

NAD Civil Works Volunteer Screening Application			1. DATE OF BIRTH		2. ID NUMBER (as applicable)	
3. LAST NAME, FIRST, MIDDLE INITIAL			4. KR/VOL	5. LOCATION		
6. SSN		7. HOME PHONE		8. CELL PHONE		9. SEX MALE FEMALE
10. HEIGHT _____ FT _____ IN WEIGHT _____ LBS		11. HAIR COLOR		12. PLACE OF BIRTH		
13. HOME ADDRESS		14. ISSUING DATA <input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACE LOST CARD <input type="checkbox"/> REPLACE DAMAGED <input type="checkbox"/> EXPIRED <input type="checkbox"/> CORRECT ERROR		15. MAGNETIC CARD #		PHOTOGRAPH
				16. BLOOD TYPE		
17. SIGNATURE OF AUTHORIZING OFFICIAL		18. EXPIRATION DATE				
19. SIGNATURE OF APPLICANT		20. SIGNATURE FOR RECEIPT OF ID BADGE		21. DATE ACKNOWLEDGED		
22. POSITION TITLE		23. IF REPLACING LOST CARD, DESCRIBE LOSS CIRCUMSTANCES:				
COMPLETED DESTRUCTION OF BADGE DESCRIBED ON THIS CARD						
SIGNATURE OF DESTROYING OFFICIAL _____				DATE _____		

CW Project Site: _____ **Supervisor Name:** _____

CW Project Site Phone #: _____ **Dates of Service:** _____

I authorize the Chief of Security and Law Enforcement to procure an employment screening report and/or consumer credit report through First Advantage, a company engaged in the business of collecting information for purposes of employment screening located at 100 Carillon Parkway, St. Petersburg, FL 33716 for the limited purpose of reviewing my public records and to investigate any personal background information necessary to make a decision on my trustworthiness to access the facilities owned and operated by the U.S. Army Corps of Engineers (USACE).

Signature _____ **Date** ____/____/____

NOTICE: THIS FORM IS USED FOR CONTRACTORS AND VOLUNTEERS OF THE US ARMY CORPS OF ENGINEERS, NORTH ATLANTIC DIVISION WORKING AT USACE CIVIL WORKS SITES AND OTHER LOCATIONS FOR THE PURPOSE OF EMPLOYMENT SCREENING AND ACCESS AUTHORIZATION TO USACE FACILITIES. NO INFORMATION WILL BE RELEASED TO OUTSIDE AGENCIES. FAILURE TO PROVIDE REQUESTED INFORMATION MAY RESULT IN DENIAL OF ACCESS TO USACE FACILITIES. QUESTIONS ON THE USE OF THIS FORM MAY BE DIRECTED TO THE DISTRICT CHIEF OF SECURITY AND LAW ENFORCEMENT AT

NOTE: Applicants complete blocks 1, 3, 5 – 13, 16, 19 as well as date and sign the authorization above.