
Month Day Year
03 25 1964

CITIZENSHIP CTZ
US

SEX M RACE W HGT. 508 WGT. 205 EYES BRO HAIR BLK

PLACE OF BIRTH POB
COLUMBUS, OH

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

02-15-2020 PERSON TAKING PRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

US ARMY CADET COMMAND
FORT KNOX, KY 42701

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS _____

REASON FINGERPRINTED

H-CHILDCARE

SOCIAL SECURITY NO. SOC
111-22-3333

REF. _____

MISCELLANEOUS NO. MNU

1. R. THUMB _____

EXAMPLE

6. L. THUMB _____

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY