



# STATE REQUEST FOR BACKGROUND INVESTIGATION FOR ARNG EMPLOYEES OR STATE CONTRACTORS SUPPORTING DoW MISSION



## PRIVACY ACT STATEMENT

**AUTHORITY:** AR 380-67 is the authority for requesting this information.

**ROUTINE USES:** Any information developed may be disclosed to Federal, state, or local authorities in processing your nomination and those conducting the background check.

## INSTRUCTIONS

- This document should be completed and submitted electronically (**NO SCANNED COPIES**).
- Must include copy of the Certified HR Position Description (PD) or Performance Work Statement (PWS) or DD524 from the contract. Attach any supporting document(s) to the form or to the email.
- File Naming Convention: STATE LAST NAME DATE. Example: MD JONES 20201030**
- Must be signed by an O-5 or GS-13 or higher unless 'Local Exception' is approved by ARNG G-2 PERSEC.

## REQUESTING ORGANIZATION

STATE SECURITY MANAGER:  
(Last, First, MI)

STATE:

PHONE:

EMAIL:

## NOMINATED INDIVIDUAL

NAME (Last Name, First Name):

TITLE/ DUTY POSITION:

TYPE OF EMPLOYEE: ☐ State Employee ☐ State Contractor ☐ Volunteer Click the button to include Attachments

OPM PDT  
YES NO

PWS  
YES NO

## PRE QUALIFYING CONDITIONS

Is the nominated individual a U.S. Citizen?		If No, individual is not qualified for a clearance or interim computer access.		
Has the individual ever had a background check completed for employment with the U.S. Government?		If Yes	Agency	Investigation
Does the nominated individual have a break-in-service of more than 24 months?				Date Completed

## INVESTIGATION REQUESTED

Reason for Investigation:

Investigation Requested:

**NOTE:** For requests, submit a copy of the certified PD that states the investigation level requirement. If certified PD doesn't show the actual investigation level requirement, you must also provide the OPM PDT printout reflecting the position designation.

## JUSTIFICATION

Describe the current position and the specific duties as it supports the DoW mission. Sufficient information is required for approval.

## CERTIFICATION

I certify that the nominated individual requires an investigation to perform duties that are in direct support of DA/DoD mission.

NAME:

RANK:

Must be O-5 or  
GS-13 or higher

SIGNATURE:

COMMENTS:

## ARNG DISPOSITION

APPROVE/DENY:

SIGNATURE:

COMMENTS: