

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://dpold.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: <input type="checkbox"/> New <input type="checkbox"/> Re-Verification <input type="checkbox"/> Transfer	
Fiduciary Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driving Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated Start Date:

SECTION II - REQUESTING OFFICE INFORMATION

Garrison:	Installation:	Directorate/Organization:
Requester Name:	Requester Telephone:	Requester E-mail:

SECTION III - SUBJECT'S INFORMATION

SSN:	Prefix/Rank:	Last Name:	First Name:	MI:	Maiden Name:
Postfix/Suffix:	Birth Date MM/DD/YYYY:	Birth Country:	Birth State:	Birth City:	
Citizenship Docs: (personnel req. INV):	Primary E-mail:	Secondary E-mail:			
Primary Phone:		Secondary Phone:			
Current Street Address:	Current City:	Current State:	Current Zip Code:	Current Country:	
Functional Program:	Employment Location:	Employment Position:			

COMPLETE THIS SECTION ONLY IF THIS IS A TRANSFER FILE

Approximate Year Background Check Completed:	Completed by (check one): <input type="checkbox"/> CDE <input type="checkbox"/> CPAC	Name of Losing Garrison/Installation:
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ONLY COMPLETE THIS SECTION FOR VOLUNTEERS, CONTRACTORS (SHORT DURATION) AND OTHER CATEGORIES (FINGERPRINTS)

Date fingerprint completed (MM/DD) :	Date hard copy mailed (when LIVESCAN is down):	Method of delivery:	Tracking number:
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SECTION IV - FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE

For each person listed below include DA Consent Form. List additional Family Members or residents on a separate page (Category, Name, SSN, DOB and POB)

Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:
Category:	Name:	SSN #:	Birth Date:	Birth Place:

SECTION V - ONLY COMPLETE IF CENTRALIZED CONTRACT

Contractor/POC for PSIP purposes:	Contractor/POC Phone:	E-mail:
Remarks Section (Please note any special requests):		
Name and signature of Functional Manager:	Date Submitted:	
CDE Received (Name and Signature):	Date Received:	