INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK WORK ORDER TICKET

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individualism DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1996, Incorporating Change 5, 25 Mar 2000, DoD Instruction 1400.25, Volume 1231 DoD /Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at:

http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/.

PISCLOSURES: Voluntary, however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

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SECTION I - REQUEST TYPE															
Personnel Category:					Request	Туре:		New	<u> </u>	Re-Veri	fication		Transfer		
Fiduciary Responsibility: Yes No Driving Responsib				y: □ Yes □ No					Antio	Anticipated Start Date:					
	SEC	CTION II –	REQUE	STIN	IG OFFI	CE IN	NFOI	RMA	NOITA						
Garrison: Installation				Directora					rate/Orga	ate/Organization:					
Requester Name: Requeste				r Telephone:				I	Requester E-mail:						
SECTION III – SUBJECT'S INFORMATION															
Prefix/Rank: Last Name:			First Name			:			MI:		Maiden Name:				
Birth Date MM/DD/YYYY:	IBITTO COUNTY			<i>r</i> :				Birth S	State:	Birth City:					
Citizenship Docs: (personnel req. INV):			E-mail:					Sec	condary l	E-mail:					
Primary Phone:				Secondary Phone:											
Current Street Address: Current City:				Current State:									Current Country:		
Functional Program: Employme				ent Location:					Employment Pos						
C	OMPLET	TE THIS S	ECTION	ONL	Y IF TH	IS IS	AT	RAI	NSFEF	FILE					
Approximate Year Background Check Completed: Completed by (check one): Completed by (check one): Completed by (check one): Garrison/Installation:															
ETE THIS SECTI	ON FOR V	OLUNTEERS	S, CONTRA	ACTO	RS (SHOF	RT DUI	RATIO	ON) A	AND OT	HER C	ATEGOR	RIES (F	FINGERPRINTS	S)	
Date fingerprint completed (MM/DD): Date hard copy mailed (when LIVESCAN is down):				Method of deliver			ry: Tracking nun			umber:	mber:				
SECTION IV - FAMILY CHILD CARE/EMERGENCY PLACEMENT CARE															
For each person listed below include DA Consent Form. List additional control of the control of				ditional Family Members or reside			its on a separate page (Cateo				ory, Name, SSN, DOB and POB)				
ategory: Name:			SSN #:				Birth Date:				Birth Place:				
Category: Name:			SSN #:				Birth I	Date	:		Birth Place:				
Category: Name:				SSN #:			Birth Date:				Birth Place:				
Category: Name:				SSN #:			Birth Date:				Birth Place:				
SECTION V - ONLY COMPLETE IF CENTRALIZED CONTRACT															
Contractor/POC for PSIP purposes: Contractor/POC Phone:									E-mail:						
Remarks Section (Please note any special requests):															
Name and signature of Functional Manager:									D	Date Submitted:					
CDE Received (Name and Signature):									С	Date Received:					
	Prefix/Rank: Birth Date MM/DD/YYYY: SECTETHIS SECTIVE Date Name: Name: Name: Name: Name: SECTETHIS SECTIVE Date Name:	Prefix/Rank: Birth Date MM/DD/YYYY: COMPLET Reground Check Completed: ETE THIS SECTION FOR VO Peted Date hard cop (when LIVESCAN SECTION IV - Son listed below include DA Conso Name: Name: Name: Name: Name: SECTION V IP purposes: Ise note any special requests Functional Manager:	SI y: Yes No Driving Responsib SECTION II - Installation: Requester T SECTIO Prefix/Rank: Last Name: Birth Date Birth Country Primary E-max Current City: Employm COMPLETE THIS S Reground Check Completed: ETE THIS SECTION FOR VOLUNTEERS eted Date hard copy mailed (when LIVESCAN is down): SECTION IV - FAMILY son listed below include DA Consent Form. List at Name: Name: Name: Name: Name: SECTION V - ONLY (IP purposes: Ise note any special requests): Functional Manager: Installation: Install	SECTION Yes	SECTION I - R y: Yes No Driving Responsibility: Yes SECTION II - REQUESTIN Installation: Requester Telephone: SECTION III - SUBJE Prefix/Rank: Last Name: First Name: Birth Country: Primary E-mail: Current City: Employment Location: Completed by (SECTION I - REQUEST Request y:	SECTION I - REQUEST TYI Request Type: y:	SECTION I - REQUEST TYPE Request Type:	SECTION I - REQUEST TYPE Request Type: New New New Request Type: New New	Request Type: New If Request Type: Request Type: New If New If Request Type: New If New	SECTION I - REQUEST TYPE Request Type:	SECTION I - REQUEST TYPE Request Type:	Request Type: New Re-Verification Request Type: New Re-Verification Requester Date: SECTION II – REQUESTING OFFICE INFORMATION Installation: Requester Telephone: Requester E-mail: Requ	Request Type: New Re-Verification Transfer	