



Marine Corps Community Services (MCCS)

Background Request Form

18703

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal Name

Year Changed

Street Address

Dates at This Address

City

State

ZIP

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

Previous Addresses for last 5 years...Most Recent First

City

State

ZIP

Last Name While at This Address

Number of Years at This Address

City

State

ZIP

Last Name While at This Address

Number of Years at This Address

City

State

ZIP

Last Name While at This Address

Number of Years at This Address

City

State

ZIP

Last Name While at This Address

Number of Years at This Address

Account

Location

SSN Trace-> ●

NCRF-> ●

Esteem-> ●

County Criminal-> ●

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, the Marine Corps Community Services (MCCS) may obtain a Criminal Record Check and/or an investigative Consumer Report. The Fair Credit Reporting Act, codified at 15 U.S.C. sec. 1681 et. seq., as amended by the Fair and Accurate Credit Transactions Act of 2003, Pub. L. No. 108-159, requires that we advise you, that for purposes of employment only, a Consumer Report may be made. This report may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event that the report contains information regarding your character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION AND RELEASE

During the application process, and at the time during any subsequent employment, I hereby authorize Choice Point Services, Inc., on behalf of the Marine Corps Community Services, to procure a Consumer Report, which I understand may include information regarding my character, general information, personal characteristics, or mode of living. This report may be compiled with information from court record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entries, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

PRIVACY ACT INFORMATION

This form requests certain information pursuant to the Authority of 5 U.S. Code, Section 301, and Executive Order 9397 of 22 November 1943. Submission of the information required by this form is voluntary. If an applicant fails to furnish information requested on this form sufficient to conduct a background investigation and make a determination as to your suitability for employment, your employment application will not be processed. Applicants must provide a Social Security Number (SSN) in order to identify them for personnel record keeping purposes because other people may have the same name and birth date. The SSN may also be used to make requests for information about applicants from employers, schools, banks and other references, but only as allowed by law. The information we collect by using a SSN will be used for employment purposes and for studies and statistics that will not identify the applicant. Information provided on the form may also be given to federal, state, and other local agencies for checking on law violations or for other lawful purposes. **If a background investigation reveals unfavorable information, the application may be disqualified or if relevant to an employee, may result in termination.** **ROUTINE USE(S):** The Department of the Navy Blanket Routine Uses posted at <http://www.privacy.navy.mil/> apply.

Applicant/Employee Name and Signature

Date

Applicant Social Security Number

Date of Birth