



REFERENCE CHECK #1 (MUST BE SIGNED)

Applicant Name:

Date:

1) How long has he/she worked for the organization?

2) How would you rate the applicant on the following? (5 being highest/1 being lowest)

CRITERIA	5	4	3	2	1
A. Ability to learn and take on new assignments					
B. Ability to get along with others					
C. Disagree without causing friction					
D. Meeting deadlines					
E. Knowledge of:					

3) What are his/her strong points?

4) What area(s) may he/she need improvement in?

5) Have you ever known the applicant to abuse the leave/attendance policy?

6) How would you rate the applicant's overall performance? (Please check one)

OUTSTANDING	HIGHLY SATISFACTORY	SATISFACTORY	LESS THAN SATISFACTORY

7) Do you have any additional comments that may help us with our decision?

NAME OF REFERENCE:

JOB TITLE:

PHONE #: () -

EMAIL:

RELATIONSHIP TO APPLICANT:

REFERENCE CHECK CONDUCTED BY:



REFERENCE CHECK #2 (MUSE BE SIGNED)

Applicant Name:

Date:

1) How long has he/she worked for the organization?

2) How would you rate the applicant on the following? (5 being highest/1 being lowest)

CRITERIA	5	4	3	2	1
A. Ability to learn and take on new assignments					
B. Ability to get along with others					
C. Disagree without causing friction					
D. Meeting deadlines					
E. Knowledge of:					

3) What are his/her strong points?

4) What area(s) may he/she need improvement in?

5) Have you ever known the applicant to abuse the leave/attendance policy?

6) How would you rate the applicant's overall performance? (Please check one)

OUTSTANDING	HIGHLY SATISFACTORY	SATISFACTORY	LESS THAN SATISFACTORY

7) Do you have any additional comments that may help us with our decision?

NAME OF REFERENCE:

JOB TITLE:

PHONE #: () -

EMAIL:

RELATIONSHIP TO APPLICANT:

REFERENCE CHECK CONDUCTED BY:

REGISTRATION FORM

PLEASE PRINT NEATLY

ENTER YOUR NAME AND SOCIAL AS IT APPEARS ON YOUR ID CARD

NAME (LAST, FIRST, MIDDLE INITIAL):

SPONSOR SSN:

DATE OF BIRTH:

DEPENDENTS: (PLEASE CHECK ONE) SPOUSE CHILD

SEX: MALE FEMALE

HOME ADDRESS:

CITY:

STATE:

ZIP:

HOME OR CELL PHONE:

WORK OR DUTY PHONE:

DO YOU HAVE ANY OTHER HEALTH INSURANCE BESIDES TRICARE? YES NO

IF YES, WHAT IS THE NAME OF THE INSURANCE COMPANY?

DO YOU HAVE ANY ALLERGIES TO ANY MEDICATIONS? YES NO

IF YES, PLEASE LIST WHAT MEDICATION(S) YOU ARE ALLERGIC TO AND THE REACTION

CAUSED:

WOULD YOU LIKE TO BE REGISTERED IN OUR SYSTEM AS AN ORGAN DONOR? YES NO

ACTIVE DUTY PERSONNEL ONLY:

COMMAND UIC:

NAME OF COMMAND:

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

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

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. Most applicants are asked to complete this form after a tentative offer of employment has been made; however, depending on your position, you may be asked to complete this form earlier during the hiring process. Follow instructions that the agency provides. 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. Were you born a male 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 your only active duty was training in the Reserves or National Guard, answer "NO."

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

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 charges, 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 relativeworks. 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 received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

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: _____
(MM / DD / YYYY)

17b. Appointee's Signature: _____ Date: _____
(MM / DD / YYYY)

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

CONFIRMATION OF FINGERPRINT SUBMISSION

Central Suitability Office (CSO)

The Crime Control Act of 1990 – Public Law 101-647 mandates the requirement for statewide criminal history background searches on individuals who are seeking a position which involves having direct contact with children. A statewide criminal history search is requested in all states where a subject has listed residency. The requests are made for any state the Subject has lived in for the past 5 years.

Disclaimer / Instructions

In February 2017, the Office of Personnel Management (OPM) will no longer be sending paper/email notifications for missing information or state fingerprints for child care investigations. Incomplete investigations will be made unacceptable after 14 days. Fingerprints not submitted per the OPM guidance will result in investigations being terminated and/or discontinued by OPM. To reduce the number of returns for action, HROs must confirm to the CSO the submission of state fingerprints in accordance with the OPM Childcare Agency Guide. The Confirmation of Fingerprint Submission optional worksheet can be provided on the CSO IT Solution for the CSO to review and submit an applicant's Electronic Questionnaire for Investigative Purposes (e-QIP).

SECTION I. APPLICANT INFORMATION

NAME (Last Name, First Name M.I.)	REGION/INSTALLATION
POSITION CATEGORY	INVESTIGATION TYPE

SECTION II. FINGERPRINT & DOCUMENT SUBMISSION

Please check the box for each state where the applicant has lived in the last 5 years. (Do not include states lived in before the age of 16) Each state below lists any additional requirements to the right. All fingerprints and required documents must be submitted to OPM per the OPM Childcare Agency Guide.

STATE	ADDITIONAL FINGERPRINT REQ'S	STATE	ADDITIONAL FINGERPRINT REQ'S
Alabama	AL Request; Accepted ID; Minor consent <19 yrs	Montana	SF 87 or FD 258
Alaska	SF 87 or FD 258	Nebraska	No Additional state requirements
Arizona	No Additional state requirements	Nevada	SF 87 or FD 258; OPM Release
Arkansas	AR Request Form; OPM Release	New Hampshire	NH Request Form; OPM Release
California	SF 87 or FD 258	New Jersey	NJ Criminal History Record Request Form
Colorado	SF 87 or FD 258	New Mexico	NM Request Form-DCSA 11.30.23; OPM Release
Connecticut	No Additional state requirements	New York	NY IdentGo Cardscan Auth Form; SF 87 or FD 258
Delaware	No Additional state requirements	North Carolina	SF 87 or FD 258
District of Columbia	No Additional state requirements	North Dakota	OPM Release
Florida	No Additional state requirements	Ohio	BIM12-98 or FD 258 & Waiver; OH Request Form
Georgia	No Additional state requirements	Oklahoma	No Additional state requirements
Hawaii	No Additional state requirements	Oregon	No Additional state requirements
Idaho	SF 87 or FD 258	Pennsylvania	No Additional state requirements
Illinois	IL State Fingerprint Card; OPM Release	Rhode Island	RI Request Form; OPM Release; Photo ID w/DOB
Indiana	IN Police Criminal History Form	South Carolina	No Additional state requirements
Iowa	No Additional state requirements	South Dakota	SD Request Form; OPM Release; SF 87 or FD 258
Kansas	SF 87 or FD 258	Tennessee	TN Req Auth & Notification Fm; SF 87 or FD 258
Kentucky	KY Request Form; OPM Release	Texas	TX Consent & Authorization Form; SF 87 or FD 258
Louisiana	No SCHR's available	Utah	SF 87 or FD 258; OPM Release
Maine	No Additional state requirements	Vermont	No Additional state requirements
Maryland	No Additional state requirements	Virginia	No Additional state requirements
Massachusetts	No Additional state requirements	Washington	No Additional state requirements
Michigan	MI Fingerprint Request (RI-030); SF 87 or FD 258	West Virginia	WV Cert & Authorization Form; SF 87 or FD 258
Minnesota	MN Request Form	Wisconsin	No Additional state requirements
Mississippi	MS Request Form; State ID	Wyoming	(2 Copies) SF 87 or FD 258; OPM Release
Missouri	SF 87 or FD 258; OPM Release		

SECTION III. CERTIFICATION

I certify that all fingerprints and documents have been submitted in accordance with OPM guidance for each state the applicant has lived in the past 5 years (not to include States lived in before the age of 16).

HR POINT OF CONTACT (POC) NAME	HR POC SIGNATURE	DATE (MM/DD/YYYY)
--------------------------------	------------------	-------------------

CONFIRMATION OF FINGERPRINT SUBMISSION
Central Suitability Office (CSO) *Continued*

State Fingerprint submission guidance can be found in the OPM Childcare Agency Guide, available in the CSO G2 HRO Resources library: <https://g2.cnic.navy.mil/ca/cso/Documents/HRO%20Resources>. The required forms for each state can be found in the NP2 portal (<https://apollo.opm.gov>). Please log in and navigate to: **Public Library > Childcare Investigations Documents > State Forms**. If you do not have access to the NP2 portal, please contact CSO at CSO.fct@navy.mil.