

## MARINE HELICOPTER SQUADRON ONE (HMX-1) APPLICANT SCREENING/INTERVIEW FORM

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

RANK: \_\_\_\_\_ SSN: \_\_\_\_\_ EDIPI: \_\_\_\_\_  
Social Security Number

DOB: \_\_\_\_\_ POB: \_\_\_\_\_ MOS: \_\_\_\_\_  
Date of Birth Place of Birth

TIME ON STATION: \_\_\_\_\_ UNIT: \_\_\_\_\_ EAS: \_\_\_\_\_

WILL YOU BE ON FLIGHT ORDERS: \_\_\_\_\_

### THE BELOW INFORMATION IS FOR SECURITY ADMINISTRATION ONLY

PSD RECOMMENDED: YES / NO	SOCIAL MEDIA CHECK:
CLEOC:	FORWARD TO S-2: YES / NO
CREDIT:	FORWARD TO MEDICAL: YES / NO
50 STATE:	DATE PULLED / SIGNATURE:

PSDB:   
 INTERVIEW:   
 SHDB:   
 EMAIL:   
 BEAST:

CONTACT:  
 CONTACT:  
 CONTACT:  
 CONTACT:  
 CONTACT:

# MARINE HELICOPTER SQUADRON ONE (HMX-1) APPLICANT SCREENING/INTERVIEW FORM

## **PRIVACY ACT OF 1974 (ADVISEMENT STATEMENT):**

The authority for requesting the following information is 10 U.S.C. 3013, and Executive Orders 10450, 11652 and 9397. The requested information will be used in making security determinations, granting access to classified information, and making personnel management decisions. Routine uses include determining the scope and coverage of a personnel security investigation, checking investigative leads to assure completeness of the investigation, and providing evaluators and/or adjudicators with basic personal history information relevant to security and suitability. Information may be disclosed to Federal or other Government agencies and administrative personnel involved in processing actions that evolve during the course of these determinations. **COMPLETION OF THIS FORM IS VOLUNTARY.** Failure on your part to furnish all or part of the requested information may result in non-selection for assignment to Marine Helicopter Squadron One (HMX-1), and your suitability to hold a security clearance.

## **GENERAL INFORMATION CONCERNING THIS FORM:**

Completion of this questionnaire represents an initial security screening by representatives of HMX-1. If favorably reviewed, additional security screening will follow, including a detailed Single Scope Background Investigation (SSBI) conducted by the Defense Security Service (DSS). This investigation encompasses extensive checks with appropriate law enforcement agencies, credit and financial institutions, school teachers and administrators, friends, neighbors, employers, and other persons who know and are willing to provide information concerning you. Upon completion of all screening and investigation, a determination will be made concerning your eligibility for Presidential Support Duty (PSD). All questions should be answered honestly and completely, regardless of whether you may have been told that any of your records have been sealed or expunged. Falsification or misrepresentation of any facts on this questionnaire may result in denial of assignment to PSD, denial or revocation of a security clearance or access to sensitive information, or possible separation from the military service. ANY ADVICE YOU MAY HAVE RECEIVED CONCERNING THE WITHHOLDING OF REQUESTED OR APPLICABLE INFORMATION SHOULD BE DISREGARDED. It is in your best interest to complete all questions honestly and accurately on the attached pages by circling the appropriate "YES" or "NO" response.

**If you answer "YES" to any question, fully explain your answer in the corresponding comments section.**

## **CERTIFICATION:**

By signing below, I acknowledge that I have fully read and understand all of the information provided to me in the above two statements and wish to proceed with the interview on my own free will.

\_\_\_\_\_  
(APPLICANT SIGNATURE & DATE)

\_\_\_\_\_  
(HMX-1 INTERVIEWER & DATE)

**1. FOREIGN CONNECTIONS.** The questions within this section pertain to you and all members of your immediate family (parents, siblings, spouse, children)

Y N

- a. Are you a U.S. citizen?
- b. Have you attained U.S. citizenship other than by birth?
- c. Are you or have you ever been a dual citizen? If yes, please explain below.
- d. Were you or any members of your immediate family born outside of the U.S.?
- e. Have you ever had relatives living outside of the U.S. on other than official government business?
- f. Have you ever lived with a foreign national?
- g. Have you ever maintained personal relationships, ties of affection, obligation or kinship to anyone individual who is not a U.S. citizen?
- h. Have you ever had any financial interests, holdings or dealings with a foreign owned business or individual?
- i. Have you ever owned property or had a bank account in a foreign country?
- j. Have you ever provided financial support to anyone who is not a U.S. citizen?
- k. Have you ever traveled outside of the U.S. on other than official U.S. government business?
- l. Have you ever performed work for or received compensation from a foreign owned or controlled business or individual?
- m. Have you ever received benefits, financial assistance, gifts, or cash from a citizen of a foreign country or from the government of a foreign country?
- n. Have you ever had contact with a foreign government, it's embassies, consulates, or representatives for any reason other than visa inquiries or official U.S. government business?
- o. Have you ever associated or maintained contact with, or worked for a foreign government or interest, or with any foreign intelligence or security service?
- p. Have you ever served in the armed forces of a foreign country, or given volunteer service or been employed as a foreign government employee or contractor?

**COMMENTS:**

## 2. SUBSTANCE USE HISTORY

Y N

- a. Have you ever used an illegal or illicit substance (i.e., drugs)?
- b. Have you ever had a positive test for drugs or other illegal substances?
- c. Have you ever misused a prescription or over the counter medication for any reason (e.g., took someone else's prescription, took more of your own medication that was allowed by the prescription, took more of an over the counter medication than instructed)?
- d. Have you ever illegally manufactured, purchased, used, transported, or sold an illegal or illicit substance/drug?
- e. Have you ever had a Driving Under the Influence (DUI), Operating While Impaired (OWI), or any other significant event due to substance use to include an investigation, detainment, or arrest whether convicted or not?
- f. Have you ever been evaluated by a professional regarding substance use?
- g. Have you ever received a diagnosis for a substance disorder?
- h. Have you ever been treated for a substance use disorder in an *outpatient* setting (e.g., individual therapy, group therapy, medication, etc.)?
- i. Have you ever been treated for a substance use disorder in an *inpatient* setting (i.e., residential, partial-hospitalization, detoxification, etc.)?
- j. Have you ever discontinued any substance use treatment plan without the consent of the treatment provider (e.g., you decided to stop on your own, you did not continue with treatment despite the expectation or need to, etc.)?
- k. Any substance use history that could potentially result in someone blackmailing you?
- l. Is there any substance use history that you have had, but have not previously reported? This often occurs when people fear that disclosing certain information may disqualify them from employment. For Presidential Support Duty, it is imperative that you disclose such information now. Your forthcoming disclosure can mitigate consequences, to yourself and the mission, that occur when the information comes to light during or after the initial screening. The screening process continues throughout your tour.

Write only the date(s) or time periods that correspond to items you marked YES.  
For example, "6.d. 3/2012-11/2012."  
A qualified staff member will contact you for additional information if necessary.

### 3. ALCOHOL USE HISTORY

Y N

- a. Have you ever been advised to cut back/reduce your alcohol use?
- b. Have you ever experienced blackouts (e.g., can't remember events due to intoxication)?
- c. Have you ever illegally manufactured, purchased, used, transported, or sold alcohol?
- d. Have you ever had an Alcohol Related Incident (ARI), Driving Under the Influence (DUI), Operating While Impaired (OWI), or any other significant event due to alcohol use to include an investigation, detainment, or arrest whether convicted or not?
- e. Have you ever been evaluated by a professional because of your alcohol use?
- f. Have you ever received a diagnosis for an alcohol use disorder?
- g. Have you ever been treated for an alcohol related disorder in an *outpatient* setting (e.g., individual talk therapy, group therapy, medication, etc.)?
- h. Have you ever been treated for an alcohol related disorder in an inpatient setting (i.e., residential, partial-hospitalization, detoxification, etc.)?
- i. Have you ever discontinued any alcohol use treatment plan without the consent of the treatment provider (e.g., you decided to stop on your own, you did not continue with the treatment despite the expectation or need to, etc.)?
- j. Any alcohol use history that could potentially result in someone blackmailing you?
- k. Is there any alcohol use history that you have had, but have not previously reported? This often occurs when people fear that disclosing certain information may disqualify them from employment. For Presidential Support Duty, it is imperative that you disclose such information now. Your forthcoming disclosure can mitigate consequences, to yourself and the mission, that occur when the information comes to light during or after the initial screening. The screening process continues throughout your tour.

Write only the date(s) or time periods that correspond to items you marked YES.  
For example, "6.d. 3/2012-11/2012."  
A qualified staff member will contact you for additional information if necessary.

#### 4. PSYCHOLOGICAL HEALTH HISTORY

Y N

a. Have you ever been screened for special duty (e.g., Drill Instructor, Recruiter, Personnel Reliability Program, Special Forces, etc)?

1) If YES, describe what job/position/access you were screened for?

2) If YES, For the Special Duty, were you ever not selected, de-screened, dismissed, suspended, or found unsuitable at any point during the screening process or assignment?

b. Have you ever been evaluated by a behavioral/mental health professional (e.g., psychologist, social worker, psychiatrist, other counselor, etc.)?

c. Have you ever received a diagnosis for a behavioral/mental health condition?

d. Have you ever been treated for a behavioral/mental health issue in an outpatient setting (e.g., family therapy, individual talk therapy, group therapy, medication, etc.)?

e. Have you ever been treated for a behavioral/mental health issue in an inpatient setting (e.g., hospitalization, partial-hospitalization program, residential program, etc.)?

f. Have you ever discontinued any behavioral/mental health treatment plan without the consent of the treatment provider (e.g., you decided to stop medication on your own, you did not continue with talk therapy sessions despite the expectation or need to, etc.)?

g. Have you experienced difficulties in school, work, or relationships due to anger or aggressive behavior, learning difficulties, or attention difficulties?

h. Is there any behavioral/mental health history that you have had, but have not previously reported? This often occurs when people fear that disclosing certain information may disqualify them for employment. For Presidential Support Duty, it is imperative that you disclose such information now. Your forthcoming disclosure can mitigate consequences, to yourself and the mission, that occur when the information comes to light during or after the initial screening. The screening process continues throughout your tour.

Write only the date(s) or time periods that correspond to items you marked YES.  
For example, "6.d. 3/2012-11/2012."  
A qualified staff member will contact you for additional information if necessary.

\*\*\*ANYTHING MARKED "YES", GIVE AN EXPLANATION AS TO WHEN, WHERE, AND WHAT HAPPENED\*\*\*

**5. CRIMINAL HISTORY**

Y N

- a. **Have you ever** been questioned, detained, held cited, charged, or arrested by any law enforcement or juvenile authority **(to include traffic offenses ON & OFF BASE)**, regardless of whether the citation was dropped, dismissed, or you were found not guilty? **I.E. Parking tickets, speeding tickets, etc.**
- b. **Have you ever** been convicted, fined, confined, forfeited bond, or required to appear in court for any reason, regardless of whether the record in your case was sealed, expunged, or otherwise stricken?
- c. Have you ever been awarded parole, probation, suspended sentence or participation in a rehabilitation program or are you currently awaiting action on any charges against you?
- d. Have you ever received disciplinary action under the Uniform Code of Military Justice?
- e. Have you ever engaged in trespassing, vandalism or violence?
- f. Have you ever been charged with income tax evasion or failure to file?
- g. Have you ever had your driver's license suspended or revoked?
- h. Have you declined to list any arrests or convictions because a judge, attorney or any other person told you that your records would be expunged?
- i. Have you ever been expelled or suspended from school for any reason?
- j. Have you ever engaged in black market activities?
- k. Have you ever been investigated by any federal government agency?
- l. Have you ever been the subject of a UCMJ investigative inquiry?
- m. Do you maintain personal relationships or other associations with any persons you know or suspect to be involved in criminal activities?

**COMMENTS:**

\*\*\*ANYTHING MARKED "YES", GIVE AN EXPLANATION AS TO WHEN, WHERE, AND WHAT HAPPENED\*\*\*

**6. MORAL CHARACTER**

Y N a. Have you ever been involved in or accused of any of the following:

 

1) Child molestation?

 

2) Adultery?

 

3) Statutory rape?

 

4) Indecent exposure?

 

5) Child or spouse abuse?

 

6) Prostitution?

 

7) Sexual harassment?

 

8) Sexual abuse?

 

b. Have you ever engaged in any conduct which could embarrass you or your family, or for which you could be blackmailed, if such conduct were uncovered?

**COMMENTS:**

\*\*\*ANYTHING MARKED "YES", GIVE AN EXPLANATION AS TO WHEN, WHERE, AND WHAT HAPPENED\*\*\*

**7. EMPLOYMENT HISTORY**

- | Y                        | N                        |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Have you ever left any employment under less than favorable circumstances?  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have you ever been fired or removed from any job?   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Have you ever quit a job to avoid being fired?  |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Have you ever been relieved from a duty position?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you ever had any problems with employers or supervisors?   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you ever had any problems with employees or co-workers?  |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you ever had a job where you would not be eligible for rehire?   |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Have you ever received disciplinary action (e.g., demotion, transfer, reassignment, etc.) for any job-related misconduct?   |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Have you ever received a formal written or verbal counseling from supervisors indicating that your work performance or conduct was unsatisfactory?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Have you ever received any unfavorable actions based on an unsatisfactory report?   |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Have you ever had any previous employers, supervisors, or subordinates who might not recommend you for a position of trust and responsibility with the U.S. government? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you ever been denied enlistment in, rejected by, or discharged from any branch of the armed forces for reasons other than expiration of active service?            |

**COMMENTS:**

\*\*\*ANYTHING MARKED "YES", GIVE AN EXPLANATION AS TO WHEN, WHERE, AND WHAT HAPPENED\*\*\*

**8. FINANCIAL RESPONSIBILITY.** The following pertains to you; if married, they pertain to both, you and your spouse.

Y N

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Have you ever encountered <u>difficulty</u> managing your finances, or meeting your financial obligations?               |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have you ever declared bankruptcy?   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Have you ever had a lien placed against your property (excluding mortgages or loans)?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Have you ever incurred indebtedness as a result of drug or alcohol use, or gambling?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you ever written checks not covered by sufficient funds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you ever had your check-cashing privileges suspended or revoked?  |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you ever been late on regularly scheduled payments?   |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Have you ever had any bills that are more than 30 days delinquent?   |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Have you ever been refused credit?   |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Have ever had your wages garnished?  |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Have you ever had any credit account turned over to a collection agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you ever been sued by a creditor?   |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you ever moved, changed your address, or taken other steps to evade creditors?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Have you ever been ordered by the Court to provide child support or alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | o. Have you ever failed to pay court ordered judgements?  |
| <input type="checkbox"/> | <input type="checkbox"/> | p. Have you ever defaulted on a loan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | q. Have you ever engaged in gambling activities involving large sums of money?  |
| <input type="checkbox"/> | <input type="checkbox"/> | r. Have you ever been evicted from a residence or left a residence owing money for rent, utilities, cleaning, damage, etc.? |

**COMMENTS:**

\*\*\*ANYTHING MARKED "YES", GIVE AN EXPLANATION AS TO WHEN, WHERE, AND WHAT HAPPENED\*\*\*

**9. MEMBERSHIP AND SUPPORT**

- | Y                        | N                        |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Have you ever advocated the use of force or violence to overthrow the U.S. government or alter our constitutional form of government?  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have you ever been a member of any organization or group, which advocates the use of force or violence to overthrow the U.S. government or alter our constitutional form of government?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Have you ever advocated the use of force or violence to prevent others from exercising their rights under the Constitution or laws of the U.S. or any state?   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Have you ever been a member of any organization or group that advocates the use of force or violence to prevent others from exercising their rights under the Constitution or laws of the U.S. or any state? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you ever committed any action that could cause someone to question your loyalty to the U.S. or our constitutional form of government?   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you ever participated in any unlawful protest, riot, or public demonstration?   |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you ever been a conscientious objector?   |

**COMMENTS:**

\*\*\*ANYTHING MARKED "YES", GIVE AN EXPLANATION AS TO WHEN, WHERE, AND WHAT HAPPENED\*\*\*

**10. SECURITY BACKGROUND**

- | Y                        | N                        |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Have you ever held a security clearance with any branch of the U.S. government or any civilian contractor?  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have you ever been granted access to classified information?  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Have you ever been subject to a polygraph examination?  |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Have you ever been denied or had a security clearance or access revoked or suspended?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you ever knowingly or unknowingly disclosed any classified information to unauthorized persons?  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you ever knowingly or unknowingly violated any regulation pertaining to the security of classified information?  |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you ever been investigated or suspected of compromise of classified information?   |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Have you ever been the subject of any inquiry involving the loss, compromise, or mishandling of classified material which was under your control?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Have you ever been approached by any agents or representatives of a foreign government to provide information for which they are not authorized?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Have you ever engaged in espionage or sabotage activities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Have you ever been approached by anyone to engage in espionage or sabotage activities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you ever received any advice from any person, whether directly, indirectly, or implicitly, to withhold any information as it pertains to illegal or security related activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you ever misinformed, deceived, or withheld background information from recruiters, investigators, security personnel, or any other employers?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Have you ever been interviewed by the Defense Investigative Service?  |
| <input type="checkbox"/> | <input type="checkbox"/> | o. Have you ever provided false, incorrect, or misleading information to any investigator?   |
| <input type="checkbox"/> | <input type="checkbox"/> | p. Have you ever falsified official or unofficial documents regarding your involvement in illegal or questionable activities?  |

**COMMENTS:**

\*\*\*ANYTHING MARKED "YES", GIVE AN EXPLANATION AS TO WHEN, WHERE, AND WHAT HAPPENED\*\*\*

11. **MISCELLANEOUS**

Y N

- a. Have you ever participated in any illegal or questionable activity not specifically asked in this questionnaire?
- b. Do you think that anyone might deliberately make a false or damaging statement about you?
- c. Can you think any other information or events in your life, which might have a bearing on your eligibility for assignment to Presidential Support Duties?
- d. Would you refuse to take a polygraph examination to clarify any issues, which might arise during the conduct of a background investigation?
- e. Have you ever been on Light/Limited Duty multiple times for the same injury?
- f. Are you currently on Light/Limited Duty?
- g. Have you ever been previously assigned to Presidential Support Duties?
- h. Have you answered all of the above questions honestly, completely, and to the best of your ability?

In the past three years have you received a partial, waiver, exemption, or failure on a PFT or CFT?

**COMMENTS:**

**READ AND SIGN BELOW**

I certify that I have read and understand the Privacy Act of 1974 Advisement Statement on Page 1 of this questionnaire, and that the answers I have provided in this questionnaire are true, complete, and correct to the best of my knowledge, memory and belief. I understand that willfully making false statements or omissions of pertinent information may result in my not receiving a security clearance, access, or approval for Presidential Support Duties and that such actions may result in punishment under the Uniform Code of Military Justice and/or separation from military service.

I understand that if accepted for assignment to Presidential Support Duty, I may be the subject of a random counterintelligence-scope polygraph examination.

I further understand that I am obligated to inform the interviewer or the appropriate security manager of any substantial change to the information I have provided herein which occurs subsequent to completion of this questionnaire.

\_\_\_\_\_  
Applicant's Full Printed Name

\_\_\_\_\_  
Last Physical Mailing Address ( No APO or PO BOX)

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Email address (Work/Personal)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Telephone Number (Work/Personal)

-----  
I certify that I have discussed each aspect of this questionnaire with the above named individual and that I have also informed the applicant of the consequences of providing false, incomplete, misleading, or erroneous information.

\_\_\_\_\_  
Interviewers Full Printed Name

\_\_\_\_\_  
Interviewers Telephone Number

\_\_\_\_\_  
Interviewers Signature

## HMX-1 Applicant Contact Information Sheet

\* Please fill out to the best of your ability in order to enable the HMX-1 Security Administration and Manpower shops in contacting & assisting you in your security application process and PCS move coordination. Provide as many methods of contact as possible in case of deployment, unit reassignment, etc.

**Personal Information:**

Last Name	First Name	Middle Initial	Rank / Grade	Last 4 (SSN)	DOB MM/DD/YY

Work Email Address (s)	Civilian Email Address (s)	Work / Shop Phone # (s)	Personal Cell Phone # (s)

Home Mailing Address

If you are deployed and we are unable to reach you, what is the best method (s) of contact?

--

**Unit Information:**

Current Unit	RUC/MCC	Duty Station	Unit Mailing Address	Duty Officer Phone Number

**If Applicable:**

Future Unit	RUC/MCC	Deployed Duty Station	Unit Mailing Address	Duty Officer Phone Number

- If you have any questions, please contact the HMX-1 Security Administration shop @ 571-494-4633/4966.



FOR OFFICIAL USE ONLY

UNITED STATES MARINE CORPS

MARINE HELICOPTER SQUADRON ONE  
2134 ROWELL ROAD  
QUANTICO, VIRGINIA 22134-5064

AUTHORIZATION TO ACCESS CREDIT REPORT

I , \_\_\_\_\_, HEREBY AUTHORIZE MARINE HELICOPTER SQUADRON ONE (HMX-1) TO ACCESS MY CREDIT REPORT FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY/SUITABILITY FOR ASSIGNMENT TO PRESIDENTIAL SUPPORT DUTIES. I UNDERSTAND THIS IS A PRELIMINARY CHECK AND IS VOLUNTARY, HOWEVER, FAILURE TO PROVIDE THE NECESSARY DOCUMENTATION MAY RESULT IN A DELAY IN THE PROCESSING OF MY APPLICATION OR NON-SELECTION. TO ASSIST IN THE PROCESS, THE FOLLOWING INFORMATION IS PROVIDED:

FULL

NAME:

\_\_\_\_\_

SSN (FULL): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS NAME (PRINT)

**WHITEHOUSEMILITARYOFFICE**  
THE WHITE HOUSE WASHINGTON D.C.  
20502

Personal Data - Privacy Act of 1974 (PL 93-579)

**White House Military Office Medical Suitability Screening Consent Form**

In accordance with DoDD 5210.55, DoDI 5210.87 and OSD-HA Memorandum regarding Medical Screening and Surveillance for the Presidential Support Duty (PSD) Program signed January 30, 2015, my signature below signifies that I voluntarily consent to the following conditions as part of an application for, and potential assignment to, the White House Military Office (WHMO) and affiliated units:

1. I understand that this evaluation will include a thorough physical health screening.
2. I understand that the objective of the PSD medical screening and surveillance program is to identify any physical or psychological conditions that might interfere with PSD during assignment to the WHMO.
3. I understand that I require a mental health evaluation if I have ever seen a mental health professional in my lifetime (in the military healthcare system or civilian provider). A prior history of evaluation and/or treatment for a mental health condition includes but is not limited to: psychotropic medications/conditions treated by a PCM or psychiatrist, Family Advocacy (FAP) involvement, substance use education/treatment, Marriage and Family Life Counselor (MFLC) counseling, embedded behavioral health/BHC/BHOP provider care, neuropsychological evaluation for cognitive assessment, and Military One Source counseling. Examples of mental health care modalities and conditions include, but are not limited to, family therapy, marital therapy, individual therapy, psychotropic medication management, anger management, depression, anxiety, PTSD, and evaluation or treatment of ADHD.
4. I understand that this evaluation will be used to determine my medical suitability for assignment to this organization.
5. I understand that my military and civilian physical and behavioral health records will also be reviewed by members of the White House Screening Cell (WHSC) for the purpose of this suitability screening.
6. I understand that the WHSC may consult with the operational commander or enterprise director for the WHMO directorate to which I am seeking assignment regarding my medical suitability and potential risk to mission and/or personnel. Command or director consultation may include minimal disclosure of relevant medical or mental health information to ensure mission and personnel safety.
7. I understand that the WHSC will render a suitability recommendation that is sent to the Director, White House Military Office or his/her designee, to the operational commander or enterprise director for the WHMO directorate to which I am seeking assignment, and to WHMO Security for adjudication purposes.
8. I understand that the WHSC will not inform me of their suitability recommendation.
9. I understand that my individual personal or medical information will not be released by the WHSC or used outside of this organization unless required by law or regulation. There may be unique circumstances that require the release of my records without my knowledge (i.e., subpoena, court order, official investigations). If this occurs, I *may not be notified* of the required disclosure. In the event of non-selection, WHMO will release the minimally sufficient medical information necessary to complete its requirements IAW the above cited references.
10. I understand that if I am selected for assignment to this organization:
  - a. My medical and mental health care is subject to surveillance by the WHSC.
  - b. The WHSC will have the ability to access to my medical and mental health records and may communicate with my treating medical providers in order to ensure my physical or mental health continues to meet PSD suitability requirements.
  - c. I will enroll in one of the Presidential Support Duty Patient Centered Medical Home (PCMH) Teams in the National Capital Region.
  - d. I will notify my Primary Care Manager of changes to my medical or mental health within 24 hours.
  - e. The WHSC will notify the Director, White House Military Office or his/her designee, the operational commander or enterprise director for the WHMO directorate to which I am assigned, and/or WHMO Security of the minimally sufficient medical or mental health information necessary to determine my ability to safely perform the PSD mission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

