

**FOR OFFICIAL USE ONLY**

**DEPARTMENT OF THE ARMY**

United States Army Transportation Agency (White House)  
1222 22<sup>nd</sup> Street Northwest  
Washington, DC 20037

ANWH

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. **No DUI, DWI or serious alcohol or drug related incidents**
- c. **Must have good credit history**
- d. **Must have good professional and personal background**
- e. **Must have good moral and ethical background**
- f. **4 Years Service Remaining Requirement Upon Arrival**
- g. **No P3 profiles (P2 profiles accepted on a case-by-case exception)**
- h. **Sergeants promotable must have at least 700 promotion points**
- i. **GT Score 110 (Waiveable based on total Soldier concept)**

**MOS and Grade Requirements**

**Master Driver:** 88M (SGT(P) – SFC) with 5 years experience as 88M

**Assistant Operations SGT:** 88N (SSG – SFC) with 8 years experience as 88N

**Senior Human Resources SGT:** 42A (SSG and above) with 8 years experience as 42A (Bde/Bn S1 Experience Necessary)

**Motor Sergeant:** 91B (SGT(P) - SSG) with 5 years experience in 91 CMF

**Supply NCO:** 92Y (SSG or SFC) with 8 years experience as 92Y

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

**\*\*Include a copy of your ERB and if applicable your permanent profile with this packet\*\***

SCAN AND E-MAIL TO: [whta.recruiting@whmo.mil](mailto:whta.recruiting@whmo.mil)

MAIL OR FAX PACKET TO: CDR, USATA (WH) Fax (202)757-0756  
ATTN: Administration  
1222 22nd Street NW  
Washington, DC 20037

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United States Army Transportation Agency (White House)  
Pre-Screening Information

PERSONAL DATA

<b>Last Name, First Name</b>	<b>MI.</b>	<b>RANK</b>	<b>SSN</b>	<b>DOB</b>
<b>MOS:</b>		<b>PLACE OF BIRTH:</b>		
<b>BASD:</b> _____	<b>ETS:</b> _____	<b>Promotable:</b> _____	<b># of Points:</b> _____	
<b>DOR:</b> _____	<b>GT Score:</b> _____			
<b>HT:</b> _____	<b>WT:</b> _____	<b>BF%:</b> _____	<b>PULHES:</b> _____	
<b>Date arrived at Current Duty Station:</b> _____			<b>DEROS:</b> _____	
<b>Are you currently on a controlled tour (i.e. Drill Sergeant, Recruiter etc...):</b> _____				
<b>Are you currently on Assignment Instruction to PCS?</b> _____				
<b>MARITAL STATUS:</b> _____		<b># of Children:</b> _____	<b>Military Spouse:</b> _____	
<b>Military Spouse (Name, Rank, PMOS):</b> _____				

CONTACT INFORMATION

<b>HOME ADDRESS</b>	<b>PHONE #s</b>	<b>WORK #</b>	<b>AKO E-MAIL</b>
	Cell: _____		
	Home: _____		@us.army.mil
<b>UNIT ADDRESS</b> <small>(Unit name &amp; Mailing Address)</small>	<b>Unit Phone #</b> <b>(Commercial)</b>		

**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.

\_\_\_\_\_  
Applicant's Signature (Indicating understanding of Privacy Act Adviseament  
And general information concerning this packet)

\_\_\_\_\_  
Date

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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 - 19 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 (Where you disqualified for any specific reason)?	
5.	Do you currently have a security clearance?	
6.	Have you ever been denied a security clearance or had a security clearance revoked?	
7.	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)?	
8.	Have you ever been the subject of an EO or sexual harassment complaint?	
9.	Have you ever been charged or convicted of DUI or DWI?	
10.	Have you ever been punished or investigated for an alcohol or drug related offense?	
11.	Have you been counseled or treated for alcohol or drug abuse?	
12.	Have you ever been convicted or charged with a criminal offense (include all accusations, dismissals, and records sealed or expunged)?	
13.	Have you ever received a Relief for Cause NCOER or Needs Improvement rating on a NCOER?	
14.	Have you ever been punished or investigated for domestic violence or child abuse?	
15.	Have you ever filed for bankruptcy or applied for loan consolidations?	
16.	Have you ever defaulted on a loan, more than 30-days delinquent on a bill, had charge offs, or collections?	
17.	Have you ever had speeding tickets, traffic violations or had your driver's license suspended (List each offense in the remarks)?	
18.	Have you ever received psychiatric or psychological treatment?	
19.	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 \_\_\_\_\_



**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, 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, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, 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 access to classified information and/or for assignment to, or retention in, a sensitive 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 redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign, and date the release.

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Signature (Sign in black ink) \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: (First, Middle, Last) \_\_\_\_\_

Other Names Used: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address (Street, City, State Zip) \_\_\_\_\_