

FOR OFFICIAL USE ONLY

CRIMINAL BACKGROUND CHECK INFORMATION

ENSURE DATA IS LEGIBLE AND COMPLETE, THIS FORM MUST BE COMPLETED BY APPLICANT

LAST NAME:	FIRST NAME, MIDDLE INITIAL:		
SSN:	DOB:	RACE:	
	SEX:	EYES:	
	HT:	WT:	
ADDRESS, CITY, AND ZIP:	US CITIZENSHIP:	YES	NO
DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:	AGE 18 OR OVER:	YES	NO
EMPLOYER:			
Any Alias:			

I authorize the use of and release of my personal information to KIRTLAND AFB, NM, to accomplish a National criminal background check. I understand the information obtained will be used to determine my eligibility to access Kirtland AFB for the purpose of employment. Furthermore, I certify the information I have provided is true and that any attempt on my behalf to provide incorrect or misleading information may subject me to denial of base access and/or prosecution under state and/or federal laws.

Signature of Employee

Date

DO NOT WRITE BELOW – GOVERNMENT USE ONLY

<p>SFS USE ONLY:</p> <p>SFMIS CHECKS: COMPLETED: Y / N INITIALS: _____</p> <p>NCIC III CHECK: COMPLETED: Y / N</p> <p>Date Completed: _____</p> <p>Disqualifying Factors Y / N INITIALS: _____</p> <p>SFA/FINGERPRINTS: COMPLETED: Y / N INITIALS: _____</p> <p>DRIVERS LICENSE: CHECK Y / N INITIALS: _____</p>	<p align="center"><u>Remarks</u></p>
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