

FOR OFFICE USE ONLY

CRIMINAL BACKGROUND CHECK INFORMATION

ENSURE DATA IS LEGIBLE AND COMPLETE

LAST NAME:	FIRST NAME,	MIDDLE INITIAL
SSN:	DOB:	RACE:
SEX:		
ADDRESS, CITY, AND ZIP		
DRIVER'S LICENCE NUMBER AND STATE OF ISSUE		
EMPLOYER:		
Any Alias:		
<p>I authorize the use of and release of my personal information to KIRTLAND AFB, NM, to accomplish a national criminal background check for the purpose of my employment.</p>		
<p>_____</p> <p>SIGNATURE</p>		<p>_____</p> <p>DATE</p>

DO NOT WRITE BELOW – GOVERNMENT USE ONLY

SFS USE ONLY:	<u>REMARKS</u>
SFMIS CHECKS: INITIALS: COMPLETED: Y / N	
NCIC III CHECK: INITIALS: COMPLETED: Y / N	
Date Completed:	
Disqualifying Factors: INITIALS: Y / N	
SFA/FINGERPRINTS: INITIALS: COMPLETED: Y / N	
DRIVER'S LICENSE: INITIALS: CHECK Y / N	

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CVS QUESTIONNAIRE

TO: Ms. Heather Demers, AFRL/RVOR, DSN 246-9415, COMM 505-846-9415, FAX 505-846-0769

Please write **legibly**. Once a CVS application is created by the Trusted Agent, the username and password will be emailed to the candidate. The candidate has 7 calendar days to log-in to CVS website, and 30 calendar days to submit the application back to the Trusted Agent: Ms. Heather Demers.

First Name: _____
Middle Name: _____
Last Name: _____

SSN: ____ - ____ - _____

Date of Birth (MM/DD/YYYY): _____

Primary E-mail: _____

Contract #: _____

Phone: _____

Contract Exp. Date (MM/DD/YYYY): _____

Country of Citizenship: _____

Office Symbol (Duty Location): _____

Country of Birth (if USA): _____

Government POC: _____

State of Birth: _____

Home Address: _____

Duty Location: _____

How often does the candidate need access to base per month: _____

Does the candidate need access to a government computer: Yes ___ **No** ___

Has the candidate worked for Dept. of Defense, or Dept. of Education or the Military: Yes ___ **No** ___

Did the contractor complete a favorable fingerprint check: Yes ___ **No** ___

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