Department of Veterans Affairs

Health Professional Trainee Applicant Information

PRIVACY ACT STATEMENT: VA is authorized to ask for the information requested on this form by Homeland Security Presidential Directive (HSPD)·12, and 31 USC 7701. The information and biometrics collected, collected as part of the Federal identity·proofing program under HSPD-12 are used to verify the personal identity of VA applicants for employment, employees, contractors, and affiliates (such ai students, WOCemployees,. and others) prior to issuing a Department identification credential. The credentials them-elves are to be used to authenticate electronic access requests from VA employees,. contractors, and affiliates issued a Department identification credential to gain acces.s to VA facilities and networks (where available) through digital access control systems, as well as to other federal government agency facilities and systems where permitted by law. The information collected on this form is protected by the Privacy Act, 5 USC Section 552(a) and maintained under the authority of 38 USC Section 501 and 38 USC Sections 901·905 in VA system of records "Police and Security Records-VA 103VA078)". VA may make a "routine use" disclosure of the mformat1on m this system of records for the routme uses listed m this system of records, mcludmg: c1v1I or criminal law enforcement, constituent congressional communications initiated at your request, litigation or administrative proceedings in which the United States is a party or has an interest, the administration of VA programs, verification of identity and status, and personnel administration by Federal agencies. Failure to provide all of the requested information may result in VA being unable to process your request for a One·VA ID Card, or denial of issuance of a One-VA 10 Card. If you do not have a One-VA D Card, you may not be granted access to VA facilities or networks, which could have an adverse impact on your application to become, or status as, a VA employee, contractor or affiliate where such acces.s is required to perform your assigned duties or responsibilities.

PAPERWORK REDUCTION ACT NOTICE: The public reporting :iurden is approximately 5 minutes including time to review instruction, find the information, and complete this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (OOSE3), 810 Vermont Avenue, Washington, DC 20420.

SECTION I • APPLICANT INFORMATION

PART A . APPLICANT INFORMATION ***(Completed by Applicant)***

1. LEGAL NAME OF APPLICANT
(last, first, middle and suffix name)

2. I currently have a VA Identification (PIV) card
YES ☐ **NO** ☐

CLEAR

3. DATE OF BIRTH (MM/DD/YYYY

4. Social Security Number

5. **Primary Phone Number**

6. Personal Email

SECTION II – APPLICANT IDENTITY VERIFICATION

Sex	Race	Height	Weight	Eyes	Hair

Place of Birth (*City and State/Country*)