

GUIDELINES FOR CHILD CARE/YOUTH CENTER POSITIONS

The following guidelines are provided for you in filling out all information required for any Child Care or Youth Center Position. (If you have any questions pertaining to any of the forms enclosed, please free to call the HUMAN RESOURCES OFFICE at 243-8170 or 243-8175 between 0900 to 1500, Monday to Friday.

- ** Please fill out the NAVPERS 1700/1, Statement of Admission in its entirety.**
- ** Please fill out the Naval Investigative Service Questionnaire completely.**
- ** Please fill out the Authorization for Release of Information to Child Development Service Programs form in its totality. Fort the block that requires your spouse signature, please ensure that it is also signed. If your spouse is not present, you may sign for your spouse with a Power of Attorney, if so please bring in a copy along with your copy of application.**
- ** Fill out the DD Form 2221, DOD Authority for Release of information and Records in its entirety.**
- ** Please fill out the Authorization for Limited Disclosure of Information in its wholeness.**
- ** Please fill out the List of References in its entirety. A full postal address for each reference is required. References may be local and CONUS. References may not Manager or Supervisors of the Position applied for.**
- ** Please fill out the State Criminal Repository Check completely, covering ten years but not before 18 years of age.**

CHILD DEVELOPMENT/YOUTH PROGRAMS CONDITION OF EMPLOYMENT
STATEMENT OF ADMISSION

THIS FORM MUST BE COMPLETED PRIOR TO EMPLOYMENT/CERTIFICATION

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

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

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

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

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

Applicant _____ SSN _____
 Spouse _____ SSN _____
military spouse only
 Address _____
 City _____ State _____ Zip _____ Phone _____

MY SIGNATURE VERIFIES THAT THE INFORMATION BELOW IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

| | | |
|--------------------------|-----------------------|------|
| Applicant's Name (print) | Applicant's Signature | Date |
| Spouse's Signature | | Date |

Have you ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?

Applicant: Yes No

Have you ever been asked to resign a position or been decertified from a position for a sexual offense?

Applicant: Yes No

If yes, to either question, please provide a detailed description of the arrest or charge and the disposition of the case. (use back of this paper if additional writing space is needed)

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STATEMENT OF ADMISSION (cont'd)

APPLICANTS for the Family Child Care Program are to provide the following information for total family background clearances.

List all family members, over the age of 12years, residing in your household.

| NAME | AGE | SOCIAL SECURITY |
|------|-----|-----------------|
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Have any of your family members ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?

Yes No

Have any of your family members ever been asked to resign a position or been decertified from a position for a sexual offense?

Yes No

If yes to either of these questions, please provide a detailed description of the arrest or charge and the disposition of the case.

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FOR OFFICIAL USE ONLY(Person verifying this statement of admission)

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|--------------|-----------|
| Name (print) | Signature |
|--------------|-----------|

| | |
|-------|------|
| Title | Date |
|-------|------|

NAVAL INVESTIGATIVE SERVICE QUESTIONNAIRE

To be filled out for pending employment with the MWR Child Care and Youth Center.

PLEASE PRINT

FULL NAME: _____

SSN: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

MAIDEN NAME: _____

CURRENT HOME ADDRESS: _____

CURRENT POSTAL ADDRESS: _____

SPONSOR'S NAME: _____

SSN: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

COMMAND: _____

DEPARTMENT OF DEFENSE
AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

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

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

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

DATE (*Year. Mo. Day*)

NAME (*Last. First. Mi*)

SIGNATURE

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

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

DATE (*Year. Mo. Day*)

NAME (*Last. First. Mi*)

SIGNATURE

AUTHORIZATION FOR RELEASE OF INFORMATION TO CHILD DEVELOPMENT SERVICE PROGRAMS

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PRIVACY ACT STATEMENT

The authority for requesting social security numbers in Executive Order 9397. Social security numbers will be used by the Child Development Services Staff in accomplishing background checks to determine if you meet the qualifications required by OPNAVINST 1700.9C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the applicant to provide childcare services in government housing or the opportunity to work in the child development/youth center.

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PRINTED NAME OF APPLICANT

PRINTED NAME OF SPONSOR

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

SIGNATURE

DATE

Branch of service: _____

**Name and Social Security Numbers of other household members over twelve years of age
(only if applying for Child Development Home Program).**

AUTHORIZATION FOR LIMITED DISCLOSURE OF INFORMATION

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

SPONSOR'S SSN: _____

SPONSOR'S SIGNATURE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

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SPONSOR'S SSN: _____

SPONSOR'S SIGNATURE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

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

SPONSOR'S SSN: _____

SPONSOR'S SIGNATURE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

LIST OF REFERENCES

NAME OF APPLICANT: _____

NAME: _____ PHONE NO: _____

CURRENT MAILING ADDRESS: _____

PERSONAL REFERENCE: _____ JOB REFERENCE: _____

NAME: _____ PHONE NO: _____

CURRENT MAILING ADDRESS: _____

PERSONAL REFERENCE: _____ JOB REFERENCE: _____

NAME: _____ PHONE NO: _____

CURRENT MAILING ADDRESS: _____

PERSONAL REFERENCE: _____ JOB REFERENCE: _____

NAME: _____ PHONE NO: _____

CURRENT MAILING ADDRESS: _____

PERSONAL REFERENCE: _____ JOB REFERENCE: _____
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NOTE: It is required by law to check and enquire about your personal and job references. Please provide at less three references (personal or job). Prefer local references to save time.

