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)	SCARNG State PERSEC Office	STATE:	SC
PHONE:	803-299-4080	EMAIL:	ng.sc.scarng.list.j2-persec@army.mil

NOMINATED INDIVIDUAL

NAME (Last Name, First Name):

TITLE/ DUTY POSITION:

TYPE OF EMPLOYEE: ☑ State Employee ☐ State Contractor ☐ Volunteer

Click the button to include Attachments **Attach File**

OPM PDT		PWS		DD-254	
☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ NO

PRE QUALIFYING CONDITIONS

Is the nominated individual a U.S. Citizen?	YES	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?	NO	If Yes	Agency	Investigation	Date Completed
Does the nominated individual have a break-in-service of more than 24 months?	NO				

INVESTIGATION REQUESTED

Reason for Investigation: FITNESS/ HSPD-12

Investigation Requested: T1

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: Select One (Must be O-5 or GS-13 or higher)

SIGNATURE:

COMMENTS:

ARNG DISPOSITION

APPROVE/DENY: Select One

SIGNATURE:

COMMENTS: