

DEPARTMENT OF THE ARMY
United States Army Transportation Agency (White House)
Fort McNair, DC 20319

****DO NOT RETURN THIS PAGE WITH YOUR APPLICATION****

MEMORANDUM FOR: Prospective Applicant

SUBJECT: White House Transportation Agency

Thank you for your interest in the United States Army Transportation Agency (White House). Please review the information provided in this memorandum. The following prerequisites must be met for consideration:

- a. **Must be a U.S. Citizen**
- b. **Must be Active Component (AC) Army**
National Guard and Reserve are not eligible
- c. **Must have good credit history**
- d. **Must have good professional and personal background**
- e. **Must have good moral and ethical background**
- f. **No P3 profiles (P2 profiles accepted on a case-by-case exception)**
- g. **GT Score 110 (Waivable to a minimum of 100)**

MOS and Grade Requirements

<u>Presidential Support Driver:</u>	88M/N/H (SSG – SFC) with six years experience as 88M/N/H; greater than two years leadership experience as a Squad Leader, Platoon Sergeant or equivalent (i.e., Drill Sergeant, AIT Instructor, WTU Cadre)
<u>Chief Movement Supervisor:</u>	88N (SSG – SFC) with eight years experience as 88N (Nomination Only)
<u>Senior Human Resources SGT:</u>	42A (SSG and above) with eight years experience as 42A (BDE/BN S1 experience desired) (Nomination Only)
<u>Motor Sergeant:</u>	91B (SSG) with seven years experience as 91B (Nomination Only)
<u>Supply NCO:</u>	92Y (SSG or SFC) with eight years experience as 92Y (Nomination Only)

****Include a copy of your talent profile downloaded from IPPS-A, NCOERs (last five evaluations), ACFT Card, body fat worksheet (if applicable) and permanent profile with this packet (if applicable)****

DIGITALLY SIGN EACH PAGE OF THIS FORM, SAVE THE COMPLETED FORM, AND
E-MAIL TO: whta.recruiting@whmo.mil



U.S ARMY TRANSPORTATION AGENCY (WHITE HOUSE)

APPLICATION

Applicant Information

Full name:	_____	Rank:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		

DODID #	_____	DOB	_____	Marital Status & # of Dependents	_____
---------	-------	-----	-------	----------------------------------	-------

Place of Birth (City, State, Country) _____

Are you a citizen or dual citizen of the US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you currently on instructions to PCS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever applied to the Agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Are you currently on a broadening assignment (Drill Sergeant, Recruiting duty, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when does your tour end? _____
How did you hear about the Agency?	Email <input type="checkbox"/>	Recruiting Visit <input type="checkbox"/>	Other _____

Additional Information

BASD	_____	ETS	_____
Arrival Date	_____	DEROS	_____
Last ACFT Date	_____	HT/WT and BF% if applicable	_____

PULHES _____ GT Score _____

Previous Assignments

Unit: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Unit: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Unit: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Disclaimer and signature

PRIVACY ACT OF 1974 (ADVISEMENT STATEMENT): The Authorities for requesting the following information are Executive Orders 10450, 11652 and 9397. The requested information is 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 assuring 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 appropriate Government agencies and administrative personnel involved in processing security actions that evolve during the course of these determinations.

GENERAL INFORMATION CONCERNING THIS PACKAGE: If favorably reviewed and you become selected for a WHTA position, additional security screening may follow, including a detailed single scope background investigation (SSBI) conducted by the Office of Personnel Management (OPM). This investigation encompasses extensive checks with appropriate law enforcement agencies, credit and financial institutions, schoolteachers and administrators, friends, neighbors, employers, and other persons who know and are willing to provide information about you. Upon completion of all screening and investigations, a determination will be made concerning your eligibility for Presidential Support Duty (PSD). **BE ADVISED**, falsification of this questionnaire may result in denial of PSD, denial or revocation of a security clearance or access to sensitive information. **DISREGARD ANY ADVICE YOU MAY HAVE RECEIVED CONCERNING THE WITHHOLDING OF INFORMATION.** It is in your best interest to complete all questions honestly and accurately by selecting the appropriate "YES" or "NO" response.

Signature: _____

Date: _____

PRE-SCREENING QUESTIONNAIRE

This questionnaire covers LIFE (NOT simply the last 5 – 10 years)

ANSWER YES or NO for EACH QUESTION

If you answer NO to question 1 explain which prerequisite you do not meet. If you answer YES to any of questions 3 – 21 you must provide an explanation. These explanations must be in the remarks section on the next page and returned with this packet.

1.	Do you meet the above prerequisites listed in the cover memorandum?	
2.	Are you a United States citizen?	
3.	Do you currently hold dual citizenship with another country?	
4.	Have you ever submitted an application to either WHTA or WHCA?	
5.	If Yes to Q4: Were you disqualified for a specific reason?	
6.	Do you currently have a security clearance?	
7.	Have you ever been denied a security clearance or had a security clearance revoked?	
8.	Have you ever been court martial, discharged in lieu of court martial or received punishment under UCMJ (if appealed and overturned explain the charges and final disposition)?	
9.	Have you ever been the subject of an EO or sexual harassment complaint?	
10.	Have you ever been charged or convicted of DUI or DWI?	
11.	Have you ever been punished or investigated for an alcohol or drug related offense?	
12.	Have you been counseled or treated for alcohol or drug abuse?	
13.	Have you ever been convicted or charged with a criminal offense (include all accusations, dismissals, and records sealed or expunged)?	
14.	Have you ever received a Relief for Cause NCOER or "Not Qualified" rating on a NCOER?	
15.	Have you ever been punished or investigated for domestic violence or child abuse?	
16.	Have you ever filed for bankruptcy or applied for loan consolidations?	
17.	Have you ever defaulted on a loan, more than 30-days delinquent on a bill, had charge offs, or collections?	
18.	Have you ever had speeding tickets, traffic violations or had your driver's license suspended (List each offense in the remarks)?	
19.	Have you ever received psychiatric or psychological treatment?	
20.	Have you ever publicly (in person or via social media) expressed discontent for the United States Government or President?	
21.	Do you have derogatory information in your past that would prevent you from having a Top Secret (Presidential Support) Clearance?	

I certify that I have read and understand the advisement statements listed on page 2 of this packet, and that the answers on this packet 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 or approval for Presidential Support Duty and further that such actions may result in punishment under the UCMJ and/or separation from military service. I understand that I am obligated to inform the recruiting representative of any changes which occur and any changes which may alter the results of this security screening.

Applicant's Signature

Date

Remarks Section

EXAMPLE (Provide a very thorough explanation)	
7	Arrested in Stumpville, Alaska for possession March 2002, received 20 hours community service and \$200 fine, record expunged at age 18
14	Speeding Ticket in Podunk, Alaska; March 2002; 45mph in a 25mph zone; fined \$150; paid fine in full April 2002
Question #	Explanation (Who, What, When, Where, Fines, etc.)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (<i>Signature</i>)		Full name (<i>Type or print legibly</i>)		Date signed (<i>mm/dd/yyyy</i>)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (<i>Country</i>)	State	ZIP Code	Telephone number

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

The Federal government requires information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position to request, and any consumer reporting agency to provide, such reports for purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Print Name	Social Security Number
Signature (Signature)	Date signed (mm/dd/yyyy)