

From: POC: _____

FAX: To: _____

Personnel Security Specialist Use Only:

Date: _____

Favorable _____

Unfavorable _____

NAME CHECK INFORMATION SHEET (For Emergency Guard Use Only)

This Sheet is for the submission of information to the Federal Protective Service for Emergency Contract Guard applicants in order to obtain a preliminary name check prior to employment of the applicant.

Applicants Name (please print legible)

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Place of Birth (city, state): _____

Sex: (check one) Male { } Female { }

Race (check one)

Asian, Pacific Islander, Chinese, Japanese, Filipino, Polynesian, Indonesian, or Asian Indian { } Black { } Hispanic { } American Indian, Alaskan Native, Eskimo { } White { } Other { }

Social Security Number: _____

US Citizen () YES () NO

Home Address – Past 10 Years

Pursuant to, and in compliance with 42 U.S.C. 13041, a Federal agency seeking a criminal history record check shall first obtain the signature of the employee or prospective employee indicating that the employee or prospective employee has been notified of the employer's obligation to require a record check as a condition of employment and the employee's right to obtain a copy of the criminal history report made available to the employing Federal agency and the right to challenge the accuracy and completeness of any information contained in the report

Have you ever been arrested, charged, or held by federal, State or other Law-enforcement authorities for any violation of any federal law, military law, state law, county or municipal law, regulation or ordinance?

YES _____ NO _____

Do not include traffic violations for which a fine of \$25 or less was imposed.

*****All charges must be included even if they were dismissed.*****

<i>Reason</i>	<i>Date</i>	<i>Place</i>	<i>Disposition</i>

I have been advised that the agency has an obligation to conduct a criminal history check of employees as a condition of employment. I have further been advised that I have a right to challenge the accuracy and completeness of the information contained in the report

Signature of Applicant/Employee _____ Date _____

Fax POC Name: _____

Contractor Name: _____

POC Fax (to return response): _____

Phone: _____

Phone: _____