



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

**MARINE CORPS EMBASSY SECURITY GROUP
RECRUITING, ADVERTISING & SCREENING TEAM
PHASE II SCREENING INSTRUCTIONS**

1. Complete the form with accurate contact information. We will use this information to contact you if you are qualified and to provide any necessary information prior to your arrival at MSG School. **DO NOT LEAVE ANY QUESTION BLANK.**
2. Certain questions are highlighted with a **RED BOX** or **BLUE BOX** as indicators for the RAST team. If you select an answer in a **RED BOX**, you **MUST** provide additional information in the remarks section. Questions marked with a **BLUE BOX** may result in follow-on questions from the RAST during your screening.
3. Upon completion, save the document as a **PDF and sign it.** Digital or wet ink signatures are both acceptable.
4. If you have tattoos, attach photos or drawings of **ALL** your tattoos, including those under PT gear, in the email to RAST. For tattoos in a location inappropriate for photos, send a detailed sketch and description of the tattoo.
Files accepted: .PNG, .JPEG, .PDF, .DOCX.
5. If you have any pre-enlistment waivers, attach a copy of your DD1966/1 to your questionnaire. The form can be found in your OMPF under your Service Contract.
6. **Email the signed PDF, any tattoo photos, and/or additional documentation to the following email address: SMB_MCESG_RAST@usmc.mil. **DO NOT** CC anyone else on the email. If the email address does **NOT** work, please contact the RAST duty phone [\(571\) 320-4589](tel:5713204589) for further guidance.**
7. **The subject line of your email** will be:
(WS or MSAU or DC) PHASE II – LAST NAME, FIRST NAME, EDIPI
WS - Watchstander / MSAU - MSAU-Contract / DC - Detachment Commander
8. If the RAST has any questions regarding your answers, they will contact you by phone or email that you have provided.



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

TODAY'S DATE:

FULL NAME:	RANK:	GENDER:
EDIPI:	MOS:	DOB:
AGE:	HEIGHT:	WAIST:
HEIGHT/WAIST RATIO:	BF%:	
PFT SCORE / DATE:	CFT SCORE / DATE:	
TIME IN GRADE:	EAS:	
GT SCORE:	AVG JEPES MARKS (CHAR / MIS / LDRS):	
DUTY STATION:	UNIT:	
TIME ON STATION (YRS / MON):	CELL PHONE #:	
WORK EMAIL:	PERSONAL EMAIL:	

APPLYING FOR: (Choose one)

- MSG WATCHSTANDER**
 DETACHMENT COMMANDER
 MSAU-CONTRACT

FOR RAST SCREENERS ONLY			
 Screener:			
QUALIFIED	DISQUALIFIED	TEMP DQ	GT DQ
Remarks:			

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 historical 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 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 the Marine Security Guard Program (MSG), and your suitability to hold a security clearance.

GENERAL INFORMATION CONCERNING THIS SCREENING: Completion of this questionnaire represents an initial security screening by representatives of Marine Corps Embassy Security Group. If favorably reviewed, additional security screening will follow, including an EQIP application. You may also be subject to a counterintelligence or polygraph examination. This investigation encompasses extensive checks with appropriate law enforcement agencies, credit and financial institutions, schoolteachers and administrators, friends, neighbors, employers, and other people who know and are willing to provide information concerning you. Upon completion of all screening and investigation, determination will be made concerning your eligibility for the MSG program. 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 the MSG program; denial or revocation of a security clearance or access to sensitive information; possible separation from the military service.



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

SECTION I: GENERAL INFORMATION		YES	NO
1	Are you a Volunteer for MSG Duty?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you a HSST selectee?	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you a Direct Assign for MSG Duty?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you selected for Staff Sergeant?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are you selected for First Sergeant?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have any packages pending or submitted to HQMC? (e.g., MECEP, WO, reenlistment)	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have tattoos? <i>*If yes, attach photos or drawings with a description of all tattoos before submitting*</i>	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you currently have a SECRET security clearance or higher?	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you ever been denied a security clearance?	<input type="checkbox"/>	<input type="checkbox"/>
10	Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you currently hold dual citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
12	Are you willing to renounce your dual citizenship? <i>*Marines are required to renounce dual citizenship upon arrival at MSG School for the duration of the program*</i>	<input type="checkbox"/>	<input type="checkbox"/>
13	Have you ever been screened for or served on any SDA? If so, specify below:	<input type="checkbox"/>	<input type="checkbox"/>
13a	If yes, which SDA?		
13b	If MSG, list your previous posts:		
14	Have you ever been dropped from MSG school, been Relieved for Cause (RFC) or dismissed for the Good of Service (GOS)?	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you currently have PCS, PCA, or SDA orders to anywhere other than MSG?	<input type="checkbox"/>	<input type="checkbox"/>
16	Do you own a vehicle(s)? <i>*Watchstanders are not authorized to bring vehicles to school or overseas*</i>	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you have any Adverse Fitness Reports? <i>*Sgts and above only*</i>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION I REMARKS (Question ##: Remarks)			



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

SECTION II: MEDICAL / DENTAL INFORMATION		YES	NO
1	Do you have a history of inner ear treatment or surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have a history of Apnea or Sleep Apnea?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you been diagnosed with any condition that impairs your ability to communicate verbally?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you dental class 1? <i>*Must be class 1 dental at least 45 days prior to reporting date*</i>	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have any dental fixtures that are visible when smiling? (e.g., fillings, crowns, gold teeth)	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you had eye surgery/corrections completed in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
7	Is your vision worse than 20/25 in either eye, even after corrections?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you ever been diagnosed with Glaucoma or any other chronic eye diseases?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have a history of asthma or any other respiratory issues?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you been diagnosed with latent or active tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you have a history of any cardiovascular conditions?	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you have a history of high blood pressure (hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you have a history of gastrointestinal bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
14	Have you received weight loss treatment of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you have a history of ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
16	Do you have a history of inflammatory bowel disease?	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you have a history of chronic gastroesophageal reflux disease (GERD)?	<input type="checkbox"/>	<input type="checkbox"/>
18	Do you have a history with kidney stones?	<input type="checkbox"/>	<input type="checkbox"/>
19	Have you had two or more heat cases? (e.g., heat stroke, heat exhaustion, heat syncope)	<input type="checkbox"/>	<input type="checkbox"/>
20	Have you been diagnosed with any form of Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
21	Do you have a history of Gout?	<input type="checkbox"/>	<input type="checkbox"/>
22	Do you have a history of Hypoglycemia?	<input type="checkbox"/>	<input type="checkbox"/>
23	Do you have a history of using Corticosteroids?	<input type="checkbox"/>	<input type="checkbox"/>
24	Do you have any conditions that require testosterone treatment?	<input type="checkbox"/>	<input type="checkbox"/>
25	Do you have a history of musculoskeletal conditions? If so, specify below:	<input type="checkbox"/>	<input type="checkbox"/>
25a	Do you require a brace, prosthesis, or any other assistance for physical training?	<input type="checkbox"/>	<input type="checkbox"/>
25b	Do you have back pain which hinders training?	<input type="checkbox"/>	<input type="checkbox"/>
25c	Do you require any other assistance not listed to conduct physical training?	<input type="checkbox"/>	<input type="checkbox"/>
26	Have you received any type of spinal surgery?	<input type="checkbox"/>	<input type="checkbox"/>



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

27	Have you been seen by a mental health professional for any reason (past or present)?	<input type="checkbox"/>	<input type="checkbox"/>
28	Have you been diagnosed with any mental health conditions?	<input type="checkbox"/>	<input type="checkbox"/>
29	Have you ever experienced suicidal ideation?	<input type="checkbox"/>	<input type="checkbox"/>
30	Do you have a history of any mental health condition requiring medication?	<input type="checkbox"/>	<input type="checkbox"/>
31	Do you have a history of migraines?	<input type="checkbox"/>	<input type="checkbox"/>
32	Do you have a history of seizures?	<input type="checkbox"/>	<input type="checkbox"/>
33	Do you have any speech impediments?	<input type="checkbox"/>	<input type="checkbox"/>
34	Have you ever undergone/had any brain surgery?	<input type="checkbox"/>	<input type="checkbox"/>
35	Have you ever had a stroke?	<input type="checkbox"/>	<input type="checkbox"/>
36	Do you have a history of a traumatic brain injury (TBI)?	<input type="checkbox"/>	<input type="checkbox"/>
36a	If yes, how severe? (choose one) <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE		
37	Do you have any skin conditions (Including no-shave chit)?	<input type="checkbox"/>	<input type="checkbox"/>
38	Do you have any chronic viral or immune conditions? (e.g., HIV/AIDS, encephalitis, hepatitis)	<input type="checkbox"/>	<input type="checkbox"/>
39	Have you had any type of cancer treatment within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
40	Have you been diagnosed with any type of chronic immune insufficiency? (e.g., chronic anemia, abnormal hemoglobin)	<input type="checkbox"/>	<input type="checkbox"/>
41	Do you have any allergies that require allergy shots?	<input type="checkbox"/>	<input type="checkbox"/>
42	Do you have a history of severe allergic reactions or anaphylaxis?	<input type="checkbox"/>	<input type="checkbox"/>
43	Have you ever been prescribed an EPI-PEN?	<input type="checkbox"/>	<input type="checkbox"/>
44	Do you have a history of chronic or recurring pain syndromes?	<input type="checkbox"/>	<input type="checkbox"/>
45	Do you have a history of recurring fainting?	<input type="checkbox"/>	<input type="checkbox"/>
46	Have you received all vaccinations defined by CDC and DoW guidelines for worldwide assignability?	<input type="checkbox"/>	<input type="checkbox"/>
47	Are you currently taking prescribed medications?	<input type="checkbox"/>	<input type="checkbox"/>
48	Are you currently receiving medication or being treated for any conditions not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
Females only			
49	Do you experience chronic pelvic pain?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what severity? (choose one): <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE			
SECTION II REMARKS (Question ##: Remarks)			



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

SECTION III: LEGAL		YES	NO
1	Do you have any 6105s or NJPs?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: Year: Month: Type: Reason: Remarks: <i>*Additional space is available at the end of this section*</i>			
2	Have you ever been questioned, detained, arrested, fined, forfeit bond, or required to appear in court for any reason regardless of whether the record in your case was sealed or expunged?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: Year: Month: Type: Reason: Remarks: <i>*Additional space is available at the end of this section*</i>			
3	Have you ever had any traffic offenses? (e.g., speeding tickets, parking tickets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: Year: Month: Type: Reason: Remarks: <i>*Additional space is available at the end of this section*</i>			
4	Do you have a record of any civilian convictions? (e.g., misdemeanors, felonies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: Year: Month: Type: Reason: Remarks: <i>*Additional space is available at the end of this section*</i>			
5	Do you engage in any sexual activity that could be considered inappropriate or potentially compromising? (e.g., swinger, fetishes, excessive pornography)	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever been involved in or accused of any type of sexual misconduct? (e.g., adultery, rape, sexual harassment, sexual assault, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you ever been with a prostitute, escort, or been to an adult massage parlor?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there any other incidents in your life not previously mentioned that could raise concerns during a background investigation? (e.g., unusual sexual practices, fetishes, drunkenness, fighting)	<input type="checkbox"/>	<input type="checkbox"/>
9	Did your recruiter submit any waivers for your enlistment? (e.g., tattoo, drug, vision, etc.) <i>*If yes, attach a copy of your DD1966/1 before submitting*</i>	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you maintain relationships with any foreign nationals other than your family?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: Country: Relationship:			
11	Are you willing to be subjected to a polygraph test for espionage?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION III REMARKS (Question ##: Remarks)			



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

SECTION IV: SUBSTANCE ABUSE		YES	NO
1	Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
1a	If yes, how often do you drink?		
1b	How many drinks do you consume in one sitting?		
2	Have you ever blacked out, or have you had issues remembering the previous night's events?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: Year: Month: Reason: Remarks: *Additional space is available at the end of this section*			
3	Has your use of alcohol ever resulted in child or spouse abuse, or confrontations with family, friends, or others?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever been evaluated by SACC and been recommended classes and/or treatment?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you ever been charged with a DUI/DWI?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever arrived at work while still under the influence of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
7	Has your use or involvement with alcohol ever resulted in law enforcement, medical, or professional intervention?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you ever been involved in an Alcohol-Related Incident (ARI) within the last 24 months? *An Alcohol-Related Incident (ARI) includes any incident where alcohol was a contributing factor, including but not limited to: minor in possession, public intoxication, disorderly conduct, alcohol-related NJPs, 6105 or Pg11*	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you ever experimented with, used, possessed, transported, grown, produced, bought, or sold any of the following substances:		
9a	Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
9b	Any synthetic or cure-type drugs such as spice	<input type="checkbox"/>	<input type="checkbox"/>
9c	Any narcotic sedative, stimulate, tranquilizer, anti-depressant, glue, gas, or solvent	<input type="checkbox"/>	<input type="checkbox"/>
9d	Any other habit forming, dangerous, or illegal drug or substance	<input type="checkbox"/>	<input type="checkbox"/>
10	If you answered YES to any part of question 8, has your involvement with those substances resulted in law enforcement, medical, or professional intervention?	<input type="checkbox"/>	<input type="checkbox"/>
11	Have you ever used illegal or controlled substances while serving in the military?	<input type="checkbox"/>	<input type="checkbox"/>



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

12	Have you ever tested positive on any test for drugs or other illegal substances?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Have you ever used any prescribed medication in a manner that is not consistent with the prescription?	<input type="checkbox"/>	<input type="checkbox"/>	
SECTION IV REMARKS (Question ##: Remarks)				
SECTION V: FINANCIAL			YES	NO
1	Have you ever had any financial issues where you were unable to make payments? (e.g., late credit payments, overdrawn accounts due to insufficient funds, overdue bills, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Have you ever been denied credit, had property repossessed, or filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Do you have a valid Government Travel Credit Card?	<input type="checkbox"/>	<input type="checkbox"/>	
SECTION V REMARKS (Question ##: Remarks)				
SECTION VI: FAMILY			YES	NO
1	Do you have a girlfriend/boyfriend/fiancé?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is there a chance that you or your significant other could be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Are you married? <i>*Cpls and below cannot be married*</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3a	Is your spouse a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	
3b	Is your spouse active duty or on active reserve orders?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Do you intend to get married before coming to MSG school?	<input type="checkbox"/>	<input type="checkbox"/>	



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

5	Are you, any family member, or any friends currently or previously associated with any of the following:		
5a	Organization that advocates for the overthrow of the U.S. Government	<input type="checkbox"/>	<input type="checkbox"/>
5b	Criminal organization	<input type="checkbox"/>	<input type="checkbox"/>
5c	Street or neighborhood gang	<input type="checkbox"/>	<input type="checkbox"/>
6	Do any of your immediate family members (NOT dependents) have any current or ongoing medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are any of your immediate family members born outside of the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
7a	If yes, please provide the following: Country: _____ Family Member: _____		
8	Are any of your immediate family members living/working outside of the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
8a	If yes, please provide the following: Country: _____ Family Member: _____		
SECTION VI REMARKS (Question ##: Remarks)			
SECTION VII: DEPENDENTS		<i>*If you do not have dependents, skip this entire section*</i>	
		YES	NO
1	Do you have any dependents?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you a single parent?	<input type="checkbox"/>	<input type="checkbox"/>
3	If yes, do you have sole custody of your child(ren)? <i>*MUST have a Child Care Plan and an established custody/child support agreement for MSG qualification*</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you been previously married?	<input type="checkbox"/>	<input type="checkbox"/>
4a	Is the divorce finalized?	<input type="checkbox"/>	<input type="checkbox"/>
4b	Do you have any financial obligations to the previous marriage?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are any of your dependents less than 9 months old?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are any of your dependents enrolled in the Individual Education Plan (IEP)?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are any of your dependents enrolled in the Exceptional Family Member Program (EFMP)?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do any of your dependents have a history of asthma or other respiratory diseases?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do any of your dependents have ADHD or other special education needs?	<input type="checkbox"/>	<input type="checkbox"/>



PRIVACY ACT SENSITIVE
MSG APPLICANT SCREENING QUESTIONNAIRE
PHASE II INTERVIEW

10	Do any of your dependents have a history of mental health disorders and/or related mental conditions?	<input type="checkbox"/>	<input type="checkbox"/>
11	Have any of your dependents failed to receive required vaccines (as defined by CDC or DoW guidelines)?	<input type="checkbox"/>	<input type="checkbox"/>
12	Do any of your dependents have braces or other chronic dental issues?	<input type="checkbox"/>	<input type="checkbox"/>
13	Have any of your dependents been prescribed an EPI-PEN by a healthcare provider?	<input type="checkbox"/>	<input type="checkbox"/>
14	Are any of your dependents currently undergoing medical treatment or taking prescribed medications?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VII REMARKS (Question ##: Remarks)

FOR ANY BOXES IN THIS FORM THAT ARE HIGHLIGHTED IN RED, BE SURE TO EXPLAIN YOUR ANSWER IN THE REMARKS SECTION

PRINT NAME

SIGNATURE

DATE

(ELECTRONIC OR WET SIGNATURE ALLOWED)