

CONTRACTOR'S CONSENT FOR BACKGROUND CHECK

PRIVACY ACT STATEMENT

AUTHORITY: 10 United States Code (U.S.C.) 8013, Executive Order 9397.

PRINCIPLE PURPOSE: Criminal History Background Checks on individuals working on federal installations.

ROUTINE USES: Information may be disclosed to local county, state, and federal law enforcement/investigative authorities for investigation. Information extracted from this form may be used in other related criminal proceedings.

DISCLOSURE: Mandatory. Refusal to provide required information or sign this form will prevent the individual from gaining access to federal installations.

Section 1.

I have been advised and I understand the United States Air Force has an obligation to require a criminal history background record check, as a condition, prior to allowing unescorted access to an installation in order to provide security for personnel and property under its control. I have been further advised that I have a right to obtain a copy of any report and to challenge the accuracy and completeness of any information included in such report.

Section 2.

I Understand that the records checks may include the following:

- A State Criminal History Repository Check in the state where I currently reside and in states where I have formerly resided.
- A National Agency Check with Inquires, which includes a Federal Bureau of Investigation fingerprint check as required.

Section 3.

I hereby authorize any Federal, State or Local agency or office to release any record relating to me, which is necessary to complete the records checks, described above.

Section 4. PERSONAL IDENTIFICATION (Print or Type)

Name (Last Name, First Name, Middle Name)		Maiden Name (Last Name, First Name, Middle Name)	
Former Name (Last Name, First Name, Middle Name)		SSAN	Date of Birth
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Driver's License Number	State of Issue	Place of Birth (City/State/Country)
Current Address. City, State, Zip Code		Former Address, City, State, Zip Code	

Section 5. Background Check Questionnaire.

a. **FELONY OFFENSES:** Have you ever been charged with or convicted of any felony offenses? (Include those under the Uniform Code of Military Justice). For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substance Act for which the court issued an expungement order under the authority of 21 U.S.C. or 18 U.S.C. 3607.

Reply Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide information for each offense in Type of Offense block.	Offense Date
Type of Offense	Law Enforcement Authority/Court	
City and State	County	Zip Code

b. FIREARMS/EXPLOSIVES OFFENSES: Have you ever been charged with or convicted of a firearms or explosives offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substance Act for which the court issued an expungement order under the authority of 21 U.S.C. or 18 U.S.C. 3607.

Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Provide Information For Each Offense In Type Of Offense Block.	Offense Date
Type of Offense		Law Enforcement Authority/Court
City and State	County	Zip Code

c. PENDING CHARGES: Are there currently any charges pending against you for any criminal offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. This single exception to this requirement is for certain convictions under the Federal Controlled Substance Act for which the court issued an expungement order the authority of 21 U.S.C. or 18 U.S.C. 3607.

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide information for each offense in Type of Offense block.	Offense Date
Type of Offense		Law Enforcement Authority/Court
City and State	County	Zip Code

d. OTHER OFFENSES: In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in Sections 5b and c? (Leave out traffic fines of less than \$150.)

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide information for each offense in Type of Offense block.	Offense Date
Type of Offense		Law Enforcement Authority/Court
City and State	County	Zip Code

Section 5. I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Pursuant to 28 U.S.C., Part V, Chapter 115, Section 1746.

Executed on Date _____

Signature of Applicant _____

DO NOT MARK BELOW THIS LINE. RESERVED FOR SF USE ONLY

DATE CHECK COMPLETED: _____

Results Favorable/Unfavorable (Attach record, if unfavorable.)

CHECK COMPLETED BY: _____