

COMMANDER'S PRESIDENTIAL SUPPORT PROGRAM QUESTIONNAIRE

Name (Last, First, M.I.)	Grade	SSAN	CAFSC
Unit	Assignment Desired USAF HONOR GUARD/CEREMONIAL GUARDSMAN		

ENDORSEMENT (COMMANDER)

TO: USAF HG	FROM:	Date:
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CHECK THE APPROPRIATE BLOCK TO THE RIGHT FOR THE QUESTIONS BELOW.	YES / NO
1. Does the individual have the physical competency, mental alertness and technical proficiency to perform Presidential Support duties?	<input type="checkbox"/> <input type="checkbox"/>
2. Has the individual's supervisor reported any indicators that would affect his/her judgment or reliability? If yes, has the individual received treatment by a credentialed mental health professional?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Does the individual accept responsibility, exercise sound judgment, and adjust well to changes in the work environment?	<input type="checkbox"/> <input type="checkbox"/>
4. Does the individual have the required security investigation and a security clearance commensurate with the security classification required for the position? (Secret) Does the individual have an investigation within last 36 months? Date:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Does the individual have a positive attitude toward Presidential support duties and the objective concept of Presidential protection?	<input type="checkbox"/> <input type="checkbox"/>
6. Is the individual a US citizen or US national? a. Is the individual claiming dual citizenship? b. Is he/she willing to renounce foreign citizenship? c. Does the individual possess a foreign passport? d. If so, is he/she willing to relinquish it? e. List any foreign born relatives:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Is the individual under consideration of separation for court-martial charges or awaiting civilian trial?	<input type="checkbox"/> <input type="checkbox"/>
8. Does the individual's past job or duty history indicate irresponsibility, or lack of dependability in carrying out assigned duties? (OPRs/EPRs, comments, and ratings)	<input type="checkbox"/> <input type="checkbox"/>
9. Does the <u>Unit Personnel Record Group</u> contain derogatory information? (Review for Denial of Good Conduct Medal, demotion, DD Form 398, DD Form 1996, etc.) If yes, explain.	<input type="checkbox"/> <input type="checkbox"/>
10. Is the individual on the Control Roster, WMP, or have a UIF? If yes, explain.	<input type="checkbox"/> <input type="checkbox"/>
11. Has the individual EVER experienced any of the following? Check all that apply. If in brackets, circle applicable.	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Late Payments (30/60/90/120 days) <input type="checkbox"/> Collection/Charge off (paid/unpaid) <input type="checkbox"/> Bankruptcy (Including Chapter 7, 11, 13) <input type="checkbox"/> Repossession <input type="checkbox"/> Tax Lien <input type="checkbox"/> Non-sufficient Funds Checks <input type="checkbox"/> Wage Garnishment <input type="checkbox"/> Foreclosure <input type="checkbox"/> Child Support (delinquent) affluence <input type="checkbox"/> Judgment <input type="checkbox"/> Unexplained <input type="checkbox"/> Deceptive/illegal financial practices (tax evasion, embezzlement, etc.) <input type="checkbox"/> Gambling	
If answering "yes" to any of the questions, please provide an explanatory MFR.	

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CHECK THE APPROPRIATE BLOCK TO THE RIGHT FOR THE QUESTIONS BELOW.	YES / NO
12. Has the individual EVER been arrested or charged with a crime?	<input type="checkbox"/> <input type="checkbox"/>
a. Has the individual EVER been arrested for <u>any</u> criminal conduct? If yes, was he/she sentenced to more than 365 days incarceration regardless of time served or suspended sentence?	<input type="checkbox"/> <input type="checkbox"/>
b. Has the individual EVER been arrested for, charged with or convicted of any offense(s)? (Leave out traffic fines that are less than \$150.00.)	<input type="checkbox"/> <input type="checkbox"/>
c. Has the individual EVER been questioned by military or criminal investigative agency?	<input type="checkbox"/> <input type="checkbox"/>
d. Does the individual have any open warrants?	<input type="checkbox"/> <input type="checkbox"/>
13. Has the individual EVER received a Letter of Reprimand or Article 15? If yes, explain.	<input type="checkbox"/> <input type="checkbox"/>
14. Is the individual's spouse currently a US citizen? If the individual's spouse is a foreign national, is it their intention to become a US citizen?	<input type="checkbox"/> <input type="checkbox"/>
15. Does the individual or spouse's have relatives that are foreign nationals? Do they have intentions of becoming a US citizen?	<input type="checkbox"/> <input type="checkbox"/>
16. Are there any factors existing that would preclude the Airman from being assigned to an installation which is frequently visited by the President and other dignitaries?	<input type="checkbox"/> <input type="checkbox"/>
ALCOHOL/DRUGS If answering "yes" to any of the questions, please provide an explanatory MFR.	
a. Has the individual EVER been arrested/charged with or convicted of any offenses related to alcohol or drugs?	<input type="checkbox"/> <input type="checkbox"/>
b. Has the individual illegally used any controlled substance (marijuana, crack, cocaine, ecstasy, etc) within the last year? List any/all drugs used: _____	<input type="checkbox"/> <input type="checkbox"/>
c. Has the individual shown signs of habitual use of alcohol; reported for work intoxicated?	<input type="checkbox"/> <input type="checkbox"/>
d. Has the individual attended alcohol/drug treatment? If yes, provide diagnosis and prognosis below.	<input type="checkbox"/> <input type="checkbox"/>

Notes/Additional Comments	
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COMMANDER

I have reviewed the above individual's records and they do not reflect any information which, in my judgment, would preclude his/her selection for Presidential support duty. I have personally interviewed the applicant and to my knowledge, member is emotionally stable, morally sound, and financially responsible.

It is my recommendation to the USAF Honor Guard Security Manager that _____ is (circle one) **qualified / not qualified** for Presidential support duty.

NOTE: If delinquent bills or financial issues exist, attach a personal financial statement. This statement is generally available at your local Family Support Center.

UIF <input type="checkbox"/> NO <input type="checkbox"/> YES	LOR <input type="checkbox"/> NO <input type="checkbox"/> YES	ART 15 <input type="checkbox"/> NO <input type="checkbox"/> YES
CHECK APPROPRIATE BOX	<input type="checkbox"/> RECOMMEND	<input type="checkbox"/> NOT RECOMMEND

Squadron Commander Signature and Signature Block	Date