

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: _____	

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