Department of Veterans Affairs
VHA 106A WMC HROO PerSec Contractor Team

CONTRACTOR REQUEST

(Email to: **VHAWMCPerSecContractor@va.gov**)(Make sure to encrypt only or password protect)

☐ Child Care Contract

CONTRACT INFORMATION

VA Contracting Officer Name & Email: _____

COR Name & Email: _____

Contract End Date (**Including Options**): _____

VISN & Station#: _____

Purchase/Task Order or Contract Number: _____

Contractor Position Description: _____

Investigation Level (SAC/Tier 1/Tier 2/Tier 4): Select One ...

Contract Company Name (Subcontractor): _____

Contract Company Address: _____

Contractor POC Name & Phone: _____

Contractor POC Email: _____

Contracting Officer/COR Signature:

*****This signature verifies that an official contract is in place prior to processing the applicants for badging*****

Contractor Personal Identifiable Information

SSN

Last Name

First Name

Middle Name

Date of Birth

Marital Status Select One...

Sex Select One

City of Birth

State of Birth

Country of Birth

Country of Citizenship

Dual Citizenship ☐

Permanent Resident ☐

Foreign National ☐

Lived in US for 3 consecutive years ☐ YES ☐ NO

Email Address

Additional Notes

Department of Veterans Affairs
VHA 106A WMC HROO PerSec Contractor Team
VHAWMCPerSecContractor@va.gov

VHA 106A WMC HROO PerSec Contractor Team SERVICES OVERVIEW

The VHA 106A WMC HROO PerSec Contractor Team offers comprehensive services which ensures that contractor security requirements are met in accordance with OPM and federal regulations from initiation to completion.

Communication is maintained between the team POC, the contracting officer, the contracting officer representative (COR) and the Contracting company point-of-contact at all times during the process. Due to PII concerns, personnel not listed on the Contractor Request Form will be sent statuses from the Team POC. If another entity requires this information, they must work through the CO, COR or Company POC. This service provided includes the below:

- Fingerprint adjudication:
  - This involves a thorough background screening and adjudication of fingerprint along with any self- declared information. The National Criminal History Check (NCHC) Form will be sent to all contacts via email once the investigation is scheduled with the Defense Counterintelligence and Security Agency (DCSA).

- Existing investigations:
  - Verifying existing investigation information and collecting the required documents for reciprocity. The required documentation would include the OF306 Form and Self-Certification Form. These documents would be provided upon confirmation of investigation through DCSA's Portal.
- New investigations:
  - Upon receipt of the Contract Security Services Request Packet and all required documents our office will enter required applicants into the eApp system, review, return or release, and monitor the investigation progress through completion.
- PIV Badges:
  - Our office can only adjudicate PIV badges at this time. The COR on the contract or local personnel must sponsor the contractor/s in the PIV portal prior to adjudication by this office.

To begin the process, please follow the below guidelines:

1. Upon notification of contract award, COR/local sponsor must ensure to pre-sponsor applicant fin USAccess for fingerprints. Applicant must take 2 forms of ID to their print appointment.
2. Contracting officers / CORs complete and digitally sign the Contractor Request Form in its **entirety**. All information is required. The packet will be rejected if this form is not complete or does not contain the CO/COR signature.
3. Have employees complete all required documentation based on their risk level.
4. Submit complete packet to VHAWMCPerSecContractor@va.gov encrypted. Incomplete packets will be rejected and returned. Complete packets will be assigned to a team member within 5 to 10 business days dependent on workload. Subject line for the request submission email should be formatted as shown below.
   a. **New Request Packet** - Contracted Company 36C00000D0000 / 999-C202222
   b. **Status Request** – Contracted Company 36C00000D0000 / 999-C20222 submitted on 00/00/0000

5. Do not submit new requests and additions more than once as this will result in duplicate assignments and wasted time. If you have not received a response to your request within 5-10 business days, send a status request to the mailbox using the above format.
6. If there is a change in the contracted personnel (resignation, declined appointment, etc.) immediately notify the team member handling your request. The cancellation must be submitted via email.
7. Send any additions to our team member that is assigned the contract. We cc the sender of this packet on that assignment so that you can work directly with that team member on all associated actions to include re-issuances, turnover, questions, concerns, statuses, etc. If the packet is already assigned and was not forwarded to the assigned member, we will reject that packet. This is so that we can assign the new contracts as fast as possible for you.

Department of Veterans Affairs
VHA 106A WMC HROO PerSecContractor Team

CONTRACT SECURITY SERVICES REQUEST - INSTRUCTIONS

Purpose: The Contract Security Services Request is submitted to VHA 106A WMC HROO PerSecContractor Team to initiate the contract security verification process. By submitting this form, our office will ensure that everyone listed have been fingerprinted, the fingerprints are adjudicated, if necessary, background investigations are initiated or existing background investigations are current and PIV badges are adjudicated. This form should be completed and signed by the contracting officer. Please refer to the instructions below when completing the Contract Security Services Request Form #1.

Contract Information Section

Contracting Officer Name & Email: Please provide the post-award contracting officer handling this contract and their email.

COR Name & Email: Please list the Contracting Officer Representative (previously the Contracting Officer Technical Representative) and email. The COR is the liaison between the contracting officer and contracted company.

Contract End Date: Please list the date in which the contract ends including all options to extend (for PIV badge expiration).

VISN & Station Number: Please indicate the VISN and facility station number where the work is being performed/facility to be billed.

Purchase Order, Task Order and Contract Numbers: Please list the purchase order number, task order and the contract numbers. Our database is based on tracking contracts by station. Should the task order number change at fiscal year-end, please indicate on any future requests by including any/all related numbers in parenthesis next to the new numbers.

Contractor Position Description: Please provide a position title for all individuals (ex: physician, consultant, electrician).

Investigation Level: Please indicate the background security requirements as provided by the PDT (Position Designation Tool) https://pdt.nbis.mil This would include background screening or Fingerprint Only (SAC), low-level investigation (Tier 1), moderate-level investigation (Tier 2) and high-level investigation (Tier 4). Please note that PIV-I badges (contract under 180-days) require at minimum a SAC, full PIV badges (over 180-days) require a minimum a T1. If it is Tier 2 or 4, please provide a copy of the PDT to justify a higher-level investigation.

Contract Company Name: Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.

Contractor Address: Please provide the contracting company address.

Contractor POC Name & Phone: Please provide the main point-of-contact for the contracting company and contact information.This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COR.

Contractor POC Email: Please provide the email address for the company point-of-contact. This email will be included in all correspondence regarding investigation and PIV processing.

Contracting Officer Signature: All contracts must be signed by the contract officer or the contracting officer representative (COR). This signature verifies that an official contract is in place prior to processing the applicants for investigation and badging.

Contractor Employee Information Section

All information must be completed in the Contractor Personal Identifiable Information Section

N O T E : For foreign-born individuals, Please Check if you are a permanent resident or foreign national.

For investigations to be conducted and eligiblity for a PIV credential, individuals must have lived in the United States for 3 consecutive years.

All background investigation request forms and supporting documents must be .pdf files and the below naming convention used:

Station #_last name last four of SSN_form name
Example:
573_Jones1234_REQ
573_Jones1234_306
573_jones1234_SC

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SECURITY VERIFICATION CONTINUATION

INSTRUCTIONAL FORM #1B

This form is used only when extra space is needed for large rosters and must be submitted with a signed form 1a.

Contracting Officer Name & Phone: Please list the post-award contracting officer or specialist handling this task order and phone number.

COR Name & Phone: Please list the Contracting Officer Representative and phone number. The COR is the liaison between the contracting officer and contracted company.

Task Order Number: Please list the purchase order, contract and task numbers. Our database is based on tracking contracts by station. Should the purchase order, contract and task numbers change at the end of the fiscal year, please indicate this on any future request worksheets by listing the old task order number in parenthesis.

C**ontract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.

Contractor POC Name & Phone: Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COR.

Employee Name: Please provide the full legal name of the individuals working on this task order. If the individual is working on multiple task orders, please list them again as our database tracks contract statistics.

SSN: Please provide complete social security numbers for all individuals listed.

Email Address: Please provide a valid email address for all individuals. This email address will be provided for EQIP communication.

DOB: Please provide date of birth for all individuals listed.

Place of Birth: Please provide place of birth for all individuals listed, including city and state or city and country.

Note: For foreign-born individuals, please provide proof of citizenship.

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CONTRACT SECURITY VERIFICATION REQUEST SUPPLEMENTAL

FORM #1B

This form is used <u>only</u> when extra space is needed for large rosters and must be submitted with a signed form 1a.

Ⓐ Contracting Officer Name & Phone: _____

Ⓑ COR Name & Phone: _____

Ⓒ Task Order/Contract/PO Numbers: _____

Ⓓ Contract Company Name (Subcontractor): _____

Ⓔ Contractor POC Name & Phone: _____

Ⓕ	Ⓖ	Ⓗ	Ⓘ	Ⓙ
Employee Name (Full Legal Name)	**SSN**	**Email Address**	**D.O.B.**	**Place of Birth (City, State/Country)**

Revised Form January 2023

Department of Veterans Affairs
VHA 106A WMC HROO PerSecContractor Team

CONTRACTOR / EMPLOYEE FINGERPRINT REQUEST INSTRUCTIONAL FORM 2A

Purpose: The Contractor/Employee Fingerprint Request is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide, on behalf of the WMC.

Ⓐ **Full Legal Name:** Please provide full **legal** name of individual requiring fingerprints.

Ⓑ **SSN Last Four:** Please provide the last four of the individual's social security number.

Ⓒ **Contractor (Yes/No):** Please indicate whether the individual is a contractor. Contracted employees are considered contractors.

Ⓓ **VAMC Location:** Please provide the name and location of the VA Facility where the fingerprints were submitted.

Ⓔ **Station Number:** Please provide the station number of the VA Facility where the fingerprints were submitted.

Ⓕ **Date Fingerprinted:** Please provide the date that the fingerprints were submitted at the VA Facility.

Ⓖ **Method of Fingerprinting:** Please indicate whether the fingerprints were submitted electronically or if manual fingerprints were submitted with ink and fingerprint card.

Ⓗ **Date Card Mail to OPM:** If fingerprints were submitted manually, please provide the date the card was mailed to

NOTE: PLEASE ENSURE FULL NAME IS CORRECT AND CONFIRMED ON ID

Department of Veterans Affairs
WMC HROO Personnel Security Contractor Team

CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2

(PIV Legacy Systems - SON: 955C / SOI: VA08 IPAC/OPAC: 3600.1200)

(NEW>>> USAccess System Drop-down I.D Below)

WMC HROO PERSEC CONTRACTOR (VA08, 955C, 36001200)

**** This form must be taken to the fingerprinting appointment ****

CONTRACTOR/EMPLOYEE INFORMATION (PLEASE PRINT)

Ⓐ Full Legal Name (First Middle Last): _____

Ⓑ SSN Last Four: _____

Ⓒ Contractor/Federal/Other: _____

VA FACILITY INFORMATION

Ⓓ VAMC Name & Location: _____

Ⓔ PIV Office Official : _____

Ⓕ Date Fingerprinted: _____

NOTE: PLEASE ENSURE FULL NAME IS CORRECT AND CONFIRMED ON ID

Revised Form May 2023

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. Most applicants are asked to complete this form after a tentative offer of employment has been made; however, depending on your position, you may be asked to complete this form earlier during the hiring process. Follow instructions that the agency provides. Before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

General Information

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

♦

2. SOCIAL SECURITY NUMBER

♦

3a. PLACE OF BIRTH (Include city and state or country)

♦

3b. ARE YOU A U.S. CITIZEN?

☐ YES ☐ NO (If "NO", provide country of citizenship) ♦

4. DATE OF BIRTH (MM / DD / YYYY)

♦

5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)

♦

♦

6. PHONE NUMBERS (Include area codes)

Day ♦

Night ♦

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959? ☐ YES ☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? ☐ YES (If "YES", proceed to 8.) ☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? ☐ YES (If "YES", provide information below) ☐ NO

If your only active duty was training in the Reserves or National Guard, answer "NO."

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law **.**

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* ☐ YES ☐ NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* ☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* ☐ YES ☐ NO

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relativeworks.* ☐ YES ☐ NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Certifications / Additional Questions

APPLICANT: If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:_____ Date: _____ (MM / DD / YYYY)

17b. Appointee's Signature:_____ Date: _____ (MM / DD / YYYY)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? Date: (MM / DD / YYYY)

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW

DEPARTMENT OF VETERANS AFFAIRS
OPERATIONS, SECURITY, AND PREPAREDNESS
PERSONNEL VETTING AND CREDENTIAL MANAGEMENT
PERSONNEL SECURITY ADJUDICATION CENTER

Self Certification of Continuous Service

I hereby certify my break in service from my last federal employment is indicated by the block checked below.

Federal employment is defined as any branch of the United States military (Active, Guard or Reserve), federal government civilian employee (any federal government agency), or a contractor working for the federal government.

(Select One)

- ☐ I have NOT had a break in service.
- ☐ My break in service is less than 24 months.
  [Date I left federal employment was _____.]
- ☐ My break in service is greater than 36 months, but less than 60 months. [Date I left federal employment was _____.]
- ☐ My break in service is greater than 60 months; or I have never had federal employment as defined above.

_____ Full Name:

_____ Social Security Number:

_____ Signature:

_____ Date: