

U.S. SECRET SERVICE



CITIZENS ACADEMY APPLICATION FORM

PERSONAL DATA:

Name

First

Middle

Last

Maiden

Date of Birth

Place of Birth

SSN

Race

HOME ADDRESS AND POINT OF CONTACT:

Address

Street

City

State

Zip

Home Phone

Work Phone

Cell Phone

E-mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name

Relationship

Phone

ADDITIONAL INFORMATION:

Employer/Job Title

Address

Street

City

State

Zip

Do you know anyone who currently works for the U.S. Secret Service? Who?

AUTHORIZATION TO CONDUCT LAW ENFORCEMENT CHECK

Have you ever been arrested? Yes No

Have you ever been charged with a felony offense? Yes No

If **Yes**, list details pertaining to the charge, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the U.S. Secret Service to conduct a standard check of law enforcement records. I understand this check will include, but not be limited to, any record of charges, prosecutions, or convictions for criminal or civil offenses. This check will be used for the purpose of the U.S. Secret Service Citizens Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the U.S. Secret Service Citizens Academy.

Full Name (typed or printed)

Full Name (Signature)

Date of Authorization

PRIVACY ACT STATEMENT

All information requested for access to our facility for the Citizens Academy event is collected under authority derived from 18 U.S.C. 3056 and Executive Order 9397. The routine uses of information requested include referral to other Federal, State and Local agencies for determining suitability for access to secure areas, and/or sensitive, unclassified material of the U.S. Secret Service. Submission of the information is voluntary; however, failure to provide information requested may prohibit processing and cause denial of access to secure areas or sensitive material protected by the U.S. Secret Service. Disclosure of your social security number is voluntary; however, the information is necessary to identify and separate individuals with similar or identical names or initials. Refusal to disclose your social security number will inhibit access to secured areas of the U.S. Secret Service. The System Of Records Notice (SORN) that covers this collection of information is DHS/ALL-023 - Department of Homeland Security Personnel Security Management, which describes the Department's collection and maintenance of records related to suitability determinations and to verify eligibility for access to classified information or assignment to a sensitive position. This SORN was published in the Federal Register on February 23, 2010 (75 FR 8088).

CONSENT

Full Name (typed or printed)

Full Name (Signature)

Date of Authorization

PAPERWORK REDUCTION ACT STATEMENT

In accordance with 5 CFR 1320.5(b), an agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 15 minutes per response, including the time for reviewing instructions, completing the form, and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Secret Service, Office of Strategic Planning and Policy, Enterprise Policy Division, 245 Murray Lane SW, Building T-5, Mail Stop #8404, Washington, DC 20223; OMB Number 1620-New. **Do not mail your completed form to this address.**