



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 resume and/or application**. (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 at [USAJOBS.gov](https://www.usajobs.gov).

If you have further questions, please contact the CNRJ Regional NAF HR office by calling 243-5446 or emailing FFR_NAFRecruitment@us.navy.mil. Thank you!

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, conduct, and character 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 my investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial 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 or 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-informationcollections@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.dod.mil/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
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3. DATE OF BIRTH (YYYYMMDD)	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE (YYYYMMDD)
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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)
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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.

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)		OMB No. 0704-0586 OMB Approval Expires: 20261130
The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 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 the burden estimate or burden reduction suggestions 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		
<p>AUTHORITY: 34 U.S.C 20351, Child Care Worker Employee Background Checks Requirements for Background Checks; Public Law 115-91, Section 925, (NDAA 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.</p> <p>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.</p> <p>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 552a(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.</p> <p>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://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDI-02-DoD.pdf</p> <p>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.</p>		
SECTION I. SUBJECT'S INFORMATION		
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)
3. PLACE OF BIRTH (City, State, OR Country, if born outside the US)	4. DATE OF BIRTH (YYYYMMDD)	5. SOCIAL SECURITY NUMBER
6. CURRENT ADDRESS (Street, City, State, Zip Code)		
SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)		
I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and domestic abuse) maintained in the FAP Central Registry to include US State specific Child Abuse/Neglect registries. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual 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 representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.		
7a. PRINT NAME (Subject or Parent/Legal Guardian)	7b. DATE (YYYYMMDD)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS		7e. PHONE NUMBER
SECTION III. POSITION AND BACKGROUND CHECK INFORMATION		
8a. COMMAND / INSTALLATION / ORGANIZATION		8b. POSITION HIRE / START DATE (estimated) (YYYYMMDD)
8c. POSITION CATEGORY		
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor
<input type="checkbox"/> Military Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Family Members
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
		<input type="checkbox"/> Teen Employee

SECTION IV. INSTALLATION RECORDS CHECK (To be completed based on service specific procedures)

9. FAMILY ADVOCACY PROGRAM

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

No record of applicant Record on file

Met criteria incident found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: _____ Date: (YYYYMMDD) _____

10. INSTALLATION LAW ENFORCEMENT

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: _____ Date: (YYYYMMDD) _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) (Optional check)

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: (YYYYMMDD) _____

CYP FINGERPRINT REQUEST AND PROCESSING FORM

***** FOR COMPLETION BY APPLICANT *****

FIRST NAME: _____ MIDDLE: _____ LAST: _____
DATE: _____

Please tell us where you have lived from PRESENT going back ONLY 5 years.
Note complete addresses are NOT being requested, only states, FPO Addresses, or countries.
If you require additional space please continue in space below.

Location 1 (Mo/Yr): From: _____ To: PRESENT STATE: _____ FPO/APO: Yes No Country: _____
Location 2 (Mo/Yr): From: _____ To: _____ STATE: _____ FPO/APO: Yes No Country: _____
Location 3 (Mo/Yr): From: _____ To: _____ STATE: _____ FPO/APO: Yes No Country: _____
Location 4 (Mo/Yr): From: _____ To: _____ STATE: _____ FPO/APO: Yes No Country: _____

Thank you for completing this request form.

***** FOR COMPLETION BY SECURITY OR HR *****

This case has the state of _____ which requires _____
This case has the state of _____ which requires _____
This case has the state of _____ which requires _____

EMPLOYER NAME: CNRJ N926 (circle): CFAY NAFA CFAS

EMPLOYER ADDRESS: NAVY CYP, ATTN: CSO 716 SICARD ST SE SUITE 204

WASHINGTON NAVY YARD, DC 20374

REASON FOR FINGERPRINTING: EMPLOYMENT

SON: 595K SOI: DODS IPAC: 17008711

UIC (circle): 61054 61057 61058 FBI PRINTS (circle): PAPER ELECTRONIC

***** FOR COMPLETION BY FINGER PRINTING OFFICE *****

FINGERPRINT TRANSACTION NUMBER: _____
FINGERPRINTING COMPLETED BY: _____
DATE FINGERPRINTED: _____

When fingerprints are complete please return this form to HR or Security

LIST OF REFERENCES

For

CNRJ 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.