

Application Continuation Packet for:  
**Child and Youth Program Assistant Positions**

Application Checklist

Mark when completed:	x
1. OF612 and OF306 (Application Packet)	
2. Attached Forms (all forms that are included with this packet).	
3. High School Diploma (If you do not have your High School diploma you may request a duplicate from the High School you graduated from or your High School official transcripts)	
4. Official College Transcripts (if applicable)	
5. Spouse or Vet Preference Documents (if applicable)	

APPLICATION INSTRUCTIONS

The list of all Non-Appropriated Fund (NAF) positions for which the Human Resource Office (HRO) recruits and for which you may apply is located on the HRO bulletin board. This list does not necessarily indicate an actual opening. One application is required for EACH position you wish to apply for. Photocopies of the application are acceptable. Original signatures and dates are required on the photocopies. Make sure all blocks are complete (blocks that do not apply, mark N/A). Please account for all periods of time after leaving high school, for example, unemployment, college, previous employment, self-employment, etc. Attach additional sheets if necessary. Applications are accepted in our office Monday through Friday between the hours of 7:30 am and 4:30 pm. We also accept applications which are mailed to our office (at the address below) or faxed (707-424-2422). If you have any questions please call us at 707-424-4749 or DSN: 837-4749.

**\*\*Applications must have original signature and be submitted by the closing date of the announcement (if Merit Promotion applies). It is the responsibility of the applicant to insure that all documents required are completely filled out and included with the application. Incomplete applications will not be accepted.**

Your application(s) will remain on file for 90 days. The application(s) may be extended for an additional 90-day period if you call the HRO prior to the 90-day expiration date and request that your application is kept on file an additional 90 days. At the end of the 90 days, the application(s) are destroyed. Please note that non-selection letters are NOT sent to applicants.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!!!**  
 For additional information, please contact the NAF Human Resources Office  
 510 Airlift Dr. BLDG 380B, Travis AFB, CA 94535  
 707-424-4749

**Employee Requirements and Application Process**  
**(Child Day Care and Youth Activities Center)**

Please read the following requirements before turning in your application:

1. Prior to being hired as an employee of any of the three Child Development Centers or the Youth Activities Centers, you must complete the following:
  - a. Application (OF 612, OF 306, NAF Application Continuation Form, and Acknowledgement of Rights and Consent to Release Records.
  - b. One or more interviews;
  - c. Installations Records Check (IRC) at Travis AFB and any bases where you and/or your sponsor have been stationed in the past two years. IRC's take 30-45 days to complete;
  - d. A physical exam (which you have 60 days to complete after you are selected , in-processed, and begin work – not turning in your physical within the allotted time may result in termination) and
  - e. Application for a National Agency Check (NAC) and State Criminal History Records Check (SCHRC's).
  
2. Once you have submitted your application, you may be asked to begin the other steps in no particular order. Before you are an official selection for employment, you must complete all of the above.
  
3. The Human Resources Office may contact you anytime within 90 days of your application to obtain information for the Installation Records Checks. The supervisor of one or more centers may contact you for an interview. This is all part of the pre-hiring phase and you are not considered to be selected for a position until the Human Resources Office calls and tells you that you have been selected, asks you if you accept, and schedules you for in-processing.

If you have any questions, you may ask a HRO staff member by calling 424-4749.

Printed Name:	Date Signed:
Signature:	

**Appendix B**

**NAF Application Continuation Form**

1. Applicants for positions that require working with children under the age of 18 must complete the following:

A. Have you ever been arrested for or charged with a crime involving a child?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

B. If your answer is yes, provide a description of the disposition of the arrest or charge:

C. Have you ever been arrested for or charged with a crime involving drugs or alcohol?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

D. If your answer is yes, provide a description of the disposition of the arrest or charge:

E. This is to advise you that if you are accepted for employment, the Air Force is required to request a State Criminal History Repository Check as a condition of employment. You have a right to obtain a copy of the criminal history report and to challenge the accuracy of any information contained in the report.

2. You are signing this application under penalty of perjury. The penalty for perjury is a \$2,000 fine, or 5 years in jail, or both.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Appendix C

**ACKNOWLEDGMENT OF RIGHTS  
AND  
CONSENT TO RELEASE RECORDS**

**AUTHORITY:** 42 U.S.C. 13041 AND 10 U.S.C. 8013

**PRINCIPAL PURPOSE:** To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

**DISCLOSURE:** Mandatory. In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

**EMPLOYEE ACKNOWLEDGMENT:**

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.

2. I understand that the record check will include the following:

- a. A State Criminal History Repository Check in the state where I currently reside and in states where I have formally resided;
- b. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, at a minimum, a file check of Security Forces Management Information System (SFMIS) which affords global background investigative data for all Air Force installations; Family Advocacy's Air Force Central Registry which includes all drug and alcohol program files, medical treatment facility files, mental health, and life skills files; Family Housing files; and any other record checks as appropriate to the extent permitted by law; and
- c. A National Agency Check with Inquiries, including Federal Bureau of Investigation fingerprint check.
- d. A name check of the Dru Sjodin National Sex Offender Registry.

3. I hereby authorize any Federal, state, or local agency or office to release any record relating to me which is necessary to complete the record checks described above.

**SIGNATURE:** \_\_\_\_\_

**TYPED OR PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AUTHORIZATION FOR DISCLOSURE OF MENTAL HEALTH INFORMATION**  
**David Grant Medical Center, 101 Bodin Circle, Travis AFB, CA 94535**

**Privacy Act Statement**

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); 42 CFR Part 2; DoD 6025.18-R.

**PRINCIPAL PURPOSE(S):** This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

**ROUTINE USE(S):** To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

**SECTION 1 - PATIENT DATA**

Full Name of Patient (Last, First, Middle Initial) \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Social Security Number (Sponsor) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

Dates of Treatment: FROM (Date): \_\_\_\_\_ TO (Date): \_\_\_\_\_

Type of Treatment:  Outpatient  Inpatient  ADAPT  Family Advocacy

**SECTION 2 - DISCLOSURE**

I authorize DAVID GRANT MEDICAL CENTER to release my patient information to:

Name of Recipient NAF HUMAN RESOURCES OFFICE

Street Address 510 AIRLIFT DR BLDG 380B

City/State/Zip TRAVIS AFB, CA 94535

Phone ( 707 ) 424-4748 Fax ( 707 ) 424-2422

**Reason for Request/Use of Medical Information**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Personal Use                           | <input type="checkbox"/> Civilian Care | <input type="checkbox"/> Retirement/Separation |
| <input type="checkbox"/> Insurance                              | <input type="checkbox"/> School        | <input type="checkbox"/> Legal                 |
| <input type="checkbox"/> Other (specify): <u>NAF EMPLOYMENT</u> |  |  |

Is the information being used for any pending or contemplated litigation\*?  YES  NO

\* If litigation is pending or being contemplated, request for copies are sent to the Medical Law Consultant for review according to AFI 51-301 and AFI 51-302.

**Information to be Released:** Check the box and initial or sign to specify which type of medical information is to be released [indicate how much information].

- |   |                        |
|---|------------------------|
| <input checked="" type="checkbox"/> Mental Health Information _____   | ( patient's signature) |
| <input checked="" type="checkbox"/> Family Advocacy Information _____ | ( patient's signature) |
| <input checked="" type="checkbox"/> Drug/Alcohol Information _____    | ( patient's signature) |
| <input type="checkbox"/> Specified Information _____                  | ( patient's initials)  |
- \_\_\_\_\_
- \_\_\_\_\_

- I will pick up the copies. (Photo ID Required)                       Mail copies to address provided  
 I authorize Debra L. Patterson to pick up my records. (Photo ID Required)

**SECTION 3 – RELEASE AUTHORIZATION**

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected. Protected health information released under this authorization that pertains to substance abuse treatment may not be re-disclosed without my consent or unless specifically allowed by 42 CFR Part 2.
- c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.
- d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

This authorization shall become effective immediately and shall remain in effect until the release of medical information is completed or until date specified: \_\_\_\_\_.

This date shall not exceed one year.

\_\_\_\_\_  
**Signature of Patient/Parent\*/Legal Representative\*\***

\_\_\_\_\_  
**Date (MM/DD/YYYY)**

\_\_\_\_\_  
**Relationship to Patient**

\* For dependent children, parents may sign except when the record is marked that a minor has consented to his/her own care. In this situation the record will not be released to the parent.

\*\* For deceased patients, the next of kin must sign and furnish proof of death.

**SECTION 4 – FOR STAFF USE ONLY**

(To be completed only upon receipt of written revocation)

Authorization Revoked                      Reason for Revocation \_\_\_\_\_

Revocation Completed By \_\_\_\_\_ Date \_\_\_\_\_

Appendix G  
REQUEST FOR INSTALLATION RECORDS CHECK (IRC)  
Medical Treatment Facility Records

Name of Requesting Agency: NAF HUMAN RESOURCES OFFICE

POC at Requesting Agency: Engracia Commerford Duty Phone: 707-424-5841

a. It is Air Force policy that Non-Appropriated Fund (NAF) employees and all volunteers working with or near children under 18 year of age must have an IRC. The following individual is being considered for either employment or a volunteer position in a DoD-sanctioned activity:

a. APPLICANT NAME: \_\_\_\_\_

b. APPLICANT SSN: \_\_\_\_\_

c. APPLICANT DATE OF BIRTH: \_\_\_\_\_

d. PROSPECTIVE POSITON: \_\_\_\_\_

e. NAME OF MILITARY SPONSOR: \_\_\_\_\_

f. SSN OF MILITARY SPONSOR: \_\_\_\_\_

g. CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

b. The Privacy Act protects the information in this letter. Air Force personnel (military or civilian) must conduct this IRC. Information contained herein should be protected as sensitive medical information.

c. The applicant and the applicant's sponsor acknowledge that both of the social security numbers provided above will be submitted for an Air Force Central Registry check to verify the applicant has no documented history of perpetrating child maltreatment.

\_\_\_\_\_  
Signature of Applicant (date) Signature of Sponsor (date)

d. **For Family Advocacy Program** – A Medical Facility Records Check of AHLTA, Mental Health Records and Family Advocacy Records, to include an Air Force Central Registry Check reveals:

\_\_\_\_\_ No pertinent information exists

\_\_\_\_\_ Information exists that requires review

\_\_\_\_\_  
Date Name & Position of FAP Official Signature

## Appendix D

### **Substituting Education, Experience, and Training for Positive Education Requirements**

- 1. Applicants requesting to substitute education, experience, and training for positive education requirements must submit a portfolio consisting of:**
  - a. An Application for NAF Employment.**
  - b. Official college transcripts that have an official seal of the institution. Personal lists of courses and credit hours will not be evaluated.**
  - c. Formal education sheets that describe in detail the content of each course in Early Childhood Education, Child Development, or Youth Education/Recreation that normally constitute part of a major at a college or university. Submit only courses that have been successfully completed and listed on the transcript. Use the Formal Education Evaluation worksheet in Figure 1 to describe individual courses.**
  - d. A list of professional achievements and examples demonstrating advocacy for children/youth and families. This list must include dates and details of professional achievements. Examples of professional achievements include:**
    - (1) Experiences attending training and leading, facilitating, and coordinating workshops and conferences;**
    - (2) Membership or affiliation with a state or national early childhood or youth organization;**
    - (3) Serving on the board of a state or national early childhood/youth professional organization;**
    - (4) Publishing related to child care/youth development;**
    - (5) Serving as a member of a child care/youth task force;**
    - (6) or, other similar experiences.**
  - e. Responses to seven Core Experience Area (CEA) questions. These responses should explain how the candidate demonstrates an understanding of each of the seven CEAs, and how he/she used that understanding to improve the quality of program for children and families. Each response must be typed on a separate page and double spaced.**

**Core Area I - Explain how your experience demonstrates a basic understanding of child development or youth education/recreation.**

**Core Area II - Explain how your experience demonstrates you have established and maintained an environment that ensures children/youth a healthy and safe environment.**

**Core Area III - Describe how your professional development relates to a basic understanding and commitment to the early childhood or youth education/recreation profession.**

**Core Area IV - Describe how your program plans and implements a developmentally appropriate curriculum for children/youth.**

**Core Area V - Explain how you have established supportive relationships with children/youth and their families and implemented developmentally appropriate techniques of guidance and group management.**

**Core Area VI - Explain how you have established positive and productive relationships with families.**

**Core Area VII - Describe how you have supported the cultural and individual diversity and uniqueness of each child/youth in your program.**

Figure 1. Formal Education Evaluation Worksheet

<b>Course name:</b>					
<b>Course Number</b>	<b># of credits</b>	<b>Name of School</b>	<b>Location</b>	<b>Mo/Yr Complete</b>	<b>Transcript Attached:</b>
					Yes ___ No ___
<b>Course Objective:</b>					
<b>Course Description:</b>					

<b>Course name:</b>					
<b>Course Number</b>	<b># of credits</b>	<b>Name of School</b>	<b>Location</b>	<b>Mo/Yr Complete</b>	<b>Transcript Attached:</b>
					Yes ___ No ___
<b>Course Objective:</b>					
<b>Course Description:</b>					

<b>Course name:</b>					
<b>Course Number</b>	<b># of credits</b>	<b>Name of School</b>	<b>Location</b>	<b>Mo/Yr Complete</b>	<b>Transcript Attached:</b>
					Yes ___ No ___
<b>Course Objective:</b>					
<b>Course Description:</b>					