

CNACI COVERSHEET

- 1) Fingerprints-For each state that has a fingerprint requirement, 2 fingerprint cards are needed for EACH State. Packets received with only 1 fingerprint card for each state requirement WILL NOT MOVE FORWARD in the process until that additional fingerprint card is received. (5 year residence history)
- 2) For the States that have a fingerprint requirement, YOU DO NOT HAVE TO DRIVE/FLY TO THAT STATE TO OBTAIN FINGERPRINTS. FINGERPRINTS CAN BE OBTAINED AT STATE/LOCAL AGENCIES WHERE YOU CURRENTLY RESIDE.
 - a. Ensure fingerprint cards are dated 15 May 2017 or December 2017
 - b. Height must be listed as 3 digits for example: 6 foot 1=601
 - c. If the applicant is born in the United States, the city and state must be provided
 - d. If the applicant IS NOT BORN in the United States, the FULL NAME of the country must be provided. ABBREVIATIONS ARE NOT ACCEPTABLE.
 - e. If state/local agencies do not have correct fingerprint cards, email Lead BCA your home address and cards will be mailed to you. If you decide to print the fingerprint cards on CARDSTOCK, YOU MUST PRINT THE FRONT AND BACK ON THE SAME CARD

****ILLINOIS STATE FINGERPRINT CARDS*****

- 3) There are two acceptable versions of the state fingerprint card which are the versions dated July 1998 and November 2010. Ensure all applicable boxes are filled, checked, and dated.
- 4) Release Consent Statement- for any offenses listed, ensure the address of police station is annotated
- 5) OF 306 – Version 2016 is acceptable and BOTH pages of the OF 306 must be the same version
- 6) when listing a debt ensure:
 - a) Type of debt (student loans, IRS debt)
 - b) Length of debt (May 2015 to Present)
 - c) Total amount of debt (\$54,000)
 - d) Payment plan

- 7) Ensure correct Date of Birth is annotated correctly on all forms
- 8) Read the forms to make sure name is listed in correct order(First, Middle, Last)
- 9) DO NOT SEND ANY MONEY-NO CHECKS OR MONEY ORDERS

*****ALL DOCUMENTS MUST BE DATED MONTH/ DAY/2020 OR MONTH/DAY/2021*****

*ANY CONCERNS OR QUESTIONS, CONTACT

ann.m.garrett2.civ@mail.mil;dennis.a.ford2.civ@mail.mil before mailing in your CNACI documentation. This will prevent a lot of back and forth in regards to corrections being needed and will go a long way in ensuring a quick processing of your packet.



**UNITED STATES ARMY CADET COMMAND
JUNIOR OFFICERS TRAINING CORP DIRECTORATE**
Fort Knox, KY 40121
CNACI Investigation Packet



1. Complete this packet, signing all locations as required. Please sign forms in **BLACK** ink; digital signatures are not acceptable.
2. Please save a copy of this packet to your desktop prior to completion so that all fillable fields populate the document correctly.
3. Use the checklist below to complete the forms correctly; checking every box as you go ensures completion of packet requirements.
4. You **CANNOT** email this packet. You have thirty (30) days to complete this packet free of error and send it via certified mail with all required state documentation to the following address:

**USACC, JROTC Directorate
ATTN: Background Check Administrator
1307 Third Avenue, Fort Knox, KY 40121**

<p>Page 2: Contact Request</p> <ol style="list-style-type: none"> 1. Complete Questions 1-14 2. Please provide two email addresses that are checked regularly 	<p>Page 9-10: Livescan Support Forms</p> <ol style="list-style-type: none"> 1. Take both pages to Army Recruiter's station and have livescan conducted 2. Complete <i>Page 11</i> with Recruiter's signature
<p>Page 3: Standard Form 86</p> <ol style="list-style-type: none"> 1. Fill in ALL applicable blocks 2. Sign SIGNATURE block 	<p>Page 11-14: Declaration for Federal Employment</p> <ol style="list-style-type: none"> 1. (<i>Page 13</i>) complete question 1 with FULL Name. If no middle name, indicate "No Middle Name". If initial only, indicate (Initial only) 2. Complete questions 2-6 3. Complete question 7a. If yes, complete 7b. If no, move on to question 8. 4. Complete question 8. Dates should be in MM/DD/YYYY format. "HONORABLE DISCHARGE" is the correct Type of Discharge 5. Check "YES" or "NO" in questions 9-15 6. For every "YES" answer in questions 9-15, an explanation is required in question 16. Format is Question # followed by explanation. Example: #9-05/03/2013- Driving under the influence/ Radcliff, KY/ Hardin CO Court, Elizabethtown, KY 42701 7. Sign and date block 17a
<p>Page 4: Special Agreements Check</p> <ol style="list-style-type: none"> 1. Complete Questions 1-6 2. Skip to question 13 3. List the address for your last 5 complete years of residency 	<p>Page 15: State Requirement Spreadsheet</p> <ol style="list-style-type: none"> 1. Use Page 4, Special Agreements Check 2. For every state listed on the Special Agreements Check, complete the state requirements. All forms are found on the JROTC CNACI website: http://hqtradoc-usacc-jrotc-prod.azurewebsites.us/JROTC_CNACI.html
<p>Page 5: Standard Form 85P</p> <ol style="list-style-type: none"> 1. Fill in ALL applicable blocks 2. Sign SIGNATURE block 	<p>Notes:</p> <ul style="list-style-type: none"> - The Digital Fingerprint scan DOES NOT take the place of fingerprint cards. Both are required if states on the Special Agreements Check require them. - If more than one state requires a fingerprint card, please enclose 2 each fingerprint cards for each state
<p>Page 6: DA Form 5018-R</p> <ol style="list-style-type: none"> 1. Fill in Name and Date in Section A 2. Option 1 checked in Section B 3. Sign and Date SIGNATURE OF CLIENT block 4. Any adult over the age of 21 completes NAME OF WITNESS and signs SIGNATURE OF WITNESS blocks 5. Leave Section C blank 	
<p>Page 7-8: Release/Consent Statement</p> <ol style="list-style-type: none"> 1. Fill in Name in proper location 2. Answer Questions 1-3 3. Fill in all information blocks per incident, if applicable 4. (<i>Page 8</i>) Fill in Name in proper location 5. Applicant to sign and date first SIGNATURE block in Section 3 6. Leave second SIGNATURE block blank 	

Not completing all items above will cause a delay in your investigation initiation. Complete every item. Signing below implies you understand this statement.

Signature _____

Date _____

CONTACT REQUEST

Requested Individual Information

1. Rank:
2. Last Name:
3. First Name:
4. Do you have a middle name?
If "Yes", please list full middle name:
5. Date of Birth:
6. Were you born in the United States?

If born outside the United States:

1. List Country of Birth
2. Provide documentation of US Citizenship (passport, naturalization certificate, certification of birth abroad)

7. Primary Email Address:
8. Secondary Email Address:
9. Day Telephone Number:
10. Night Telephone Number:
11. Current JROTC Position:
12. Supervisor's Name and Title:
13. Supervisor's Email Address:
14. Supervisor's Phone Number:

PRIVACY ACT NOTICE: Disclosure of any information by you is strictly voluntary. All information collected will be used for the initiation of an investigation. Delays in providing the requested may result in a delay in the initiation of your investigation. Complete each number section ensuring it is true and accurate

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 continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities 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, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

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 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 remain employed in a sensitive position requiring 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	Home telephone number

Enter your Social Security Number before going to the next page



SPECIAL AGREEMENT CHECKS (SAC)

OFI FORM 86C
MAY 2010

U.S. OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIVE SERVICES

Agency 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	Abbrev. Month Day Year
3. PLACE OF BIRTH Use the 2 letter code for the state			4. SOCIAL SECURITY NUMBER
City	County	State	Country
5. OTHER NAMES AND DATES WHEN USED			
Name	Month/Year Month/Year To	Name	Month/Year Month/Year To
Name	Month/Year Month/Year To	Name	Month/Year Month/Year To
6. SEX (Mark one box) <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	7. SPECIAL AGREEMENT CODES 8. B	8. POSITION TITLE Junior ROTC Instructor	
9. SON 607C	10. SOI Z256	11. ALC NUMBER 00005570	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 every place 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 to	Street Address	Apt. #	City	State	Zip
1.					
2.					
3.					
4.					
5.					
6.					
7.					

14 Requesting Official Name and Title	Signature	Telephone Number	Date
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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, to obtain any information relating to my activities 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, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, 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 sensitive 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 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature <i>(Sign in ink)</i>	Full Name <i>(Type or Print Legibly)</i>		Date Signed
Other Names Used			Social Security Number
Current Address <i>(Street, City)</i>	State	ZIP Code	Home Telephone Number <i>(Include Area Code)</i> ()

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

I, _____, this _____ day of _____, 20____,
(client's full name)
do hereby voluntarily consent to the release of the following information by _____
(name of installation ADAPCP)
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to _____
_____ for the purpose of _____

_____ namely,

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOICATION
(Check applicable paragraph)

1. I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.
- Or -
- (For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)*
2. I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS <i>(Type or print)</i>	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of _____
(client's name)
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE <i>(Type or print)</i>	DATE
SIGNATURE	



Department of the Army

RELEASE/CONSENT STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 AND 10 USC 3013.

PRINCIPAL PURPOSE: TO COMPLY WITH REQUIREMENTS OF PUBLIC LAW 101-647, SECTION 231 (CRIME CONTROL ACT OF 1990), DoDI 1402.05 AND FOR NONAPPROPRIATED FUND, ARMY REGULATION (AR) 215-3.

ROUTINE USES: TO INITIATE THE BACKGROUND CHECK REQUIREMENTS OF THE STATUTE AND GOVERNING REGULATION.

Type or Print Name (Last, First MI):

Section I: Statement of Previous Arrest or Charge:

1. Have you ever been arrested for or charged with a crime involving a child? ____Yes ____No
2. Have you ever been asked to resign because of, or been decertified for, a sexual offense? ____Yes ____No
3. 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? (You may omit: (1) Traffic violations for which you paid a fine of \$300.00 or less unless the violation was alcohol or drug related, and (2) any offense committed before your 21st birthday **which was finally adjudicated in a juvenile court or under a youth offender law.**) ____Yes ____No

If you answer "yes" to any question above, describe the case disposition below. Include the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved; or if a **military action (to include Article 15)**, the military authority or court involved, and the final disposition of the case; to include fine(s)/amount paid, found guilty or not, loss of rank etc. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you have been advised by your attorney that you do not need to disclose them on employment forms, as they will be identified in the background check process. You must also disclose all covered incidents even if you did so on a previous consent and release form, Optional Form 306, Department of Army Form 3433, or other such document and/or if the incident was previously considered by a Program Review Board or otherwise adjudicated IAW Army guidance. If additional space is needed, please attach a separate sheet of paper as a continuation page and include your printed name at the top and signature and date at the bottom.

Date of Violation/Incident	Explanation of Violation/Incident or Charge	Place of Occurrence	Name and Address of Police Department or Court Involved	If Military, Military Authority or Court Involved	Final Disposition of the Case

16-061.txt

081100 August 2016 (EST) USAREC MESSAGE 16-061

From: Headquarters USAREC
To: All Recruiting Personnel

Part I

SUBJECT: Recruiting Center Live Scan (LS) Support for Army ROTC/JROTC and Army Civilian Personnel.

- 1. Recruiting centers must support the LS submission for potential ROTC cadets, JROTC, and Army Civilian Personnel.
2. Security Managers for ROTC or Army Civilian Personnel will notify the individual(s) who require LS submission.
3. Individual(s) may walk in to a center if unable to contact by phone.
4. Individual(s) will have a Live Scan Request Form with them upon arrival to the center...
5. UM 12-073 has been rescinded.
6. POC for this message for technical issues and or FP submission difficulties is the CSC at (800) 223-3735 ext 4.
7. References:
a. AR 601-210, Active and Reserve Components Enlistment Program, dated 12 March 2013.
b. UR 601-210, Enlistment and Accessions Processing, Rapid Action Review dated 29 June 2015.
c. USAREC Live Scan Users Guide, dated 01 April 2012.
d. Army Directive 2014-23, Conduct of Screening and Background Checks for Individuals who have regular contact with Children in Army Programs, dated 10 September 2014.
e. DoD 4000.09 Support Agreements, dated 25 April 2013.

Mr. Todd Sherman, Assistant Chief of Staff, Deputy G3

081100 August 2016 (EST) USAREC MESSAGE 16-061

SUBJECT: Recruiting Center Live Scan (LS) Support for Army ROTC and Army Civilian Personnel Request Form.

Live Scan Fingerprint Request Form

Subject Name:

SON: 607C

SOI: A662

ARMY ALC: 21008711

Appointment Date/Time:

Security Manager: Ann M. Garrett, ann.m.garrett2.civ@mail.mil

Subject will not be fingerprinted if they do not arrive with a government issued picture ID (driver's license, passport, etc.). Responsibility for the authorization to fingerprint rests solely on the Security Manager. USAREC personnel will facilitate the capture and transmission of fingerprints, but cannot be required to determine if a non-applicant subject is authorized to fingerprint.

Recruiter's Name: _____

RSID: _____

Recruiter's Signature: _____ Date: _____

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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)



3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship) ◆

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



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

Additional Information

Optional Form 306

Declaration for Federal Employment

Directions: Use this form for assistance in explaining questions 9 – 15 in block 16. All information required for a complete explanation will be below. Remember for every YES answer, there should be correspondence in block 16 detailing the required information (ie, an applicant answered YES on questions 9, 12, and 15, so there should be three (3) explanations in the space provided for question 16).

9. Provide the following: ***date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.***

10. Provide the following: ***date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.***

11. Provide the following: ***date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.***

12. Provide the following: ***date, explanation of the problem, reason for leaving, and the employer's name and address.***

13. Provide the following: ***Type of Federal Debt in delinquency, length or tax year accrued, amount of delinquency, steps you have taken to correct error, and the estimated date of payment completion.***

14. Only check YES on this question if you have relatives that work for the Office of Personnel Management. Provide the following: ***Relative's name, relationship, and department, agency, or branch of military.***

15. Provide the following: If you are receiving military retirement, the phrase "Military Retirement Pay" should be used. (Explanation will auto-populate if box 15 is checked digitally).

Example: Applicant answers YES to questions 9 and 15. The answer to question 16 should look like below:

9. Date: 03/2015 (approx.), Violation: Driving Under the Influence, Place of Occurrence: Las Vegas, NV, Name and Address of the Police Department: Las Vegas Police Department, 123 Main Street, Las Vegas, NV 88901

15. Military Retirement Pay

Use the space below to complete Question 16 using the information above. Typing in this block will automatically transfer it to the block for Question 16 on the form if you are completing the packet digitally. Failure to complete the explanations correctly will result in a delay in your investigation initiation. If you answered no to all questions, please remember to sign the form and leave Question 16 blank.

Appendix C: Childcare State Requirements: All fingerprint cards need to be mailed to JROTC with your CNACi documentation...send no money

The December 2017 SF87 or FD258 (Rev. 5-15-17) version of the fingerprint card is required

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ALABAMA	AL	<ul style="list-style-type: none"> • Alabama Request Form – (Notarized or 2 witness signatures) • Copy of 1 form of Applicant's valid photo identification • If applicant is a minor under the age of 18 the Alabama Consent to Conduct Background check of a minor is required • OPM General Release Form
ALASKA	AK	<ul style="list-style-type: none"> • SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card
ARIZONA	AZ	<ul style="list-style-type: none"> • No Required Forms
ARKANSAS	AR	<ul style="list-style-type: none"> • Arkansas Request Form (Notarized) • OPM General Release Form
CALIFORNIA	CA	<ul style="list-style-type: none"> • SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card
COLORADO	CO	<ul style="list-style-type: none"> • SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card <p><i>Required citizenship for FD-258 fingerprint card submissions must be present with "US" if subject is a citizen of the United States</i></p>
CONNECTICUT	CT	<ul style="list-style-type: none"> • No Required Forms
DELAWARE	DE	<ul style="list-style-type: none"> • SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card • OPM General Release Form • Delaware State Criminal History Record Check of a Minor Form
DISTRICT OF COLUMBIA	DC	<ul style="list-style-type: none"> • No Required Forms
FLORIDA	FL	<ul style="list-style-type: none"> • No Required Forms
GEORGIA	GA	<ul style="list-style-type: none"> • No Required Forms
HAWAII	HI	<ul style="list-style-type: none"> • No Required Forms
IDAHO	ID	<ul style="list-style-type: none"> • SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card
ILLINOIS	IL	<ul style="list-style-type: none"> • Illinois State Fingerprint Card <p><i>Illinois State Police Fingerprint Card is preferred, an SF87 or FD258 fingerprint card may be substituted, as long as the following criteria are met:</i></p> <ul style="list-style-type: none"> • The SF87/FD258 card is signed and dated. • The Illinois State Police Fingerprint Card is included and all required sections (sans the actual fingerprint images) are filled out. <ul style="list-style-type: none"> • OPM General Release Form

INDIANA	IN	<ul style="list-style-type: none"> Indiana State Police Criminal History Form (<i>a separate criminal history information form is required for each name/AKA name submitted</i>)
IOWA	IA	<ul style="list-style-type: none"> Iowa Request Form (<i>Separate request form is required for each last name submitted</i>) OPM General Release Form
KANSAS	KS	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card
KENTUCKY	KY	<ul style="list-style-type: none"> Kentucky Request Form Minors (<18 years old) must provide a "Minor Consent" form (<i>Required form must also include a signed and dated written consent from a parent or legal guardian giving their permission for the State to conduct the Criminal History Record checks. Sample is provided in PSIP -> References -> Parental Release</i>) OPM General Release Form
LOUISIANA	LA	<ul style="list-style-type: none"> No Required Forms
MAINE	ME	<ul style="list-style-type: none"> No Required Forms
MARYLAND	MD	<ul style="list-style-type: none"> No Required Forms
MASSACHUSETTS	MA	<ul style="list-style-type: none"> No Required Forms
MICHIGAN	MI	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card
MINNESOTA	MN	<ul style="list-style-type: none"> Minnesota Request Form (Notarized)
MISSISSIPPI	MS	<ul style="list-style-type: none"> Mississippi Department of Public Safety Authorization to Release Information Form Copy of State ID or Driver's License OPM General Release Form
MISSOURI	MO	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card
MONTANA	MT	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card
NEBRASKA	NE	<ul style="list-style-type: none"> No Required Forms
NEVADA	NV	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card OPM General Release Form
NEW HAMPSHIRE	NH	<ul style="list-style-type: none"> New Hampshire Request Form (Notarized) OPM General Release Form
NEW JERSEY	NJ	<ul style="list-style-type: none"> New Jersey Criminal History Record Request - Name Check (212B) Form
NEW MEXICO	NM	<ul style="list-style-type: none"> New Mexico Request Form (Notarized) OPM General Release Form
NEW YORK	NY	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card New York IdentoGO Cardscan Authorization Form
NORTH CAROLINA	NC	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card

NORTH DAKOTA	ND	<ul style="list-style-type: none"> OPM General Release Form
OHIO	OH	<ul style="list-style-type: none"> Ohio State Fingerprint Card (Both sides must be complete) Both versions of the BIM12-98 Ohio State Fingerprint Card are acceptable Ohio Request Form
OKLAHOMA	OK	<ul style="list-style-type: none"> No Required Forms
OREGON	OR	<ul style="list-style-type: none"> No Required Forms
PENNSYLVANIA	PA	<ul style="list-style-type: none"> No Required Forms
RHODE ISLAND	RI	<ul style="list-style-type: none"> Rhode Island Request Form (Notarized) If the applicant is a minor, the minor's name is placed in the blank: "I _____, hereby consent and authorize..." on the Rhode Island Bureau of Criminal Identification Authorization Form and the minor's parent is required to sign the form, have it notarized, and provide a copy of the parent's photo ID showing the parent's date of birth." Copy of Photo ID (Must include date of birth) If applicant is a minor a copy of the parent's photo ID showing the parent's date of birth is required OPM General Release Form
SOUTH CAROLINA	SC	<ul style="list-style-type: none"> No Required Forms
SOUTH DAKOTA	SD	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card South Dakota Request Form OPM General Release Form
TENNESSEE	TN	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card Tennessee Request Authorization and Notification Form
TEXAS	TX	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card Texas Consent Authorization to Retain Fingerprints
UTAH	UT	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card
VERMONT	VT	<ul style="list-style-type: none"> No Required Forms
VIRGINIA	VA	<ul style="list-style-type: none"> No Required Forms
WASHINGTON	WA	<ul style="list-style-type: none"> No Required Forms
WEST VIRGINIA	WV	<ul style="list-style-type: none"> SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card
WISCONSIN	WI	<ul style="list-style-type: none"> No Required Forms
WYOMING	WY	<ul style="list-style-type: none"> Two (2) SF87 (Rev. DECEMBER 2017) or FD258 (Rev. 5-15-17) Fingerprint Card OPM General Release Form

FOR OFFICIAL USE ONLY

SF 87 (REV. DECEMBER 2017) FINGERPRINT CARD GUIDANCE

The fields highlighted below are required on the SF 87 fingerprint card. Special notes:

- **Aliases/AKAs** – If no AKAs, leave blank or write "N/A", "Not applicable" or another indication that no AKAs exist.
- **Position to Which Appointed** – Be sure to write "H – Childcare" in this field.
- **Place of Birth POB** – If subject is born in a foreign country, please correctly write out the name of the country instead of using an abbreviation or country code.
- **Please Note** – Submission of fingerprints on any form other than a standard 8"x 8" FD258 or SF87 fingerprint card could result in rejection by the receiving state.

SF 87 (REV. DECEMBER 2017) US OFFICE OF PERSONNEL MANAGEMENT E.O. 10450	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>South</u> FIRST NAME <u>John</u> MIDDLE NAME <u>Amos</u>			FBI LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED <i>John Amos</i>		OR I	SERIAL NO. (OPM USE ONLY) <u>OCA</u>		
RESIDENCE OF PERSON FINGERPRINTED		S O N	S O I	IPAC	MISCELLANEOUS NO. <u>MNU</u>
DATE <u>25 Mar 19</u>		ALIASES AKA		SEX <u>M</u>	RACE <u>W</u>
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		HGT <u>601</u>	WGT <u>195</u>	EYES <u>BLU</u>	HAIR <u>GRY</u>
TITLE AND ADDRESS		SCARS, MARKS, AND TATTOOS		DATE OF BIRTH DOB MONTH <u>03</u> DAY <u>14</u> YEAR <u>1963</u>	
POSITION TO WHICH APPOINTED H - CHILDCARE		FBI NO. <u>FBI</u>		PLACE OF BIRTH POB <u>OKland, CA</u>	
DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)		SOCIAL SECURITY NO. <u>SOC</u> <u>111-11-1111</u>		CLASS _____ REF. _____	
SAMPLE					
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE	
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

Fdigit Code