

**When Presenting Your Qualification for CY positions...**

**(Note: please circle your answers, sign and date below)**

**CHILD AND YOUTH PROGRAM ASSISTANTS (CYPA)**

1. Are you at least 18 years of age and hold a high school diploma?
  - a. I have attached my high school diploma
  - b. I currently don't have my diploma available, but attached is "Certification Letter" in lieu of H.S. Diploma
  
2. Do you have experience working in a group program for young children or youth?
  - a. No, I have no experience
  - b. 6 months or more working in a group program for young children, i.e. day care, preschool, kindergarten, or licensed family day care (for CDPA)
  - c. 6 months or more working in a group program for youth, i.e., experience as a group leader, counselor, or similar work in public and private program for youth/children such as summer camps, local playgrounds, boys and girls club, YMCA and YMCA clubs, Boy Scouts and Girl Scouts, urban community centers or resort recreational activities (for SAPA)
  - d. Did you document this experience in your OF 612, i.e., specific time frame, your specific duties and responsibilities, description of age group that you worked with, information whether program is licensed or not.
  
3. Have you ever been in the AF Child Development or School Age Program under the CY Pay Program Guidance?
  - a. No, I have not
  - b. I have AF Form 2545, personnel action, to document last grade and pay
  - c. I have AF Form 1098, Special Task Certification and Recurring Training, to document partial or full completion of AF Child Development Program Assistant Modules
  
4. Do you have semester hours (or equivalent quarter hours) above high school in Childcare or related field and do you have official transcript to submit for documentation?
  - a. No, I have not attended college
  - b. 15 semester hours in child in child care or related field
  - c. Completion of a secondary vocational program in child care
  - d. 30 semester hours (at least 15 in child development, early childhood, or directly related field)
  - e. Associate of Arts Degree in early childhood education
  - f. Current Child Development Associate Credentials
  - g. BS or BA degree in early childhood education, child development or a related field

I understand that it is my responsibility to provide documentation or proof that I meet the applicable education provisions described on the current Standard Position Guide. An official transcript; statement from the institutions registrar, dean, or other appropriate official; or equivalent documentation is acceptable.

**Retroactive action is not authorized when documentation is presented at a later date.**

Signature:

Date:

**FOR POSITIONS WHICH REQUIRE APPLICANT TO WORK WITH CHILDREN  
UNDER THE AGE OF 18  
MUST COMPLETE THE FOLLOWING**

**NAF APPLICATION CONTINUATION FORM**

- A. Have you ever been arrested for or charged with a crime involving a child?      **YES**      **NO**
- B. If your answer is yes, provide a description of the disposition of the arrest or charge.  
(Give description, if additional space is needed feel free to use the back of this page for explanation)
- C. Have you ever been asked to resign from a position because of or been decertified for a sexual offense?  
**YES**  
**NO**
- D. If your answer is yes, provide a description of the case disposition.  
(Give description, if additional space is needed feel free to use the back of this page for explanation)
- E. Have you been arrested for or charged with a crime involving drugs or alcohol?      **YES**      **NO**
- F. If your answer is yes, provide a description of the disposition of the arrest or charge.  
(Give description, if additional space is needed feel free to use the back of this page for explanation)
- G. This is to advise you that if you are accepted for employment, the Air Force is required to request a State Criminal History Repository Checks as a condition of employment. You have the right to obtain a copy of the Criminal History Repository Report and to challenge the accuracy of any information contained in the report.

You are signing this application under penalty of perjury. The penalty for perjury is \$2,000 fine or 5 years in jail or both.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PROVIDE THE FOLLOWING TO HELP US FACILITATE NECESSARY  
BACKGROUND CHECKS**

1. Applicants Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Current Address: \_\_\_\_\_
4. Former Address: \_\_\_\_\_
5. Sponsor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_
6. Current Base and Organization: \_\_\_\_\_
7. Former Base and Organization: \_\_\_\_\_

**LIST OF RESIDENCES PAST 5 YEARS**

FROM	TO	COMPLETE MAILING ADDRESS

**PRE-EMPLOYMENT REFERENCE CHECKS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Appendix C

**ACKNOWLEDGMENT OF RIGHTS  
AND  
CONSENT TO RELEASE RECORDS**

*AUTHORITY: 42 U.S.C. 13041 AND 10 U.S.C. 8013*

**PRINCIPAL PURPOSE:** To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

**DISCLOSURE:** Mandatory. In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

**EMPLOYEE ACKNOWLEDGMENT:**

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that the record check will include the following:
  - a. A State Criminal History Repository Check in the state where I currently reside and in states where I have formerly resided;
  - b. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, as a minimum, inquiries of the Security Police, Medical Treatment Facility, the Family Housing Office, the Social Actions Office, and the Family Advocacy Office; and
  - c. A National Agency Check with Inquiries, including a Federal Bureau of Investigation fingerprint check.
3. I hereby authorize any Federal, state or local agency or office to release any record relating to me which is necessary to complete the record checks described above.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TYPED OR PRINTED NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**SPONSOR'S NAME:** \_\_\_\_\_ **SPONSOR'S SSN:** \_\_\_\_\_

**SPONSOR' CURRENT ORGANIZATION:** \_\_\_\_\_

## REQUEST FOR INSTALLATION RECORDS CHECK (IRC)

Medical Treatment Facility Records

Name of Requesting Agency: 51 FSS/FSMH

POC at Requesting agency: \_\_\_\_\_ Duty Phone: 784-1398/1408

- a.** It is Air Force Policy that Non- Appropriated Fund (NAF) employees and all volunteer working with or near children under 18 years of age must have an IRC. The following individual is being considered for either employment or a volunteer position in a DOD- sanctioned activity:

a. APPLICANT NAME: \_\_\_\_\_

b. APPLICANT SSN: \_\_\_\_\_

c. APPLICANT DATE OF BIRTH: \_\_\_\_\_

d. PROSPECTIVE POSITION: \_\_\_\_\_

e. NAME OF MILITARY SPONSOR: \_\_\_\_\_

f. SSN OF MILITARY SPONSOR: \_\_\_\_\_

g. CURRENT ADDRESS: \_\_\_\_\_

**b.** The Privacy Act protects the information of this letter. Air force personnel (military or civilian) must conduct this IRC. Information contained herein should be protected as sensitive medical information.

**c.** The applicant and the applicant's sponsor acknowledge that both of the social security numbers provided will be submitted for an Air Force Central Registry check to verify the applicant has no documented history of perpetrating child maltreatment.

\_\_\_\_\_  
Signature of Applicant (Date)

\_\_\_\_\_  
Signature of Sponsor (Date)

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**d. For Family Advocacy Program-** A Medical Facility Records check of AHLTA, Mental Health Records and Family Advocacy Program Records, to include an Air Force Central Registry Check reveals:

\_\_\_\_\_ No pertinent information exists

\_\_\_\_\_ Information exists that requires review

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Position of FAP Official

\_\_\_\_\_  
Signature