

NAF Application Continuation Form

1. Applicants for positions that require working with children under the age of 18 must complete the following:

A. Have you ever been arrested for or charged with a crime involving a child?

_____ YES _____ NO

B. If your answer is yes, provide a description of the disposition of the arrest or charge:

C. Have you ever been arrested for or charged with a crime involving drugs or alcohol?

_____ YES _____ NO

D. If your answer is yes, provide a description of the disposition of the arrest or charge:

E. This is to advise you that if you are accepted for employment, the Air Force is required to request a State Criminal History Repository Check as a condition of employment. You have a right to obtain a copy of the criminal history report and to challenge the accuracy of any information contained in the report.

2. In addition to the SCHRC, the HRO must also conduct an Installation Records Check (IRC) on individuals with a DoD affiliation.

a. Have you lived on or worked on a DoD installation in the last two years? (If Yes, list the installation(s), address of residence & dates at residence on reverse)

___ YES ___ NO

b. Are you now or have you been, in the last two years, an active duty member or military dependent?

___ YES ___ NO If yes, please provide the following information:

SPONSOR'S NAME: _____

SPONSOR'S SSN: _____

3. You are signing this application under penalty of perjury. The penalty for perjury is a \$2,000 fine, or 5 years in jail, or both.

SIGNATURE

DATE

Appendix C

**ACKNOWLEDGMENT OF RIGHTS
AND
CONSENT TO RELEASE RECORDS**

AUTHORITY: 42 U.S.C. 13041 AND 10 U.S.C. 8013

PRINCIPAL PURPOSE: To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

DISCLOSURE: Mandatory. In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

EMPLOYEE ACKNOWLEDGMENT:

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.

2. I understand that the record check will include the following:

a. A State Criminal History Repository Check in the state where I currently reside and in states where I have formally resided;

b. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, as a minimum, inquiries of the Security Police, Medical Treatment Facility, the Family Housing Office, the Social Actions Office, and the Family Advocacy Office; and

c. A National Agency Check with Inquiries, including a Federal Bureau of Investigation fingerprint check.

3. I hereby authorize any Federal, state, or local agency or office to release any record relating to me which is necessary to complete the record checks described above.

SIGNATURE: _____

TYPED OR PRINTED NAME: _____

DATE: _____

REFERENCES

PLEASE LIST 5 PEOPLE WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR WORKING WITH CHILDREN.

DO NOT LIST RELATIVES OR SUPERVISORS

****NOTE****

PLEASE MAKE SURE TELEPHONE NUMBERS ARE CORRECT!

NAME OF REFERENCE	CURRENT ADDRESS (CITY, STATE, ZIP)	TELEPHONE

****NOTE: IF YOU HAVE ANY COLLEGE CREDIT OR HAVE COMPLETED MODULES FROM OTHER MILITARY DAY CARE CENTERS, THEN YOU MUST ATTACH PROOF IN THE FORM OF COLLEGE TRANSCRIPTS OR TRAINING CERTIFICATES. ****

**MILITARY INSTALLATIONS
(LIST OF RESIDENCES)**

NAME OF INSTALLATION	LOCATION	ADDRESS OF RESIDENCE	DATES AT RESIDENCE

