

Department of the Army G-1, Personnel Suitability Division Child Services Suitability Cell

Building 4119, Susquehanna Avenue Aberdeen Proving Ground, MD 21005

RELEASE/CONSENT STATEMENT

PRIVACY ACT STATEMENT
AUTHORITY: 42 USC 13041 AND 10 USC 3013.

PRINCIPAL PURPOSE: TO COMPLY WITH REQUIREMENTS OF PUBLIC LAW 101-647, SECTION 231 (CRIME CONTROL ACT OF 1990), Dodi 1402.05 AND FOR

NONAPPROPRIATED FUND, ARMY REGULATION (AR) 215-3

Type or Print Name (Last, First MI):

ROUTINE USES: TO INITIATE THE BACKGROUND CHECK REQUIREMENTS OF THE STATUTE AND GOVERNING REGULATION.

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Section I: Stateme	nt of Previous Arres	st or Charge:			
1. Have you ever b	een arrested for or	charged with a crim	e involving a child?	YesN	0
2. Have you ever b	een asked to resign	because of, or beer	n decertified for, a s	exual offense?	YesNo
charges for any off than \$300.00 unle	een convicted of an fense against the la ss the violation was s finally adjudicate	w? (You may omit alcohol or drug re	: (1) Traffic violatic lated, and (2) any c	ns for which you p offense committed	aid a fine of less before your 21st
the violation, place military action, the	to any question about of occurrence, and military authority occurrinuation page a	the name and addr	ess of the police de additional space is r	partment or court in needed, please atta	nvolved; or if a ch a separate
Date of Violation/ Incident	Explanation of Violation/Incident or Charge	Place of Occurrence	Name and Address of Police Department or Court Involved	If Military, Military Authority or Court Involved	Final Disposition of the Case

RELEASE/CONSENT STATEMENT (Cont)

Type or Print Name (Last, First MI)
Costion II. Statement of Understanding and Delegar.
Section II: Statement of Understanding and Release:
1. I have been advised that my being hired for, and continuing employment or service in a position having regular contact with children under the age of 18 will be based upon favorable completion of all required background checks. I understand that these include:
a. Army Law Enforcement Reporting & Tracking System (ALERTS) // Defense Central Index of Investigations (DCII)
b. Army Substance Abuse Program (ASAP)
c. Medical Treatment Facilities (MTF) – Army Central Registry (ACR)
d. Federal Bureau Investigation Fingerprint Special Agreement Check (FBI-FP-SAC)
e. State Criminal History Repository (SCHR) Checks for each state where I have resided for the last five
f. Any other records as appropriate and to the extent permitted by law.
 I have been advised and understand that the above listed checks will be completed annually or every five years (depending on the position) while I am employed/contracted/volunteering in a position that requires regular contact with children under the age of 18, and that these checks may also be completed to authenticate issues that surface during my employment or service. I understand that this consent does not expire and will be utilized to conduct these periodic reverification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this will preclude my continued service in a child services position. I also understand that if the report of these checks contains adverse information, I have a right to challenge the accuracy or completeness of the information contained therein. I understand that failure to disclose this information or provide consent precludes me from employment or continued service in a child services position, may form the basis for withdrawal of a tentative (conditional) job offer, or removal from my position and/or the federal service.
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Section III: Signature:
A false statement rendered by an employee may result in adverse action up to and including removal. Under U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years or both.
I declare under penalty of perjury that the information contained in this application form and any attachments or documents submitted in connection with my application for this position are true and correct to the best of my knowledge, information, and belief.
I hereby confirm my understanding of the information in this statement; and authorize the Child Services Suitability Cell to release my name and Social Security Number for the purpose of conducting the required checks in Section II.

Date

Signature