

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)

PART VII - IMMEDIATE SUPERVISOR/COMMANDER EVALUATION/ BRIEFING

35. AFTER A THOROUGH REVIEW OF INFORMATION PROVIDED, I FIND THE PERSON:

- SUITABLE FOR THE POSITION/DUTY UNSUITABLE FOR THE POSITION/DUTY

36. I HAVE BEEN BRIEFED ON MY DUTIES AND UNDERSTAND THE STANDARDS.	37. SIGNATURE	38. DATE (YYYYMMDD)
39. NAME OF CERTIFYING OFFICIAL (Last, First, MI)	40. SIGNATURE	41. DATE (YYYYMMDD)

PART VIII - CONTINUING PERIODIC EVALUATION

Document changes in the individual's status and/or administrative data. Attach a continuation sheet if additional room is required to document an update. Follow guidance in the pertinent regulation for documentation requirements for restriction, suspension, administrative termination, or disqualification. (ATTACH BLANK SHEET FOR CONTINUATION OF PART VIII)

42. PERSON'S SIGNATURE/ DATE	43. CERTIFYING OFFICIAL'S SIGNATURE/DATE	44. REASON FOR UPDATE

PART IX - SUSPENSION OR TEMPORARY DISQUALIFICATION PENCIL ENTRY)

PART X - ADMINISTRATIVE TERMINATION

45. EFFECTIVE _____
DATE (YYYYMMDD)

46. EFFECTIVE _____
DATE (YYYYMMDD)

PART XI - DISQUALIFICATION

47. STATUS AT TIME OF DISQUALIFICATION <input type="checkbox"/> 1. Being screened for _____ <input type="checkbox"/> 2. Assigned to/as: <input type="checkbox"/> a. Unaccompanied access to AA&E <input type="checkbox"/> b. Unaccompanied access to controlled medical substances <input type="checkbox"/> c. DA Civilian Police or Security Guard <input type="checkbox"/> d. Other _____	48. REASON FOR DISQUALIFICATION <input type="checkbox"/> 1. Alcohol abuse <input type="checkbox"/> 2. Drug abuse <input type="checkbox"/> 3. Negligence/delinquency in duty performance <input type="checkbox"/> 4. Court-martial/civilian convictions <input type="checkbox"/> 5. Physical/mental condition <input type="checkbox"/> 6. Poor attitude/lack of motivation <input type="checkbox"/> 7. Other (Explain in Block 50)
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49. PERSON IS DISQUALIFIED FROM THE SUBJECT POSITION/DUTIES

50. RATIONALE

51. PERSON WAS NOTIFIED OF DISQUALIFICATION ON _____ by _____
DATE (YYYYMMDD) METHOD OF NOTIFICATION

52. NAME OF CERTIFYING OFFICIAL (Last, First, MI)	53. SIGNATURE	54. DATE (YYYYMMDD)
55. NAME OF REVIEWING OFFICIAL (Last, First, MI)	56. SIGNATURE	57. DATE (YYYYMMDD)