



# PENTAGON FORCE PROTECTION AGENCY

OMB No. xxxx-xxxx  
OMB approval expires  
XXXXX XX XXXX

## INTERNAL AFFAIRS REQUEST

The public reporting burden for this collection of information, xxxx-xxxx, is estimated to average 5 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

### Privacy Act Notice

Pentagon Force Protection Agency will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or 5 U.S. Code 552a for routine uses (i.e., information verifying an applicant's employment may be disclosed to a prospective Agency that require information obtained in the completion of this form to help in the determination as to the individual's fitness for federal employment in the field of law enforcement) as identified in the system of records notice OPM/GOVT-5 at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570737/opmgovt-5/>. Your obligation to respond is voluntary, but failure to provide requested information could impede processing.

### 1. To (Name of Employer)

### 2. From Recruitment Branch

a. Officer Signature:

b. Date:

The following person is an applicant with the Pentagon Force Protection Agency. The applicant listed your organization as a current or former employer. As part of the applicant background investigation a more in depth investigation must be performed for those applicants coming from a law enforcement background. Please provide a brief synopsis of any negative or disparaging information as it relates to job performance and/or disciplinary actions. This will assist us in determining his/her suitability for employment with the Pentagon Force Protection Agency. Please attach additional sheets as required. A signed "Authorization for Release of Information" is attached. Our process is time sensitive and we would appreciate any assistance. Please fax your findings to (703) 695-0235. Thank you for your time and consideration in this matter.

### 3. Applicant

a. Name:

b. Address:

d. Date of Birth:

### 4. Verification of Employment

a. Dates of Employment:

b. Eligible for Re-Hire:

Yes

No

### 5. Remarks

a. **Disciplinary** Actions (suspensions/reprimands/counseling, etc.):

b. General comments - Job Performance and Rating(s):

### 6. Employer Certification

a. Print Name:

b. Phone:

c. Position/Title

Signature:

Date Signed: