



FLEET & FAMILY READINESS NAVY REGION JAPAN

CHILD & YOUTH PROGRAMS ELIGIBILITY PACKET

We are excited you are interested in supporting Child & Youth Programs (CYP)! To apply for **any CYP position**, this packet must be completed in its entirety and submitted **along with your application** and/or other materials. (See the *NAF Employment Application Instructions* for more details.) A CYP position is any position located at our Child Development Centers (CDCs), Child Development Homes, School Age Care facilities, Teen Centers, Youth Sports offices, or similar programs.

All information requested herein is for official purposes. If offered a position, you may also be asked to complete additional background-related processing such as government form SF-85, fingerprinting, and/or drug testing before being hired.

The required documents contained in this packet are listed below:

1. Authority for Release of Information and Records
2. Basic Criminal History and Statement of Admission (DD FORM 2981)
3. Installation Records Check (IRC) Release Authorization
4. State Criminal History Repository Check Questionnaire
5. List of References
 - a. A full postal address for each reference is required.
 - b. References need not be local, although this may speed processing times. Please provide a PSC address where applicable.
 - c. References must not be managers or supervisors of the position being applied for.
 - d. This list of references is used separately from the references in the *Application for NAF Employment*; it is used as part of an Installation Records Check (IRC).

In addition to the forms above, the following **must be attached** to complete this packet:

High School or College diploma, certificate, equivalency, and/or transcripts.

Please submit your completed packet and application paperwork to the CNRJ NAF Human Resources Office (bldg. 1559, rm. 225) or email at MWR_RECRUITMENT@fe.navy.mil.

Please contact the CNRJ Regional NAF HR office at 243-5446 if you have further questions. Thank you!

**DEPARTMENT OF DEFENSE
AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397, and DOD Instruction 1402.5. Implementing Public Law 101-647, Section 231, and Public Law 102-190, Section 1094.

PRINCIPAL PURPOSE: The form will be used by officials of the Department of the Navy to obtain background clearance information regarding prospective child development employees/child development home providers/youth programs personnel for use in the employment/certification process.

ROUTINE USES: No information will be disclosed outside the Department of Defense.

DISCLOSURE: Completion of this form is voluntary, however, if the requested information is not provided, employment and/or certification may be denied. Providing false information can result in adverse action up to and including removal.

RIGHT TO CHALLENGE: You have the right to challenge the accuracy of records under the provision of DoD Directive 5400.11.

I authorize the Criminal Investigations Division, Fleet and Family Support Center, Counseling and Advocacy Services, and U.S. Naval Hospital Alcoholic Program Division to disclose any pertinent information in their files concerning my suitability for employment in Child Care Center/Youth Activity programs to the Personnel Office, Morale Welfare and Recreation Department, Fleet Activities, Yokosuka, managers and directors of such programs, on a need to know basis. I understand that such information is required in the screening process to determine suitability for employment or volunteer service and will not be used for any other purpose.

This authorization is valid for one year after my signing. Upon request, a copy of this signed statement may be furnished to any former and present school, employer, and landlord; and criminal justice agency or other person furnishing such information or record.

APPLICANTS FULL NAME (Last, First, Middle):	
MAIDEN NAME (if applicable):	
DATE OF BIRTH:	
SOCIAL SECURITY #:	
SPONSORS NAME (if applicable):	
SPONSORS SOCIAL SECURITY# (if applicable):	
DATE (YEAR, MONTH, DAY)	SIGNATURE

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

OMB No. 0704-0516
OMB approval expires:
September 30, 2021

The public reporting burden for this collection of information, OMB Control Number 0704-0516, is estimated to average 15 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. 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: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

PRINCIPAL PURPOSE(S): To require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx>

Navy: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx>

Air Force: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/>

ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> may apply to these records.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)		2. OTHER NAME(S) USED
3. DATE OF BIRTH (MM/DD/YYYY)	4. INSTALLATION/PROGRAM NAME	
		5. DATE OF HIRE

6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

CHILD ABUSE/ NEGLECT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG OR ALCOHOL:	<input type="checkbox"/> Yes <input type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR:	<input type="checkbox"/> Yes <input type="checkbox"/> No
SEX CRIME:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOMESTIC VIOLENCE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)
In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.					
a. 2nd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	b. 3rd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)
c. 4th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	d. 5th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)

Failure to provide information may result in an unfavorable adjudication decision.

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

9. NOTES *(Use this space to enter additional comments.)*

10. AUTHORIZATION AND RELEASE CERTIFICATION

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, and/or state agencies, and/or foreign governments, 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. This authorization is valid for one year from the date this form was signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. 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 criminal history records check 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.

WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective employees, volunteers, DoD Contractors, FCC providers, and adults residing in the home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, nor have they been arrested, charged or held by Federal, State or Local Authorities for any crime or offense involving any of the following: Crime involving a child, sex crime, drug or alcohol offense, domestic violence, violent crime/assaultive behavior, or other. Employees and volunteers of DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

1. Provide your last, first and middle name. Do not use initials or abridgements.
2. Provide any other names used to include maiden name.
3. Provide your date of birth in YYYYMMDD format.
4. Provide the installation or DoD program where you seek employment or to volunteer; if operating a FCC program, or residing in a FCC home, provide the location of the FCC home.
5. Provide the date of hire.
6. Place an X in the appropriate box if you have or have not been convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, or met the Family Advocacy criteria for child maltreatment? *(Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)*

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

If additional space is needed, use block 9.

7. *Sign and Date.*
8. On an annual basis, circle the appropriate response indicating if you have been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal, Military, State or local Authorities or met the Family Advocacy criteria for child maltreatment. Applies to employees and volunteers of DoD Child Development and Youth Programs.
9. Use this space for additional comments, if needed, for Blocks 6 and 8.
10. Sign and date.

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)		OMB No. 0704-0586 OMB Approval Expires: 20200930
<p>The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 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. 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.</p>		
PRIVACY ACT STATEMENT		
<p>AUTHORITY: 34 U.S.C. 20351 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC).</p> <p>ROUTINE USES: The Routine Uses are listed in the applicable system of records notices found at:</p> <p>Army: A0215-3 SAMR, NAF Personnel Records (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/) and A0690-200 DAPE, Department of the Army Civilian Personnel Systems (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/)</p> <p>Navy and Marine Corps: NM 01754-3, DON Child and Youth Program, (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/)</p> <p>Air Force: F034 AF SVA C, Child Development/Youth Programs Records (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/)</p> <p>Defense Logistics Agency: S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/) and</p> <p>National Security Agency: GNSA 19, NSA/CSS Child Development Services, (https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/)</p> <p>This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices.</p> <p>DISCLOSURE: Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.</p>		
SECTION I. SUBJECT'S INFORMATION		
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)
3. PLACE OF BIRTH (City, State, Country)	4. DATE OF BIRTH (MM/DD/YYYY)	5. SOCIAL SECURITY NUMBER
6. CURRENT ADDRESS (Street, City, State, Zip Code)		
SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)		
<p>I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual 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, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p>		
7a. PRINT NAME (Subject or Parent/Legal Guardian)	7b. DATE (MM/DD/YYYY)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS	7e. PHONE NUMBER	
SECTION III. POSITION AND BACKGROUND CHECK INFORMATION		
8a. COMMAND / INSTALLATION / ORGANIZATION		8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)
8c. POSITION CATEGORY		
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor
<input type="checkbox"/> Military Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other	<input type="checkbox"/> In-Home Care Family Members
		<input type="checkbox"/> Teen Employee

SECTION IV. INSTALLATION RECORDS CHECK*(To be completed based on service specific procedures)***9. FAMILY ADVOCACY PROGRAM**Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

☐ No record of applicant ☐ Record on fileMet criteria incident found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: _____ Date: _____

10. INSTALLATION LAW ENFORCEMENTType of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: _____ Date: _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) (Optional check)Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: _____

CYP FINGERPRINT REQUEST AND PROCESSING FORM

***** FOR COMPLETION BY APPLICANT *****

FIRST NAME: _____ MIDDLE: _____ LAST: _____

DATE: _____

Please tell us where you have lived from PRESENT going back ONLY 5 years.

Note complete addresses are NOT being requested, only states, FPO Addresses, or countries.

If you require additional space please continue in space below.

Location 1 (Mo/Yr): From: _____ To: PRESENT STATE: _____ FPO/APO: Yes No Country: _____

Location 2 (Mo/Yr): From: _____ To: _____ STATE: _____ FPO/APO: Yes No Country: _____

Location 3 (Mo/Yr): From: _____ To: _____ STATE: _____ FPO/APO: Yes No Country: _____

Location 4 (Mo/Yr): From: _____ To: _____ STATE: _____ FPO/APO: Yes No Country: _____

Thank you for completing this request form.

***** FOR COMPLETION BY SECURITY OR HR *****

This case has the state of _____ which requires _____

This case has the state of _____ which requires _____

This case has the state of _____ which requires _____

EMPLOYER NAME: CNRJ N926 (circle): CFAY NAFA CFAS

EMPLOYER ADDRESS: NAVY CYP, ATTN: CSO 716 SICARD ST SE SUITE 204

WASHINGTON NAVY YARD, DC 20374

REASON FOR FINGERPRINTING: EMPLOYMENT

SON: 595K SOI: DODS IPAC: 17008711

UIC (circle): 61054 61057 61058 FBI PRINTS (circle): PAPER ELECTRONIC

***** FOR COMPLETION BY FINGER PRINTING OFFICE *****

FINGERPRINT TRANSACTION NUMBER: _____

FINGERPRINTING COMPLETED BY: _____

DATE FINGERPRINTED: _____

When fingerprints are complete please return this form to HR or Security

LIST OF REFERENCES

For

CNRJ Child and Youth Applicant

NAME OF APPLICANT: _____ PHONE NO: _____

NAME: _____ PHONE NO: _____

Street Address, City, State: _____

Zip Code or PSC Address: _____

EMAIL ADDRESS: _____

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

NAME: _____ PHONE NO: _____

Street Address, City, State: _____

Zip Code or PSC Address: _____

EMAIL ADDRESS: _____

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

NAME: _____ PHONE NO: _____

Street Address, City, State: _____

Zip Code or PSC Address: _____

EMAIL ADDRESS: _____

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

NAME: _____ PHONE NO: _____

Street Address, City, State: _____

Zip Code or PSC Address: _____

EMAIL ADDRESS: _____

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

NAME: _____ PHONE NO: _____

Street Address, City, State: _____

Zip Code or PSC Address: _____

EMAIL ADDRESS: _____

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

NOTE: It is required by law to check and inquire about your personal and job references. If you have local references, please provide their PSC address. Prefer local references to save time.