

**CHILD DEVELOPMENT SERVICES/YOUTH SERVICES  
PREEMPLOYMENT BACKGROUND CHECK, STATEMENT OF UNDERSTANDING  
(USAREUR Reg 608-20)**

**Privacy Act Statement**

- 1. Authority.** 10 U.S.C. 3013 and Executive Order 9397.
- 2. Purpose.** To give permission for agencies to provide necessary clearances by examination of records.
- 3. Routine Uses.** Signed consent forms will be used to screen patient medical records in order to complete clearance procedures.
- 4. Disclosures.** Giving your permission for information is voluntary; however, failure to provide information will result in denial of certification as a qualified child care provider.

Because of the nature of my potential employment with child development services (CDS) or youth services

(YS), I understand the following checks will be done:

- National agency background check (DD Form 398 or 398-2).
- Medical assessment (DA Form 3437).
- Local military police records check.
- U.S. Army Criminal Investigation Division records check.
- Check of Defense Central Investigation Index.
- Civilian law enforcement records check.
- Patient administration division, medical treatment facility.
  - \*Social work services
  - \*Psychology
  - \*Psychiatry

\*If indicated by medical assessment

I, \_\_\_\_\_, understand that I must submit a completed DD Form 398-2, personal security questionnaire, and have my fingerprints made before my appointment date to initiate this investigation. Failure to accomplish this is cause for nonselection. I understand if any of the above checks contain adverse information, it may be grounds to deny employment.

<b>Signature of applicant</b>		<b>SSN of applicant</b>	<b>SSN of security MGR</b>	<b>Date</b>
<b>Official Use Only</b>	<b>Date processed: S2</b>		<b>Initials</b>	
	<b>Date received by CPO</b>		<b>Initials</b>	