

# BASIC NATIONAL AGENCY CHECK CRIMINAL HISTORY

## (Child Care Workers)

NOTE: This form is to be used for child care only. Applicants must complete all sections on this form. If more space is needed, continue on back of form and reference item number continued. Failure to disclose any information may result in an unfavorable adjudication decision.

### See Privacy Act and Public Reporting Burden Statements

<b>1. NAME DATA</b> (Give your full name. Initials and abridgements are not acceptable)	NAME (Last, First and Middle Name)			2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
	3. Other name(s) Used	4. Place of Birth (City/State, Country)	5. Date of Birth	6. Social Security Number	
7. Center Name		8. Phone Number	9. Fax Number	10. Date Cleared (name check)	

11. Race  American Indian or Alaskan Native  Asian or Pacific Islander  Black  White  Hispanic  Other

<b>12. Check One:</b>  <input type="checkbox"/> United States Citizen  <input type="checkbox"/> Alien	<b>By Birth</b>				
	<b>Naturalized</b> (Complete A thru E)	A - Certificate Number	B - Petition Number	C - Date	D - Place and Court
	<b>Derived</b> (Complete F)	E - United States Passport Number		F - Parent's Certification Number	
	<b>Registration Number</b>	<b>Expiration Date</b>	<b>Date of Entry</b>	<b>Port of Entry</b>	

**13. DATES AND PLACES OF RESIDENCES** (Physical street address only, no Post Office Boxes. Begin with present and go back (10) years.)

FROM	TO	PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE

**14. YOUR POLICE RECORD** (Do not include anything that happened before your 16<sup>th</sup> birthday.)

In the last 5 years, have you been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? (Leave out traffic fines of less than \$150.)  YES  NO

If you answered "Yes," explain your answer in the space provided.

Month/Year	Offense	Action Taken	Law Enforcement Authority or Court (City and Country if outside the United States)	State	Zip Code

**15.** Have you ever been arrested, charged, or held by Federal, State, or other Law enforcement authorities for any crime or offense involving: Check Yes or No. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in item 14 even if they were dismissed.

Child  YES  NO Sexual Offender/Registry  YES  NO Domestic Violence  YES  NO

If you answered "Yes," in Question 15 explain your answer in the space provided.

Month/Year	Offense	Action Taken	Law Enforcement Authority or Court (City and Country if outside the United States)	State	Zip Code

**16. AUTHORIZATION AND RELEASE**

I hereby authorize the U.S. General Services Administration and other authorized federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided and worked.

I have been notified of any employer's right to require a criminal history records check as a condition of employment. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the report. I also understand that pursuant to the Privacy Act, the information collected will be confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

**17. PRIVACY ACT OF 1974 COMPLIANCE INFORMATION**

**Privacy Act of 1974 compliance information.** Solicitation of information contained herein is authorized by Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041), and may be used as a basis for suitability determinations.

Your social security number is being requested pursuant to Executive Order 9397. Disclosure of the information by you is voluntary. Information may be transferred as a routine use to appropriate federal, state, local, or foreign agencies when relevant to civil, criminal or regulatory investigation, prosecutions, or pursuant to a request by DHS or such other agency is in connection with the hiring or retention of an employee, the issuance of a license, grant, or other benefit. Information also may be transferred as a routine use to a duly authorized official engaged in an investigation or settlement of a grievance, complaint, or appeal filed by an employee. Failure to provide information requested on this form may result in the government's inability to determine your suitability for the position applied for or occupied, and may affect your prospects for employment or continued employment under a government contract, or at a federal facility, or with a government license.

**18. PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to Personnel Security Requirements Division (CPR), U.S. General Services Administration, 1800 F Street, NW, Washington, DC 20405.

**19. CERTIFICATION**

FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS		BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.	
I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.	Signature		Date