



ID Application and Background Check Request

Statue of Liberty National Monument and Ellis Island



FOR OFFICIAL USE ONLY

APPROVED <input type="checkbox"/>	REJECTED <input type="checkbox"/>	FBI #:	CASE #:	DATE:
INITIALS OF LIEUTENANT		E-JUSTICE OPERATOR:		SEQUENCE #s:

CHECK APPLICATION TYPE:

INITIAL RENEWAL

NATIONAL PARK SERVICE EMPLOYEES ONLY:

PERMANENT

TERM END DATE:

SEASONAL END DATE:

LAST NAME (Family Name)	MARRIED NAME (If Applicable)	FIRST NAME	MIDDLE NAME

MOTHER'S FAMILY NAME ¹	SOCIAL SECURITY NUMBER ²	DATE of BIRTH	AGE	HEIGHT
				Feet ____ Inches ____

SEX	RACE	ETHNICITY
<input type="text"/>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

STREET ADDRESS (No Post Office Box)	CITY	STATE	ZIP CODE	PHONE NUMBER ³

PLACE of BIRTH US CITY and STATE -or- FOREIGN COUNTRY	COUNTRY of CITIZENSHIP (Check/List More Than One, If Applicable)
	<input type="checkbox"/> United States of America <input type="checkbox"/> Other(s) (Specify):

IF NOT A US CITIZEN, RECORD YOUR US-ISSUED ALIEN OR ADMISSION # (AR#, USCIS# or 194#):

NAME of EMPLOYER (Include Prospective Employer If Applicant)	NAME of SUPERVISOR	SUPERVISOR'S PHONE NUMBER
Evelyn Hill Inc.	Dasha Komarova	212-363-3180

ANSWER the FOLLOWING QUESTIONS by MARKING EITHER 'YES' or 'NO' in the BOX to the RIGHT:	YES	NO
A. Have you ever been PLACED UNDER ARREST (DETAINED) or CHARGED with any criminal offense (INCLUDING those DISMISSED, EXPUNGED OR SEALED) ? If your answer is <u>YES</u> , please explain in detail on the reverse side of this form.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been dismissed or terminated from any job? If your answer is <u>YES</u> , please explain in detail on the reverse side of this form.	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever worked for any other employer on Liberty Island, Ellis Island, Battery Park and/or Liberty State Park? If your answer is <u>YES</u> , please provide the name of the employer, dates of employment and reason for leaving on the reverse side of this form.	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever served in the United States Armed Forces? If your answer is <u>YES</u> , please indicate the Branch of Service: _____	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you presently, or have you ever been, a member of any organization which advocates or approves of the commission of acts of force and violence to either overthrow the Government of the United States or deny others rights under the Constitution of the United States? If your answer is <u>YES</u> , please explain in detail on the reverse side of this form.	<input type="checkbox"/>	<input type="checkbox"/>

¹ This is the mother's original last name before marriage (also known as a maiden name).
² The submission of a Social Security Number is optional. If it is not provided, however, it may result in a significant delay in processing the application. The SSN is used solely to identify individuals in Federal, state, local, etc., law enforcement systems. It is not compiled or stored electronically.
³ The applicant's phone number is requested in case there are questions or concerns that may impact the status of the application. It is not stored electronically.

MPS-STLI
BCR-02/25

PRIVACY ACT STATEMENT

This Privacy Act Statement serves to inform you of how the United States Park Police (USPP) uses the personally identifiable information on this form.

Authority: The USPP is authorized to collect and maintain the information on this form pursuant to Executive Order (E.O.) 10450, as amended; E.O. 13467, as amended; USC 301 and 9101; Presidential Policy Directive 21; Information and Technology Management Reform Act of 1996; Presidential Memorandum on Upgrading Security at Federal Facilities, June 28, 1995; Homeland Security Presidential Directive 7; Homeland Security Presidential Directive-12; Intelligence Reform and Terrorism Prevention Act of 2004. The USPP collects Social Security numbers (SSN) pursuant to E.O. 9397, Numbering System for Federal Accounts Relating to Individual Persons, and as amended by E.O. 13478, Amendments to Executive Order 9397 Relating to Federal Agency Use of Social Security Numbers.

Purpose: The purpose of the ID Application and Background Check Request is to collect information related to previous criminal background investigations prior to entry on duty. The USPP will use this form to determine if the applicant meets USPP suitability and fitness determinations as it pertains to one of the means of access control at the Statue of Liberty National Monument (STLI).

Uses: The USPP uses the information you submit on this form to assess an applicant's or contractor's reciprocity eligibility. While the USPP does not regularly share this information, it may make this information available as a routine use to other government agencies if the information is relevant and necessary to a requesting agency's decision concerning the hiring or retention of an individual as long as the disclosure is appropriate to the proper performance of the official duties of the person making the request.

Disclosure: Providing this information is voluntary. However, failure to provide this information may result in a delay in determining the background check requirements and a denial of entry to STLI grounds and facilities.

CERTIFICATION

I certify that all the information I provided is true, correct and complete in every particular. I understand that false or fraudulent information on or attached to this form may be grounds for being barred from Federal facilities and may be punishable by fine and/or imprisonment as cited in the United States Code under Title 18, Section 1001. I understand that any information provided may be investigated and I grant authorization to the United States Park Police to access any criminal history information.

I also recognize that the ID card is government property and I will make every effort to return it to STLI or USPP personnel upon my separation or removal.

APPLICANT'S SIGNATURE

DATE

Please attach two forms of identification, as listed below. At least one form of identification must be primary.

If the form of ID is not listed below, it is not acceptable.

SECONDARY:

- ❖ US Passport or Passport Card
- ❖ Permanent Resident Card
- ❖ Foreign Passport
- ❖ Employment Authorization (with photo)
- ❖ Driver's License/State ID (with photo)
- ❖ US Military ID Card
- ❖ US Military Dependent's ID Card
- ❖ PIV Card
- ❖ US Social Security Card
- ❖ Original or Certified Copy of US Birth Certificate (bearing official seal)
- ❖ Federal, State or Local Government Agency or Entity ID Card (with photo)
- ❖ TSA Transportation Worker Identification Credential (TWIC)
- ❖ Voter's Registration Card
- ❖ Certificate of US Citizenship
- ❖ Certificate of Naturalization
- ❖ Certification of Birth Abroad or Report of Birth (by Dept of State)
- ❖ Employment Authorization (by Dept of Homeland Security)
- ❖ Canadian Driver's License
- ❖ Native American Tribal Document
- ❖ DHS Trusted Traveler Cards

Please include your explanation(s) for items A-E below, if applicable: