

INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK WORK ORDER TICKET

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individualism DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1996, Incorporating Change 5, 25 Mar 2000, DoD Instruction 1400.25, Volume 1231 DoD /Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at: <http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/>.

DISCLOSURES: Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

SECTION I - REQUEST TYPE

Personnel Category: Request Type: ☐ New ☐ Re-Verification DoD Affiliation: ☐ Yes ☐ No

Consent Form (IMCOM Form 23) Signed Date: Date Submitted to Agency: Date Received CDE Office:

SECTION II - REQUESTING OFFICE INFORMATION

Installation: Command: Directorate/Organization:

POC Agency Name: POC Telephone: POC E-mail:

SECTION III - SUBJECT'S INFORMATION

SSN: Prefix/Rank: Name: (Last, First Middle) Maiden Name:

Postfix/Suffix: Birth Date: Birth Country: Birth State: Birth City:

Proof of US Citizen: (attached) Primary E-mail: Secondary E-mail:

Primary Phone: Secondary Phone:

Current Street Address: Current City: Current State: Current Country: Current Zip:

Functional Program: Employment Location: Employment Position:

Fiduciary Responsibility: ☐ Yes ☐ No Anticipated Start Date:

SECTION IV - CATEGORIES OF PERSONNEL REQUIRING INVESTIGATIONS

List every state the subject has lived and worked in within the past 5 years. For categories of personnel requiring CNACI investigations, attach OFI 86C.

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Supervisor/POC for PSIP purposes: Supervisor/POC E-mail:

SECTION V - FAMILY CHILD CARE/HOMES OFF POST

For each person listed below include IMCOM Form 23 for each. List additional Family Members or residents on a separate page (Category and Name)

| | | | |
|--------------------------------|----------------------------|--------------------------------|----------------------------|
| Category: <input type="text"/> | Name: <input type="text"/> | Category: <input type="text"/> | Name: <input type="text"/> |
| Category: <input type="text"/> | Name: <input type="text"/> | Category: <input type="text"/> | Name: <input type="text"/> |
| Category: <input type="text"/> | Name: <input type="text"/> | Category: <input type="text"/> | Name: <input type="text"/> |

SECTION VI - AGENCY COMMENTS AND VERIFICATION

Remarks Section:

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Name and signature of Functional Manager: Date signed:

CDE Received (Name and Signature): Date signed: