

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

SUBJECT:

PERMANENT

TEMPORARY

Accession Screening Questionnaire

AUTHORITY (IF PERMANENT):

Assistant Secretary of the Navy for Manpower and Reserve Affairs

Applicant must check YES (Y) or NO (N) to each of the following questions:

1. Y / N Has the applicant ever participated, either in person or via electronic communications, in an act of treason, terrorism or sedition against the United States, regardless of whether the action resulted in a citation, arrest, or conviction?
2. Y / N Has the applicant ever associated with, either in person or via electronic communications, persons who are attempting to commit or who are committing an act of treason, terrorism, or sedition against the United States?
3. Y / N Has the applicant ever associated with, either in person or via electronic communications, persons or organizations that advocate, threaten, or use force or violence, or use any other illegal or unconstitutional means in an effort to:
 - i. Y / N Overthrow or influence the U.S. Government or any state or local government?
 - ii. Y / N Prevent Federal, state, or local government from performing their official duties?
 - iii. Y / N Gain retribution for perceived wrongs caused by the Federal, state, or local government?
 - iv. Y / N Prevent others from exercising their rights under the Constitution or laws of the United State or any state?
4. Y / N Has the applicant, either in person or via electronic communications, ever advocated for the denial of civil rights based on the supremacy of one race, color, religion, national origin, sexual orientation, gender, gender identity or disability over another race, color, religion, national origin, sexual orientation, gender, gender identity or disability?
5. Y / N Has the applicant, either in person or via electronic communications, ever committed or conspired to commit a crime motivated by bias against race, color, religion, national origin, sexual orientation, gender, gender identity, or disability?

Commanding Officer

Member's Signature Date/Signed

Witness' Signature Date/Signed

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

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MEMBER NAME (LAST, FIRST, MIDDLE):

SSN (LAST FOUR)

BRANCH AND CLASS: