

# Child and Youth Application Supplement

## Acknowledgement of Rights and Consent to Release Records

**Authority:**

42 U.S.C. 13041 and 10 U.S.C. 8013

**Principal Purpose:**

To comply with Public Law 101-647, Section 231 and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

**Disclosure:**

Mandatory. In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

**Employee Acknowledgement:**

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that the record check may include the following:
  - a. A State Criminal History Repository Check in the state where I currently reside and in states where I have formerly resided in the past 7 years.
  - b. An Installation Records Check at all installations I have identified as residences during the preceding 2 years. This records check will include, as a minimum, inquiries of the Security Police, Medical Treatment Facility, the Family Housing Office, the Military Equal Opportunity Office, and the Family Advocacy Office.
  - c. A National Agency Check with inquiries, including a Federal Bureau of Investigation fingerprint check.
  - d. A name check of the Dru Sjodin National Sex Offender Registry.
3. I hereby authorize any Federal, State, or local agency or office to release any record relating to me that is necessary to complete the record checks as described above.

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Signature

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Date

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Printed Name (First, MI, Last.)

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SSN

# Child and Youth Application Supplement

## NAF Application Continuation Form (Statement of Conviction)

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**Applicants for positions that require working with children under the age of 18 must complete the following:**

1. Have you ever been arrested for or charged with a crime involving a child?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If your answer is yes, provide a description of the disposition of the arrest or charge:*

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2. Have you ever been arrested for or charged with a crime involving drugs or alcohol?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If your answer is yes, provide a description of the disposition of the arrest or charge:*

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3. This is to advise you that if you are accepted for employment, the Air Force is required to request a State Criminal History Repository Check as a condition of employment. You have a right to obtain a copy of the criminal history report and to challenge the accuracy of any information contained in the report. *Please list the States you have lived in for the last seven years in the space below:*

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**You are signing this application under penalty of perjury. The penalty for perjury is a \$2,000.00 fine, or 5 years in jail, or both.**

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Signature

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Date

# Child and Youth Application Supplement

## Continuation Page for Motor Vehicle Operator Positions

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**An applicant for a position involving the operation of a motor vehicle to transport youth must answer the following questions:**

1. Have you ever been charged with driving while under the influence of alcohol or a controlled substance?

Yes \_\_\_\_\_

No \_\_\_\_\_

*If your answer is yes, provide the date and location of the incident giving rise to the charge; the name of the law enforcement agency which investigated the incident; the name and address of the court which adjudicated the charge and the disposition of the charge.*

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2. Have you ever refused a law enforcement official's request to submit to a test (e.g., a blood alcohol test, breath analysis or urinalysis) related to the official's suspicion that you were driving while under the influence of alcohol or controlled substance?

Yes \_\_\_\_\_

No \_\_\_\_\_

*If your answer is yes, provide the date and location of the incident; the name of the law enforcement agency which made the request; the name and address of the court which adjudicated any charge which resulted from the refusal; and the disposition of any charge which resulted from the refusal.*

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3. During the past 10 years, have you been involved in a traffic accident for which you were found to be at fault?

Yes \_\_\_\_\_

No \_\_\_\_\_

*If your answer is yes, provide the date and location of the accident; the name of the law enforcement agency which investigated the accident; the name and address of the court which adjudicated any charge which resulted from the accident; and the disposition of any charge which resulted from the accident.*

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*Continuation Page for Motor Vehicle Operator Positions  
(Continued)*

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4. During the past 5 years, have you been cited for any moving traffic violations?

Yes \_\_\_\_\_

No \_\_\_\_\_

*If your answer is yes, provide the date and location of the violation; the name of the law enforcement agency which issued the citation; the name and address of the court which adjudicated the citation and the deposition of the citation.*

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**A check of your driving record is required as a condition of employment. You are responsible for obtaining a copy of your driving record at your own expense.**

**I declare under penalty of perjury that the foregoing is true and correct. I understand the penalty for perjury is a fine of up to \$250,000.00 fine, or imprisonment for up to 5 years or both.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# *Child and Youth Application Supplement*

## *Military Affiliation*

Please complete the following information if you are affiliated with the military in any way. If you do not have any Military affiliation, please mark "No Military Affiliation" below.

Military Affiliation: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Sponsor's SSN: \_\_\_\_\_

Previous Military Installation in the last two years:

*(Please use your APO/FPO address for overseas bases)*

1. Base Name: **Hill AFB** \_\_\_\_\_

Your Address: \_\_\_\_\_

2. Base Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

3. Base Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

No Military Affiliation: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# Child and Youth Application Supplement

## Hill AFB Child and Youth Program Assistant Employment References

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Applicant Name: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Please list three personal or professional references. For example: educational, previous employers or co-workers. *Ect.* Please refrain from using family members.

1. Name: \_\_\_\_\_

Affiliation with this individual: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Dates known this individual: \_\_\_\_\_ **to** \_\_\_\_\_  
(Month/Year) (Month/Year)

2. Name: \_\_\_\_\_

Affiliation with this individual: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Dates known this individual: \_\_\_\_\_ **to** \_\_\_\_\_  
(Month/Year) (Month/Year)

3. Name: \_\_\_\_\_

Affiliation with this individual: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Dates known this individual: \_\_\_\_\_ **to** \_\_\_\_\_  
(Month/Year) (Month/Year)