GUIDELINES FOR
CHILD CARE SERVICE POSITIONS

The following guidelines are provided for you in filling out all information required for any CHILD CARE SERVICE POSITIONS.

1) Please fill out the Authorization for Release of Information and Record. It requires your spouse signature, please ensure that it is also signed. If your spouse is not present, you may sign for your spouse with Power of Attorney. Please bring a copy of Power of Attorney along with your copy of application.

2) Please fill out the Installation Records Check (IRC) Questionnaire completely.

3) Please fill out the List of References in its entirety. A valid E-mail address for each reference is required. References may be local and CONUS.

4) Please fill out the CNICCYP, Statement of Admission in its entirety.

5) Please fill out the State Criminal Repository Check Questionnaire completely, covering the past 5 years.

Authorization for Release of Information and Records

In accordance with the Privacy Act of 1974, I understand that certain information is required to determine my suitability for employment as required by OPNAVINST 1700.9E and DoDI 1402.5.

The authority for requesting social security number in Executive Order 9397. Social Security Numbers will be used in accomplishing background checks to determine if you meet the qualifications required by OPNAVINST 1700.9E and DoDI 1402.5.

We further understand that disclosure of any information is voluntary; however, failure to do so will disqualify me from working for the position of trust and/or other position which may require a background check.

We hereby authorized and consent to the release of information and records to any investigators, special agents or duly accredited representatives of the Department of Defense.

_____ _____

Applicant's Name (Last, First, Middle) Applicant's SSN

_____

Applicant's Signature Date

_____ _____

Sponsor's Name (Last, First, Middle) Sponsor's SSN

_____

Sponsor's Signature Date

INSTALLATION RECORDS CHECK QUESTIONNAIRE

Please complete the below for Installation Records Check.

APPLICANT'S FULL NAME: _____

SSN: _____

DATE OF BIRTH: _____

MAIDEND NAME: _____

CURRENT HOME ADDRESS: _____

CURRENT POSTAL ADDRESS: _____

SPONSOR'S NAME: _____

SSN: _____

DATE OF BIRTH: _____

COMMAND: _____

LIST OF REFERENCES

Name of Applicant_____

Please complete the below for reference check.

Reference 1:

Name:_____ Phone Number_____

Current Mailing Address:_____

E-Mail Address:_____

Personal Reference:_____ OR Job Reference:_____

Reference 2:

Name:_____ Phone Number_____

Current Mailing Address:_____

E-Mail Address:_____

Personal Reference:_____ OR Job Reference:_____

Reference 3:

Name:_____ Phone Number_____

Current Mailing Address:_____

E-Mail Address:_____

Personal Reference:_____ OR Job Reference:_____

Reference 4:

Name:_____ Phone Number_____

Current Mailing Address:_____

E-Mail Address:_____

Personal Reference:_____ OR Job Reference:_____

NAVY CHILD AND YOUTH PROGRAMS
STATEMENT OF ADMISSION FORM

THIS FORM MUST BE COMPLETED PRIOR TO EMPLOYMENT/CHILD DEVELOPMENT HOMES CERTIFICATION AND EACH TIME REQUIRED CRIMINAL HISTORY RECORD CHECKS ARE UPDATED, I.E., CDH PROVIDERS – ANNUALLY PRIOR TO RECERTIFICATION / EMPLOYEES – PRIOR TO 5 YEAR RECHECK

PRIVACY ACT STATEMENT

Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397, and DOD Instruction 1402.5. Implementing Public Law 101-647, Section 231, and Public Law 102-190, Section 1094.
PRINCIPAL PURPOSE: The form will be used by officials of the Department of the Navy to obtain background clearance information regarding prospective child development employees/child development home providers/youth programs personnel for use in the employment/certification process.
ROUTINE USES: No information will be disclosed outside the Department of Defense.
DISCLOSURE: Completion of this form is voluntary, however, if the requested information is not provided, employment and/or certification may be denied. Providing false information can result in adverse action up to and including removal.
RIGHT TO CHALLENGE: You have the right to challenge the accuracy of records under the provision of DoD Directive 5400.11.

APPLICANT:		**SSN**:	
MILITARY SPONSOR: (Military sponsor only)		**SSN:**	
ADDRESS:			
CITY:	**STATE:**	**ZIP:**	**PHONE:**

MY SIGNATURE VERIFIES THAT THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant's Name: (print)	Applicant's Signature:	Date:
Spouse's Signature:		Date:

Have you ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?

APPLICANT: ☐ YES ☐ NO

Have you ever been asked to resign a position or been decertified from a position for a sexual offense?

APPLICANT: ☐ YES ☐ NO

If yes, to either question, please provide a detailed description of the arrest or charge and the disposition of the case. Use the back of this paper if additional writing space is needed.

NAVY CHILD AND YOUTH PROGRAMS
STATEMENT OF ADMISSION FORM (continued)

APPLICANTS for the Child Development Home Program are to provide the following information for total family background clearances. List all family members, over the age of 12 years, residing in your household.

NAME	AGE	SOCIAL SECURITY NUMBER

Have any of your family members ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?

(Check one) ☐ Yes ☐ No

Have any of your family members ever been asked to resign a position or been decertified from a position for a sexual offense?

(Check one) ☐ Yes ☐ No

If yes to either of these questions, please provide a detailed description of the arrest or charge and the disposition of the case.

FOR OFFICIAL USE ONLY (Person verifying this Statement of Admission)

Name: (Please Type or Print)	**Signature:**
Title:	**Date:**

STATE CRIMINAL HISTORY REPOSITORY CHECK QUESTIONNAIRE

Name of Applicant_____

Please complete the below for State Criminal History Repository Check.

In the past 5 years have you ever lived in **West Virginia**?

YES or NO

If yes, CFAY Security Office must provide you with a set of finger prints on the SF87 for AND the FD258 form. You will need TWO sets of finger prints.

In the past 5 years have you ever lived in the following states?

YES or NO

Illinois
Ohio
Wyoming

If yes, please circle the states and CFAY Security Office must provide you with a set of finger prints on **BOTH** the SF87 form and the **STATE** form for which lived.

In the past 5 years have you ever lived in any of the following states?

YES or NO

Alabama
Arkansas
Minnesota
New Hampshire
New Mexico
Rhode Island

If yes, please circle the states and you must contact JULIE TASTET, CFAY Assistant Security Officer for further instruction and additional documentation required BEFORE submitting your complete background investigation package.