



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON WEST POINT
681 HARDEE PLACE
WEST POINT, NEW YORK 10996

IMML-ZA

19 August 2016

U.S. ARMY GARRISON WEST POINT POLICY #48

SUBJECT: Common Access Card (CAC) Credentialing and Network Access for Contractors and Volunteers Standard Operating Procedures (SOP)

1. REFERENCES:

- a. Homeland Security Presidential Directive-12, "Policy for a Common Identification Standard for Federal Employees and Contractors," dated 27 August 2004.
- b. DoD Investigative and Adjudicative Guidance for Issuing the Common Access Card (CAC) DODI 5200.46, dated 9 September 2014.
- c. U.S. Office of Personnel Management Memorandum, "Introduction of Credentialing, Suitability, and Security Clearance Decision-Making Guide," dated 14 January 2008.
- d. Federal Information Processing Standards Publication 201-2, "Personal Identity Verification (PIV) of Federal Employees and Contractors," dated August 2013.
- e. DoD Instruction 5200.02, "DoD Personnel Security Program (PSP)", dated 21 March 2014.
- f. U.S. Office of Personnel Management Federal Investigations Notice Number 10-05, "Reminder to Agencies of the Standards for Issuing Identity Credentials Under HSPD-12," dated 17 May 2010.
- g. Army Regulation 25-2, Information Assurance, dated 24 October 2007, Rapid Action Revision (RAR), dated 23 March 2009.
- h. Army Directive 2014-05, "Policy of Implementation Procedures for Common Access Card Credentialing and Installation Access for Uncleared Contractors," dated 7 March 2014.
- i. Army Directive 2014-23, Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs.

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2. PURPOSE. Establish guidelines, definitions and procedures detailing what requirements must be completed prior to issuance of CAC and granting of access to the government computer system and/or network for Contractors and Volunteers of the U.S. Army Garrison West Point (USAG WP) and United States Military Academy (USMA), to include tenants.

3. APPLICABILITY. This policy applies to all contractors and volunteers who require issuance of a CAC and access to the government computer network.

4. RESPONSIBILITIES:

a. Director/Commander (D/C).

(1) Responsible for identifying contractors and volunteers requiring a CAC and computer network access and directing each contractor and volunteer to undergo a background investigation and fingerprinting as needed.

(2) Responsible for appointing a Primary and Alternate Trusted Agent (TA). TA must be a DoD Federal Employee, i.e. non contractor.

b. Functional Manager (FM). Government representative responsible for administration, hiring, personnel management and operation of Army sponsored or sanctioned program. The FM also reviews and processes all background check packets prior to submission to the Security Office. Contact with children, under the age of 18 years of age, may be possible.

c. Trusted Agent (TA).

(1) Must be a DoD uniformed service member or DoD Civilian.

(2) Newly assigned TAs must complete required training IAW the Trusted Associate Sponsorship System (TASS), as provided by Trusted Agent Security Manager (TASM). Annual training will be required.

(3) Establishes sponsorship of the applicant with the agency.

(4) Verifies the applicant's need for logistical and physical access to either a DoD network or facility, both initially and ongoing through semiannual reverifications.

(5) Initiates the process of application for registration of a government credential.

(6) Revokes CAC when credential is no longer needed for contract performance, upon completion of employment or upon contract completion or termination.

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d. Installation Security Office, Directorate of Plans, Training, Mobilization and Security (DPTMS), USAG WP.

(1) Confirms the applicant's need for a background investigation.

(2) Initiates non child-related applicants in the PSIP program to access e-QIP. A PSIP Initiation form (see attached) and proof of citizenship is required prior to initiation.

(3) Fingerprints applicant as required.

(4) Requires submission of OF 306, *Declaration of Federal Employment* and resume at time of initiation.

(5) Once fingerprint results confirm no derogatory records, and the PSIP e-QIP application is accepted by the PSIP CoE, the Security Office will notify the TA that CAC issuance is approved and any System Authorization Access Request (SAAR) pending approval are certified.

(6) Upon completion of the investigation, the Security Office is responsible for adjudication of closed investigation for suitability. Applicants, in a child/youth services position, identified with specified derogatory information IAW the References above will be referred to the Installation Program Review Board for consideration.

e. Command Designated Entity Background Check Administrator (CDE BCA), DPTMS, USAG-WP.

(1) Confirms the applicant's need for a background investigation.

(2) Initiates child-related applicants in the PSIP program to access e-QIP.

(3) Fingerprints applicant as required.

(4) Requires submission of a complete childcare related packet from the Functional Manager (FM) prior to initiation.

(5) Once fingerprint results confirm no derogatory records, and the PSIP e-QIP application is accepted by the PSIP CoE, the CDE BCA will notify the TA that CAC issuance is approved and any System Authorization Access Request (SAAR) pending approval are certified.

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(6) Upon completion of the investigation, the Security Office is responsible for adjudication of closed investigation for suitability. Applicants, in a child/youth services position, identified with specified derogatory information IAW Reference i above will be referred to the Installation Program Review Board for consideration.

5. Procedures.

a. Non-childcare Related Contractor/Volunteer

(1) Once a contractor or volunteer is identified as non-childcare related, and requires a CAC and/or computer network access, the FM contacts the Security Office to confirm status of contractor/volunteer's background investigation. If a previous background investigation exists, a break in service of less than 24 months must be determined. If there is no break-in-service, no new background check is required. If no background investigation has been conducted, the Security Office will advise the D/C POC that the contractor/volunteer must report to the Security Office to start the background investigation process.

(2) Once the contractor/volunteer has been identified to undergo a background investigation, the FM is responsible for have the following forms completed/provided by the contractor/volunteer:

- (a) PSIP Required Information form.
- (b) Birth Certificate, Passport, Citizenship Documentation, Green Card, etc.
- (c) Resume.
- (d) OF 306, *Declaration of Federal Employment*.

(3) Once the FM has reviewed the required forms/documents, the completed packet is forwarded to the Security Office. The FM will instruct the contractor/volunteer to contact the Security Office to make an appointment for fingerprinting.

(4) Once the contractor/volunteer is fingerprinted, the Security Office will initiate the contractor/volunteer for PSIP e-QIP. Once the contractor/volunteer is initiated to access e-QIP, they will have 5 days to access, complete and submit their e-QIP application. Once the contractor/volunteer's e-QIP application has been accepted and submitted to OPM, the Security Office will notify the FM and TA with approval to issue CAC. Any pending SAARs will be approved at this time.

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b. Childcare Related Contractor/Volunteer.

(1) Once a contractor or volunteer is identified as childcare related, and requires a child-related background check, to include CAC and/or computer network access, the FM contacts the CDE BCA to confirm status of contractor/volunteer's background investigation history. If a background investigation exists, a break in service of less than 24 months must be determined. If there is no break-in-service, the investigation must be assessed as to if any State Criminal History Records were conducted by Office of Personnel Management (OPM) by the CDE BCA. If needed, the CDE BCA will advise the FM of this requirement. If no background investigation has been conducted, the CDE BCA will advise the FM that a complete packet will be required. This packet includes:

- (a) IMCOM Form 30.
- (b) IMCOM Form 23.
- (c) IMCOM Form 25.
- (d) DA Form 3433-1 or Resume.
- (e) OFI 86C.
- (f) OF 306, *Declaration of Federal Employment*.
- (g) Two Reference Checks.
- (h) Proof of Citizenship (birth certificate, passport, etc.).

(2) Once packet is reviewed by the FM for accuracy/derogatory information, it is forwarded to CDE BCA. At that time, the FM will advise the contractor/volunteer to make the appointment for the contractor/volunteer to report to the Security Office for fingerprinting.

(3) The CDE BCA will review submitted forms and fingerprint the contractor/volunteer. The CDE BCA will initiate the contractor/volunteer for PSIP e-QIP. Once the contractor/volunteer is initiated to access e-QIP, they will have 5 days to access, complete and submit their e-QIP application. Once the contractor/volunteer's e-QIP application has been accepted and submitted to OPM, the CDE BCA will notify the FM and TA with approval to issue CAC. Any pending SAARs will be approved at this time.

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6. EXPIRATION. This policy is effective until superseded or rescinded.

7. The POC for this policy memorandum is Colette A. Drouin, Supervisory Security Specialist, DPTMS, USAG West Point, at (845) 938-2717.

Encls

1. PSIP Required Information Form
2. OF 306
3. IMCOM Form 30
4. IMCOM Form 23
5. IMCOM Form 25
6. DA Form 3433-1
7. OFI 86C



ANDREW S. HANSON
COL, SF
Commanding

PSIP REQUIRED INFORMATION

Military – Contractor - Volunteer – Civilian

****COPY OF BIRTH CERTIFICATE/CITIZENSHIP DOCUMENTATION REQUIRED PRIOR TO INITIATION FOR ACCESS TO EQUIP****

Subject Personal Information:

SSN: _____ Birth Date: _____ (MM/DD/YYYY)

Rank/Prefix (Dr., Ms, Mrs., Mr.): _____

Last Name: _____ First Name: _____ Middle Name: _____

Postfix/Suffix (i.e.: II, III, Jr.): _____

Country of Birth: _____ State of Birth: _____ City of Birth: _____

Digital Fingerprint Information (CNACI, NACI, ANACI, SSBI):

Address: _____

Gender: _____ Race: _____ HGT: _____ WGT: _____ Eye Color: _____ Hair Color: _____

Subject Contact Information:

Email Address: _____

Secondary Email Address : _____ (Optional)

Primary Phone: _____ Cell/ Home/ Work

Secondary Phone: _____ Cell/ Home/ Work

Organization/Unit Name: _____

Supervisor's Contact Information:

Rank/Prefix: _____ First Name: _____ Last Name: _____

Title: _____ E-mail Address: _____

Phone: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE(S): To obtain information for background investigation on personnel for the purpose of issuing government identification cards.

ROUTINE USES: The Installation Security Office will use information.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in individual not being issued identification card.

Office Use.

Fingerprints? Date _____ OF306? Date _____ Resume? Date _____ (If applicable)

CNACI / NACI / ANACI / SSBI / SBPR / NACLC / Secret PR

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)
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3b. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", provide country of citizenship)	4. DATE OF BIRTH (MM / DD / YYYY)
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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. Are you a male born 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 you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."*

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 violation, 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 have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

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 _____
(Sign in ink)
- 17b. Appointee's Signature: _____ Date _____
(Sign in ink)

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

INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK WORK ORDER TICKET

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990), DODI 1402.05 (Background Checks on Individuals in DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 8060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6000.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System, Suitability and Fitness Adjudication For Civilian Employees, August 24, 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 2000, DoD Instruction 1400.25, Volume 1231 DoD Civilian Personnel Management System, Employment of Foreign Nationals, and E.O. 9307(SSN), as amended, AR 600-16, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at: <http://dodpd.defense.gov/Privacy/SORN/index/blanketRoutineUses.aspx>

DISCLOSURES: Voluntary, however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

SECTION I - REQUEST TYPE

Personnel Category: <input style="width: 90%;" type="text"/>	Request Type: <input type="checkbox"/> New <input type="checkbox"/> Re-Verification	DoD Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Consent Form (IMCOM Form 23) Signed Date: <input style="width: 20%;" type="text"/>	Date Submitted to Agency: <input style="width: 20%;" type="text"/>	Date Received CDE Office: <input style="width: 20%;" type="text"/>

SECTION II - REQUESTING OFFICE INFORMATION

Installation: <input style="width: 95%;" type="text"/>	Command: <input style="width: 95%;" type="text"/>	Directorate/Organization: <input style="width: 95%;" type="text"/>
POC Agency Name: <input style="width: 95%;" type="text"/>	POC Telephone: <input style="width: 95%;" type="text"/>	POC E-mail: <input style="width: 95%;" type="text"/>
Functional Program: <input style="width: 95%;" type="text"/>	Employment Location: <input style="width: 95%;" type="text"/>	Employment Position: <input style="width: 95%;" type="text"/>
Fiduciary Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No		Anticipated Start Date: <input style="width: 95%;" type="text"/>

SECTION III - SUBJECT'S PERSONAL INFORMATION

SSN: <input style="width: 95%;" type="text"/>	Prefix/Rank: <input style="width: 95%;" type="text"/>	Name: (Last, First Middle) <input style="width: 95%;" type="text"/>	Maiden Name: <input style="width: 95%;" type="text"/>
Postfix/Suffix: <input style="width: 95%;" type="text"/>	Birth Date: <input style="width: 95%;" type="text"/>	Birth Country: <input style="width: 95%;" type="text"/>	Birth State: <input style="width: 95%;" type="text"/>
Proof of US Citizen: (attached) <input style="width: 95%;" type="text"/>		Primary E-mail: <input style="width: 95%;" type="text"/>	Secondary E-mail: <input style="width: 95%;" type="text"/>
Primary Phone: <input style="width: 95%;" type="text"/>		Secondary Phone: <input style="width: 95%;" type="text"/>	
Current Street Address: <input style="width: 95%;" type="text"/>	Current City: <input style="width: 95%;" type="text"/>	Current State: <input style="width: 95%;" type="text"/>	Current Country: <input style="width: 95%;" type="text"/>
Current Zip: <input style="width: 95%;" type="text"/>			

SECTION IV - CATEGORIES OF PERSONNEL REQUIRING INVESTIGATIONS

List every state the subject has lived and worked in within the past 5 years. For categories of personnel requiring CNACI investigations, attach OFI 86C.

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Supervisor/POC for PSIP purposes: <input style="width: 95%;" type="text"/>	Supervisor/POC E-mail: <input style="width: 95%;" type="text"/>
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SECTION V - FAMILY CHILD CARE/HOMES OFF POST

For each person listed below include IMCOM Form 23 for each. List additional Family Members or residents on a separate page (Category and Name)

Category: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>	Category: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>
Category: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>	Category: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>
Category: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>	Category: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>

SECTION VI - AGENCY COMMENTS AND VERIFICATION

Remarks Section:

Name and signature of Functional Manager: <input style="width: 95%;" type="text"/>	Date signed: <input style="width: 95%;" type="text"/>
CDE Received (Name and Signature): <input style="width: 95%;" type="text"/>	Date signed: <input style="width: 95%;" type="text"/>

INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK CONSENT

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoD 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, August 24, 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 2000, DoD Instruction 1400.25, Volume 1231 DoD Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at: <http://dpcid.defense.gov/Privacy/SORNs/index/blanketRoutineUses.aspx>

DISCLOSURES: Voluntary, however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

- I understand that Army Directive 2014-23 and IMCOM policy requires the record screening outlined in paragraph 2 below, and that without favorable completion of these checks, I may not be allowed to work or volunteer in child services positions supporting Army programs and activities.
- The following background checks are required: Army Law Enforcement (to include Army Law Enforcement Reporting and Tracking System, Army Crime Records Center and Defense Central Investigation Index), Medical Treatment Facility Army Central Registry, Army Substance Abuse Program, FBI Fingerprint check and any other records as appropriate and to the extent permitted by law (e.g. other military service criminal records, other service child abuse registries, sex offender registries, state child abuse registry, etc.) The following are also required as applicable to the personnel category; National Agency Check with Inquiries (or higher level investigation) and State Criminal History Repository.
- I further understand that the purpose of these background checks is to identify anyone applying for child services positions that have instances of reported misconduct involving children, assaultive behavior, substance abuse, larceny, or other misconduct which would be inconsistent with working or volunteering within child services positions.
- I agree that IMCOM may initiate these checks, receive the resulting information, and conduct periodic re-verifications so that I may work or volunteer in child services positions. Periodic re-verification checks are required in 1/3/5 year cycles based on personnel category IAW Army policy. Re-verifications may also be required to authenticate issues that surface during a person's employment/service.

APPLICANT'S INFORMATION

Applicant's Full Name: (Last, First, Middle Name)		Social Security Number: (SSN)
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
Maiden Name:	Any Other Names Used by Applicant:	Applicant's Date of Birth: (MM/DD/YYYY)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Applicant's Place of Birth: (City, State, Country)	Applicant's Current Address: (Street, City, State, County)	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	

DOD AFFILIATION DISCLOSURE

1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement with the DoD or any elements of DoD including the Military Departments) (If yes, indicate service and approximate dates)

<input type="radio"/> US Army	<input type="radio"/> US Air Force	<input type="radio"/> US Navy	<input type="radio"/> US Marines	<input type="radio"/> Other DoD Agency
From and To dates:	From and To dates:	From and To dates:	From and To dates:	From and To dates:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

I have never previously been affiliated with the U.S. Military and/or DoD: (e.g. Never lived or worked on a DoD installation or had prior or current association, relationships, or involvement with DoD or any elements of DoD, including the Military Departments).

2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches of the service your sponsor has worked for as an active duty member or Civilian: (not applicable for non DoD affiliation)

Name of Sponsor (other than yourself), provide the sponsor's name	Sponsor's Social Security Number			
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>			
<input type="radio"/> US Army	<input type="radio"/> US Air Force	<input type="radio"/> US Navy	<input type="radio"/> US Marines	<input type="radio"/> Other DoD Agency

SIGNATURES

Applicant (non minor) Signature:	Date Applicant signed:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian is certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).

Parent or Legal Guardian's Relationship to Minor, Printed Name and Signature:	Date Parent or Legal Guardian Signed:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Note: A false statement rendered by an applicant may result in adverse action up to and including removal. Under 18 U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years, or both.

INSTALLATION MANAGEMENT COMMAND

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION-CHILD SERVICES POSITIONS

This Self-Admission is being requested IAW Army Directive 2014-23 and DODI 1402.05, proponent is G9

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks for Individuals Who Have Regular Contact With Children in Army Program), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004, DODI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication for Civilian Employees, August 24, 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment, December 1 1996, Incorporating Change 5, March 25, 200, DoD Instruction 1400.25, Volume 1231 DoD/Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397 (SSN). as amended, AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility and general trustworthiness of individuals working on child (i.e., children under 18 years of age) services positions.

ROUTINE USE: The DoD "Blanket" Routine Users" set forth at the beginning of the Army's compilation of systems records notices also apply to this system. Uses can be found online at: [Http://dpcld.defence.gov/Privacy/SORNs/Index/BlanketRoutineUses.aspx](http://dpcld.defence.gov/Privacy/SORNs/Index/BlanketRoutineUses.aspx)

DISCLOSURE: Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in a child services position.

1. Name: (Last, First and Middle Name-Do not use initial or abridgements)	2. Other Name(s) Used:
3. Installation/Program Name:	4. Date of Hire: (to be filled out by FMgr)

INITIAL CERTIFICATION

5. STATEMENT OF ADMISSION Use your **initials** to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in Block 6.

	YES	NO
a. Have you ever been arrested, apprehended, charged or convicted by Federal, State or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? Do you have any pending criminal charges against you or are you in a diversion program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)	(1) Involving a Child (under age 18)	
	(2) Sex Crime	
	(3) Drug/Alcohol	
	(4) Domestic Violence	
	(5) Violent Crime/Assaultive Behavior	
	(6) Other	
b. Have you ever been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?		
c. For FCC/HOPS/Foster Care Providers: Have any of the individuals residing in your home ever been arrested, apprehended, charged or convicted for any of the offenses listed above?	N/A	

6. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

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

7. **INITIAL CERTIFICATION** I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct.

8. **SELF REPORTING REQUIREMENT** In addition to this initial certification, I understand it is my responsibility to **immediately inform my employer/supervisor** if I am arrested, apprehended, charged or held for a crime or issue referenced in block 5 above. **INITIALS:** _____
 WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years."

Signature:	Date:
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9. Name: (Last, First and Middle Name-Do not use initial or abridgements)	10. Other Name(s) Used:
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ANNUAL OR SELF-REPORT CERTIFICATION

11. STATEMENT OF ADMISSION Use your initials to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in Block 12.

		YES	NO
a. Since the date you last signed, have you been arrested, apprehended, charged or convicted by Federal, State or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? Do you have any pending criminal charges against you or are you in a diversion program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)	(1) Involving a Child (under age 18)		
	(2) Sex Crime		
	(3) Drug/Alcohol		
	(4) Domestic Violence		
	(5) Violent Crime/Assaultive Behavior		
	(6) Other		
b. Since the date you last signed, have you been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?			
c. For FCC/HOPS/Foster Care Providers: Since the date you last signed, have any of the individuals residing in your home been arrested, apprehended, charged or convicted for any of the offenses listed above?	N/A		

12. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

Note: If more than two offenses, provide above information on a separate sheet. More information provided on separate sheet (check if applicable)

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

13. I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct. In addition to this certification, I understand it is my responsibility to immediately inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 11 above. INITIALS: _____

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

Annual Self-Report Signature: _____ Date: _____

ANNUAL OR SELF-REPORT CERTIFICATION

14. STATEMENT OF ADMISSION Use your initials to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in Block 15.

		YES	NO
a. Since the date you last signed, have you been arrested, apprehended, charged or convicted by Federal, State or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? Do you have any pending criminal charges against you or are you in a diversion program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)	(1) Involving a Child (under age 18)		
	(2) Sex Crime		
	(3) Drug/Alcohol		
	(4) Domestic Violence		
	(5) Violent Crime/Assaultive Behavior		
	(6) Other		
b. Since the date you last signed, have you been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?			
c. For FCC/HOPS/Foster Care Providers: Since the date you last signed, have any of the individuals residing in your home been arrested, apprehended, charged or convicted for any of the offenses listed above?	N/A		

15. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

Note: If more than two offenses, provide above information on a separate sheet. More information provided on separate sheet (check if applicable)

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

16. I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct. In addition to this certification, I understand it is my responsibility to immediately inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 14 above. INITIALS: _____

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

Annual Self-Report Signature: _____ Date: _____

SUPPLEMENTAL EMPLOYMENT APPLICATION FORM

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC 301, Title 42, USC 410, and Title 10, USC sections 121 and 3013.

PRINCIPAL PURPOSE: To determine how well your education and work skills fit you for a job, and for personnel actions after employment, such as promotion, transfer, and pay and leave entitlements. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed.

ROUTINE USES: We must have your social security number (*SSN*) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. We may also use your SSN to make requests for information about you from employers, schools, banks, and other who know you, but only where allowed by law. The information we collect by using your SSN will be used for employment purposes, and also for studies and statistics that will not identify you. We may give information from your records to appropriated federal agencies such as the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction. Records may also be disclosed to labor organizations in response to requests for names of employees and identifying information. Information we have about you may also be given to federal, state, and local agencies for checking on law violations or other lawful purposes.

DISCLOSURE: Your responses to the collection of this information are voluntary, but we cannot determine your qualifications, which is the first step toward getting the job, if you do not answer these questions.

All appointments are made subject to a satisfactory character investigation. Appointment made to positions where cash is handled may be subject to fidelity bonding requirements. All information you provide is subject to investigation, including a check of your fingerprints, police records, and former employers. Appointment to positions in Child or Youth Services requires completion of State criminal history background checks.

1. NAME	2a. SSN 2b. DOB (YYYYMMDD)	3. MAILING ADDRESS
4. E-MAIL ADDRESS		5. CURRENT ANNUAL SALARY
6. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. INDICATE YOUR EMPLOYMENT STATUS (<i>Military Spouse, Involuntarily Separated Military, Current or Former NAF and/or DOD APF, Veteran, Current APF, Other Candidate. SEP and ISM require proof of eligibility. Former military members must provide copy of DD Form 214.</i>)	
8. ARE YOU CURRENTLY IN THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. MILITARY RANK	
10. POSITION APPLIED FOR AND ANNOUNCEMENT NUMBER		11. LOWEST ACCEPTABLE ANNUAL SALARY
12. IF PRESENTLY EMPLOYED, LIST JOB TITLE, SERIES, GRADE/PAY BAND LEVEL	13. AGENCY, INSTALLATION, ACTIVITY	
14. HIGHEST GRADE, LEVEL HELD	15. LENGTH OF TIME (<i>Years, Months</i>)	16. TYPE OF APPOINTMENT
17. DATE OF SEPARATION, IF APPLICABLE (YYYYMMDD)	18. REASON FOR SEPARATION	
19. IF CURRENTLY EMPLOYED, MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, AND RECORD OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

20. REFERENCES (List two persons NOT RELATED to you who can furnish information on your qualifications and character. Do not repeat names of supervisors.)

FULL NAME	ADDRESS (Complete with ZIP Code)	PHONE	OCCUPATION

21. WITHIN THE LAST 5 YEARS, HAVE YOU BEEN FIRED FROM ANY JOB FOR ANY REASON, OR RESIGNED FROM A JOB AFTER BEING TOLD THAT YOU WOULD BE FIRED, OR DID YOU LEAVE ANY JOB BY MUTUAL AGREEMENT BECAUSE OF SPECIFIED PROBLEMS? If yes, give details, e.g. employer, address, approximate date, and reason in each case.

YES

NO

22. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW OR FORFEITED COLLATERAL OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW AS A CIVILIAN, OR DURING MILITARY SERVICE? You may omit: (1) Traffic Violations for which you paid a fine, and (2) Any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender Law. If your answer to either question is "Yes," give details. Show for each offense: (1) Date, (2) Charge, (3) Place, (4) Court, (5) Action Taken.

YES

NO

23. ARE ANY OF YOUR RELATIVES

- a. EMPLOYED BY A NONAPPROPRIATED FUND ACTIVITY? YES NO
- b. EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
- c. MEMBERS OF THE MILITARY ASSIGNED? YES NO
- d. IF YES, LIST NAMES, RELATIONSHIP, POSITION, AND ORGANIZATION:

24. DO YOU RECEIVE OR HAVE YOU APPLIED FOR RETIREMENT PAY, PENSION, OR OTHER COMPENSATION BASED ON APPROPRIATED/NONAPPROPRIATED FUND SERVICE? DID YOU RECEIVE VOLUNTARY SEPARATED INCENTIVE PAY (VS/IP)? If yes, give details.

YES

NO

I certify that, to the best of my knowledge and belief, all of the information on and attached to this form or any other documents with the application packet I submitted in connection with my application for NAF employment is true, correct, complete and made in good faith. I understand that providing false or fraudulent information 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.

25. SIGNATURE

26. DATE (YYYYMMDD)

SPECIAL AGREEMENT CHECK (SAC)

OFI Form 86C
May 2010

U.S. Office of Personnel Management
Center for Federal Investigation Services

Agreement Number:	OPM Use Only:	OPM Codes:	Case Number:		
Agency use only (complete items 1 through 14 using instructions from the back)					
1. Subject's Full Name			2. Date of Birth		
Last Name	First Name	Middle Name	Month	Day	Year
3. Place of Birth			4. Social Security Number		
City	County	State	Country		
5. Other Names Used and Dates When Used					
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year
6. Sex Female <input type="checkbox"/> Male <input type="checkbox"/>		7. Special Agreement Code 8 B		8. Position Title	
9. SON 1 9 9 0		10. SOI Z 1 9 8		11. OPAC-ALC Number DA-ARMY	
12. Accounting Data					

13. OTHER INFORMATION REQUIRED BY AGREEMENT

(CODE 8) Child Care Searches-Complete additional information needed for State Criminal History Repository checks. Fill in subject's address for **everyplace lived in the past 5 years**, beginning with the present (#1) and working backwards. If additional space is needed, attach a continuation sheet to this form.

Month/Year to Month/Year	Street Address	City	State - Zip code
Month/Year to Month/Year	Street Address	City	State - Zip code
Month/Year to Month/Year	Street Address	City	State - Zip code
Month/Year to Month/Year	Street Address	City	State - Zip code
Month/Year to Month/Year	Street Address	City	State - Zip code
Month/Year to Month/Year	Street Address	City	State - Zip code
4. Name and Title of Requesting Official Kori Stach CDE	Signature of Requesting Official	Telephone Number (845)938-2597	Date