



## Office of the Coordinator for Reconstruction and CIVILIAN RESPONSE CORPS DATABASE IN-PROCESSING FORM

**Purpose of this form**

As a member of the Civilian Response Corps (CRC), you are committed to deploy overseas to any region of the world in a variety of permissive, non-permissive, and hardship environments in order to conduct reconstruction and stabilization operations. The information collected on this form will be used in the process to select you for missions, track your readiness status for missions, facilitate processing you for deployments, assisting support functions while you are deployed, and facilitate your demobilization after a mission. The CRC is only open to US citizens.

**Instructions to Complete this Form**

Complete every block on this form. If you do not know the answer to the requested information, leave the block empty and inform your Civilian Response Corps in-processing coordinator. When test information is requested, use capital block letters. When a date is requested, use *(mm-dd-yyyy)* format. Attach your résumé to this form. Upon completion, submit this form to CRC Operations.

**Acronyms**

CAC: Common Access Card	ICE: Individual Communications Equipment	TCE: Team Communications Equipment
CRC: Civilian Response Corps	LSE: Life Support Equipment	TSE: Team Support Equipment
DoS: Department of State	NBC: Nuclear, Biological, and Chemical	TTE: Team Transportation Equipment
	PPE: Personal Protective Equipment	

Last Name	First Name	Middle Initial
Social Security Number	Date of Birth <i>(mm-dd-yyyy)</i>	Citizenship
CRC Database Number	Employment Status <input type="checkbox"/> Direct Hire <input type="checkbox"/> Other	Grade <i>(Government employees only)</i>
Work Office Title/Position <i>(Government employees only)</i>		CRC Component
Home Agency/ Department and Office <i>(Government employees only)</i>		CRC Position Title
Home Address		Work Phone Number
		Home Phone Number
		Mobile/Cell Phone Number
Work E-Mail address	Personal E-Mail Address	

U. S. Department of State E-Mail Address		U. S. Department of State Badge <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date (mm-dd-yyyy) _____	
Emergency Contact Name and Relation			Passport Type <input type="checkbox"/> Personal <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic		
Emergency Contact  Name _____ Relation _____ Address _____ _____ _____  Phone Number _____			Passport Number _____  Expiration Date (mm-dd-yyyy) _____  Driver's License Number and State _____  Expiration Date (mm-dd-yyyy) _____		
Height (inches)	Weight (pounds)	Hair Color	Eye Color	Blood Type	
Language Skills					
Military Service Branch and Dates (mm-dd-yyyy) (Where applicable)					
Security Clearance <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Top Secret/SCI Date Issued (mm-dd-yyyy) _____			Possess Will <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Power of Attorney on File <input type="checkbox"/> Yes <input type="checkbox"/> No		
Payroll Direct Deposit Established <input type="checkbox"/> Yes <input type="checkbox"/> No		International Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No		Government Travel Card <input type="checkbox"/> Yes <input type="checkbox"/> No	
Government Purchase Card <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of CRC Deployments		CAC <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date (mm-dd-yyyy) _____	
Health Care Proxy <input type="checkbox"/> Yes <input type="checkbox"/> No					
MEDEVAC Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Digital Visa Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		(6) Visa Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	

Service Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	SF-50 <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	Résumé Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Medical Statement <input type="checkbox"/> Yes <input type="checkbox"/> No																		
CRC Preliminary Medical Exam <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	Class 1 Medical Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	Dental Records <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____																		
CRC General Inoculation/Immunizations   																				
Backup of Digital Personal Documents <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	Backup of Digital Medical Records <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	LSE Issued <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____																		
<table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center; padding: 5px;">Personal Gear and Equipment Sizes</th> </tr> <tr> <td style="width:33%; padding: 5px;">Boots _____</td> <td style="width:33%; padding: 5px;">Pants _____</td> <td style="width:33%; padding: 5px;">Shirt _____</td> </tr> <tr> <td style="padding: 5px;">Hat _____</td> <td style="padding: 5px;">Helmet _____</td> <td style="padding: 5px;">Coat _____</td> </tr> <tr> <td style="padding: 5px;">Gloves _____</td> <td style="padding: 5px;">NBC Suit _____</td> <td style="padding: 5px;">NBC Mask _____</td> </tr> <tr> <td colspan="3" style="padding: 5px;">PPE Vest _____</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Remarks:  </td> </tr> </table>		Personal Gear and Equipment Sizes			Boots _____	Pants _____	Shirt _____	Hat _____	Helmet _____	Coat _____	Gloves _____	NBC Suit _____	NBC Mask _____	PPE Vest _____			Remarks:  			ICE Issued <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____
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Gloves _____	NBC Suit _____	NBC Mask _____																		
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Remarks:  																				
		TCE Issued <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____																		
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		TSE Issued <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____																		
PD560 Course <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	PD561 Course <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	PD562 Course <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____																		
HEFAT (OT610-FACT) Course <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	RS500 Course <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____	PD573 Course <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm-dd-yyyy) _____																		

Country/Regional Experience

Sector Experience/Expertise (*Criminal Justice and Policing; Diplomacy and Governance; Economic Recovery; Essential Service; Planning, Operations and Management*)

PRIVACY ACT STATEMENT AND PAPERWORK REDUCTION ACT

**AUTHORITIES:** The information is sought in pursuant to Public Law 108-447; 22 U.S.C. § 2734 (Reconstruction and Stabilization); 5 U.S.C. § 301 (Management of the Department State); 22 U.S.C. § 2651a (Management of the Foreign Service); and 22 U.S.C. § 3921 (Administration by the Department of State).

**PURPOSE:** The information collected and maintained in this form will be used to establish and maintain the Civilian Response Corps, to allow for ease in identifying the best fit of personnel for specific missions, and, in the case of applicants not immediately selected but still of interest for future selection into the Corps, to maintain a database of potential candidates for the Corps. The information will also support the Department's responsibility to coordinate U.S. Government planning and execution of R&S missions, to institutionalize U.S. capacity to help stabilize and reconstruct societies in transition from conflict or civil strife to reach a sustainable path toward peace, democracy and a market economy.

Respondents' social security numbers will be used for the purpose of security checks and to obtain access to military facilities, including manifesting on military aircraft. Disclosure of this information, including the social security number is voluntary although necessary to receive benefits, to be deployable, and as a condition for new or continued employment in the Civilian Response Corps. Failure to provide the information requested on this form may result in delays in considering an application or the application not receiving full consideration or the applicant not receiving benefits.

**ROUTINE USES:** The information in this system will be used to help the office carry out its mandate to lead, coordinate and institutionalize stabilization and reconstruction activities of the United States Government. The information will be used to manage and select individuals who are being considered, have been hired or agreed to deploy overseas in support of reconstruction and stabilization efforts of the U.S. Government Civilian Response Corps. The information may be shared with other U.S. Government Agencies and state governments involved in reconstruction and stabilization; NATO or similar international entities or military installations for coordination or access; or with foreign governments and international organizations where employees are being considered for detail, assignment or secondment or for clearance before a Federal employee is assigned to that country as well as for the procurement of necessary services for U.S. personnel assigned overseas. Lastly, some information on employees may be shared, for the benefit of and upon the request by these employees, with attorneys or union representatives, designated in writing by the employee who is the subject of the information, to represent him/her in complaints, grievances, or other litigation.

**\*BURDEN:**Public reporting burden for this collection of information is estimated to average 60 minutes per response including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.