

YOUTH SPORTS COACHING APPLICATION

Have you enrolled in the Volunteer Management System (VMIS), www.myarmyonesource.com (this is mandatory) YES / NO	Number of Years: Age Level: Why do you want to coach this sport? (Please be specific):	List the sport(s) you are applying to coach: Have you had any experience coaching this sport? Yes No	Do you have any medical conditions that may affect your ability to coach? Yes No (If Yes, please explain):	Have you ever been investigated for child and/or spouse abuse OR neglect? Yes No (If Yes, please explain):	Have you ever been convicted of a felony or crime involving children, Youth, drugs, or alcohol? Yes No (If yes, please explain):		<u>Company</u> <u>Position</u> <u>Dates</u> From: To:	Work History (Start with the most recent first):	L	Are you 18 or older? Yes No Sex: Male Female	E-Mail:	Home/Cell #:	Address:	Date of Application: Branch of Service: Rank: Ra	
---	---	---	---	---	--	--	---	--	---	--	---------	--------------	----------	--	--

What other sports have you played/Coached? (List the sport(s) and # of years below):

		Sport(s) played/Coached	pelow).
		# of Years	
		Age level	
	Agency	Sponsoring	

Please rate your knowledge of the following with regard to this sport. Mark the appropriate # (1 = little or no knowledge 2 = fairly good knowledge 3 = Expert):

specify):

Have you had any formal training as a coach? Tyes No (If yes, please

	_												
Name:	List the Full Names, Emails attest your coaching potent	Time management	Principles for teaching spor	Working with parents	Physical conditioning techn	Communications skills	Developing sportsmanship	Legal duties	Injury prevention and treat	Equipment needs and spec	Organizing practices	Rules of the sport	Skills & strategies of the sport
Email:	and Telephone Numbers of ty ial. (One should be your mos		ts skills		iques				ment	ifications			ort
Phor	vo refi												
le:	erences it supe	1	щ	Ц	ъ	1	1	12	1	1	Ы	<u> </u>	1
	, who crvisor)	2	2	2	2	2	2	2	2	2	2	2	2
	u	ω	ω	ω	З	ω	ω	3	3	ω	3	3	3
		Full Names, Emails and Telephone Numbers of two	1 2 Full Names, Emails and Telephone Numbers of two references, who can your coaching potential. (One should be your most recent supervisor) Email: Phone:	les for teaching sports skills 1 2 nanagement 1 2 Full Names, Emails and Telephone Numbers of two references, who can your coaching potential. (One should be your most recent supervisor) Email: Phone:	ng with parents 1 2 less for teaching sports skills 1 2 nanagement 1 2 Full Names, Emails and Telephone Numbers of two references, who can your coaching potential. (One should be your most recent supervisor) Email: Phone:	al conditioning techniques 1 2 Ig with parents 1 2 Iles for teaching sports skills 1 2 Inanagement 1 2 Inanagement 1 2 Inanagement 2 I 2 Inanagement 2 I 2 Inanagement 3 I 2 Inanagement 4 I 2 Inanagement 5 Full Names, Emails and Telephone Numbers of two references, who can your coaching potential. (One should be your most recent supervisor) Inanagement Inanagement	unications skills 1 2 al conditioning techniques 1 2 Ig with parents 1 2 Iles for teaching sports skills 1 2 Inanagement 1 2 Inanagement 2 I 2 Inanagement 2 I 2 Full Names, Emails and Telephone Numbers of two references, who can your coaching potential. (One should be your most recent supervisor) Email: Phone:	pping sportsmanship 1 2 unications skills 1 2 al conditioning techniques 1 2 les for teaching sports skills 1 2 les for teaching sports skills 1 2 lanagement 1 2 Phone: Phone:	ping sportsmanship 1 2 unications skills 1 2 unications skills 1 2 Ing with parents Ing with pa	prevention and treatment 1 2 Juties 1 2 ping sportsmanship 1 2 unications skills 1 2 al conditioning techniques 1 2 les for teaching sports skills 1 2 les for teaching sports skills 1 2 Pull Names, Emails and Telephone Numbers of two references, who can your coaching potential. (One should be your most recent supervisor) Email: Phone:	ment needs and specifications 1 2 prevention and treatment 1 2 Juties 1 2 pping sportsmanship unications skills 1 2 al conditioning techniques 1 2 rg with parents rg with parents 1 2 les for teaching sports skills 1 2 ranagement Full Names, Emails and Telephone Numbers of two references, who can your coaching potential. (One should be your most recent supervisor) Email: Phone:	nent needs and specifications 1 2 prevention and treatment 1 2 pring sportsmanship unications skills 1 2 ping sportsmanship unications skills 1 2 prevention and treatment 1 2 pring sportsmanship 1 2 pring sportsmanship unications skills 1 2 prevention and treatment 1 2 prevention and treatm	izing practices nent needs and specifications nent needs and specifications nent needs and specifications 1 2 prevention and treatment 1 2 pring sportsmanship unications skills 1 2 ping sportsmanship ng with parents 1 2 les for teaching sports skills 1 2 les for teaching sports skills 1 2 ranagement Full Names, Emails and Telephone Numbers of two references, who can your coaching potential. (One should be your most recent supervisor) Email: Phone:

Please print:

Applicant signature and Date:

INSTALLATION MANAGEMENT COMMAND BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION - CHILD SERVICES POSITIONS

This Self-Admission is being requested IAW Army Directive 2014-23 and DODI 1402.05, proponent is G9

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 Individuals in 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, August 24, 2012; DODI 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 2000; DODI 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

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. This form meets the initial pre-screening requirement and ongoing self-reporting requirements of the SA Directive 2014-23 and DODI 1402.05 for all child services positions and is used in lieu of the DD 2981.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the b

1. Name: (Last, Fi	irst and Middle Name-Do no	t use initials or abridgements)	2. Other Name(s)	Ilsed:	
				, 0364.	
3. Installation/Prog	Trom Name:				
o. motanadom Tog	gram Name.		4. Date of Hire: (to	be filled out by FMgr)	
		INITIAL	CERTIFICATION		
. STATEMENT OF you answer "yes"	ADMISSION Use your <i>ini</i> , explain your answer in bloo	tials to mark yes or no for eac ck 6.	ch category. Include all o	offenses, even if they were dismissed.	Initia YES A
Have very and	•			(1) Involving a Child (under age 18)	
minute of language.	a., proceedings unuer me ci	charged, convicted or had an CMJ (courts-martial or Article	4E non institut	(2) Sex Crime	
ederal law, Military	y reueral, State or other Lav / law. State law. County or M	ventorcement authorities for a	any violation of any	(3) Drug/Alcohol	
o not include anyth		e in a diversion program? (If your 16th birthday. Leave out tr		(4) Domestic Violence	
300.)	•	The state of the s	ame intes of less traff	(5) Violent Crime/Assaultive Behavior	
For FCC/HOPS/F	en the subject of a substant oster Care Providers: Have of the offenses listed above	any of the individuals residing	e or are you currently the	(6) Other e subject of an allegation of abuse/negle n arrested, apprehended, charged N	ct?
For FCC/HOPS/F convicted for any	oster Care Providers: Have	any of the individuals residing	in your home ever bee	e subject of an allegation of abuse/negle	
For FCC/HOPS/F convicted for any	oster Care Providers: Have of the offenses listed above	any of the individuals residing?	in your home ever bee	e subject of an allegation of abuse/negle n arrested, apprehended, charged N	/A
For FCC/HOPS/F	oster Care Providers: Have of the offenses listed above	any of the individuals residing?	in your home ever bee	e subject of an allegation of abuse/negle n arrested, apprehended, charged N	/A
For FCC/HOPS/F convicted for any Month/Year	oster Care Providers: Have of the offenses listed above	any of the individuals residing? Action Taken/Disposition	Law Enforcemen	e subject of an allegation of abuse/negle n arrested, apprehended, charged nt Authority or Court State	Zip Code
For FCC/HOPS/F convicted for any Month/Year Fallure to	oster Care Providers: Have of the offenses listed above Offense disclose accurate Informa	any of the individuals residing? Action Taken/Disposition tion may be grounds for dis	Law Enforcement	e subject of an allegation of abuse/negle n arrested, apprehended, charged N	Zip Code
Failure to nitial Certification plete and correct BELF REPORTING am arrested, appre	oster Care Providers: Have of the offenses listed above Offense disclose accurate information processes accurate informati	any of the individuals residing? Action Taken/Disposition tion may be grounds for disposition may be grounds for disposition ovided above is accurate. I definite the total transfer of the individuals referenced.	Law Enforcement Law Enforcement Emissal, termination or peclare under penalty of purpose and it is my response to the control of the contro	e subject of an allegation of abuse/negle n arrested, apprehended, charged nt Authority or Court State disbarment from participating in the perjury the statements made by me on the consibility to immediately inform my emp	Zip Code program. is form are true,
Failure to nitial Certification pplete and correct BELF REPORTING am arrested, appre	oster Care Providers: Have of the offenses listed above Offense disclose accurate information processes accurate informati	Action Taken/Disposition Action Taken/Disposition tion may be grounds for disposited above is accurate. I despite the part of this initial continuation to the part of this initial continuation.	Law Enforcement Law Enforcement Emissal, termination or peclare under penalty of purpose and it is my response to the control of the contro	e subject of an allegation of abuse/negle n arrested, apprehended, charged nt Authority or Court State disbarment from participating in the perjury the statements made by me on the consibility to immediately inform my emp	Zip Code program. is form are true,

11		144/10-150 110	t use initials or abridgements)	10. Other Name(s)	USed:			
			ANNUAL OR SELF-RE	PORT CERTIFICAT	ION			SANS.
11. STATEME!	NT OF ADMISSION yes", explain your a	l Use your <u>i</u>	nitials to mark yes or no for each o ck 12.	category. Include all	offences, even if they were	dismissed.	YES	NO
,	, ,				(1) Involving a Child (unde	er age 18)		
			er been arrested, apprehended, ch s (e.g., proceedings under the UCI		(2) Sex Crime	,		
Article 15 non-	judicial punishment)) by any Fe	deral, State or other Law enforcem	ent authorities for	(3) Drug/Alcohol			
Ordinance? Do	you have any pen	ding criminal	State law, County or Municipal law, charges against you or are in a Di	version Program?	(4) Domestic Violence			
	ind above, do not ir. ess than \$300.)	iclude anythi	ng that happened before your 16th	n birthday. Leave out	(5) Violent Crime/Assaultiv	ve Behavior		
					(6) Other	P		
b. Have you ev	er been the subject	t of a substa	ntiated child abuse/neglect case or	are you currently the	e subject of an allegation o	f abuse/neglect?		
	PS/Foster Care Pro r any of the offense		e any of the individuals residing in ee?	your home ever bee	n arrested, apprehended, c	charged N/A		
12. Month/Ye	ar Offen	se	Action Taken/Disposition	Law Enforcem	ent Authority or Court	State	Zip C	Code
<u> </u>				4 F. C. F. S. S. M. M. M. W.		No. 10 Control Control		
			·					- '
		·	information on a separate sheet.	t-mad	on provided on separate sl			
held for a crime	e or issue reference alse statements are	ed in block 11	nd it is my responsibility to immedia above. by law and could result in fines and			ested, apprehende	ed, charg	ed or
Annual	Self-Report	Signature:			Date:			
			ANNUAL OR SELF-RE	PORT CERTIFICAT	ION			
	NT OF ADMISSION		mittale to more you or no far anch a	Agreement to a gar the topological garagest				
	<u> </u>			category. Include all	offences, even if they were	dismissed.	YES	NO
				category. Include all	offences, even if they were		YES	NO
			ck 15. er been arrested, apprehended, ch	arged or convicted	(1) Involving a Child (under		YES	NO
or had any oth Article 15 non-	er disposition of crir judicial punishment	ninal charge)) by Federa	er been arrested, apprehended, ch s (e.g., proceedings under the UC! l, State or other Law enforcement a	narged or convicted MJ (courts-martial or authorities for any	(1) Involving a Child (under		YES	NO
or had any othe Article 15 non-j violation of any Ordinance? Do	er disposition of crir judicial punishment r Federal law, Milita o you have any pen	ninal charge)) by Federa ry law, State ding criminal	er been arrested, apprehended, ch s (e.g., proceedings under the UCI l, State or other Law enforcement a law, County or Municipal law, Reg charges against you or are in a Di	narged or convicted MJ (courts-martial or authorities for any julation or iversion Program?	(1) Involving a Child (under(2) Sex Crime(3) Drug/Alcohol(4) Domestic Violence		YES	NO
or had any other Article 15 non-joint of any Ordinance? Do off you are 18 a	er disposition of crir judicial punishment r Federal law, Milita o you have any pen	ninal charge)) by Federa ry law, State ding criminal	er been arrested, apprehended, ch s (e.g., proceedings under the UC! l, State or other Law enforcement a law, County or Municipal law, Reg	narged or convicted MJ (courts-martial or authorities for any julation or iversion Program?	(1) Involving a Child (under(2) Sex Crime(3) Drug/Alcohol(4) Domestic Violence	er age 18)	YES	NO
or had any other Article 15 non-joint of any Ordinance? Do off you are 18 a	er disposition of crir judicial punishment r Federal law, Milita o you have any pen and above, do not in	ninal charge)) by Federa ry law, State ding criminal	er been arrested, apprehended, ch s (e.g., proceedings under the UCI l, State or other Law enforcement a law, County or Municipal law, Reg charges against you or are in a Di	narged or convicted MJ (courts-martial or authorities for any julation or iversion Program?	(1) Involving a Child (under(2) Sex Crime(3) Drug/Alcohol(4) Domestic Violence	er age 18)	YES	NO
or had any othin Article 15 non-iviolation of any Ordinance? Do iff you are 18 a traffic fines of I	er disposition of crir judicial punishment r Federal law, Milita o you have any pen- and above, do not in ess than \$300.)	ninal charge)) by Federa ry law, State ding criminal aclude anythi	er been arrested, apprehended, ch s (e.g., proceedings under the UCI l, State or other Law enforcement a law, County or Municipal law, Reg charges against you or are in a Di	narged or convicted MJ (courts-martial or authorities for any julation or iversion Program? o birthday. Leave out	(1) Involving a Child (under(2) Sex Crime(3) Drug/Alcohol(4) Domestic Violence(5) Violent Crime/Assaultin(6) Other	er age 18) ve Behavior	YES	NO
or had any othin Article 15 non-iviolation of any Ordinance? Do iff you are 18 a traffic fines of I	er disposition of crir judicial punishment r Federal law, Milita by you have any pen- and above, do not in ess than \$300.)	ninal charge)) by Federa ry law, State ding criminal nclude anyth t of a substa oviders: Hay	er been arrested, apprehended, ches (e.g., proceedings under the UCI I, State or other Law enforcement a law, County or Municipal law, Reg charges against you or are in a Ding that happened before your 16th Intiated child abuse/neglect case or e any of the individuals residing in	narged or convicted MJ (courts-martial or authorities for any pulation or iversion Program? a birthday. Leave out	 (1) Involving a Child (under (2) Sex Crime (3) Drug/Alcohol (4) Domestic Violence (5) Violent Crime/Assaultine (6) Other e subject of an allegation of the control of the control	ve Behavior f abuse/neglect?	YES	NO
or had any othin Article 15 non-iviolation of any Ordinance? Do iff you are 18 a traffic fines of I b. Have you ev	er disposition of crir judicial punishment r Federal law, Milita by you have any pen- and above, do not in ess than \$300.) wer been the subject PPS/Foster Care Programy of the offense	minal charge)) by Federa ry law, State ding criminal nelude anyth t of a substa oviders: Hav ss listed aboy	er been arrested, apprehended, ches (e.g., proceedings under the UCI I, State or other Law enforcement a law, County or Municipal law, Reg charges against you or are in a Ding that happened before your 16th Intiated child abuse/neglect case or e any of the individuals residing in	narged or convicted MJ (courts-martial or authorities for any julation or iversion Program? a birthday. Leave out are you currently the your home ever bee	 (1) Involving a Child (under (2) Sex Crime (3) Drug/Alcohol (4) Domestic Violence (5) Violent Crime/Assaultine (6) Other e subject of an allegation of the control of the control	ve Behavior f abuse/neglect?	YES Zip C	
or had any othin Article 15 non-iviolation of any Ordinance? Do ilf you are 18 a traffic fines of I b. Have you ev c. For FCC/HC or convicted fo	er disposition of crir judicial punishment r Federal law, Milita o you have any pen- ind above, do not in ess than \$300.) wer been the subject PS/Foster Care Pring any of the offense	minal charge)) by Federa ry law, State ding criminal nelude anyth t of a substa oviders: Hav ss listed aboy	er been arrested, apprehended, ches (e.g., proceedings under the UCI I, State or other Law enforcement a law, County or Municipal law, Reg charges against you or are in a Ding that happened before your 16th Intiated child abuse/neglect case or e any of the individuals residing in re?	narged or convicted MJ (courts-martial or authorities for any julation or iversion Program? a birthday. Leave out are you currently the your home ever bee	(1) Involving a Child (under (2) Sex Crime (3) Drug/Alcohol (4) Domestic Violence (5) Violent Crime/Assaulting (6) Other e subject of an allegation of arrested, apprehended, or	ve Behavior f abuse/neglect?		
or had any othin Article 15 non-ivolation of any Ordinance? Do (If you are 18 a traffic fines of I) b. Have you even c. For FCC/HC or convicted for the con	er disposition of crir judicial punishment r Federal law, Milita by you have any pen- ind above, do not in ess than \$300.) Fer been the subject PPS/Foster Care Pring any of the offenser	minal charge)) by Federa ry law, State ding criminal clude anyth t of a substa oviders: Hav es listed aboy	er been arrested, apprehended, ches (e.g., proceedings under the UCI, State or other Law enforcement a law, County or Municipal law, Reg charges against you or are in a Ding that happened before your 16th Intiated child abuse/neglect case or e any of the individuals residing in re? Action Taken/Disposition	narged or convicted MJ (courts-martial or authorities for any pulation or iversion Program? In birthday. Leave out are you currently the your home ever bee	(1) Involving a Child (under (2) Sex Crime (3) Drug/Alcohol (4) Domestic Violence (5) Violent Crime/Assaulting (6) Other e subject of an allegation of arrested, apprehended, of the cent Authority or Court	ve Behavior f abuse/neglect? charged N/A	Zip C	
or had any othin Article 15 non-ivolation of any Ordinance? Do (If you are 18 a traffic fines of I) b. Have you even. For FCC/HC or convicted for the convi	er disposition of crir judicial punishment r Federal law, Milita by you have any pen- ind above, do not in ess than \$300.) Fer been the subject PPS/Foster Care Pring any of the offenser	minal charge)) by Federa ry law, State ding criminal clude anyth t of a substa oviders: Hav es listed aboy	er been arrested, apprehended, ches (e.g., proceedings under the UCI I, State or other Law enforcement a law, County or Municipal law, Reg charges against you or are in a Ding that happened before your 16th Intiated child abuse/neglect case or e any of the individuals residing in re?	narged or convicted MJ (courts-martial or authorities for any pulation or iversion Program? In birthday. Leave out are you currently the your home ever bee	(1) Involving a Child (under (2) Sex Crime (3) Drug/Alcohol (4) Domestic Violence (5) Violent Crime/Assaulting (6) Other e subject of an allegation of arrested, apprehended, or	ve Behavior f abuse/neglect? charged N/A	Zip C	
or had any other Article 15 non-violation of any Ordinance? Do (If you are 18 a traffic fines of I) b. Have you even the convicted for convicted for the co	er disposition of crir judicial punishment r Federal law, Milita b you have any pen- ind above, do not in ess than \$300.) Fer been the subject OPS/Foster Care Proper any of the offense ar Offen Chan two offenses, point in the contraction provides in the contraction of the con	minal charge)) by Federa ry law, State ding criminal nclude anyth t of a substa oviders: Hav as listed abov ise orovide above ed above is a n, I understa ed in block 1	er been arrested, apprehended, ches (e.g., proceedings under the UCI I, State or other Law enforcement a law, County or Municipal law, Reg charges against you or are in a Ding that happened before your 16th Intiated child abuse/neglect case or e any of the individuals residing in Interval I Action Taken/Disposition Action Taken/Disposition information on a separate sheet. accurate. I declare under perjury of and it is my responsibility to immedi	larged or convicted MJ (courts-martial or authorities for any julation or iversion Program? or birthday. Leave out are you currently the your home ever bee Law Enforcem More information of the penalty the stateme ately inform my emp	(1) Involving a Child (under (2) Sex Crime (3) Drug/Alcohol (4) Domestic Violence (5) Violent Crime/Assaultin (6) Other e subject of an allegation of arrested, apprehended, of the control of the contro	ve Behavior f abuse/neglect? charged N/A State heet (check if app	Zip C	ode.

INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK CONSENT

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 Individuals in 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 6060.2 (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, August 24, 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, PURPOSE: To assess the suilability 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.

- 1. I understand that Army Directive 2014-23 and IMCOM policy requires the record screening outlined in paragraph 2 below, and that without favorable completion of these checks, I may not be allowed to work or volunteer in child services positions supporting Army programs and activities.
- 2. The following background checks are required: Army Law Enforcement (to include Army Law Enforcement Reporting and Tracking System, Army Crime Records Center and Defense Central Investigation Index), Medical Treatment Facility Army Central Registry, Army Substance Abuse Program, FBI Fingerprint check and any other records as appropriate and to the extent permitted by law (e.g. other military service criminal records, other service child abuse registries, sex offender registries, state child abuse registry, etc.). The following are also required as applicable to the personnel category; National Agency Check with Inquiries (or higher level investigation) and State Criminal History Repository.
- 3. I further understand that the purpose of these background checks is to identify anyone applying for child services positions that have instances of reported misconduct involving children, assaultive behavior, substance abuse, larceny, or other misconduct which would be inconsistent with working or volunteering within child services positions.
- 4. I agree that IMCOM may initiate these checks, receive the resulting information, and conduct periodic re-verifications so that I may work or volunteer in child services positions. Periodic re-verification checks are required in 1/3/5 year cycles based on personnel category IAW Army policy. Re-verifications may also be required to authenticate issues that surface during a person's employment/service.

DOD AFFILIATION DISCLOSURE 1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement about the DoD or any elements of DoD including the Military Departments) if yes, indicate service and approximate dates! US Army US Air Force US Navy US Marines Other DoD Agency From and To dates: From an		st, First, Middle Name)		Social Secu	ırity Number.	(SSN)
Applicant's Place of Birth: (City, State, Country) DOD AFFILIATION DISCLOSURE 1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement he DoD or any elements of DoD including the Military Departments) it yes, indicate service and approximate dates) U.S. Army U.S. Air Force U.S. Navy U.S. Marines From and To dates: From	Maiden Name:	Any O	ther Names Used by Appli	L		oplicant's Date of Birth: (MM/DD/VVV)
DOD AFFILIATION DISCLOSURE 1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement in DoD or any elements of DoD including the Military Departments) (it yes, indicate service and approximate dates) US Army US Air Force US Navy US Marines Other DoD Agency From and To dates: From						pplication of Direct (wild Direct)
1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement to DoD or any elements of DoD including the Military Departments) it yes, indicate service and approximate dates! US Army US Air Force US Navy US Marines Other DoD Agency From and To dates: I have never previously been affiliated with the U.S. Military and/or DoD: (e.g. Never lived or worked on a DoD installation or had prior or current association, relationships, or involvement with DoD or any elements of DoD, including the Military Departments). 2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches of envice your sponsor has worked for as an active duty member or Civilian: (not applicable for non DoD affiliation) Name of Sponsor (other than yourself), provide the sponsor's name Sponsor's Social Security Number US Army US Air Force US Navy US Marines Other DoD Agency From and To dates:	Applicant's Place of Birth: (City, State, Country)		Applicant's Current Address	s: (Street, Cil	ty, State, County)
1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement to DoD or any elements of DoD including the Military Departments) it yes, indicate service and approximate dates! US Army US Air Force US Navy US Marines Other DoD Agency From and To dates: I have never previously been affiliated with the U.S. Military and/or DoD: (e.g. Never lived or worked on a DoD installation or had prior or current association, relationships, or involvement with DoD or any elements of DoD, including the Military Departments). 2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches of envice your sponsor has worked for as an active duty member or Civilian: (not applicable for non DoD affiliation) Name of Sponsor (other than yourself), provide the sponsor's name Sponsor's Social Security Number US Army US Air Force US Navy US Marines Other DoD Agency From and To dates:						
US Army US Air Force US Navy US Marines Other DoD Agency From and To dates: I have never previously been affiliated with the U.S. Military and/or DoD: (e.g. Never lived or worked on a DoD installation or had prior or current associal relationships, or involvement with DoD or any elements of DoD, including the Military Departments). 2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches of envice your sponsor has worked for as an active duty member or Civilian: (not applicable for non DoD affiliation) Name of Sponsor (other than yourself), provide the sponsor's name Sponsor's Social Security Number US Army US Air Force US Navy US Marines Other DoD Agency SIGNATURES Applicant Signature: Date Applicant signed: If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).	1 Do you have a current o	r pravious DoD affiliation:				
US Army US Air Force US Navy US Marines Other DoD Agency From and To dates: From and	e DoD or any elements of DoD	including the Military Depart	(i.e. Have you lived of worked aments) (if yes, indicate service an	on a DoD installation or had a prid d approximate dates]	or or current as	sociation, relationship, or involvement wit
From and To dates: From and To dates: From and					ines	Other DoD Agency
2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches dervice your sponsor has worked for as an active duty member or Civilian: (not applicable for non DoD affiliation) Name of Sponsor (other than yourself), provide the sponsor's name Sponsor's Social Security Number US Army US Air Force US Navy US Marines Other DoD Agency SIGNATURES Applicant Signature: Date Applicant signed: If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).	rom and To dates;	From and To dates:	From and To da	ites: From and To	o dates:	
2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches dervice your sponsor has worked for as an active duty member or Civilian: (not applicable for non DoD affiliation) Name of Sponsor (other than yourself), provide the sponsor's name Sponsor's Social Security Number Sponsor's Social Security Number US Army US Air Force US Navy US Marines Other DoD Agency SIGNATURES Applicant Signature: Date Applicant signed: If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).						
SIGNATURES Applicant Signature: Date Applicant signed: If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).	THE STATE OF THE S	reserved to the second		Opolisor 5 S	Oliai Johnin	y Number
Applicant Signature: Date Applicant signed: Date Applicant signed: If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).		US Air Force	(US Navy	US Marir	nes	Cther DoD Agency
If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).	` US Army					(Onlei DOD AUBICY
If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).	US Army		SIGNA	TURES	rosto jun Pota Nilaga.	and the second s
Percent of Lord Cuerding Deleting in the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).			SIGNA		Date Applica	
Percent of Legal Cuardiants Deletionship Lettership Lettership Lettership Legal Cuardiants Deletionship Lettership Letter			SIGNA		Date Applica	
Parent or Legal Guardian's Relationship to Minor, Printed Name and Signature: Date Parent or Legal Guardian Signed:	opplicant Signature:					ant signed:
Date Parent or Legal Guardian Signed:	applicant Signature: If the applicant is a mino	r, a Parent or Legal Gua and the purposes of the	ardian must grant permis	esion holow for the healtage	and of out of a	ant signed:
	applicant Signature: If the applicant is a mino certifying they undersi	und the purposes of the	ardian must grant permis ese pre-employment/volu	esion below for the backgrou	und check(s) ovide conse	ant signed:). The Parent or Legal Guardian is ent for the background check(s).
	applicant Signature: If the applicant is a mino certifying they undersi	und the purposes of the	ardian must grant permis ese pre-employment/volu	esion below for the backgrou	und check(s) ovide conse	ant signed:). The Parent or Legal Guardian is ent for the background check(s).

IMCOM FORM 23, FEB 2017