MCESG RAST PHASE II SCREENING PROCESS

Instructions

1. Complete the form with accurate contact information.
2. If you answer “yes” to anything, please elaborate on the remarks.
3. Upon completion, save the document as a PDF and sign it, digital or wet ink signatures suffice.
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 ensure you send a detailed sketch and description of the tattoo.
5. Email the signed PDF and any tattoo photos to the following email address: [MCESG-RAST@groups.state.gov](mailto:MCESG-RAST@groups.state.gov) , **DO NOT CC anyone else on the email**. If the email distro does NOT work please send another email to the following RAST members- [VegaML@state.gov](mailto:VegaML@state.gov), [RosasA@state.gov](mailto:RosasA@state.gov), [CoreascruzK@state.gov](mailto:CoreascruzK@state.gov), [BurkeA@state.gov](mailto:BurkeA@state.gov)
6. If RAST has any questions about your answers, they will contact you by phone or email.

**RAST APPLICANT SCREENING/INTERVIEW FORM**

**SNCO PHASE II INTERVIEW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** |  | **RANK** |  | |
| **EDIPI / MOS** | / | **HT/WT** | / | **BF%** |
| **DOB / AGE** | / | **PFT** |  | **DATE:** |
| **DOR** |  | **CFT** |  | **DATE:** |
| **EAS** |  | **GT SCORE** |  | |
| **UNIT** |  | **Time on Station** |  | |
| **Volunteer/**  **HSST** |  | **Place of Birth** |  | |
| **Cell #** | **(     )       -** | **Work Email** |  | |
| **Personal Email** |  | **Spouse Email** |  | |
| **RELATIONSHIP** |  |  |  | |
| **Notes:** |  | | | |

**DATE:**

**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 personnel security investigations, 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 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 lie detector 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 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 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.

ANY ADVICE YOU MAY HAVE RECEIVED CONCERNING THE WITHHOLDING OF REQUESTED OR APPLICABLE INFORMATION SHOULD BE DISREGARDED. It is in your best interest to answer all questions honestly and accurately.

**Certification**

**Are you (and your Spouse) a volunteer?**  **WERE YOU FLAGGED ON THE HSST**?

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION I: GENERAL INFO** | **Y** | | **N** |
| **Do you have a Secret Security Clearance? Date Adjudicated?**       TYPE:  **\*Adjudicated Secret minimum required\*** |  | |  |
| **Have you ever been denied a security clearance? Remarks:** |  | |  |
| **Have you ever been discharged from any branch of the Armed Forces?**  Years served:       Service:       Type of Discharge:       Remarks: |  | |  |
| **Have you ever been previously screened for or served on any SDA?** Assignment:       MSG Previous Posts:       \*Provide remarks for any GOS or RFC\* Remarks |  | |  |
| **Do you currently have any packages pending or submitted to HQMC?** (MECEP, WO, SNCO DCP, etc.) Remarks: |  | |  |
| **Are you on orders to PCS, PCA, SDA? Or are you stabilized for deployment?**  Remarks: |  | |  |
| **Are you selecting 1st Sergeant or Master Sergeant for future promotion?**  \*Gunnery Sergeants only\* **Which one?** |  | |  |
| **Are you currently in the promotion zone for 1st Sergeant?**  \*Gunnery Sergeants only\* |  | |  |
| **Are you selected for 1st Sergeant?**  \*Gunnery Sergeants only\* |  | |  |
| **Do you have any tattoos or brands?**  **\*Ensure you have attached photos or sketches with this document\***  **How many #**  \*Location/Description:\*  1.  2.  3.  4.  5.  6.  7.  8. |  | |  |
| **Have you ever been passed for promotion? When? Why?** **Remarks:** |  | |  |
| **Do you have any adverse Fitness Reports? When? Why?** **Remarks:** |  | |  |
| **Do you own a home/s? If so, how many?**  **How much are the mortgage/HOA/Condo fees total?** |  | |  |
| **Do you have a valid driver’s license? What state?**  **Spouse? What State?** |  | |  |
| **Do you have a POV? If so, what are your plans for the vehicle upon MSG? SNM will:** 1)       2)  **\*Authorized 1 POV to post/other vehicle(s) will not be covered by USMC or DoS for storage\*** |  | |  |
| **Are you a U.S. citizen? (“No” is an immediate disqualifier)** Remarks**:** |  | |  |
| **Do you or your dependents hold any dual citizenship?** (Must have the original birth certificate, US Passport, or Naturalization paperwork upon check-in).  **\*Marine can renounce it at school, does not have to be done prior to reporting\***  **\*Family members can be a dual citizen; all paperwork must be brought to school\***  Remarks: |  | |  |
| **Do you maintain any relationships with citizens of another country?**  **Which countries?** Remarks: |  | |  |
| **Were any of your immediate or extended families born outside of the U.S., or currently living/working outside of the U.S.? What are they doing there?**  Where?       Remarks: |  | |  |
| **Have you deployed to a combat theater? When did you return?** Year/Month:  Remarks: |  | |  |
| **Are you married?** Remarks: |  | |  |
| **Do you intend on getting married**? Remarks**:**  **\*If getting married before reporting to school, dependents will need to be 100% medically qualified 190 days prior to reporting.\*** |  | |  |
| **Is your spouse or fiancé a U.S. Citizen?** |  | |  |
| **Is there any chance of pregnancy?** Remarks: |  | |  |
| **How many total dependents do you claim?** **Total #**  Dependent 1 Name:       Relation:       Age:  Dependent 2 Name:       Relation:       Age:  Dependent 3 Name:       Relation:       Age:  Dependent 4 Name:       Relation:       Age:   1. **Are you the sole provider for them?** Y  N   Remarks:      \***Dependents must be at least 9 months old once you arrive to MSG Schoolhouse\*** |  | |  |
| **Is spouse/fiancé Active Duty or in an Active Reserve Status?** |  | |  |
| **Have you been previously married**? Remarks:  **If divorced, what are the financial obligations?** |  | |  |
| **Are you a single parent?** |  | |  |
| **Do you have sole custody of a child?**  **\*MUST have a Child Care Plan and a custody/child support agreement upon check in\*** |  | |  |
| **Do you have any dependents that were added to your family?** Remarks**:**  **\*Parent/s, Mother/Father In-law, etc.\*** |  | |  |
| **Do you or your spouse engage in any sexual activity that could be embarrassing to you, or could be considered abnormal by others?** Example: Swinger, fetishes, excessive pornography, etc. Remarks: |  | |  |
| **SECTION II: FAMILY MEDICAL / DENTAL INFO** | **Y** | | **N** |
| **Is your immediate family in good health? Spouse, parents, siblings, etc.?** Individual/family member:       Health Issue:       Current Treatment/Remarks: |  | |  |
| **Are you and your dependents willing to receive additional vaccines that may be required by the Center of Disease Control dependent upon host nation requirements?** |  | |  |
| **If applicable, has your spouse received a COVID vaccination?** |  | |  |
| **If applicable, have your children received a COVID vaccination?** |  | |  |
| **Are any of your dependents on the EFMP?** Remarks: |  | |  |
| **Do any of your dependents require special medical treatment?**  Remarks**:** |  | |  |
| **Are any of your children in any specialized classes to include speech, language, or any other specialized schooling?** Remarks**:** |  | |  |
| **Have you or any of your dependents ever been diagnosed with Asthma, Sports induced Asthma, Breathing Problems or Respiratory Illness**? **Remarks:** |  | |  |
| **Do you or any dependents utilize an inhaler for anything?** Remarks**:**  If so, why?       Is it a prescription or over the counter? |  | |  |
| **Do you or any of your dependents have braces or any type of dental modification that requires follow on dental treatment to include Invisalign or permanent retainers?** Remarks**:**  **\*If “yes”, must be removed prior to report date\*** |  | |  |
| **Do you have any dental modifications such as silver or gold teeth that are visible when smiling?** Remarks: |  | |  |
| **Do you or any of your dependents currently or have previously seen a Psychiatrist, Psychologist, Social Worker, marriage counselor, or mental health professional?**  When?      Remarks**:** |  | |  |
| **Are you or any of your dependents taking any mental health medication for Depression, Bipolar Disorder, Anxiety, or any other type of mental health condition?** Remarks: |  | |  |
| **Are you or any of your dependents currently taking medication for any medical illness or injury?** Remarks: |  | |  |
| **Have you or any of your dependents ever attempted suicide or purposely tried to hurt themselves?** Remarks: |  | |  |
| **Are you a class 1 dental?** If “N”: appointment date? |  | |  |
| **Have you ever had any type of corrective eye surgery? If “yes”, when?** |  | |  |
| **Do you have any physical problems (such as joint injuries, shin splints, recent surgeries) that could interfere with your training at MSG School?**  Issue:       Current treatment/Remarks: |  | |  |
| **Have you ever been assigned to BCP?** If “yes”, when and for how long?  Remarks: |  | |  |
| **Do you now, or have you ever had a no shave chit?** If “yes” when and for how long?  Remarks: |  | |  |
| **Do you or any of your dependents have any allergies?** If “yes”, what are you/they allergic to? Remarks: |  | |  |
| **If “yes”, has anyone been prescribed an EPI-PEN by a healthcare provider?** |  | |  |
| **Do you suffer from any type of sleeping disorder?** |  | |  |
| **Have you ever been treated for or take medication for Migraine Headaches?**  Remarks: |  | |  |
| **SECTION III: LEGAL** | **Y** | | **N** |
| **Do you have any negative Page 11s or NJPs?**  Year:       Month:       Reason:      Remarks:  Year:       Month:       Reason:      Remarks:  Year:       Month:       Reason:      Remarks:  Year:       Month:       Reason:      Remarks:  Remarks: |  | |  |
| **Have you ever been questioned, detained, charged, arrested, fined, forfeited bond, or required to appear in court for any reason regardless of whether the record in your case was sealed or expunged?**  Year:       Month:       Reason:       Remarks:  Year:       Month:       Reason:       Remarks:  Year:       Month:       Reason:       Remarks:  Year:       Month:       Reason:       Remarks:  Remarks: |  | |  |
| **Have you ever had any traffic offences?** (speeding tickets, parking tickets etc.)**?**  Year:       Month:       Reason:       Remarks:  Year:       Month:       Reason:       Remarks:  Year:       Month:       Reason:       Remarks:  Year:       Month:       Reason:       Remarks:  Year:       Month:       Reason:       Remarks:  Year:       Month:       Reason:       Remarks:  Remarks: |  | |  |
| **Have you ever had your driver’s license suspended or revoked?**  Remarks: |  | |  |
| **Have you ever had a UCMJ Investigation/Preliminary Inquiry performed on you?**  Remarks: |  | |  |
| **Have you ever received any punishment as part of a pre-trial diversionary program?** Scared Straight, etc.  Year:       Month:       Reason:       Remarks: |  | |  |
| **Do you have a record of any civilian felony convictions?**  Year:       Month:       Reason:       Remarks: |  | |  |
| **Are you or your spouse currently awaiting or pending any legal action?**  Year:       Month:       Reason:       Remarks: |  | |  |
| **Have you declined to list any arrest or convictions because a judge, attorney, or any other person told you that your records would be expunged?**  Remarks: |  | |  |
| **Have you ever engaged in black market activities?** Remarks: |  | |  |
| **Have you ever been fired from a previous job?**       **Why**? Remarks: |  | |  |
| **Do you maintain personal relationships or other associations with any persons you know or suspect to be involved in criminal activities?**  Remarks: |  | |  |
| **To the best of your knowledge, is there anything in your background that would prevent the granting of a Top Secret security clearance?**  Remarks: |  | |  |
| **Are you willing to submit to a test via polygraph for espionage?** Remarks: |  | |  |
| **SECTION IV: SUBSTANCE/ALCOHOL ABUSE AND MENTAL HEALTH** | **Y** | | **N** |
| **Do you drink alcohol? How often do you drink and how much?**  Frequency: Amount:  =  Type:  Remarks: |  | |  |
| **Have you ever been drunk to the point of passing out or have had any issues remembering the previous night's activities?**  x  Year/Month:       Type of Alcohol/ Amount Consumed:       Remarks: |  | |  |
| **Has your use of alcohol ever resulted in incidents related to fighting, child or spouse abuse, or other confrontations with family, friends, or others?**  Year/Month:       Incident:       Family member involved:       Remarks: |  | |  |
| **Have you ever been diagnosed as alcohol dependent, recommended for alcohol abuse counseling or attended alcohol abuse treatment?** Remarks: |  | |  |
| **Have you ever been charged with a DUI/DWI?**  Year/Month:       DUI/DWI: Remarks: |  | |  |
| **Have you ever arrived at work while still under the influence of alcohol?** Remarks: |  | |  |
| **Has your use or involvement with alcohol ever resulted in any of the following**:   * 1. Medical treatment? Y  N   2. Hospitalization? Y  N   3. Employment problems? Y  N   4. Counseling? Y  N   5. Educational problems? Y  N   6. Detainment and/or questioning by any civilian   or military law enforcement? Y  N  Remarks: |  | |  |
| **Have you ever experimented with, used, possessed, transported, grown, produced, bought or sold any of the following substances?**  a. Marijuana or THC? Y  N  b. Spice? Y  N  c. Salvia? Y  N  d. Barbiturates? Y  N  e. Hashish? Y  N  f. Cocaine, crack, or heroin? Y  N  g. Amphetamines? Y  N  h. Hallucinogens (LSD, STP, PCP, etc.)? Y  N  i. Opium? Y  N  j. Steroids? Y  N  k. Any synthetic or cure-type drugs such as methadone? Y  N  l. Any narcotic sedative, stimulate, tranquilizer,  anti-depressant, glue, gas, solvent? Y  N  m. Any other habit forming, dangerous, or  illegal drug or substance? Y  N  **Have you ever used illegal drugs prior to joining the military?** Y  N  **Have you ever used illegal drugs while you have been in the military?** Y  N  **If so, type of drugs used**:       X /       X  Remarks: |  | |  |
| **Have you ever tested positive on any test for drugs or other illegal substances?** Remarks: |  | |  |
| **Have you ever used any prescribed medication in a manner not consistent with the prescription**? Remarks: |  | |  |
| **If you answered “Yes” to any of the above questions, had your involvement with those substances resulted in any of the following:**  a. Medical Treatment? Y  N  b. Hospitalization? Y  N  c. Employment problems? Y  N  d. Counseling? Y  N  e. Educational problems? Y  N  f. Detainment and/or questioning by any civilian or  military law enforcement? Y  N  Remarks: |  | |  |
| **Have you ever experienced any of the following?**  a. Nervous problems? Y  N  b. Emotional problems? Y  N  c. Behavioral problems? Y  N  d. Personality disorder? Y  N  e. Physical abuse? Y  N  f. Mental abuse? Y  N  g. Anger issues? Y  N  Remarks: |  | |  |
| **Have you ever been treated, diagnosed or prescribed with the following?**  a. Traumatic Brain Injury (TBI)/Concussion? Y  N  b. Sleep Apnea? Y  N  c. Medication for sleep disorder? Y  N  d. Medication for any mental health disorder? Y  N  Remarks: |  | |  |
| **Are you allergic to any peppers that would prevent you from being OC sprayed?**  Remarks: |  | |  |
| **Have you ever been diagnosed with ADHD**?       **If as a child, when did you stop taking medication?**      **. Is it in your Naval Medical Record?** |  | |  |
| **Have you ever been involved in or accused of any of the following?**  a. Child molestation? Y  N  b. Adultery? Y  N  c. Statutory rape? Y  N  d. Rape? Y  N  e. Indecent exposure? Y  N  f. Child or spouse abuse? Y  N  g. Prostitution? Y  N  h. Sexual harassment? Y  N  i. Sexual abuse? Y  N  j. Sexual assault Y  N  Remarks: |  | |  |
| **Have you ever been with a Prostitute, Escort, or been to an adult massage parlor?** **How many times and when?**       Remarks: |  | |  |
| **Have you ever engaged in any conduct which could embarrass you or your family, or you and your family could be blackmailed, if such conduct were uncovered?** Remarks: |  | |  |
| **Did your recruiter submit any waivers upon enlistment?**  Remarks: |  | |  |
| **SECTION V: FINANCIAL** |  | |  |
| **What is the current balance of your checking and savings accounts?**  Checking Account:       Savings Account: |  | |  |
| **Have you ever declared bankruptcy, had a foreclosure, or any repossessions?** Year/Month:      Total amount owed:       Circumstance/Remarks: |  | |  |
| **Had a lien placed against your property (excluding mortgages or loans)?**  Remarks: |  | |  |
| **Gone into debt because of drug use, alcohol use, or gambling?**  Remarks: |  | |  |
| B**een late on regularly scheduled payments or are more than 30 days delinquent?** Remarks: |  | |  |
| **Had your wages garnished?** Remarks: |  |  | |
| **Been refused credit?** Remarks: |  |  | |
| **Had any credit account turned over to a collection agency?** Remarks: |  |  | |
| **Been ordered by Court to provide child support or alimony?** Remarks: |  |  | |
| **Been charged with income tax evasion or failure to file?** Remarks: |  |  | |
| **Failed to pay court ordered judgments?** Remarks: |  |  | |
| **Defaulted on a loan?** Remarks: |  |  | |
| **Had your check-cashing privileges suspended or revoked?** Remarks: |  |  | |
| **Does your spouse or dependents have any financial problems like the questions you were asked?** Remarks: |  |  | |
| **Do you have any other bills not listed on your financial checklist?**  **Does your spouse maintain separate credit cards or other loans?**  Creditor:      Amount owed:     Payment amount:     Payment Interval: |  |  | |
| **Do you own a Check Book?** |  |  | |
| **Do you have a valid Government Travel Credit Card (GTCC)?** |  |  | |

**\*FOR ANY BOXES MARKED “YES”, BE SURE TO EXPLAIN YOUR ANSWER IN THE REMARKS SECTION\***

**PRINT NAME SIGNATURE DATE**

**(ELECTRONIC SIGNATURE ALLOWED)**