



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
HEADQUARTERS
4800 MARK CENTER DRIVE
ALEXANDRIA, VA 22350-1400**



**CRIMINAL HISTORY BACKGROUND CHECK FOR INDIVIDUALS IN CHILDCARE SERVICES POSITIONS
RELEASE/CONSENT STATEMENT**

AUTHORITY: 42 USC 1341 AND 10 USC 3013

PRINCIPAL PURPOSE: To comply with Public Law 101-647, Section 231, Crime Control Act of 1990, and DODI 1402.05, Criminal History Background Checks on Individuals in Child Care Services Positions.

DISCLOSURE: Mandatory. Failure to disclose this information precludes consideration of an applicant for employment in the Department of Defense Education Activity.

EMPLOYEE STATEMENT: I understand that the employer, DoDEA, is obligated to require a records check as a condition of employment in accordance with PL 101.647, that I have a right to obtain a copy of the report provided to the employer and a right to challenge the accuracy and completeness of any information in the report. I have been advised that my being hired/retained will be based upon successful completion of the background checks.

Please mark the appropriate box regarding your affiliation with the Department of Defense (DoD) as defined below.

I have a prior Department of Defense Affiliation

I do **not** have a prior Department of Defense Affiliation

DoD affiliation. A prior or current association, relationship, or involvement with the DoD or any elements of the DoD, including living, working or visiting a DoD installation.

The following are the addresses and/or DoD installations in which I have resided for the past 5 years. Please list full addresses and/or installations, to include city, state, and/or country if not in the US. Please list full addresses.

From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	Address	<input type="text"/>	Installation	<input type="text"/>

Additional Residences/
Installtions:

Full Legal Name:

Other Names Used:

Full SSN

I hereby authorize DoDEA Security Management Division to obtain the information for the purpose of conducting the required checks.

Signature of Applicant/Employee

Date