

Child and Youth Program Assistant Applicants

Please select and mark any of the following that describe you and your experience:

- At least 18 years old.
- Have a high school diploma or equivalent (provide a copy of diploma or equivalent).
- Able to speak, read and write English.
- Have completed three Air Force CDPA/SAPA Certification Modules **OR** 15 semester hours above the high school level in child care or a directly related field (child development, early childhood education, youth recreation, family services, social work) or completion of a secondary vocational program in child care (provide transcripts).
- Have completed Air Force CDPA/SAPA Certification Modules **OR** 30 semester hours above high school that include at least 15 semester hours in child development, early childhood education, youth recreation, family services, social work, or a directly related field (provide transcripts).
- Have 6 months experience working in a group program for young children/youth (including: day care, preschool, kindergarten, or licensed family day care). Provide experience and employers on application OF 612 or on additional forms.

ACKNOWLEDGEMENT OF RIGHTS AND CONSENT TO RELEASE RECORDS

AUTHORITY

Homeland Security Presidential Directive (HSPD-12)
10 U.S.C. 8013

PRINCIPAL PURPOSE

Consent for background investigation to obtain information necessary to determine suitability for Non-Appropriated Fund (NAF) employment.

DISCLOSURE

Mandatory. For all employees who require "long term" access to federally controlled facilities and/or information systems. Long term is defined as an employee who will be assigned to a position expected to last longer than 6 months. If there is a requirement to hire an individual for less than 6 months, i.e. temporary or seasonal, it is an agency risk-based decision. Refusal to sign this form shall result in the employer's refusal to consider the application for employment or continuing employment.

EMPLOYEE ACKNOWLEDGEMENT

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to obtain information necessary to determine my suitability for NAF employment; a condition of employment. Therefore I authorize any federal, state, or local agency or office to release any record or information relating to me. I release all persons from any liability arising out of or resulting from the release of such record of information. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that the record check will include a National Agency Check with inquiries, including a Federal Bureau of Investigation fingerprint check.
3. I hereby authorize any Federal, State, or local agency or office to release any record relating to me that is necessary to complete the record checks as described above.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

SUPPLEMENTAL APPLICATION FORM FOR POSITIONS WORKING WITH CHILDREN

Appendix B

An applicant for a position requiring working with children under the age of 18 must answer the following questions:

1. Have you ever been charged with or arrested for a crime involving a child?

Yes No

If yes, please provide a description of the disposition of the charge or arrest in the space below. At a minimum, state the date and location of the incident giving rise to the charge or arrest, the law enforcement agency that investigated, and the name and address of the court that adjudicated the charge or arrest, and the disposition of the charge or arrest.

2. Have you ever been charged with or arrested for a crime involving alcohol or drugs?

Yes No

If yes, please provide a description of the disposition of the charge or arrest in the space below. At a minimum, state the date and location of the incident giving rise to the charge or arrest, the law enforcement agency that investigated, and the name and address of the court that adjudicated the charge or arrest, and the disposition of the charge or arrest.

This is to advise that if you are accepted for employment the Air Force is required to request a State Criminal History Repository Check as a condition of your employment. You have a right to obtain a copy of the criminal history report and challenge the accuracy of any information contained in the report.

I declare under penalty of perjury that the foregoing is true and correct. I understand the penalty for perjury is a fine up to \$250,000 or imprisonment for up to 5 years, or both.

Signature: _____

Date: _____

Complete additional information needed for State Criminal History Repository Checks. List the places you have lived beginning with your present address (#1) and working back seven (7) years. If additional space is needed, attach a continuation sheet to this form.

#	Month/Year To	Month/Year To	Street Address	Apt #	City (Country)	State	Zip Code
#1							
#2							
#3							
#4							
#5							
#6							
#7							

CONTINUATION PAGE FOR MOTOR VEHICLE OPERATOR POSITIONS

In order to verify your driving record, applicants for positions involving the operation of a motor vehicle to transport youth must complete the following:

1. Have you ever been convicted of driving under the influence, or been impaired by alcohol or a controlled substance, or have you ever refused to undergo such testing as required by any jurisdiction?

YES

NO

If your answer is yes, provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved: _____

2. During the past 10 years have you been involved in a traffic accident where you were found to be at fault?

YES

NO

If your answer is yes, provide the date, a description of the accident, and place of occurrence:

3. During the past 5 years have you been cited for any traffic violation? (in responding to this question you may omit parking violations).

YES

NO

If you answer is yes, provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved: _____

4. This is to advise you a check of your driving record is required as a condition of employment. You are responsible for obtaining a copy of your driving record at your own expense, and have a right to challenge the accuracy of information contained therein.

5. You are signing this application under penalty of perjury. The penalty for perjury is a \$2,000 fine, or 5 years in jail, or both.

Applicant's Signature

Date