

# 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:

## PRESIDENTIAL SUPPORT PROGRAM (PSP) PRESCREENING QUESTIONNAIRE

### PART I

The questions listed in Part II are authorized under Executive Order, 10450, 10865, and 12968; Title 5, United States Code (U.S.C.), Section 9101; Section 2165 of Title 42, U.S.C.; Chapter 23 of Title 50, U.S.C.; and part 736 of Title 5, Code of Federal Regulations (CFR); are intended to aid the Contractor's Security Official and the requesting Government Agency determine the candidate's suitability for PSP under DoDD 5210.55 and DoDI 5210.87.

\_\_\_\_\_  
Candidate's Name (Last, First, MI)

\_\_\_\_\_  
SSN

**Providing the below information is voluntary. All questions on this form must be answered completely and truthfully. Falsified answers will result in the candidate's immediate disqualification for the Presidential Support Program.**

Initial one below:

\_\_\_\_\_ **Agree** and continue to Part II

\_\_\_\_\_ **Decline**, I do not wish to be considered for this program.

### PART II

QUESTIONS FOR CANDIDATE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>1. Foreign Preference:</b>		
a. are any of your immediate family member's citizens of a country other than the U.S.?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
b. do you or anyone in your immediate family claim dual citizenship?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
c. do you have a residence in a foreign country?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
<b>2. Do you, your spouse, or cohabitant have:</b>		
a. any close or continuing contact with citizens of another country?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
b. any financial interests or assets in another country?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
<b>3. Have you EVER</b>		
a. received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
b. received a security violation or policy violation?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
c. had any documented performance issues?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
<b>4. Have you EVER had your security clearance or access suspended, denied, or revoked?</b>	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
<b>5. Were you Ever discharged or dismissed from the Armed Force under "dishonorable" or "other than honorable" conditions?</b>	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
<b>6. Have you, within the past 7 years:</b>		
a. had financial obligations 30, 60, 90 or 120 days late?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
b. filed for bankruptcy?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
c. collections/liens/chargeoffs?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
d. shortsales/foreclosure?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
e. failed to file Federal or State income tax returns?	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]

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**PRESIDENTIAL SUPPORT PROGRAM (PSP) PRESCREENING QUESTIONNAIRE**

<b>7. Have you EVER:</b>		
a. used any drugs or controlled substances (including marijuana)? If "yes" when/how often?	[ ]	[ ]
b. bought, sold, manufactured or cultivated any drug?	[ ]	[ ]
c. Illegal use/misuse of prescription drugs?	[ ]	[ ]
d. been ordered, advised, or asked to seek counseling or treatment as a result of your use of a drug or controlled substances?	[ ]	[ ]
e. voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?	[ ]	[ ]
<b>8. In the last seven (7) years:</b>		
a. had alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition?	[ ]	[ ]
b. has your use of alcohol had a negative impact on our work performance, your professional or personal relationships, your finances?	[ ]	[ ]
c. has your use of alcohol resulted in intervention by law enforcement or public safety personnel?	[ ]	[ ]
d. have you been advised, ordered, or asked to seek counseling or treatment as a result of your use of alcohol?	[ ]	[ ]
e. have you voluntarily sought treatment or counseling as a result of our use of alcohol?	[ ]	[ ]
<b>9. Have you EVER</b> been arrested for, charged with, or convicted of one or more DUI(s)/DWI(s)?	[ ]	[ ]
<b>10. Have you EVER</b> failed to complete a court-mandated rehabilitation program?	[ ]	[ ]
<b>11. Have you Ever</b> been arrested for/charged with any felony offense(s)?	[ ]	[ ]
<b>12. In the last 10 years:</b>		
a. been issued a citation for traffic infraction(s)?	[ ]	[ ]
b. been issued a summons, citation or ticket to appear in court?	[ ]	[ ]
c. been arrested by any police officer, sheriff, marshal or other type law enforcement official?	[ ]	[ ]
d. been charged, convicted, or sentenced of a crime in any court?	[ ]	[ ]
e. been on or currently on probation or parole?	[ ]	[ ]

Provide a detailed explanation of all "YES" answers.

**PART III:**

Question #	Explanation

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## 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?

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**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.



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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)

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