

## REQUEST eAPP ACCESS

(Electronic Questionnaires for Investigations Processing)

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0135, 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 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 currently valid OMB control number.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. §7103, "Secretary of the Army"; 10 U.S.C. §9013, "Secretary of the Air Force"; United States Presidential Executive Order (E.O.) 13526, "Classified National Security"; E.O. 10450, "Security Requirements for Government Employment"; Department of Defense Instruction (DoDI) 5200.01, "DoD Information Security Program and Protection of Sensitive Compartmental Information"; DoDI 5200.02, "DoD Personnel Security Program (PSP)"; Army Regulation (AR) 380-67, "Personnel Security Program"; Department of the Air Force Instruction (DAFI) 31-501, "Personnel Security Program Management"; DAFI 31-401, "Information Security Program Management"; AR 215-8/DAFI 34-110(I), "Army and Air Force Exchange Service Operations"; and E.O. 9397, (SSN), as amended.

**PRINCIPAL PURPOSES:** To assist in the processing of personnel security clearance actions; to record security clearances issued or denied, and to verify for access to classified information or assignment to a sensitive position.

**ROUTINE USES:** Records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Information may be released to Federal, State, Local, and Foreign Law Enforcement, Intelligence, or Security agencies in connection with a lawful investigation under their jurisdiction.

**DISCLOSURE:** Voluntary, however, failure to provide information may result in denial of a Common Access Card; non-enrollment in the Defense Enrollment Eligibility Reporting System (DEERS); Refusal to grant access to DoD installations, buildings, facilities, computer systems and networks; and denial of DoD benefits if otherwise authorized.

A copy of the **Privacy Impact Assessment (PIA)** for the collection of information may be located at <https://www.aafes.com/about-exchange/public-affairs/FOIA/assessments.htm>

**SYSTEM OF RECORD NOTICE (SORN):** 1703.03, "Personnel Security Clearance Case Files;" <https://pclt.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/Article/4013470/aafes-170303/>

## REQUEST eAPP ACCESS FORM

(Electronic Questionnaires for Investigations Processing)

### INSTRUCTIONS

Information collected on this form is used by AAFES Force Protection to facilitate the pre-screening process for contractors/vendors and/or associates requiring federal background investigations in accordance to the HSPD-12 and AAFES corporate publications for associates working with sensitive data.

Please follow the instructions below when completing this form.

1. Please read the Agency Disclosure Notice and Privacy Act Statement on page one prior to completing the document.
2. **Section I:** This section is to be completed by an AAFES Resource Administrator (i.e. Contract Official, Service Business Manager, or Human Resource Administrator).
3. **Section II:** Please provide all personal information requested. This section is to be completed by the applicant.
4. **Section III:** Please provide prior military history if discharged within last 24 months and/or if you have had employment with a federal agency or contractor during the past 24 months.
5. **Section IV:** No entry required in this section. If you are an AAFES employee, your AAFES Resource Administrator (Human Resource Administrator) will complete this section of the form.
6. **Section V:** No entry required in this section. An AAFES Resource Administrator, (i.e. Contract Official or Service Business Manager (SBM)) will complete this section.
7. **Section VI:** No entry is required in this section. An AAFES Administrator or Human Resource Associate will complete this section by indicating that all required documents are presented to the AAFES Force Protection Office to start the federal background investigation process.
8. **Section VII:** No entry is required in this section. This section is for Force Protection internal operational purposes only.
9. Once you have completed **Sections II and III** of this form, provide this form to your Resource Administrator or Human Resource Office. The Resource Administrator and Human Resource Associate will validate required documents are included with package submitted to Force Protection either in person or by a traceable mailing method, i.e. Federal Express to start the federal background investigation request.
10. The Resource Administrator for contractors will provide the results of your request to you either by phone or by e-mail. At which time you will be provided further instructions on how to access the OPM eAPP system to enter information needed for your official Federal Background Investigation.

# REQUEST eAPP ACCESS

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*Please type or write clearly*

Please read the Disclosure Notice and Privacy Act Statement on Page One of this form.

The information collected on this form will be used by AAFES Force Protection to facilitate the pre-screening selection process and electronic access into the United States Office of Personal Management Electronic Questionnaires for investigative Processing (eAPP).

## I. TO BE COMPLETED BY RESOURCE ADMINISTRATOR\*

Choose One:		<input type="checkbox"/> Exchange	<input type="checkbox"/> Contractor	Date of Request: (ex: 25 Jul 2015) _____
Choose All That Apply:				
<input type="checkbox"/> Non-Sensitive	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Remote		
To prioritize background investigations, will the Applicant/Contractor be working in any of the following situations?				Exchange Hire Date: (ex: 25 Jul 2015)
Will the applicant/contractor be working with children under the age of 18?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Will the applicant/contractor be working with firearms?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Will the applicant/Contract be deployed to an overseas location?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Are there any other job requirements that AAFES Force Protection needs to know to request a background check? _____				

## II. TO BE COMPLETED BY THE APPLICANT\*

(Full Name) Last:	First:	Middle:	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth: (ex: 25 Jul 2015)	Social Security #: (9 digits only)	Place of Birth: (City, State) or (City, Country, overseas only)		
Work Location (Military Base/HQ Department):		Region:		
Position Title:	Phone #:	Email Address:		

## III. PRIOR FEDERAL SERVICE TO BE COMPLETED BY APPLICANT\*

Have you had previous Military Experience or worked for a Federal Agency as an Employee or Contractor within the last 24 months? If so, please provide the Military Branch or Federal Agency and dates of service.

Choose One: \_\_\_\_\_

No  Yes From: (Month/Year) \_\_\_\_\_ To: (Month/Year) \_\_\_\_\_

## IV. TO BE COMPLETED BY THE RESOURCE ADMINISTRATOR FOR EMPLOYEES ONLY\*

Supervisor's Name:	Phone Number/Email:	(Extension #)
Human Resource Manager's Name	Phone Number/Email:	(Extension #)

## V. TO BE COMPLETED BY THE RESOURCE ADMINISTRATOR FOR CONTRACTORS/VENDORS ONLY\*

Exchange POC Name:	Phone #:	Facility # (8-10 Digits):
Contractor's POC Name:	Phone #:	Contract #/PO #:
Contracting Company Name:	Company's POC Email Address:	

## VI. REQUIRED DOCUMENTS TO BE COMPLETED BY RESOURCE ADMINISTRATOR\*

Choose Type of Fingerprint Submission and include: Local Police Report and OF 306. Contractors must provide National Background Check.

Electronic Fingerprints Transmission Date: (ex: 25 Jul 2015) \_\_\_\_\_ Fingerprint Card (SF87 or FD-258)

Resume/Application  OF 306  Local Police Report  Fair Credit Reporting Disclosure and Authorization  
(Declaration of Federal Employment)

National Background Check (Contractors Only)

**Resource Administrator please FedEx this completed form with the hardcopy fingerprint card and police report to:**  
Exchange (EG-FP)  
3911 S. Walton Walker Blvd.  
Dallas, TX 75236-1598

## VII. TO BE COMPLETED BY EXCHANGE EG-FORCE PROTECTION ONLY

Initiator/Reviewer/Approver:	Date: (dd/mmm/yyyy)	Status:
Initiator/Reviewer/Approver:	Date: (dd/mmm/yyyy)	Status:

Comments: \_\_\_\_\_