



## FLEET & FAMILY READINESS NAVY REGION JAPAN

### CHILD & YOUTH PROGRAMS ELIGIBILITY PACKET

We are excited you are interested in supporting Child & Youth Programs (CYP)! To apply for **any CYP position**, this packet must be completed in its entirety and submitted **along with your application** and/or other materials. (See the *NAF Employment Application Instructions* for more details.) A CYP position is any position located at our Child Development Centers (CDCs), Child Development Homes, School Age Care facilities, Teen Centers, Youth Sports offices, or similar programs.

All information requested herein is for official purposes. If offered a position, you may also be asked to complete additional background-related processing such as government form SF-85, fingerprinting, and/or drug testing before being hired.

The required documents contained in this packet are listed below:

1. Authority for Release of Information and Records
2. Basic Criminal History and Statement of Admission (DD FORM 2981)
3. Installation Records Check (IRC) Release Authorization
4. State Criminal History Repository Check Questionnaire
5. List of References
  - a. A full postal address for each reference is required.
  - b. References need not be local, although this may speed processing times. Please provide a PSC address where applicable.
  - c. References must not be managers or supervisors of the position being applied for.
  - d. This list of references is used separately from the references in the *Application for NAF Employment*; it is used as part of an Installation Records Check (IRC).

In addition to the forms above, the following **must be attached** to complete this packet:

**High School or College diploma, certificate, equivalency, and/or transcripts.**

Please submit your completed packet and application paperwork to the CNRJ NAF Human Resources Office (bldg. 1559, rm. 225) or email at [MWR\\_RECRUITMENT@fe.navy.mil](mailto:MWR_RECRUITMENT@fe.navy.mil).

*Please contact the CNRJ Regional NAF HR office at 243-5446 if you have further questions. Thank you!*

**DEPARTMENT OF DEFENSE  
AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397, and DOD Instruction 1402.5. Implementing Public Law 101-647, Section 231, and Public Law 102-190, Section 1094.

**PRINCIPAL PURPOSE:** The form will be used by officials of the Department of the Navy to obtain background clearance information regarding prospective child development employees/child development home providers/youth programs personnel for use in the employment/certification process.

**ROUTINE USES:** No information will be disclosed outside the Department of Defense.

**DISCLOSURE:** Completion of this form is voluntary, however, if the requested information is not provided, employment and/or certification may be denied. Providing false information can result in adverse action up to and including removal.

**RIGHT TO CHALLENGE:** You have the right to challenge the accuracy of records under the provision of DoD Directive 5400.11.

I authorize the Criminal Investigations Division, Fleet and Family Support Center, Counseling and Advocacy Services, and U.S. Naval Hospital Alcoholic Program Division to disclose any pertinent information in their files concerning my suitability for employment in Child Care Center/Youth Activity programs to the Personnel Office, Morale Welfare and Recreation Department, Fleet Activities, Yokosuka, managers and directors of such programs, on a need to know basis. I understand that such information is required in the screening process to determine suitability for employment or volunteer service and will not be used for any other purpose.

This authorization is valid for one year after my signing. Upon request, a copy of this signed statement may be furnished to any former and present school, employer, and landlord; and criminal justice agency or other person furnishing such information or record.

APPLICANTS FULL NAME ( Last, First, Middle):	
MAIDEN NAME (if applicable):	
DATE OF BIRTH:	
SOCIAL SECURITY #:	
SPONSORS NAME (if applicable):	
SPONSORS SOCIAL SECURITY# (if applicable):	
DATE (YEAR, MONTH, DAY)	SIGNATURE

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION**  
**(Department of Defense Child and Youth (C&Y) Programs)**

OMB No. 0704-0516  
 OMB approval expires  
 May 31, 2017

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, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0516). 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.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE C&Y PROGRAM REPRESENTATIVE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041); DoD Instruction 1402.5, Criminal History Background Checks on Individuals in Child Care Services; DoD Instruction 6060.2, Child Development Programs.

**PRINCIPAL PURPOSE(S):** To require each employee, DoD contractor, family child care provider, adult family member of a family child care provider, and specified volunteers of a DoD C&Y program to undergo a background check and to annually self-report changes to his or her criminal history. This form covers a five year period at the end of which a new form must be initiated. When completed, records are covered by one of the appropriate SORNs:

Army: [http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10\\_CFSC.html](http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10_CFSC.html)

Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>

Air Force: [http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034\\_AF\\_SVA-C.html](http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034_AF_SVA-C.html)

**ROUTINE USES:** This form is to be used for DoD C&Y programs only. This form will be initiated by C&Y program staff and will be maintained in C&Y program offices. The DoD "Blanket Routine Uses" found at [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html) may apply to these records.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

<b>1. NAME</b> (Last, First, and Middle Name) (Do not use initials or abridgements.)	<b>2. OTHER NAME(S) USED</b>
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<b>3. PLACE OF BIRTH</b> (City, State, Country)	<b>4. DATE OF BIRTH</b> (MM/DD/YYYY)	<b>5. GENDER</b> (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>6. INSTALLATION/PROGRAM NAME</b>	<b>7. DATE OF HIRE</b> (To be completed by CDP staff only)
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**8.a.** Have you ever been arrested, 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 not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one)

Yes     No    If you answered "Yes," explain your answer in the space provided below.

**b.** Have you ever been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.

CHILD: <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

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) LAW ENFORCEMENT AUTHORITY OR COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

**9. ANNUAL CERTIFICATIONS.**  
 In the past year, I have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.

Yes     No    If you answered "Yes," explain your answer in the space provided on the back of this form.

<b>a. INITIAL CERTIFICATION</b> (1) Signature				(2) Date (YYYYMMDD)	
<b>b. 2nd YEAR</b> (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	<b>c. 3rd YEAR</b> (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)
<b>d. 4th YEAR</b> (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)	<b>e. 5th YEAR</b> (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	(1) Signature	(2) Date (YYYYMMDD)

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

## BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION

**10. NOTES** (Use this space to enter additional comments.)

### 11. 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, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), 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 and worked. This authorization is valid for one year from the date this form was signed or upon 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. 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 competencies 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 confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct 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 compliance, or any 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 if I am charged with a crime referenced in block 9 above.

**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

## INSTRUCTIONS FOR COMPLETING DD FORM 2981

This Department of Defense Form is to be completed by prospective employees and/or volunteers upon application for any position within a Department of Defense Child or Youth Program. The form will be utilized for initial and annual certification that said employee/volunteer has not been arrested, 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, nor have they been arrested, charged or held by Federal, State or Other Law Enforcement 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.

Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

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 place of birth to include city, state and country.
4. Provide your date of birth in mm/dd/yyyy format.
5. Provide gender.
6. Provide the installation or DoD CY program where you seek employment or to volunteer.
7. Provide the date of hire. *This is to be completed by CDP staff only.*
8. a. Place an X in the appropriate box if you have or have not been arrested, 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 not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)*
8. b. Place an X in the appropriate box if you have been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below, even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.
8. b. 1-6 Provide all specifics to any arrests, charges, or convictions in the provided space. If additional space is needed, use block 10.
9. On an annual basis, place an X in the appropriate box indicating if you have or have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.

## State Criminal History Repository (SCHR) Check Questionnaire

Name of Applicant \_\_\_\_\_

In the past **5 years** have you lived in any of the following states? Please check **all** that apply.

1. Alabama:	<input type="checkbox"/>	<input type="checkbox"/>
2. Alaska:	<input type="checkbox"/>	<input type="checkbox"/>
3. California:	<input type="checkbox"/>	<input type="checkbox"/>
4. Colorado:	<input type="checkbox"/>	<input type="checkbox"/>
5. Delaware:	<input type="checkbox"/>	<input type="checkbox"/>
6. Idaho:	<input type="checkbox"/>	<input type="checkbox"/>
7. Illinois:	<input type="checkbox"/>	<input type="checkbox"/>
8. Iowa:	<input type="checkbox"/>	<input type="checkbox"/>
9. Kansas:	<input type="checkbox"/>	<input type="checkbox"/>
10. Kentucky:	<input type="checkbox"/>	<input type="checkbox"/>
11. Michigan:	<input type="checkbox"/>	<input type="checkbox"/>
12. Minnesota:	<input type="checkbox"/>	<input type="checkbox"/>
13. Missouri:	<input type="checkbox"/>	<input type="checkbox"/>
14. Montana:	<input type="checkbox"/>	<input type="checkbox"/>
15. Nevada:	<input type="checkbox"/>	<input type="checkbox"/>
16. New Hampshire:	<input type="checkbox"/>	<input type="checkbox"/>
17. New Jersey:	<input type="checkbox"/>	<input type="checkbox"/>
18. New Mexico:	<input type="checkbox"/>	<input type="checkbox"/>
19. North Carolina:	<input type="checkbox"/>	<input type="checkbox"/>
20. Ohio:	<input type="checkbox"/>	<input type="checkbox"/>
21. Rhode Island:	<input type="checkbox"/>	<input type="checkbox"/>
22. South Dakota:	<input type="checkbox"/>	<input type="checkbox"/>
23. Tennessee:	<input type="checkbox"/>	<input type="checkbox"/>
24. Texas:	<input type="checkbox"/>	<input type="checkbox"/>
25. Utah:	<input type="checkbox"/>	<input type="checkbox"/>
26. West Virginia:	<input type="checkbox"/>	<input type="checkbox"/>
27. Wyoming:	<input type="checkbox"/>	<input type="checkbox"/>

**\*\* If you have been living overseas consecutively for the past **5 years**, please leave this form blank. \*\***

The SCHR Check is required for all States that an employee or prospective employee lists as current and former residences.

This questionnaire will be used in determining if additional fingerprint processing will be required. By providing this information up front you will be improving the timeliness of your background investigation process.

**LIST OF REFERENCES**

**For**

**MWR Yokosuka Child and Youth Applicant**

**NAME OF APPLICANT:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one:      PERSONAL REFERENCE       JOB REFERENCE

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one:      PERSONAL REFERENCE       JOB REFERENCE

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one:      PERSONAL REFERENCE       JOB REFERENCE

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one:      PERSONAL REFERENCE       JOB REFERENCE

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one:      PERSONAL REFERENCE       JOB REFERENCE

\*\*\*\*\*

*NOTE: It is required by law to check and inquire about your personal and job references. If you have local references, please provide their PSC address. Prefer local references to save time.*

## INSTALLATION RECORDS CHECK RELEASE AUTHORIZATION CENTRAL SUITABILITY OFFICE (CSO)

All individuals involved in the provision of child care services on a Department of Navy (DON) installation or in a DON-sanctioned program must complete the Installation Records Check (IRC). The IRC includes a check of the Substance Abuse Rehabilitation Program (SARP) records in the Alcohol and Drug Management Information Tracking System (ADMITS) database, a check of the Family Advocacy Program (FAP) records in the Fleet and Family Support Management Information System (FFSMIS), and an installation security/base check via the DON Consolidated Law Enforcement Operations Center (CLEOC) database and/or other law enforcement systems. This information will be used to determine suitability for the applicant in accordance with criteria for automatic and presumptive disqualifiers, per DoDI 1402.05.

### PRIVACY ACT STATEMENT

**AUTHORITY:** Department of Defense Instruction (DoDI) 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; CNIC Notice 1700, Interim Policy for Child and Youth Programs Background Check Compliance and Audit Readiness; 10 U.S.C. §5013, Secretary of the Navy; 10 U.S.C. §5041, Headquarters, Marine Corps; DoDI 6060.2, Child Development Programs; DoDI 6060.3, School Age Care Program; DoDI 6060.4, Youth Programs; Office of the Chief of Naval Operations Instruction (OPNAVINST) 1700.9E, Child and Youth Program; Marine Corps Order P1710.30E, Marine Corps Children, Youth, and Teen Programs; and Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons, as amended.

**PRINCIPAL PURPOSE(S):** To require each employee, contractor, child development home (CDH) provider, family member of a CDH provider, specified/non-specified volunteers, and summer hire on a DON installation or in a DON-sanctioned program to undergo the IRC. When completed, records are covered by SORN NM01754-3.

**ROUTINE USES:** This release will be initiated by DON staff and will be maintained in DON offices. The DoD "Blanket Routine Uses" found at [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html) may apply to these records.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

### SECTION I. APPLICANT INFORMATION *(To be completed by Applicant or servicing Human Resources Office)*

1. **NAME** *(Last, First, and Middle Name) (Do not use initials or abridgements)*

2. **OTHER NAME(S) USED**

3. **PLACE OF BIRTH** *(City, State, Country)*

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

5. **SOCIAL SECURITY NUMBER**

6. **CURRENT ADDRESS** *(Street, City, State, Zip Code)*

### SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION *(To be signed by Applicant)*

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

I authorize the release of information in any records from the FFSMIS, SARP / ADMITS, and CLEOC, or other law enforcement systems to the Fleet & Family Readiness Personnel Office and CSO for consideration in the suitability determination for the provision of child care services.

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 the sanctioned provision of child care services. 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 competencies of any information contained in the IRC. I also understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the IRC.

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 compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

### PLEASE RETURN SIGNED RELEASE TO THE SERVICING HUMAN RESOURCES OFFICE

7a. **PRINT NAME** *(Applicant or Parent/Legal Guardian)*

7b. **DATE** *(MM/DD/YYYY)*

7c. **SIGNATURE** *(Applicant or Parent/Legal Guardian)*

### SECTION III. POSITION AND BACKGROUND CHECK INFORMATION *(To be completed by servicing Human Resources Office)*

8. **INSTALLATION / REGION / HEADQUARTERS**

9. **DATE OF HIRE** *(Or estimated) (MM/DD/YYYY)*

10. **POSITION CATEGORY** *(Regardless of position category, please check "Teen" if individual is aged 12-17)*

Employee	Contractor	Specified Volunteer	Non-Specified Volunteer	Teen (12-17)
Summer Hire	CDH Provider	CDH Household Member -- Provider: _____		

11a. **CURRENT OR PREVIOUS DOD AFFILIATION** *(If no, continue to Question 12)*

YES

NO

11b. **ACTIVE DUTY?**

YES

NO

12. **CYMS RECORD CREATION CONFIRMED W/CYP** *(CYP point of contact name and date confirmed) (MM/DD/YYYY)*

13. **INVESTIGATION TYPE**

IRCs Only / Transfer	Initial	SAC Only / Annual	5-year Reinvestigation
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14. **DATE OF CURRENT INVESTIGATION EXPIRATION**

*(If applicable) (MM/DD/YYYY)*

15. **COMMENTS**



## INSTRUCTIONS

**SECTION I: APPLICANT INFORMATION.** This information is provided by the applicant or servicing Human Resources Office when giving consent to the CSO to conduct the IRC. All blocks are required to be completed prior to submission.

- (1) Name. The last name, first name, and middle name of the applicant.
- (2) Other Name(s) used. All names the individual has used (maiden names or other aliases).
- (3) Place of Birth. The city, state, and country where the applicant was born.
- (4) Date of Birth. The month, date, and year the applicant was born.
- (5) Social Security Number. The full social security number of the applicant.
- (6) Current Address. The street, city, and state where the applicant currently resides.

**SECTION II: AUTHORIZATION AND RELEASE CERTIFICATION.**

The applicant's signature authorizes the CSO to complete the required preliminary suitability checks to determine if the applicant is suitable to perform duties under line-of-sight supervision (LOSS). Any applicant under 18 years old must have a parent or legal guardian's signature to authorize the CSO to complete the suitability checks. All blocks are required to be completed prior to submission.

- (7a) Print Name. Print Full Name of the Applicant or Parent/Legal Guardian.
- (7b) Date. Print today's date.
- (7c) Signature. Signature of the Applicant or Parent/Legal Guardian. Sign full name.

**SECTION III: POSITION AND BACKGROUND CHECK**

**INFORMATION.** This information is provided by the servicing Human Resources Office prior to submitting a release authorization to the CSO for processing. All applicable blocks are required to be completed prior to submission.

- (8) Installation / Region / Headquarters. The installation, region, and/or headquarters location the applicant intends to work.
- (9) Date of Hire. The month, date, and year the applicant was hired or estimated date of hire.
- (10) Position Category. The individual's position category (Employee, Contractor, Specified/Non-Specified Volunteer, Teen, Summer Hire, CDH Provider, or CDH Household Member). If "CDH Household Member" is checked, the Provider's name is required.
- (11a) Current or Previous DoD Affiliation. Check "Yes" if individual is a current or former DoD employee, family member of a current or former DoD employee, former military, family member of current or former military, contracted employee for a DoD entity, or volunteer worker for a DoD entity. Otherwise, check "No."
- (11b) Active Duty? Check "Yes" if currently on Active Duty. Otherwise, check "No."
- (12) CYMS Record Creation Confirmed w/ CYP. The first and last name of CYP point of contact and month, date, and year the record was confirmed.
- (13) Investigation Type. The individuals' investigation type (IRCs Only / Transfer, Initial, SAC Only / Annual, or 5-year Reinvestigation).
- (14) Date of Current Investigation Expiration. The month, date, and year the individuals' investigation expires, if applicable, for reverification or reinvestigations.
- (15) Comments. Provide any additional comments.