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| **Applicant Name** | | | | | |  | | | | | | | | | |  | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Last Name | | | | | | | | | | | | First Name | | | | | | | | Middle Name | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | |  | | | | | | | |  | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a U.S. Citizen: | | | | | | Yes | |  | | No | | | |  | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Acquired by: | | | | Birth | |  | | | | | | Marriage | | |  | | | Naturalization | | | |  |
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| **Contact Information** | | | | | |  | | | | | | | | | |  | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | Street | | | | | | | | | | | | City | | | | | State | Zip Code | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone | | |  | | | | Cell Phone | | | |  | | | | | | | | Work Phone | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail Address: | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |

**Employment Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Employer  Work Address: | | |  |
|  |
| Job Title: | | Street City State Zip Code | |
|  |  | | |

**Memberships and Community Group**s

**Pl** Please list any organizations, associations, or community groups to which you belong:

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| --- | --- | --- |
| **Authorization to Conduct Law Enforcement Check** | | |
| **DRUG ENFORCEMENT ADMINISTRATION** | | |
| **PRIVACY ACT STATEMENT AND CONSENT** | | |
| Providing the information requested is voluntary. The authorities for the collection of this information are E.O. 9397; E.O. 10450; E.O. 12356; 5 U.S.C. §§ 301, 3301, and 9101; and 5 C.F.R. parts 5, 732, and 736. The principal purposes for which the information will be used are to screen qualifications of applicants to the Ambassador Program, to ensure the accuracy of Department of Justice records, and to perform background checks as necessary. The information provided may be disclosed to employees of the Department of Justice who have a need to know the information for the performance of their duties and designated officers and employees of agencies conducting an investigation of you. For additional guidance regarding how your information may be used or disclosed, along with a complete list of the Privacy Act routine uses related to this collection, please consult the Department of Justice System of Records Notice titled “Personnel Investigations and Security Clearance Records for the Department of Justice," DOJ-006, 67 F.R. 59864 (9/24/2002), accessible at [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002\_register&docid=02-](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&amp;docid=02-) 24206-filed.pdf, If background checks are performed, or the Office of Personnel Management System of Records Notice titled “General Personnel Records,” OPM/GOVT-1, 71 F.R. 35342 (5/24/2006). Giving us the information we ask for is voluntary. However, we may not be able to consider your application or complete your investigation, if you don’t give us each item of information we request. This may affect your prospects of being selected as a DEA Ambassador.  **CONSENT** | | |
|  |  |  |
| Full Name (typed or printed) |  | Full Name (Signature) |
| Date of Authorization |  |  |
| ***All applications must be signed.*** |  |  |

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