U.S. Army Corps of Engineers, Mobile District (SAM)

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS (Campground Attendants and Volunteers)

For use of this form, see EP/ER/EC 1130-2-550; the proponent agency is CESAM-OP-TR.

AGENCY USE ONLY:									
Project:		P		ark Attendant		'olunteer	Coordinator:		
UIC:		Volunteer Time Period:		Less than 6 r		onths	More than 6 months		
SOI/SON:			IPAC Code:				Branch of Service:		
Fingerprints Submitted (Date):				FEDEX Tracking:					
Requesting Official:									
-	Name				Date		Signature		
PURPOSE: The Mobile District conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Provision of this information is voluntary. AUTHORITY: The Mobile District is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code and parts 5, 731, and 736 of Title 5, Code of Federal Regulations. PENALTIES FOR INACCURATE OR FALSE STATEMENTS: The U.S. Criminal Code, Title 18, Section 1001, provides that knowingly falsifying or concealing a material fact is a felony which may result in fines up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified information, and this remains a part of the permanent record for future placement. DISCLOSURE OF INFORMATION: Our collection, maintenance, use and dissemination of your personally identifiable information gathered for our background investigation is governed by the Privacy Act (5 U.S.C. § 552a, as amended). The information you give us is for the purpose of determining your suitability to serve as a Campground Attendant or Volunteer and will be protected from misuse and unauthorized disclosure as provided by the Act.									
SUBJECT INFORMAT	ION:								
(Mr./Mrs./etc.)	Fire	st Name		Middle Na	me or NMN		Last I	Name	(Jr./Sr./II ect.)
Date of Birth	Place of Birth - City, State and Country								
		Hom	ne				Home		
Primary Phone Number (Area code +) Cell			Secondary Phone Number			a code +)	Cell E-mail Add		ddress
U.S. Citizen ? (Necessa	ary Documentat	tion to be pr	ovided under	separate/se	cure cover	.) <u>Y</u> e	es N	0	
AUTHORIZATION:									
I authorize any investig background investigation party is for official use of	on to obtain any	information	n relating to m	yself for sai	d purpose.	I understar	nd that the in	formation released to	3 ,
Full Name					ate	_	Signature		