

**SUPPLEMENTAL  
INFORMATION  
PACKET**

**To be completed by  
Applicants for  
positions in**

**CHILD DEVELOPMENT**

MEMORANDUM TO APPLICANTS FOR POSITIONS IN CHILD DEVELOPMENT

Public Law 101-647 and Navy regulations require that extensive background investigations be conducted on applicants for childcare. This packet contains various forms which must be completed and submitted with your employment application. Your application will not be accepted without these forms. **Please do not take packet apart-submit it in its entirety with your employment application.**

If you are the spouse of an active duty military member, you will see that some forms require information concerning your spouse as well as his/her signature. If you are not the spouse of an active duty military member, you may regard these forms.

In addition to the information, which you provide in this packet, if you are selected for the position you will be required to provide:

- a. Your original high school diploma or equivalent.
- b. Full name, present address, date of birth, place of birth and citizenship of your mother, your father, your spouse, your cohabitant, your children and/or any brothers and sisters not born in the United States.
- c. Information on citizenship, military service, credit history, arrests, drug/alcohol use and mental health, and foreign travel.

Your signature below constitutes an understanding of this memorandum.

M. A. Lynch  
Personnel Office  
Morale, Welfare & Recreation Department  
Naval Station Newport

---

**I UNDERSTAND THE ABOVE MEMORANDUM AND ATTEST THAT THE INFORMATION PROVIDED ON THE FOLLOWING PAGES IS TRUE TO THE BEST OF MY KNOWLEDGE. IF SELECTED FOR A POSITION, I WILL BE ABLE TO PROVIDE THE ADDITIONAL INFORMATION SPECIFIED ABOVE.**

---

**Applicant's signature**

**Date**

APPLICANT'S NAME \_\_\_\_\_

PLEASE LIST ALL RESIDENCES FOR THE PAST 10 YEARS

1. Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

3. Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

4. Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

5. Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

6. Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**IF ADDITIONAL SPACE IS NEEDED PLEASE USE BACK OF FORM.**  
**PRIVACY ACT STATEMENT**

**AUTHORIZATION FOR RELEASE OF INFORMATION -**  
**BUMED/FAR/CAAC/SECURITY**

The authority for requesting social security numbers is Executive Order 9397. Social Security numbers will be used by the Personnel Office, Morale, Welfare and Recreation Department to conduct checks in determining suitability for employment in positions involving work with children. Disclosure of this information is voluntary; however, failure to do so may result in a determination of ineligibility for employment. I understand that OPNAVINST 1700.9 Series and BUPERSINST 1710.21 require that a background check be conducted by the Bureau of Medicine and Surgery (MED-092), the Family Advocacy Representative (FAR), CAAC/PREVENT, and Security to determine suitability for employment. I further understand that record searches by these activities require the sponsor's social security number. The information provided below is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's signature      Date      Sponsor's signature      Date

**Print all information below**

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

YOUR DATE OF BIRTH: \_\_\_\_\_

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_

SPONSOR'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME AND SOCIAL SECURITY NUMBERS OF OTHER HOUSEHOLD MEMBERS OVER TWELVE YEARS OF AGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIVACY ACT STATEMENT**

**AUTHORIZATION FOR RELEASE OF INFORMATION -**  
**BUMED/FAR/CAAC/SECURITY**

The authority for requesting social security numbers is Executive Order 9397. Social Security numbers will be used by the Personnel Office, Morale, Welfare and Recreation Department to conduct checks in determining suitability for employment in positions involving work with children. Disclosure of this information is voluntary; however, failure to do so may result in a determination of ineligibility for employment. I understand that OPNAVINST 1700.9 Series and BUPERSINST 1710.21 require that a background check be conducted by the Bureau of Medicine and Surgery (MED-092), the Family Advocacy Representative (FAR), CAAC/PREVENT, and Security to determine suitability for employment. I further understand that record searches by these activities require the sponsor's social security number. The information provided below is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's signature      Date      Sponsor's signature      Date

**Print all information below**

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

YOUR DATE OF BIRTH: \_\_\_\_\_

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_

SPONSOR'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME AND SOCIAL SECURITY NUMBERS OF OTHER HOUSEHOLD MEMBERS OVER TWELVE YEARS OF AGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FROM: FAMILY ADVOCACY PROGRAM  
TO: CHILD DEVELOPMENT AND YOUTH PROGRAMS  
SUBJ: RESULTS OF BACKGROUND SCREENING

---

Name of Applicant

1. The FAP Installation Records Check (local records and Navy Central Registry check) was:

- Negative (Sign, date and return form)
- Positive (Proceed to #2)

2. The FAP history is relevant:

- Unknown (Unable to obtain FAP case information.)
- No (Sign, date and return form)
- Yes Available information suggested a possibility of future risk to children, as indicated by (provide brief explanation):

---

---

---

---

---

---

---

---

---

---

---

---

Signature (FAP)

---

Date