

Criminal Background Check Information Instructions

If all sections of the form are not completed, the Air Force will **NOT** process the request. Failure to complete this form will result in your denied access to Kirtland Air Force Base/Sandia Laboratories.

DIGITAL SIGNATURES WILL NOT BE ACCEPTED

- **Last Name:** Insert your last name
- **First Name, Middle Initial:** Insert your first name and middle initial
- **SSN:** Insert your social security number
- **DOB:** Insert your date of birth
- **Race:** Insert your ethnicity (i.e. white, Hispanic, etc.)
- **Sex:** Insert Male or Female
- **Eyes:** Insert your eye color
- **Height:** Insert your height
- **Weight:** Insert your weight
- **Address, City, Zip:** Insert your current address, including city, state and zip
- **U.S. Citizenship:** Check “Yes” or “No” if you are a U.S. Citizen. If you are not a U.S. Citizen insert your country of origin.
- **Driver’s License Number and State of Issuance:** Insert your driver’s license number and write the name of the state it was issued. If you do not have on write N/A.
- **Age 18 or Over:** Check “Yes” or “No” if you are over the age of 18
- **Employer:** Insert Sandia National Labs
- **Any Alias:** Insert any other current or previous names you may have
- **Signature:** Print and sign form when completed in ink.
Note: If under 18 years of age, your parent or legal guardian must also sign the form directly above your signature, authorizing KAFB to perform the background check.

If you have questions contact:

Contact [Nick Atencio](#), Personnel Security Specialist, at 505-844-4391

FOR OFFICIAL USE ONLY

CRIMINAL BACKGROUND CHECK INFORMATION

ENSURE DATA IS LEGIBLE AND COMPLETE, THIS FORM MUST BE COMPLETED BY APPLICANT

LAST NAME:	FIRST NAME, MIDDLE INITIAL:
SSN:	DOB: RACE: SEX: EYES: HT: WT:
ADDRESS, CITY, AND ZIP:	US CITIZENSHIP: YES NO
DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:	AGE 18 OR OVER: YES NO
EMPLOYER:	
Any Alias:	

I authorize the use of and release of my personal information to KIRTLAND AFB, NM, to accomplish a National criminal background check. I understand the information obtained will be used to determine my eligibility to access Kirtland AFB for the purpose of employment. Furthermore, I certify the information I have provided is true and that any attempt on my behalf to provide incorrect or misleading information may subject me to denial of base access and/or prosecution under state and/or federal laws.

Signature of Employee

Date

DO NOT WRITE BELOW – GOVERNMENT USE ONLY

SFS USE ONLY:	Remarks
SFMIS CHECKS: COMPLETED: Y / N INITIALS: _____	
NCIC III CHECK: COMPLETED: Y / N	
Date Completed: _____	
Disqualifying Factors Y / N INITIALS: _____	
SFA/FINGERPRINTS: COMPLETED: Y / N INITIALS: _____	
DRIVERS LICENSE: CHECK Y / N INITIALS: _____	

WARNING: This document contains For Official Use Only (FOUO) and Privacy Act information which must be protected or removed IAW AFI 33-119, AFI 33-129, AFI 33-219, AFI 33-332, and DOD Regulation 5400.7/AF Supplement prior to further disclosure.