1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First middle (full name)

1. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month Day, Year)
2. Social Security Number: \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_
3. Sex: MALE\_\_\_\_FEMALE\_\_\_
4. Driver’s License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Driver’s License State of Issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, State, Zip, Country)
10. Employer/Command:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Phone Numbers: Employer (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home (\_\_\_\_) \_\_\_\_-\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | NA |  |
|  |  |  | Are you a U.S. Citizen?  |
|  |  |  | Are you a legal resident alien? |
|  |  |  | Have you ever been barred from any federal government facility or base?  |
|  |  |  | Have you ever been convicted of a felony?  |
|  |  |  | Do you have any outstanding warrants or are you a fugitive from justice?  |
|  |  |  | Are you currently pending trial? |
|  |  |  | Are you on an approved Dept. of Prisons program? (probation, parole, work release etc.) |
|  |  |  | Have you ever been convicted on a weapons charge or Theft |
|  |  |  | Are you now or have you **EVER** been a member of an organization dedicated to terrorism or extremism? |

1. **Individual Requesting Access**. I certify that the above information is correct and I agree to allow NVARNG Provost Marshal and/or local commands to perform a local/national security check on me as required.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Employer Supervisor/Manager.** I certify that the above information has been verified with the individual’s documents; to include a United States issued birth certificate and a United States issued picture identification (e.g., driver’s license, U.S. military ID, Resident Alien Registration Card, Foreign Passport, Foreign Military ID etc.)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. FMO/NVNG Representative – Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contract end date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANNEX D

Appendix 3

TAB 3

1 of 1