

SUPPLEMENTAL APPLICATION FOR CHILD AND YOUTH PROGRAMS

PRIVACY ACT STATEMENT

FOR OFFICIAL USE ONLY - PRIVACY ACT PROTECTED:

Data contained in this form are subject to the Privacy Act of 1974. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties.

Deliver this form under cover of DD FORM 2923 directly to the intended recipient – do not drop off with a third party. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

AUTHORITY:

42 U.S.C. 13041; 10 U.S.C. 8013; BUPERSINST 5300.10A; and JTREGMARIANASINST 12000.1A

PRINCIPLE PURPOSE:

To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Childcare Services for individuals who apply for positions which give them access to children under the age of 18 years.

DISCLOSURE:

Completion of this form is 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.

I. QUESTIONS FOR APPLICANT:

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

YES NO

(If "yes", please provide a description of the disposition of the charge or arrest in the space below. At a minimum, state the date and location of the incident giving rise to the charge or arrest, the law enforcement agency that investigated, the name and address of the court that adjudicated the charge or arrest, and the disposition of the charge or arrest.)

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

YES NO

(If "yes", please provide a description of the disposition of the charge or arrest in the space below. At a minimum, state the date and location of the incident giving rise to the charge or arrest, the law enforcement agency that investigated, the name and address of the court that adjudicated the charge or arrest, and the disposition of the charge or arrest.)

c. Are you at least 18 years of age and hold a high school diploma?

YES NO

I have attached a copy of my high school diploma or GED

I currently do not have my diploma available; attached is my notarized statement that I have completed high school academic requirements

I have attached/provided proof of age (birth certificate, etc)

d. Have you ever been in a DoD Child Development or School Age Program under the CY Pay Program Guidance?

YES NO

Personnel action reports (PARs) to document last grade and pay are attached

Certification of completed training which documents partial or full completion of CY Program Assistant Modules attached

e. Do you have experience working in a group program for young children or for youth? YES NO

6 months or more working in a group program for children and youth (i.e.: day care, pre-school, kindergarten, or a licensed family day care)

6 months or more working in a group programs for youths (i.e.: experience as a group leader counselor or similar work in a public or private program for youth/children such as summer camps, local playgrounds, Boy's and Girl's Clubs, YMCA and YWCA clubs, Boy Scouts, Girl Scouts, urban centers, and/or resort recreational activities)

This experience is documented in my resume or OF 612 with a description of the specific time frame, my specific duties and responsibilities, a description of the age group(s) with whom I worked, and details as to whether or not the program as licensed

f. Do you have semester (or equivalent quarter) hours above high school in a child care or related field? YES NO

15 semester hours in child care or related field

Completion of a secondary vocation program in child care

30 semester (at least 15 hours in child development, early childhood, or directly-related field)

Associate of Arts Degree in early childhood education

Current Child Development Associate credential

BS or BA degree in early childhood education, child development, or a related field

Official transcript submitted for documentation

III. REFERENCES:

TWO PERSONAL AND TWO PROFESSIONAL REFERENCES ARE REQUIRED. PLEASE IDENTIFY BELOW:

NAME:	REFERENCE TYPE:	NAME:	REFERENCE TYPE:
	<input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL		<input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL
PRIMARY PHONE NUMBER:	ALTERNATE NUMBER:	PRIMARY PHONE NUMBER:	ALTERNATE NUMBER:
MAILING ADDRESSK		MAILING ADDRESS:	
EMAIL ADDRESSK		EMAIL ADDRESS:	

NAME:	REFERENCE TYPE:	NAME:	REFERENCE TYPE:
	<input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL		<input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL
PRIMARY PHONE NUMBER:	ALTERNATE NUMBER:	PRIMARY PHONE NUMBER:	ALTERNATE NUMBER:
MAILING ADDRESSK		MAILING ADDRESS:	
EMAIL ADDRESSK		EMAIL ADDRESS:	

IV. APPLICANT ACKNOWLEDGEMENTS – BY MY SIGNATURE BELOW:

- I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS FORM IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE PENALTY FOR PERJURY IS A FINE OF UP TO 250,000 OR IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH.
- I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE DOCUMENTATION OR PROOF THAT I MEET THE APPLICABLE EDUCATION PROVISIONS DESCRIBED ON THE CURRENT STANDARD POSITION GUIDE. AN OFFICIAL TRANSCRIPT; STATEMENT FROM THE INSTITUTION'S REGISTRAR, DEAN, OR OTHER APPROPRIATE OFFICIAL, OR EQUIVALENT DOCUMENTATION IS ACCEPTABLE. RETROACTIVE ACTION IS NOT AUTHORIZED WHEN DOCUMENTATION IS PRESENTED AT A LATER DATE.
- I HAVE BEEN ADVISED AND UNDERSTAND THAT THE UNITED STATES NAVY, 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.
- 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. ALONG WITH A DRU SJODIN NATIONAL OFFENDER SEARCH.
 - 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.
- 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.

X X X X X X X NO FURTHER ENTRIES X X X X X X X X

APPLICANT'S SIGNATURE:

PRINTED NAME:

SIGNATURE:

DATE: