



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
HEADQUARTERS
4800 MARK CENTER DRIVE
ALEXANDRIA, VA 22350-1400**



**CRIMINAL HISTORY BACKGROUND CHECK FOR INDIVIDUALS IN CHILDCARE SERVICES
POSITIONS**

RELEASE/CONSENT STATEMENT

AUTHORITY: 42 USC 1341 AND 10 USC 3013

PRINCIPAL PURPOSE: To comply with Public Law 101-647, Section 231, Crime Control Act of 1990, and DODI 1402.5, Criminal History Background Checks on Individuals in Child Care Services Positions.

DISCLOSURE: Mandatory. Failure to disclose this information precludes consideration of an applicant for employment in the Department of Defense Education Activity.

EMPLOYEE STATEMENT: I understand that the employee is obligated to require a records check as a condition of employment in accordance with PL 101.647, that I have a right to obtain a copy of the report provided to the employer and a right to challenge the accuracy and completeness of any information in the report. I have been advised that my being hired/retained will be based upon successful completion of the background checks.

The following is a list of state(s) in which I have resided in and DoD installations I had affiliation with for the past 5 years (if you resided in that state under the name other than shown on your application, please give the name(s) used while a resident/employee in that state).

From:	<input type="text"/>	To:	<input type="text" value="Present"/>	State	<input type="text"/>	Installation and Country	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	State	<input type="text"/>	Installation and Country	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	State	<input type="text"/>	Installation and Country	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	State	<input type="text"/>	Installation and Country	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>	State	<input type="text"/>	Installation and Country	<input type="text"/>

Additional Residences:

Full legal name:

Other Names Used:

I hereby authorize the DoDEA Security Management Division to obtain the information for the purpose of conducting the required checks.

Signature of Applicant/Employee Date