



REQUEST FOR BACKGROUND INVESTIGATION FOR ARNG STATE EMPLOYEES OR STATE CONTRACTORS SUPPORTING DOD MISSION

PRIVACY ACT STATEMENT

AUTHORITY: AR380-67 *AR 380-67*

ROUTINE USES: Any information developed may be disclosed to Federal, state, or local authorities involved in processing your nomination; those conducting the background check;.

REQUESTING ORGANIZATION

| | | | |
|-------------------------|--|----------------|--|
| State Security Manager: | | Email Address: | |
| Phone: | | State | |

NOMINATED INDIVIDUAL

| | | | |
|------------------------------|----------------|------------------|-----------|
| Name: (Last Name, Full Name) | | | |
| Title/Job Position: | | | |
| Type of Employee: | State Employee | State Contractor | Volunteer |
| | YES | NO | YES |
| | | | OPM PDT |
| | | | NO |
| | | | PWS |
| | | | NO |
| | | | DD-254 |
| | | | NO |

PRE-QUALIFYING CONDITIONS

| | | | | |
|---|--|--|--------|----------------|
| Is Nominated Individual a US Citizen? | | If No cannot have clearance or interim computer access | | |
| Has the individual ever had a background check completed for employment with US Government? | | If Yes | Agency | Date Completed |
| Does the nominated individual have a break in service of more than 24 months? | | | | |

INVESTIGATION REQUESTED

| | | | |
|--|--|--------------------------|--|
| Reason for Investigation: | | Investigation Requested: | |
| IF Contractor requires SCI access, SCI Contract Monitor: | | | |

JUSTIFICATION

Describe the current position and the specific duties in support of a DoD mission that require a background investigation:

CERTIFICATION

I certify that the nominated requires an investigation to perform duties that are in direct support of DA/DoD mission

| | | | |
|-----------------|--|-------|--------------------------------|
| Name: | | Rank: | |
| | | | Must be 0-5 or GS-13 or higher |
| Signature: | | | |
| Other Comments: | | | |

ARNG DISPOSITION

| | | |
|--------------|------------|--|
| Approve/Deny | Signature: | |
| Comments: | | |

INSTRUCTIONS

- This document should be completed and submitted electronically (NO SCANS)
- Must include copy of the OPM PDT or PWS from the contract. If classified contract must include DD 254
- If SCI access is required for Contractor, DD 254 generated from ACAVS is required
- File Naming Convention: datestatename Example: 20131218MDJONES
- Must be signed by O-5 or GS-13 or higher