

## USSOUTHCOM Personnel Security Local Records Check

### PART I- SUBJECT INFORMATION

1. Name: (Last, First, M.I.)  Other names: (maiden name, alias, AKA)		2. SSN / Nat'l ID No.:	3. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	4. Date of Birth:
5. Place of Birth: CITY: COUNTY: TOWNSHIP: STATE: - COUNTRY: PROVINCE: -	6. Racial Category <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian: <input type="checkbox"/> Native Hawaiian or <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> OTHER	7. Two Original Identity Source Documents (one photo ID required) a. <input type="checkbox"/> U.S. Passport b. <input type="checkbox"/> U.S. Birth Certificate c. <input type="checkbox"/> Report of Birth Abroad d. <input type="checkbox"/> U.S. Naturalization Certificate e. <input type="checkbox"/> DoD or Federal ID		f. <input type="checkbox"/> Unexpired U.S. Permanent Resident Card g. <input type="checkbox"/> Unexpired Employment Authorization Document h. <input type="checkbox"/> Unexpired foreign passport with a valid I-94 or I-94A for a class of admission that permits employment i. <input type="checkbox"/> Driver's License j. <input type="checkbox"/> Other ID listed in I-9 Employment Eligibility Verification
8. Country of Citizenship:	9. If not a U.S. Citizen are you a U.S. Permanent Resident:  <input type="checkbox"/> YES <input type="checkbox"/> NO	10. Have you been charged and/or convicted of a Felony Offense within the last 10 years?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Offense: _____	11. Employer Company or Agency/Address/Phone:	

12. I hereby consent to a Local Records Check which will be used for a determination of access to USSOUTHCOM facilities and/or information.  
Signature/Date: \_\_\_\_\_

### PART II – REQUESTING GOVERNMENT SPONSOR

13. Sponsor Printed Name, Position and Phone No. \_\_\_\_\_

Sponsor Signature and Date: \_\_\_\_\_

### PART III – LAW ENFORCEMENT:

14.

<input type="checkbox"/> FDLE Criminal History Check	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> Law Enforcement Agency	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> NCIC	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> SDN	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> E-Verify	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> ALERTS (previously COPS)	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION

Results:(List whether offense was a misdemeanor or felony and year)

  
  
  

**At no time dissemination either by writing, verbal, or CJIS hard copy of the criminal history reports obtained through the CJIS System be released to unauthorized persons.**

I Certify that a Local Records Check was conducted and the information is true and correct according to the record on file.

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_

### PART IV – PERSONNEL SECURITY MANAGER CERTIFICATION:

15. Name/Signature	Date:	Expires on:
		<input type="checkbox"/> Sponsor Notified
		<input type="checkbox"/> Attachments
		<input type="checkbox"/> JPAS Updated
		<input type="checkbox"/> Cancel

**For Official Use Only**