<u>REQUEST FOR INFORMATION FOR VOLUNTEER PROGRAM – DKI APCSS</u>

Full Name:	Place of Birth:			
Address:				
City:	_ State:_	Zip Code:		
Are you a US Citize	en? Yes N	o If no provide country of	citizenship:	
Military Service:				
Have you ever serve	ed in the Unit	ted States Military? Yes	No if yes provide	: :
Branch:		Dates of service - Start:_	End:	
Branch:		Dates of service - Start:_	End:	
Branch:		Dates of service - Start:_	End:	
(1) traffic fines of \$ violation of law con Offender law, (4) ar	300 or less, (and the second s	nvictions resulting from a ple (2) any violation of law commor your 18th birthday if finally a set aside under the Federal Ye the record was expunged un	nitted before your 16t y decided in juvenile Youth Corrections Ac	h birthday, (3) any court or under a Youth t or similar state law,
1. During the last 7 parole? (Includes fe	years, have y lonies, firear date, explana	you been convicted, been imports or explosives violations, attion of the violation, place o	prisoned, been on pro misdemeanors, and al	bation, or been on l other offenses.) If
2. Have you been co	onvicted by a rovide, explai	n military court-martial in the nation of the violation, place	_	· ·
•	_	ges for any violation of law? I		_

court involved.

- 4. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from any employment. If "YES," provide an explanation of the problem, reason for leaving, and the employer's name and address.
- 5. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," please explain:

provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt

Certification:

I certify that, to the best of my knowledge and belief, all of the information on and attached to this Application of Internship, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not employing me, or for dismissal after I begin my internship. I understand that any information I give may be investigated for purposes of determining eligibility for Federal internship. I consent to the release of information about my ability and fitness for Federal internship by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

Applicants Full Name: Signature:				
Section Below: Used for PERSEC OFFICER C	Y to be complete prior to acceptance: (completed forms will be maintained in the HRD office only)			
Favorable: Date: PERSEC	ficer Name & Signature:			
Send email to Volunteer Program Coording	r of favorable results: (PERSEC Officer Initials)			
Security Brief: to be completed on day of c	val by PERSEC OFFICER:			
PERSEC Officer Name:	Date:			
Applicant's Signature:	Date:			

Updated: JULY 2021