APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT CONSIDERATION

1. In accordance with AR 215-3, paragraph 2-9i, and AR 608-10 for Child Development Services, the Directorate of Civilian Personnel will require all applicants applying for positions at Fort Hood, Texas, to undergo all or some of the following preemployment checks:

a. Local Civilian law enforcement records,
b. local military police records, and
c. U.S. Army Criminal Investigative Division Command records to include the Defense Central Investigative Index records.

2. In addition, two satisfactory references must be obtained, usually from a former employer and a personal acquaintance, who can furnish information on your qualifications and character. A National Agency Check may also be conducted and you may also be required to pass a physical exam.

3. In meeting the requirement of AR 215-3, and AR 608-10 for Child Development Services, your signature is required to authorize the release of any information concerning you with the local Civilian law enforcement agencies. This information, along with the information obtained through the other checks listed above, will be used to determine your suitability for employment. Your refusal or failure to authorize the release of this information will preclude you from employment opportunities.

PRIVACY ACT STATEMENT

AUTHORITY - The Privacy Act of 1974 (5USC552a) as amended, 5USC301; Department of the Army; and the III Corps Chief of Staff.
PRINCIPAL PURPOSES - To meet the requirement of AR 215-3. Local procedures require that preemployment checks conducted with local civilian law enforcement agencies have the applicant's written consent authorizing the release of any information they may have on file. The social security number and date of birth is required to verify the identity of the applicant in location files and in avoiding errors in reporting records.
DISCLOSURE - Disclosure is voluntary; however, without requested information, the applicant will be precluded from employment consideration.

APPLICANT'S NAME (PRINT) _____ SSN _____ DOB _____

ADDRESS OF RESIDENCE _____

I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONCERNING ME CONTAINED IN POLICE DEPARTMENT FILES.

SIGNATURE AND DATE _____

POLICE DEPARTMENT RECORDS CHECKS:
( ) No derogatory information noted in files

( ) The following information is contained in our files.

FHT FORM 215-X16-1 1 AUG 94 (DCP) REPLACES PREVIOUS EDITION WHICH IS OBSOLETE