

PERSONNEL RELIABILITY SCREENING AND EVALUATION

For use of this form, see AR 190-13; the proponent agency is OPMG.

PRIVACY ACT STATEMENT

Authority: 10 USC 3013 Secretary of the Army; DOD 5200.08, Security of DODI Installations and Resources and the DOD Physical Security Review Board; AR 190-13, The Army Physical Security Program; and E.O. 9397 (SSN) as amended.

Principal Purpose: To evaluate the qualification and suitability of a person for assignment to sensitive duties or unaccompanied access to certain resources.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552 a(B) of the Privacy Act, this information can be shared with local law enforcement agencies for criminal background checks.

Note: This system of records may contain personally identifiable health information (PHI). The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974, as amended, or mentioned in this system of records notice.

Disclosure: Voluntary, however failure to provide all or part of the requested information may result in a non-selection for the stated duties.

Citation: A0690-200 DAPE Department of the Army Civilian Personnel Systems (January 06 2004, 69 FR 790); and A0600-8-104 AHRC, Army Personnel System (APS) (July 30 2013, 78 FR 45914).

PART I - IMMEDIATE SUPERVISOR/COMMANDER INTERVIEW

| | | | |
|---|--|-------------------|---------------------|
| 1. NAME (<i>Last, First, MI</i>) | 2. ORGANIZATION | 3. POSITION TITLE | 4. SSN |
| 5. I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT OBJECT TO PERSONNEL SCREEN REQUIREMENTS. | | | |
| 6. SCREEN FOR | | | |
| <input type="checkbox"/> Unaccompanied access to arms, ammunition and explosives | <input type="checkbox"/> Unaccompanied access to control medical substances | | |
| <input type="checkbox"/> Employment/Retention as DA Civilian Police or Security Guard | <input type="checkbox"/> Issuance of Physical Security Inspector Credentials | | |
| <input type="checkbox"/> Other (specify) _____ | | | |
| 7. SIGNATURE | | | 8. DATE (YYYYMMDD) |
| 9. INTERVIEWER (<i>Last, First, MI</i>) | | 10. SIGNATURE | 11. DATE (YYYYMMDD) |

PART II - CHECK OF PERSONNEL RECORDS

| | | |
|--|---------------|---------------------|
| 12. POTENTIALLY DISQUALIFYING INFORMATION WAS <input type="checkbox"/> FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> NOT FOUND | | |
| 13. NAME (<i>Last, First, MI</i>) | 14. SIGNATURE | 15. DATE (YYYYMMDD) |

PART III - CHECK OF SECURITY RECORDS

| | | |
|---|---------------|---------------------|
| 16. POTENTIALLY DISQUALIFYING INFORMATION WAS <input type="checkbox"/> FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> NOT FOUND | | |
| 17. PERSONNEL SECURITY INVESTIGATION (PSI): COMPLETED ON DATE (YYYYMMDD) _____ | | |
| TYPE (<i>NACLC, ANACI, SSBI, etc.</i>) _____ <input type="checkbox"/> FAVORABLY ADJUDICATED <input type="checkbox"/> DOSSIER REVIEW REQUIRED | | |
| 18. PSI REQUEST OR REINVESTIGATION (<i>IF REQUIRED</i>): SUBMITTED ON DATE (YYYYMMDD) _____ | | |
| TYPE (<i>NACLC, ANACI, SSBI, etc.</i>) _____ | | |
| 19. SECURITY CLEARANCE: <input type="checkbox"/> NONE <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET <input type="checkbox"/> NOT REQUIRED | | |
| 20. NAME (<i>Last, First, MI</i>) | 21. SIGNATURE | 22. DATE (YYYYMMDD) |

PART IV - CHECK OF MEDICAL RECORDS

| | | |
|--|---------------|---------------------|
| 23. POTENTIALLY DISQUALIFYING INFORMATION WAS <input type="checkbox"/> FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> NOT FOUND | | |
| 24. NAME (<i>Last, First, MI</i>) | 25. SIGNATURE | 26. DATE (YYYYMMDD) |

PART V - CHECK OF LAW ENFORCEMENT RECORDS

| | | |
|--|---------------|---------------------|
| 27. POTENTIALLY DISQUALIFYING INFORMATION WAS <input type="checkbox"/> FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> NOT FOUND | | |
| 28. NAME (<i>Last, First, MI</i>) | 29. SIGNATURE | 30. DATE (YYYYMMDD) |

PART VI - RESULTS OF RANDOM/DIRECTED DRUG TESTING

| | | |
|--|---------------|---------------------|
| 31. TESTS RESULTS WERE: | | |
| <input type="checkbox"/> FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> CERTIFIED NEGATIVE <input type="checkbox"/> NOT A TESTING-DESIGNATED POSITION | | |
| 32. NAME (<i>Last, First, MI</i>) | 33. SIGNATURE | 34. DATE (YYYYMMDD) |

