

Please provide the below information for a local police check.

NAME: _____

MAIDEN NAME: _____

CURRENT ADDRESS: _____

SSN: _____ DOB: _____

PLACE OF BIRTH: _____ (CITY & STATES/COUNTRY)

.....

SPONSOR'S NAME: _____

SSN: _____ DOB: _____

PLACE OF BIRTH: _____ (CITY & STATES/COUNTRY)

COMMAND: _____

DEPARTMENT OF DEFENSE
AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

In accordance with the Privacy Act of 1974, I have been provided with a copy of a statement advising me that certain information is required to assist the Department of Defense in making a security determination concerning me and that execution of this form is voluntary.

I hereby authorize and consent to the release of information and records bearing on my personal history, academic record, job performance and arrests and convictions, if any, to Special Agents of the Department of Defense. The information will be used for the purpose of determining my qualifications for employment with the Federal Government, service in the Armed Forces, or access to classified information. (Strike clauses not applicable.)

This authorization is valid for one year after my signing. Upon request 2 copy of this signed statement may furnished to the school, present or former employer, present or former landlord, criminal justice agency, or other person furnishing such in information or record employer, present or former landlord, criminal justice agency, or other person furnishing such in information or record such in information or record.

DATE (Year, Mo, Day)

NAME (Last, First, Mi)

SIGNATURE

LIST OF REFERENCES

NAME OF APPLICANT: _____

.....

NAME: _____ PHONE NO.: _____

CURRENT ADDRESS: _____

(MAILING ADDRESS) _____

PERSONAL REFERENCE _____ JOB REFERENCE _____

.....

NAME: _____ PHONE NO.: _____

CURRENT ADDRESS: _____

(MAILING ADDRESS) _____

PERSONAL REFERENCE _____ JOB REFERENCE _____

.....

NAME: _____ PHONE NO.: _____

CURRENT ADDRESS: _____

(MAILING ADDRESS) _____

PERSONAL REFERENCE _____ JOB REFERENCE _____

.....

NAME: _____ PHONE NO.: _____

CURRENT ADDRESS: _____

(MAILING ADDRESS) _____

PERSONAL REFERENCE _____ JOB REFERENCE _____

.....

NOTE: IT IS REQUIRED BY LAW TO CHECK AND INQUIRE ABOUT YOUR
JOB/PERSONAL REFERENCES. PLEASE PROVIDE AT LEAST THREE
REFERENCES (JOB OR PERSONAL). PREFER LOCAL REFERENCES TO SAVE
TIME.

AUTHORIZATION FOR LIMITED DISCLOSURE OF INFORMATION

I, _____ authorized the Family Service Center, Family Advocacy, Counseling and Assistance Center and Alcohol Rehabilitation Division to disclose any pertinent information in their files concerning my suitability for employment in Child Care Center/Youth Activities programs to the Personnel Office, Morale, Welfare and Recreation Department, Fleet Activities, Yokosuka, and managers 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 and will not be used for any other purpose.

Sponsor's SSN#: _____

Sponsor's Signature: _____

Applicant's Signature: _____

Date: _____

AUTHORIZATION FOR LIMITED DISCLOSURE OF INFORMATION

I, _____ authorized the Family Service Center, Family Advocacy, Counseling and Assistance Center and Alcohol Rehabilitation Division to disclose any pertinent information in their files concerning my suitability for employment in Child Care Center/Youth Activities programs to the Personnel Office, Morale, Welfare and Recreation Department, Fleet Activities, Yokosuka, and managers 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 and will not be used for any other purpose.

Sponsor's SSN#: _____

Sponsor's Signature: _____

Applicant's Signature: _____

Date: _____

AUTHORIZATION FOR LIMITED DISCLOSURE OF INFORMATION

I, _____ authorized the Family Service Center, Family Advocacy, Counseling and Assistance Center and Alcohol Rehabilitation Division to disclose any pertinent information in their files concerning my suitability for employment in Child Care Center/Youth Activities programs to the Personnel Office, Morale, Welfare and Recreation Department, Fleet Activities, Yokosuka, and managers 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 and will not be used for any other purpose.

Sponsor's SSN#: _____

Sponsor's Signature: _____

Applicant's Signature: _____

Date: _____

**AUTHORIZATION FOR RELEASE OF INFORMATION
TO CHILD DEVELOPMENT SERVICES PROGRAMS**

PRIVACY ACT STATEMENT

The authority for requesting social security numbers in Executive Order 9397. Social security numbers will be used by the Child Development Services Staff in accomplishing background checks to determine if you meet the qualifications required by OPNAVINST 1700.9C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the applicant to provide Health care/Child care services to children under the age of 18.

Printed Name of Applicant

Printed Name of Sponsor

Social Security Number

Social Security Number

Signature Date

Signature Date

Name and Social Security Numbers of other household members over twelve years of age (only if applying for FHC program).

Branch of Service: _____

STATE CRIMINAL HISTORY BACKGROUND CHECK DOCUMENTATION

Instructions: Please circle the appropriate states that you have listed on your security and application form. **(Past 10 years)**

ALABAMA	GEORGIA*	MARYLAND*	NEW JERSEY*	S. CAROLINA
ALASKA*	HAWAII	MASSACHUSETTS	NEW MEXICO	S. DAKOTA*
ARIZONA	IDAHO	MICHIGAN	NEW YORK	TENNESSEE*
ARKANSAS	ILLINOIS	MINNESOTA	N. CAROLINA*	TEXAS
CALIFORNIA*	INDIANA	MISSISSIPPI	N. DAKOTA	UTAH
COLORADO	IOWA	MISSOURI	OHIO*	VERMONT
CONNECTICUT	KANSAS	MONTANA	OKLAHOMA	VIRGINIA
DELAWARE*	KENTUCKY	NEBRASKA	OREGON	WASHINGTON
DISTRICT OF COLUMBIA	LOUISIANA	NEVADA*	PENNSYLVANIA	WISCONSIN
FLORIDA	MAINE	NEW HAMPSHIRE	RHODE ISLAND	W. VIRGINIA
				WYOMING*

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date

FOR OFFICIAL USE ONLY:

* STATES THAT REQUIRE ADDITIONAL FINGERPRINT FORMS

DEPARTMENT OF DEFENSE
AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

In accordance with the Privacy Act of 1974, I have been provided with a copy of a statement advising me that certain information is required to assist the Department of Defense in making a security determination concerning me and that execution of this form is voluntary.

I hereby authorize and consent to the release of information and records bearing on my personal history, academic record, job performance and arrests and convictions, if any, to Special Agents of the Department of Defense. The information will be used for the purpose of determining my qualifications for employment with the Federal Government, service in the Armed Forces, or access to classified information. (Strike clauses not applicable.)

This authorization is valid for one year after my signing. Upon request 2 copy of this signed statement may furnished to the school, present or former employer, present or former landlord, criminal justice agency, or other person furnishing such in information or record employer, present or former landlord, criminal justice agency, or other person furnishing such in information or record such in information or record.

DATE (Year, Mo, Day)

NAME (Last, First, Mi)

SIGNATURE