



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE
U. S. MARINE CORPS FORCES, PACIFIC
BOX 555300
CAMP PENDLETON, CA 92055-5300

1320
G-1/ADJ

OCT 2 2018

FOURTH ENDORSEMENT on [REDACTED] AA Form of 6 Jul 18

From: Commanding General, I Marine Expeditionary Force
To: Commandant of the Marine Corps (I&L)

Subj: REQUEST FOR MARINE AIDE PROGRAM IN CASE OF STAFF SERGEANT [REDACTED]
[REDACTED] USMC

1. Forwarded, recommending approval.
2. The point of contact for this matter is the I Marine Expeditionary Force Adjutant, Captain [REDACTED] at (760) 725-[REDACTED]


J. L. [REDACTED]



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE INFORMATION GROUP
I MARINE EXPEDITIONARY FORCE
BOX 555325
CAMP PENDLETON CA 92055-5325

1300
CO
SEP 17 2019

THIRD ENDORSEMENT on SSgt [REDACTED] AA form 1320 of 6 Jul 18

From: Commanding Officer, I Marine Expeditionary Force Information Group
To: Commandant of the Marine Corps (I&L)
Via: Commanding General, I Marine Expeditionary Force

Subj: MARINE ENLISTED AIDE PACKAGE IN CASE OF STAFF SERGEANT [REDACTED]
[REDACTED] / [REDACTED] USMC

1. Readdressed and forwarded, enthusiastically recommending approval.
2. Staff Sergeant [REDACTED] is an outstanding candidate for this program, as demonstrated by her impressive resume, training, and MOS proficiency. Most notably, she was selected as the 2017 Marine Corps Non-Commissioned Officer Food Service Specialist of the Year. She also led her Field Mess to win the title of [REDACTED] 7 W.P.T. Hill evaluation.
3. The point of contact at this command is Gunnery Sergeant [REDACTED] at (760) 725-[REDACTED]

D. R. [REDACTED]



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE SUPPORT BATTALION
I MARINE EXPEDITIONARY FORCE
BOX 555320
CAMP PENDLETON CALIFORNIA 92055-5320

1000
S-1
AUG 20 2018

SECOND ENDORSEMENT on SSgt [REDACTED] AA Form 1320 dtd 6 July 18

From: Commanding Officer
To: Commanding General, I Marine Expeditionary Force
Via: Commanding Officer, I Marine Expeditionary Force Information Group

Subj: MARINE ENLISTED AIDE PACKAGE IN CASE OF STAFF SERGEANT [REDACTED]
[REDACTED] USMC

1. Forwarded, recommending approval disapproval.
2. Point of contact for this matter is Gunnery Sergeant [REDACTED] (760) 725-[REDACTED].

W. V. [REDACTED]



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE SUPPORT BATTALION
I MARINE EXPEDITIONARY FORCE
BOX 555320
CAMP PENDLETON CALIFORNIA 92055-5320

1320
CSSC
8 Aug 18

FIRST ENDORSEMENT on SSgt [REDACTED] form 1320 of 6 July 18

From: Company Commander, Combat Service Support Company
To: Commanding General, I Marine Expeditionary Force
Via: (1) Commanding Officer, I Marine Expeditionary Force Support Battalion
(2) Commanding Officer, I Marine Expeditionary Force Information Group

Subj: MARINE ENLISTED AIDE PACKAGE IN CASE OF STAFF SERGEANT [REDACTED]
[REDACTED] USMC

Ref: (a) MCO 1306.18
(b) MARADMIN 636/17

Encl: (1) Marine Enlisted Aide Package

1. Per the references and enclosure, the following information is provided for [REDACTED] Marine Enlisted Aide Package.

2. Forwarded, recommending approval.

3. Point of contact for this matter is Staff Sergeant [REDACTED] at (760) 725-[REDACTED] or via email at [REDACTED]

JCP
J C. [REDACTED]

Please review Privacy Act Statement
on Page 3

ADMINISTRATIVE ACTION (5216)

NAVMC 10274 (REV. 09-11) (EF)

Previous editions will be used

FOUO - Privacy sensitive when filled in.

1. ACTION NO.

2. SSIC/FILE NO.

3. DATE

2018-07-06

4. FROM (Grade, Name, SSN, MOS or CO, Pers. O., etc.)

E6 [REDACTED]

5. ORGANIZATION AND STATION (Complete address)

Combat Service Support Company
I Marine Expeditionary Force Support Battalion
I Marine Expeditionary Force
Box 555325
Camp Pendleton California 92055-5325

6. VIA (As required)

(1) CO, CSSC (2) CO, I MSB
(3) CO, I MIG (4) CG, I MEF

7.

COMMANDANT OF THE MARINE CORPS
HEADQUARTERS, U.S. MARINE CORPS
(MMEA-86)

TO: 3280 RUSSELL RD
QUANTICO, VA 22134

8. NATURE OF ACTION/SUBJECT
REQUEST FOR MARINE AIDE PROGRAM

9. COPY TO (As required)
Files, SNM

10. REFERENCE OR AUTHORITY (if applicable)

(a) MCO 1306.18A
(b) MCO P1300.8R
(c) MARADMIN 209/14

11. ENCLOSURES (if any)

(1) Independent Duty Screening
(2) Marine Aide Questionnaire
(3) Commanding Officer Financial Worksheet
(4) Marine Biography
(5) BIR
(6) BTR
(7) Promotion Photo
(8) SCI Prescreen

12. SUPPLEMENTAL INFORMATION (Reduce to minimum wording - type name of originator and sign 3 lines below text)

1. Per reference (a) and (c), I, [REDACTED] am applying for the Marine Aide Program. With applying based on the criteria stated within the MARADMIN 209/14 and MCO 1306.18A this does not mean I will be accepted, but a candidate for selection.

2. The following is provided as directed:

a. EAS: 20181120
b. DCTB: 20150111
c. AFADBD: 20101213
d. TOS: 40 Months
e. PEBD: 20101213
f. ECC: 20181120

3. The point of contact for this matter is myself at [REDACTED] or [REDACTED]

13. PROCESSING ACTION. (Complete processing action in item 12 or on reverse. Endorse by rubber stamp where practicable.)

FOR OFFICIAL USE ONLY

SDAMAN

APPENDIX E

COMMANDING OFFICER'S

SCREENING/INTERVIEW GUIDE - INDEPENDENT DUTY

THE PRIVACY ACT STATEMENT FOR INFORMATION ON THIS FORM IS CONTAINED ON NAVMC FORM 11000, PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS.

THIS FORMAT IS TO BE DESTROYED UPON THE MARINE'S ARRIVAL AT THE INDEPENDENT DUTY ASSIGNMENT OR AS LISTED IN DESTRUCTION INSTRUCTIONS. A COPY OF THE FORM WILL BE SENT TO THE CMC (MMEA) PRIOR TO THE MARINE DETACHING STIPULATING SUCCESSFUL OR UNSUCCESSFUL SCREENING BY THE COMMANDING OFFICER.

1. Background. Independent duty is primarily defined as duty with inspector-instructor staffs, Marine Corps District Headquarters, Marine Corps Recruiting Stations and 4th Marine Air Wing (MAW) units. Permanent change of station orders directing the transfer of Marines to other isolated assignments may require screening for independent duty in accordance with this order when directed by the Commandant of the Marine Corps.

2. Action. One copy of the completed Commanding Officer's Screening/Interview Guide will be placed on the left side of the Marine's Service Record Book prior to the Marine's transfer to independent duty. The results of the completed screening will be reported to the gaining command and info CMC (Code MMEA-8). Thirty days prior to transfer, the commanding officer will re-certify that the Marine is still qualified for independent duty. The command will contact the CMC (Code MMEA) via naval message when there is a change in the Marine's status. The gaining command should make every effort to contact the losing command to ensure the inbound Marine remains qualified. Upon request, certain criteria may be waived by the CMC (MMEA-8).

SSGT [REDACTED] [REDACTED]
RANK NAME SSN/MOS

<u>PREREQUISITE</u>	<u>REMARKS</u>	<u>QUALIFIED</u>
MINIMUM AGE OF 21	Although age is not a prime indicator of maturity, it is a fairly reliable measure of experience. In this respect, the more experienced the independent duty Marine, the better the individual is able to cope with additional duties which are assigned; i.e., burial details,	
MINIMUM PRO/CON MARKS AVERAGE IN SERVICE - 4.4/4.4 PRO/CON MARKS: _____		

SDAMAN

processing of Marine absentees and deserters, and color guard details, to name a few.

yes/no

MAXIMUM DEPENDENTS
SGT/BELOW (2);
SNCO (4)

This is a precaution to avoid potential financial hardships. This Marine will not be authorized special duty assignment pay or cost of living allowance. (If financially stable can be waived by MMEA)

yes/no

NUMBER OF FAMILY
MEMBERS: 4

DISCIPLINARY RECORD AND DRUG OR ALCOHOL
RELATED INCIDENT

1. COURT-MARTIAL

5 or more years has elapsed since the offense occurred. (A court-martial conviction may be waived)

yes/no

2. NJP

Not more than two NJPs in the past 5 years. Not more than one NJP in the 12 months preceding the detachment date.

yes/no

3. DRUG/ALCOHOL
RELATED
INCIDENT(S)

No drug related incidents within the last 5 years. No alcohol related incidents within the last 2 years preceding the detachment date. (A waiver granted for reenlistment is not valid for assignment to independent duty. A separate waiver must be requested.)

yes/no

MEDICALLY AND
PHYSICALLY QUALIFIED
FOR DUTY

Marines may be assigned to an area far removed from the nearest government medical facility. The Marine must be medically fit. All Marines must be physically examined within 12 months preceding the reporting date. Standard Forms 88 and 93 must be completed. A medical officer will certify in block 77 of Standard Form 88 that the Marine is physically qualified for independent duty. Commanding Officers will personally screen the Marine's medical record. Attention should be directed towards any indication of alcohol related

DATE OF LAST
PHYSICAL: 05 FEB 2010

DATE OF MOST
RECENT PFT:
26180331 20180628
SCORE: 310-300
(MUST SCORE A
THIRD CLASS OR
BETTER NO MORE
THAN 30 DAYS
PRIOR TO DATE
OF DETACHMENT)

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or psychological problems.

☒yes/no

DENTALLY QUALIFIED
(CLASS ☒I OR II)

The Marine must be dentally qualified (Class I or II). Since this Marine may be far removed from a government-supported medical facility, dental problems may translate into an increased financial burden. All dental treatment shall be completed prior to detachment from the Marine's parent command. Marines considered permanent Dental Class III IAW NAVMEDCOMNOTE 6600 of 8 Sep 1987 are qualified for the purpose of this order.

☒yes/no

MARINE'S FAMILY
SHOULD NOT REQUIRE
UNUSUAL OR
RECURRENT MEDICAL
OR DENTAL CARE

Commanders should consider this requirement equally important to the individual Marine's fitness for duty. Consideration must be given to serious physical conditions or abnormalities which require specialized medical or dental treatment or specialized training (i.e., handicapped children) that are not likely to be available in the absence of Navy or other Armed Forces medical treatment facilities without considerable expense.

*EFMP

☒yes/no

VALID STATE MOTOR
VEHICLE OPERATOR'S
LICENSE AND A U.S.
GOVERNMENT MOTOR
VEHICLE OPERATOR'S
IDENTIFICATION
CARD, STANDARD
FORM 46

The potential independent duty Marine will need both civilian and government operator's permit to carry out daily routine functions. The government license (SF 46) must authorize operation of tactical vehicles M998 series 1 1/4 ton HWMV and M1008 1 1/4 ton CUCV.

☒yes/no

FINANCIALLY
RESPONSIBLE

The Marine has demonstrated an ability to manage personal financial affairs with maturity and judgment. Does not exhibit a pattern of indebtedness or frequently write checks without sufficient funds. Marines on independent duty may face additional expenses

SDAMAN

due to the non availability of major military support facilities. They should have approximately \$550.00 net available funds after completing the Commanding Officer's Financial Worksheet.

(yes/no

HAS A MINIMUM OF 3 YEARS OBLIGATED SERVICE REMAINING

EAS: 20181120

To ensure continuity in these isolated duty stations, Marines must have at least 3 years obligated service remaining upon reporting.

yes/(no

MEETS PERSONAL APPEARANCE AND HEIGHT AND WEIGHT

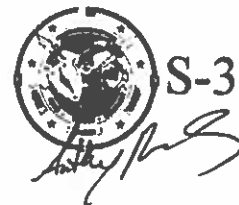
HT: 63

WT: 132

BODY FAT: N/A

(indicate body fat if Marine is over prescribed weight standards)

The Marine must be within the Marine Corps height and weight standards IAW MCO 6100.10_. No unresolve history of assignment to weight control of personal appearance programs is authorized. Marines will be weighed in P.T. gear, no shoes.



(yes/no

PROFICIENT IN PRIMARY MILITARY OCCUPATIONAL SPECIALTY (PMOS)

Marines must possess a high degree of proficiency in their primary MOS. The Marine may be the only Supply Administrative person (MOS 3043), or Personnel Chief (MOS 0193) authorized at the independent duty station.

(yes/no

MEDIUM BLUE UNIFORM ALLOWANCE

Prior to transferring a Marine to independent duty, the medium blue uniform allowance must be issued or ordered IAW with MCO P10120.28_, paragraph 02055.11.

(yes/no

I have personally screened

[REDACTED] /6999
GRADE NAME SSN/MOS

This Marine (does) does not meet the requirements listed in MCO P1326.7. If the Marine does not meet the requirements, explain below.

(Ensure the following signature page is attached.)

SDAMAN

[REDACTED]
Battalion/Squadron SgtMaj's Printed Name

[REDACTED]
Battalion/Squadron SgtMaj's Signature

[REDACTED] [REDACTED]
Commanding Officer's Printed Name Rank

[REDACTED]
Commanding Officer's Signature

180622
Date

COMMANDER OFFICER
Billet(*)

2018022
Date

E-5

ENCLOSURE (1)

Marine Corps Enlisted Aide Program Questionnaire

(FILL IN ALL AREAS THAT ARE BLANK. EVERYTHING ELSE IS FOUND IN OTHER DOCUMENTATIONS NOTED AND ATTACH ANY
INFORMATION THAT WILL BE USEFUL)

FULL NAME: [REDACTED]

RANK: SSgt

EDIPI: [REDACTED]

HOME ADDRESS: [REDACTED]

WORK ADDRESS: Bldg 214026, Camp Pendleton CA 92058

WORK NUMBER: 760-725-0815

HOME NUMBER: N/A CELL NUMBER: [REDACTED]

EMAIL ADDRESS: [REDACTED]

CURRENT DUTY STATION: Camp Pendleton, CA

TIME ON STATION: 3 Years, 6 months

DATE OF BIRTH: [REDACTED]

PLACE OF BIRTH: Los Angeles, CA

U.S. CITIZEN: Yes

ELIGIBLE FOR SECRET AND TOP SECRET CLEARANCE: Yes

PLEASE ATTACH THE FOLLOWING PAPER WORK IF IT APPLIES:

PAGE 11 & 12, TRAFFIC OFFENCES PENDING, NATURALIZATION PAPERWORK
IF APPLIES, COMMANDING OFFICER FINANCIAL WORKSHEET, AA FORM.

SPOUSE: [REDACTED]

DUAL ACTIVE: Yes

NUMBER OF CHILDREN: 2

ELIGIBLE FOR EFMP: Yes (1)

DRIVERS LICENSE: Yes

EXPIRATION: [REDACTED]

DRIVERS LICENSE#: [REDACTED]

*STATE ISSUED: AZ

ENCLOSURE (2)

NUMBER OF TATTOOS VISIBLE IN SERVICE C UNIFORM: None

(IF APPLICABLE, LOCATION AND DISCRPTION)

CULINARY SCHOOLS: Culinary Institute of America Hyde Park New York, Pro Chef Level

1, Culinary Institute of America at Grey Stone NRA Foundation.

AWARDS/CERTIFICATES:

PME CERTIFICATES IN GRADE: Resident Sergeant's Course, Non Resident Sergeant's Course, RCLF North Africa.

SECURITY MARINE NET COURSES:
(PII, INFORMATION AWARENESS, AND CYBER AWARENESS TRAINING):

Completed.

ENROLLED IN DTS: Yes

HOLD A GTCC: Yes

HAVE YOU EVER WORKED IN A GENERAL OFFICERS QUARTERS?

No

***IF YES:**

WHERE?

ENCLOSURE (2)

WHY DO YOU WANT TO BE A MARINE AIDE?

There are several reasons that I aspire to be a Marine Enlisted Aide. The most important being that I have always loved the Food Service Industry. I am very passionate about what I do, and believe that this program offers me a new challenge as well as opportunities. The program will help me further advance in a specific set of skills that will entirely benefit my MOS when returning back to the fleet and my career as a Marine in general. I am confident that I will attain my goal to keep learning and progressing in the Food Service community and in turn be able to not only train but impact the future of the Food Service and all Marines under my charge.

SNCO RECOMMENDATION: ☒ YES NO

COMMENT:

SSgt [REDACTED] is highly recommended for the General's Aide Program. SNM is a proven performer and can work great independently or in a group setting. The food service community will benefit from SSgt [REDACTED] becoming an aide as I know that she will gain a lot of valuable knowledge and return to the fleet to train the Marines under her.

SIGNATURE: [REDACTED] **DATE** 20180720

PRINT NAME GYSGT [REDACTED] **DATE** 20180720

OIC RECOMMENDATION: ☒ YES NO

COMMENT: I highly recommend SSgt [REDACTED] to be an aide due to her competency and very high motivation and dedication to improving herself and every Marine she comes in contact with.

SIGNATURE: [REDACTED] **DATE** 20180720

PRINT SIGNATURE [REDACTED], CAPT **DATE** 20180720

ENCLOSURE (2)

COMMANDING OFFICER'S FINANCIAL WORKSHEET (1326)

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 1074f, Medical Tracking System for Members Deployed Overseas; 32 CFR 64.4, Management and Mobilization; DoD Dir 1215.13, Reserve Component Member Participation Policy; DoD Instruction 3001.02, Personnel Accountability in Conjunction with Natural and Manmade Disasters; CJCSM 3150.13B, Joint Reporting Structure Personnel Manual; DoD Instruction 6490.03, Deployment Health; MCMEDS; SECNAVINST 1770.3D, Management and Disposition of Incapacitation Benefits for Members of the Navy and Marine Corps Reserve Components (Renamed Line of Duty(LOD)); and MCO 7220.50, Marine Corps Policy for paying Reserve Marines; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE To assemble in one system information to provide government agencies with: (1) Necessary information on the commercial travel and transportation payment and expense control system which provides travelers charge cards and the agency an account number for official travel and related travel expenses on a worldwide basis; (2) attendant operational and control support; and (3) management information reports for expense control purposes. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice M01040-3, which can be downloaded at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6774/m01040-3.aspx>.

RETENTION AND SAFEGUARDS: Login to systems and network requires use of the DoD Common Access Card (CAC). Public Key Infrastructure (PKI) network login may be required to allow for documents to be digitally signed and encrypted and/or the receiving of encrypted mail. Official users without issuance of a CAC must use the Total Force Administration System Marine On-Line (TFAS MOL) web portal to access the system. The TFAS MOL account holders are authenticated and provided access after registering for an account and use a user name and strong password login verification. Access to server rooms is strictly controlled by the hosting facility personnel. At a minimum, cipher locks, access rosters, sign-in sign-out procedures, escort and supervision of all maintenance personnel and physical security checks are provided on a routine basis. Physical security of buildings after normal working hours, are provided by independent security guards or military police.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice M01040-3 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

DISCLOSURE: Providing information on this form is voluntary. However, failure to furnish personally identifiable information may negate the application.

COMMANDING OFFICER'S FINANCIAL WORKSHEET (1326)

Background. This worksheet is used in conjunction with the Commanding Officer's Screening / Interview checklist in order to determine assignability to special duty assignment or independent duty. Disclosure of information is voluntary. Possible adverse affects of nondisclosure could result in a decision being made to assign the subject to a special duty or independent duty without consideration of information, which, if known, might have had a bearing on that decision.

Action. A copy of the completed Financial Worksheet, Commanding Officer's Screening / Interview Guide, and medical / dental records will accompany the Marine along with his / her travel orders during the Marine's transfer to the Special Duty Assignment School. Sixty days prior to transfer, the Commanding Officer will re-certify that the Marine is still qualified for assignment to Special Duty. The Marine's command will contact the CMC (MMEA-25) vial Naval Message when there is a change in the Marine's status. Upon request, certain criteria may be waived by the CMC (MMEA).

1. Rank		2. Name (Last, First, Middle)		3. EDIPI	
SSGT		[REDACTED]		[REDACTED]	
4. MOS	5. MCC	6. RUC	7. Unit Name		
3381	137	20140	I Marine Expeditionary Force Support Battalion		
8. Career Planner Name		9. Career Planner Phone	10. Marital Status	11. Number of Children/Dependents (excluding spouse)	
GySgt [REDACTED]		760-763-[REDACTED]	MARRIED	2	
12. Monthly Income (Do Not Include BAH. BAH payments are considered to adequately cover housing expenses for geographical location.)					
Income Type		Initial Screening		Re-Certification	
a. Basic Pay		2,925.30			
b. BAS (Monthly) COMRATS		369.39			
c. SDA Pay (RCTR = \$300, DI = \$150, MCIC = \$75, MSG = \$75, CP = \$75)		0			
d. Other Income (Type of income: _____)		0			
e. TOTAL Income (Sum of 12.a through 12.d)		3,294.69			
13. Monthly Mandatory Deductions (Taken from the most current Leave and Earnings Statement)					
Deduction Type		Initial Screening		Re-Certification	
a. Federal Income Tax (FITW)		104.95			
b. Social Security		181.36			
c. Medicare		42.42			
d. State Income Tax (SITW)		18.58			
e. Service Members Group Life Insurance (SGLI)		28.00			
f. Spouse SGLI		5.00			
g. TSGLI		1.00			
h. Dental Family		0			
i. Charitable Donation(s) (sum of all if more than one)		.50			
j. Allotment(s) (sum of all if more than one)		0			
k. Advance Pay (Enter Balance Here: _____)		0			
l. Child Support and/or Alimony (If Applicable)		0			
m. BAS deduction (if applicable)		0			
		204.77			
o. Total Mandatory Monthly Deductions (Sum of 13a through 13n)		586.58			

1. Rank	2. Name (Last, First, Middle)	3. EDIPI
SSGT		

14. Monthly Recurring Bills and Obligated Debts
(Do NOT include creditors already listed in mandatory deductions that are paid through an allotment or rent/mortgage/utilities)

Name of Creditor	Initial Screening		Re-Certification	
	Monthly Payment	Balance Due	Monthly Payment	Balance Due
a. Car Number 1	148.76	11,577.73		
b. Car Number 2	0	0		
c. Car Insurance	157.40	0		
d. Personal Life Insurance	0	0		
e. Credit Card 1	0	0		
f. Credit Card 2	0	0		
g. Credit Card 3	0	0		
h. Credit Card 4	0	0		
i. Credit Card 5	0	0		
j. Loan 1	0	0		
k. Loan 2	0	0		
l. Loan 3	0	0		
m. Loan 4	0	0		
n. Other (Explain: _____)	357.89	0		
o. Total Monthly Recurring Bills and Obligated Debts (Sum of 14.a through 14.n)	664.05	11,577.73		

15. Net Available Funds

Information	Initial Screening	Re-Certification
a. Total Monthly Income (Block 12 e)	3,244.69	
b. Total Mandatory Deductions (Block 13 o)	586.88	
c. Total Monthly Credit Payments (Block 14.o)	664.05	
d. NET AVAILABLE FUNDS (15.a - 15.b - 15.c) Minimum \$550.00 for Drill Instructor Duty Minimum \$800.00 for Recruiting Duty Minimum \$500.00 for Marine Security Guard	2,044.06	

16. Additional Information (The items listed under ADDITIONAL INFORMATION are intended to provide amplification of your financial status.)

	Initial Screening	Re-Certification
a. Savings Account(s) (Current Balance)	6283.86	
b. Checking Account(s) (Current Balance)	1,231.78	
c. Investment(s) (Current Balance)	0	
d. TOTAL CURRENTLY AVAILABLE (Sum 17.a through 17.c)	7,515.64	
e. Spouses Monthly Income	2,951.53	
f. Spouses Occupation		
g. Do you own a home or a mobile home?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes to 16.g, provide the purchase date		
- If yes to 16.g, provide the monthly payment		
- If yes to 16.g, provide the mortgage balance		

1. Rank	2. Name (Last, First, Middle)	3. EDIPI
SSGT	[REDACTED]	[REDACTED]

17. Questionnaire		
Read and answer the questions below	Initial Screening	Re-Certification
a. Have you ever filed, or are you in the process of going through any type of bankruptcy proceedings (Chapter 7, 11, 13) and/or debt consolidation and/or financial liquidation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you ever been denied credit for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you ever been denied housing as a result of a poor credit rating?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you ever had anything repossessed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are there any other financial issues that are not covered in this worksheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Provide amplifying comments for all "Yes" responses in the space provided below.		

18. Marine Initial Screening (I certify that the financial information provided is true to the best of my knowledge.)		
a. Marine's Printed Name and Rank	b. Marine's Signature	c. Date Completed
[REDACTED]	[REDACTED]	20180706

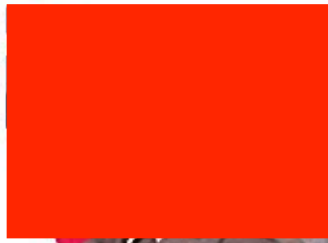
19. Commanding Officer and Sergeant Major Initial Screening Certification			
a. Based upon my assessment, I find this Marine <input checked="" type="checkbox"/> Does <input type="checkbox"/> Does Not meet the financial criteria for assignment to a special duty. If the Marine does not meet the criteria, amplifying remarks are below:			

b. Battalion/Squadron SgtMaj Printed Name	c. Battalion/Squadron SgtMaj Signature	d. Date Completed
[REDACTED]	[REDACTED]	180822

e. Battalion/Squadron Commander Printed Name	f. Battalion/Squadron Commander Signature	g. Date Completed
[REDACTED]	[REDACTED]	20180822

20. Marine Re-Certification (60 days preceding the SDA school report date) (I certify that the financial information provided is true to the best of my knowledge.)		
a. Marine's Printed Name and Rank	b. Marine's Signature	c. Date Completed

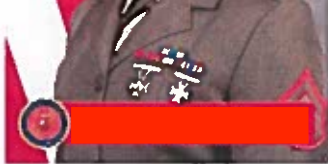
21. Commanding Officer and Sergeant Major Re-Certification (60 days preceding the SDA school report date)		
a. <u>Commanding Officer's Re-Certification:</u> To be completed within the 45-60 day window preceding the SDA school report date. This Marine's qualifications for assignment to special duty <input type="checkbox"/> Have <input type="checkbox"/> Have Not changed since my initial interview and screening of his/her records.		
b. Battalion/Squadron SgtMaj Printed Name	c. Battalion/Squadron SgtMaj Signature	d. Date Completed
e. Battalion/Squadron Commander Printed Name	f. Battalion/Squadron Commander Signature	g. Date Completed



Staff Sergeant [REDACTED]

3381 Food Service Specialist

I Marine Expeditionary Force Support Battalion



Staff Sergeant [REDACTED] assumed her current billet of I Marine Expeditionary Force Support Battalion Subsistence Chief on June 01, 2015. She was born on October 13, 1992 in Los Angeles, CA but is a native of Sacramento, CA. She enlisted in the United States Marine Corps in December of 2010 and attended recruit training at Marine Corps Recruit Depot Parris Island, S.C. She graduated with platoon 4009, Oscar Company, 4th Recruit Battalion in April of 2011.

Throughout her career Staff Sergeant [REDACTED] has been assigned numerous billets to include: Assistant Chief Cook; Canon Air Defense Complex Chief Cook; Mess Hall 710 Bake shop Non Commissioned Officer; Subsistence Chief; Training Non Commissioned Officer; Marine Wing Support Squadron 371 Headquarters Company Clerk; Safety Non Commissioned Officer; Publications Non Commissioned Officer; Global Combat Support System (GCSS) Non Commissioned Officer; Maintenance Non Commissioned Officer; Warehouse Non Commissioned Officer; Platoon Sergeant; I Marine Expeditionary Force Uniformed Victim Advocate (UVA).

After recruit training and Marine Combat training at Camp Geiger, NC, Staff Sergeant [REDACTED] attended Basic Food Service School aboard Fort Lee, VA. Following graduation from her basic school, Staff Sergeant [REDACTED] was assigned to her first duty station Marine Wing Support Squadron 371, in Yuma, AZ. While there, she was assigned several different billets and participated in several different Chef of the quarter Culinary Competitions. In August of 2012 Staff Sergeant [REDACTED] was selected to attend the Pro Chef Level I, at the Culinary Institute of America, Hyde Park, NY. After graduation from Pro Chef Level I, Staff Sergeant [REDACTED] took part in other culinary competitions and in 2014 Staff Sergeant [REDACTED] culinary team was awarded 1st place and Chefs choice award at the 4th Quarter fiscal year 14 Chef of the Quarter Competition. While at Marine Wing Support Squadron 371 Staff Sergeant [REDACTED] continued to excel in her MOS.

In January of 2015, Staff Sergeant [REDACTED] was ordered to I Marine Expeditionary Force Support Battalion, Camp Pendleton, CA where she currently serves as the I MEF Subsistence Chief and Platoon Sergeant, and is responsible for providing subsistence to 5 other subordinate commands within I Marine Expeditionary Force Information Group. While there, Staff Sergeant [REDACTED] has participated in various major field operations and an overseas operation; Native Fury. Staff Sergeant [REDACTED] served as the I Marine Expeditionary Force Uniformed Victim Advocate from August 2016 to August 2017. In August of 2017, Staff Sergeant [REDACTED] attended a one week course aboard The Culinary Institute of America, Napa Valley, CA. While there, Staff Sergeant [REDACTED] Culinary Team was awarded 1st place during a culinary competition and was also recognized as

ENCLOSURE (4)

the 2017 Food Service Specialist Non Commissioned Officer of the Year. In December of 2017, Staff Sergeant [REDACTED] participated in the W.P.T. Hill evaluation and her field mess was deemed best Field Mess in the West Coast. Staff Sergeant [REDACTED] actively participates in triathlon races around the San Diego area where she has been awarded numerous first place awards for her athletic performance.

Staff Sergeant [REDACTED] is married to [REDACTED] of Albuquerque, NM. They live in Oceanside, CA and have two boys: [REDACTED] 5, and [REDACTED] 2.

DUTY ASSIGNMENTS:

1012-1103	Recruit Depot Parris Island, SC	Recruit
1103-1104	MCT, Camp Lejeune	Student
1104-1106	Food Svc School Fort Lee, VA	Student
1107-1501	MWSS 371, Yuma, AZ	Assistant Mess Chief
1501-Present	I MEF, I MSB Camp Pendleton, CA	Subsistence Chief/Platoon Sergeant

MILITARY EDUCATION / TRAINING (IN CHRONOLOGICAL ORDER):

2010	Grant Union HS Diploma
2010	Basic Recruit training
2011	Marine Combat Training
2011	Basic Food Service School
2012	Pro Chef Level 1 Culinary Institute of America Hyde Park, NY
2016	Sgt Non-Resident Program
2017	National Restaurant Association, Culinary Institute of America at Grey Stone, Napa Valley, CA

MILITARY BILLETS HELD:

Cook on Watch
Assistant Chief Cook
Chief Cook
Bake Shop NCO
Subsistence Chief

ENCLOSURE (4)

Training NCO
Company Clerk
Safety NCO
Publications NCO
Global Combat Support System (GCSS) NCO
Maintenance NCO
Warehouse NCO
Platoon Sergeant
Food Service Specialist
Uniformed Victim Advocate

AWARDS:

Navy and Marine Corps Achievement Medal

Good Conduct Medal (2)

National Defense Service Medal

Global War on Terrorism Service Medal

Certificate of Commendation (Individual Award) (2)

Letter of Appreciation (12)

Certificate of Appreciation (1)

BASIC INDIVIDUAL RECORD

SSGT [REDACTED]

BILLET DESC: **FOOD SERVICE SPECIALIST**

EDIPI: [REDACTED]

PRES RUC: **20140**PRES COMPANY: **S**PRES PLT: **FDCO**

PRES WS:

Current as of: **2018-07-05****CONTRACT INFORMATION**EAS: **20181120**COMPONENT CODE: **11 USMC ENLISTED**EOS: **20180801**ECC: **20181120** RESERVE COMPONENT CODE:

RESERVE ECC:

DATE ACCEPTED FIRST COMMISSION: **00000000****00000000**

DOD TRNGRP:

TRAINING GRP:

DATE OF ENL/ACCEPT:

20141121MANDATORY DRILL START: **00000000**END: **00000000**AFADBD: **20101213**PEBD: **20101213**DATE OF BASIC ELIG: **00000000**MDP EXT MO: **00**

DATE OF ORIG ENTRY:

20100802PEF: **G6 FOOD SERVICE OPTION**

BONUS PEF:

LENGTH CURR ENL: **4 YRS**

COLLEGE FUND PEF:

LENGTH CURR ENL: **00 MOS**

MGIB-SR STATUS:

LENGTH CURR EXT: **00 MONTHS**ACTIVE DUTY MGIB STATUS: **5**OVEBP CODE: **3**NO EXT CURR ENL: **00**TOTAL MONTHS EXT: **00 MONTHS**DESIG MIL PILOT: **00000000**EFF DTE CURR EXT: **00000000**6 YEAR OBL START DATE: **00000000**MONTHS LAST ENL EXT: **00**

OCAN CODE:

OCAN EFF DATE: **00000000**TIME LOST CURR ENL: **0000 Days**SOURCE OF INT ENTRY MIL SER: **C**SOURCE OF ENTRY: **BBCA**POST 911 GIBILL ELIG BEGIN DT: **20110419**POST 911 GIBILL TR EDU BENE CD: **0**POST 911 GIBILL BENEFITS TR DT: **00000000**POST 911 GIBILL TR EDU OBL DT: **00000000****SERVICE INFORMATION**PRES GRADE: **E6**DOR: **20180701**ACDU RUC: **20140**MCC: **137**

SEL GRADE:

DTE: **00000000**

RESERVE RUC:

MOB MCC:

FORMER RES RUC:

FORMER RES MCC:

PROM RESTR STAT CD: **0**PROM RESTR TERM DTE: **00000000**

PME COMPLETE FLAG:

1TAD RUC: **00000**

MCC:

PME COMPLETE EFFECTIVE DATE: **00000000**2TAD RUC: **00000**

MCC:

WORK STATION: **000**BILLET DESCRIPTION: **FOOD SERVICE SPECIALIST**PEN: **0206312M**ANNIVERSARY DATE: **00000000**DCTB: **20150111**FAPRUC: **00000**

RESERVE MCC:

DATE JOINED PRES UNIT: **20171202**FORMER RUC: **45500**

FUTURE RUC:

DATE JOINED SMCR: **00000000**IND LOC CODE: **06 073 0543 CA SAN DIEGO**RCLF REGION CODE: **NF**RCLF REGION ASSIGN DATE: **20150508**RCLF REGION DESCRIPTION: **NORTH AFRICA**GEO LOC CODE: **920**RCLF COMPLETE FLAG: **N**GEO LOC DCTB: **00201501**ROTATION TOUR DATE: **00000000**COMBAT SERV CODE: **0**OVERSEAS CONTROL DATE: **20060213**LAST COMBAT TOUR: **0**LAST PHYS EXAM: **00000000****ENCLOSURE (5)**

OFF REMOVAL DATE: 00000000
RESERVE UNIT JOIN DATE: 00000000
LAST SEP/DISCH DATE: 00000000

PHA DATE: 00000000

REASON: KHC2 IMMEDIATE ENLISTMENT OR REENLISTMENT

PMOS: 3381	ADMOS1:	ADMOS6:	ADMOS11:
BMOS: 3381	ADMOS2:	ADMOS7:	ADMOS12:
SMOS: 0000	ADMOS3:	ADMOS8:	
JMOS:	ADMOS4:	ADMOS9:	
JMOS ED: 00000000	ADMOS5:	ADMOS10:	
LAW ENFORCE/COUNTERINTEL ID:		ISSUE DATE: 00000000	



PERSONAL INFORMATION

DATE OF BIRTH: 19921013

HOME OF RECORD: [REDACTED]

HOME OF RECORD ZIP CODE: 00000000

CITIZENSHIP: CA

COUNTRY OF ORIGIN: US

BLOOD TYPE: 8 O POS

CIVILIAN ED LEVEL: 12 12TH GRADE

SEX: F

CERT: L HS DIPL

MAJOR: AA H.S. ACADEMIC -

RACE AGG CODE: E

RACE CODE: E WHITE

POPULATION GROUP: HISPANIC OR LATINO

ETHNIC CODE: 1 OTHHSP

RELIGION: [REDACTED] NO DENOMINATIONAL PREFERENCE

DNA DATE: 20101213 HIV-TESTED: 201012

GOOD CONDUCT MEDAL DATE: 20161213

SMCR MEDAL DATE: 00000000

ARMED FORCES RESERVE MEDAL DATE: 00000000

HOME TELEPHONE NUMBER: 000-000-0000

CELL PHONE NUMBER: [REDACTED]

SECONDARY PHONE NUMBER: 000-000-0000

WORK TELEPHONE NUMBER: 760-725-0815

WORK DSN PHONE NUMBER PREFIX: 000

MAILING ADDRESS: [REDACTED]

OCEANSIDE CA 920580000

ADDRESS VALIDATION: J

PHYSICAL ADDRESS: [REDACTED]

OCEANSIDE CA 920580000

WORK EMAIL: [REDACTED]

WORK EMAIL DATE: 20141103

PERSONAL EMAIL: [REDACTED]

PERSONAL EMAIL DATE: 20111028

SECONDARY EMAIL:



RECORD INFORMATION

RECORD STATUS: 0 ACTIVE STATUS

RESERVE RECORD STATUS:

DISPUTED DATE: 00000000

DISPUTED DATA:

LAST SCREENING: 20150112

REASON: 2 ANNUAL SCREEN QUEST

SCREENING RESULT: Z ANNUAL SCREENING COMPL FOR ACDU ONLY

BAH DEPN CERTIFICATION DT: 20150112



DEPENDENT INFORMATION

MARITAL STATUS: M MARRIED

TOTAL NUMBER DEPENDENTS: 0

DEPN CERT CODE: NONE

ENCLOSURE (5)

DEPN GEO LOC CODE: 000

DATE DEPN LOC BEGAN: 00000000

SERVICE SPOUSE CODE: MR MARINE CORPS A

CUSTODY STATUS CODE: 0

SERVICE SPOUSE DATE: 20120411

FAM CARE PLAN VAL DT: 00000000

REL CD	SEX CD	DOB	DEPN NAME	GAIN DATE	LOCATION
MS	M	19910911		20120411	060732510



BILLET IDENTIFICATION

FUTURE BILLET IDENT CODE: A0000000000

ASSIGNED BILLET IDENT CODE: A0000000000

PRESENT BILLET IDENT CODE: M2014100288

RESERVE BILLET IDENT CODE:

FAP BILLET IDENT CODE:

FORMER BILLET IDENT CODE: M2037100286



DUTY STATUS INFORMATION

DUTY STATUS: 1/FULL DUTY STATUS

DUTY LIMIT: 0/NONE

DUTY LIMIT ED: 20151019

STR CAT: 0/ON DUTY W/BILLET THAT SERVES COMMAND MSN

STR CAT ED: 20171202

COMBAT CAS:

COMBAT CAS ED: 00000000



RETIREMENT INFORMATION

DATE 1ST ELIG RET (RES): 00000000

RET/FMCR DATE: 00000000

RET/FMCR FLAG:

RET/FMCR STAT:



CG/CO/OIC Information

No CG/CO/OIC Information on File.

Certification

I CERTIFY THAT MY ELIGIBILITY TO BASIC ALLOWANCE FOR HOUSING HAS/HAS NOT CHANGED SINCE MY LAST CERTIFICATION/UPDATE:

SIGNATURE: _____ DATE: _____ DEPN ZIP IF APPLICABLE: _____

BIR CERTIFICATION SIGNATURE REQUIRED FOR BOTH ACTIVE DUTY AND RESERVE MARINES.

MARINE: _____ DATE: _____ AUDITOR: _____ UD NUM: _____

ENCLOSURE (5)

BASIC TRAINING RECORD

SSGT [REDACTED]

BILLET DESC: **FOOD SERVICE SPECIALIST**

EDIPI: [REDACTED]

PRES RUC: **20140**PRES COMPANY: **S**PRES PLT: **FDCO**

PRES WS:

Current as of: **2018-07-05****Unit Training**

BST/EST DATE:	201103	GAS MASK SIZE:	C MEDIUM
PERFORMED:	050	GAS MASK TYPE:	N M40A1
ATTEMPTED:	050	HELMET SIZE:	C MEDIUM
SCORE:	50	JOINT QUAL LEVEL:	00
		JOINT QUAL APPR DT:	00000000
		JOINT PME:	0
		JOINT EXPERIENCE PT:	000.0

WATER SURVIVAL CODE:	C WATER SURVIVAL BASIC
WATER SURV REQUAL DATE:	201506
WEIGHT CONTROL STATUS:	
WEIGHT CONTROL DATE:	000000
MIL APPEARANCE STATUS:	
MIL APPEARANCE DATE:	00000000
WT CNTL QY: 00	MILAP QY: 00
INCUR OBLIG SERV DATE: 00000000	
INCUR OBLIG SERV CODE:	

HEIGHT: **63**
 WEIGHT: **131**
 BODY FAT **00** %
 HT/WT/BF EFF DATE: **20180316**
 WITHIN HT/WT STANDARDS FLAG: **Y**
 INTELLIGENCE TRAINING HOURS: **00**

**Service Training**

CODE	TRAINING DESCRIPTION	DATE
Z9	(ADMIN ONLY) POST DEPLOYMENT/FROM TAD EXCESS AUDIT	20180302
AB	ANTI-TERRORIST ANNUAL TRAINING DATE	20180228
AO	ANNUAL OPSEC TRAINING	20180220
VB	VIOLENCE PREVENTION RECOGNITION COURSE	20180219
VA	VIOLENCE PREVENTION AWARENESS COURSE	20180219
BD	TOBACCO PREVENTION AND CESSATION (SF)	20180219
AT	SEXUAL ASSAULT PREVENTION AND RESPONSE ANNUAL TRAINING	20180216
B9	UMAPIT	20180109
AN	INFORMATION ASSURANCE AWARENESS TRAINING	20171221
PI	PERSONAL IDENTIFIABLE INFORMATION	20171221
Z2	(ADMIN ONLY) SECOND STAGE JOIN AUDIT COMPLETE	20171213
E4	DEBT MANAGEMENT MONITOR (DMM)	20171213
AG	GAS CHAMBER	20171206
TP	COMBATING TRAFFICKING IN PERSONS	20171025
DA	MC RECORDS MANAGEMENT COURSE	20170630
BT	BRS ELECTION TRAINING (LECTURE METHOD)	20170623
AQ	ANNUAL MILITARY EO TRAINING (MEO)	20170607
AR	ANNUAL SEXUAL HARASSMENT TRAINING	20170607
AS	ANNUAL HAZING PREVENTION TRAINING	20170607
BS	BRS NOTIFICATION TRAINING	20170120
YR	YOUR READINESS	20150113
HP	HEAT INJURY PREVENTION PROGRAM	20150113
BF	INJURY PREVENTION TRAINING (SF)	20150112
AK	RISK MANAGEMENT	20150112
BE	PHYSICAL FITNESS TRAINING (SF)	20150105
BK	HYPERTENSION EDUCATION AND CONTROL TRAINING (SF)	20150105

A7	BREATHLYZER SCREENING	20150105
BG	NUTRITION TRAINING (SF)	20150105
AF	SEXUAL HEALTH (STI/HIV) TRAINING (SF)	20150105
SB	TAKE A STAND (SEXUAL ASSAULT NCO CRS)	20140922
PS	NCO II SUICIDE PREVENTION COURSE	20140829
C2	TRAUMATIC BRAIN INJURY PREVENTION AND AWARENESS	20140829
BH	STRESS MANAGEMENT TRAINING (SF)	20140829
AV	ALCOHOL AND SUBSTANCE ABUSE PREVENTION AND CONTROL TRNG (SF)	20140829
A2	DRIVER AWARENESS (ALIVE AT 25, AAA-DIP, ETC)	20140822
AM	ANNUAL LEADERSHIP TRAINING	20140421
AU	SUICIDE AWARENESS TRAINING (SF)	20130416
ST	SEXUAL ASSAULT PREVENTION AND RESPONSE (ALL HANDS TRAINING)	20121029
ET	ETHICS TRAINING	20120817
ER	OQR/SRB SCAN TO E-RECORD COMPLETED	20110912
BP	PRE-DEPLM TRAINING BLOCK 4	20110802
BO	PRE-DEPLM TRAINING BLOCK 3	20110802
BN	PRE-DEPLM TRAINING BLOCK 2	20110802
BM	PRE-DEPLM TRAINING BLOCK 1B	20110802
BL	PRE-DEPLM TRAINING BLOCK 1A	20110802
D3	DADT TIER 3 - SERVICE MEMBER TRAINING	20110428
AP	SERE LEVEL A TRAINING	20110310
AL	BASIC ANNUAL LEADERSHIP TRAINING	20110310
AJ	SECURITY LECTURE	20110310
AH	DRUG LECTURE	20110310



Service Schools/Special Skills

CODE	SCHOOL/SPECIAL SKILLS	ST	DATE	CODE	SCHOOL/SPECIAL SKILLS	ST	DATE
T4M	SERGEANTS	PA	2016	T3W	SERGEANTS COURSE DEP	PA	2016
L9Q	CORPORALS COURSE DEP	PA	2015	L9Q	CORPORALS COURSE DEP	PA	2014
T3W	SERGEANTS COURSE DEP	PA	2013	T8J	LEADING MARINES DEP	PA	2012
FAB	CULINARY, CULINARY INSTITU	PA	2012	33L	FOOD SERVICE SPECIALIST	PA	2011
M92	MARINE COMBAT TRAINING	PA	2011	809	RECRUIT TRAINING. FEMALE	PA	2011



Test Scores

CLAS/ASGN TEST-TYPE:

GCTTEST 07E

DATE: 20100719

GT/GCT:

SCORES: RV -000 AC -000 AR -000 PA -000

ARMY RADIO CODE—	SCORE: 000	DATE: 00000000	AFQT FORM #:	07E	AFQT — 32
ELEC/DP TEST—	SCORE: 000	DATE: 00000000			
DLAB—	SCORE: 000	DATE: 00000000			



Foreign Language

LANG CODE	LANGUAGE DESCRIPTION	SOURCE CODE	TEST RANGE	TYPE TEST	TEST DATE	EXP DATE	TYPE SKILL	SKILL LEVEL
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Martial Arts Training

CODE	COMPL DATE	INSTR EXPIRE DATE	DESC	REASON REVOKED	REVOKE EFF DATE
MMD	20140303	00000000	GREEN BELT	0	00000000
MMC	20131127	00000000	GRAY BELT	0	00000000
MMB	20110115	00000000	TAN BELT	0	00000000



Information Assurance

ENCLOSURE (6)

IA CERTIFICATION CODE:

IA CERTIFICATION PROVIDER CODE:

IA WORKFORCE CATEGORY CODE:

IA WORKFORCE LEVEL CODE:

IA POSITION APPOINTMENT DATE:

IA CERTIFICATION DUE DATE:

IA CERTIFICATION RECEIVED DATE:

IA CERTIFICATION WAIVER GRANTED DATE:

IA CERTIFICATION WAIVER EXPIRATION DATE:

IA CERTIFICATION TRAINING COMPLETED QUANTITY:

IA CERTIFICATION TRAINING DATE:

IA CERTIFICATION CUMULATIVE TRAINING COMPLETED QUANTITY:

IA COMPUTER ENVIRONMENT CERTIFICATION CODE:

IA COMPUTER ENVIRONMENT CERTIFICATION DATE:

IA RECERTIFICATION DATE:

IA DUTY CODE:



Physical Fitness Test

SCORE	DATE	CODE	CLASS	PULL—UPS	PUSH—UPS	CRUNCHES	RUN	ROW
276	20180331	1	1	08		089	20:47	
300	20170614	1	1	09		110	20:32	



Combat Fitness Test

SCORE	EFF DATE	CODE	CLASS	MOVEMENT TO CONTACT	AMMO LIFT	MANEUVER UNDER FIRE
0	20171229	2	5	0:	0	0:
300	20161214	2	1	3:05	100	2:52



Marksmanship

SERVICE RIFLE

CURRENT QUAL DATE: **20170922**SCORE: **293**CLASS CD: **S**COURSE OF FIRE: **ART**SCORES TABLE 1/1A: **202**TABLE 2: **91**EXPERT QUALIFICATIONS: **02**

EXCEPTION:

EXCEPTION EXPIRE DATE: **00000000**DISTINGUISHED DATE: **000000**

SERVICE PISTOL

CURRENT QUAL DATE: **201701**SCORE: **350**CLASS CD: **S**COURSE OF FIRE: **CPP**EXPERT QUALIFICATIONS: **01**

EXCEPTION:

EXCEPTION EXPIRE DATE: **00000000**DISTINGUISHED DATE: **000000**

ENCLOSURE (6)

Education Information Report

SSGT [REDACTED] BILLET DESC: FOOD SERVICE SPECIALIST
 EDIPI: [REDACTED]
 PRES RUC: 20140 PRES COMPANY: S PRES PLT: FDCO PRES WS:
 Current as of: 2018-07-05

Service Schools/Special Skills

CODE	DESCRIPTION	STATUS	YEAR	CODE	DESCRIPTION	STATUS	YEAR
809	RECRUIT TRAINING, FEMALE	PA	2011	M92	MARINE COMBAT TRAINING	PA	2011
33L	FOOD SERVICE SPECIALIST	PA	2011	FAB	CULINARY, CULINARY INSTITUTE, HYDE PARK, NY	PA	2012
T8J	LEADING MARINES DEP	PA	2012	T3W	SERGEANTS COURSE DEP	PA	2013
L9Q	CORPORALS COURSE DEP	PA	2014	L9Q	CORPORALS COURSE DEP	PA	2015
T3W	SERGEANTS COURSE DEP	PA	2016	T4M	SERGEANTS	PA	2016

Cultural Region Assignment

RCLF REGION CODE	RCLF REGION DESCRIPTION	RCLF REGION ASSIGN DATE	RCLF COMPLETION FLAG
NF	NORTH AFRICA	2015-05-08	N

MCI Courses

COURSE NAME	STATUS	EFFECTIVE/COMPLETED DATE	SCORE	COURSE NAME	STATUS	EFFECTIVE/COMPLETED DATE	SCORE
0112DZ CSELING FOR MARINES	DISENROLLED	2015/08/01		0210CZ TERRORISM AWARENESS	PASSED	2011/08/05	A
334LZZ FOOD SERVICE FUNDS	PASSED	2011/08/08	A	3420FZ PERSONAL FINANCE	PASSED	2011/08/08	A
0112CZ CSELING FOR MARINES	PASSED	2011/08/23	A	1334HZ MATH FOR MARINES	PASSED	2011/08/25	A
0118KZ SPELLING	PASSED	2011/08/25	A	4133ZZ SEMPER FIT	PASSED	2011/08/25	A
4134ZZ SEMPER FIT ADV	PASSED	2011/10/18	A	0370BZ MAR RFLMN CBT SKILLS	PASSED	2011/11/29	A
8011BZ BASIC GRAMMAR	PASSED	2013/04/16	A	8012BZ LEADERSHIP	PASSED	2013/04/18	A
8013BZ MILITARY STUDIES	PASSED	2013/04/18	A	8014BZ WARFIGHTING	PASSED	2013/04/19	A
8015BZ WARFIGHTING TACTICS	PASSED	2013/04/19	A	8016BZ WARFIGHTING TECHNIQU	PASSED	2013/04/19	A
8017BZ WEAPONS	PASSED	2013/05/05	A	8010ZZ SGT'S PROGRAM	PASSED	2013/05/05	A
1141BZ MARINE ELECTRICIAN	PASSED	2013/05/20	A	301PZZ BASIC WAREHOUSING	PASSED	2013/10/02	A
0131KZ CORRESPONDENCE PROCS	PASSED	2013/10/02	A	0090AZ PISTOL MARKSMANSHIP	PASSED	2013/10/07	A
3422CZ BASIC PAY AND ALLOW	PASSED	2014/01/07	A	581FZZ CORRECTIONS	PASSED	2014/02/25	A
1161ZZ FUNDS OF REFRIG	PASSED	2014/03/11	A	0143BZ LEGAL ADMIN CLERK	PASSED	2014/04/22	A
0381DZ LAND NAVIGATION	PASSED	2015/02/10	A	0333ZZ M240B	PASSED	2015/02/10	A
4133AZ SEMPER FIT BASIC	PASSED	2015/02/10	A				

MARINET Courses

COURSE	NAME	STATUS	EFFECTIVE/COMPLETED DATE	SCORE	EDUC PT CREDIT	COURSE	NAME	STATUS	EFFECTIVE/COMPLETED DATE	SCORE	EDUC PT CREDIT
CYBERM0000	USMC CYBER AWARENESS	PASSED	2011/08/05	A	Y	EPME3000AA	LEADING MARINES DISTANCE ED PROGRAM	PASSED	2012/07/29	A	Y
EPME4000AA	CORPORALS COURSE	PASSED	2014/04/21	A	Y	EPME4000AA	CORPORALS COURSE	PASSED	2015/01/30	A	Y
EPME5000AA	SERGEANTS COURSE DEP	PASSED	2016/01/29	A	Y	MNET0110PC	PROCTOR CERTIFICATION COURSE	PASSED	2017/04/26	A	N
CLRE3NF00A	RCLF NORTH AFRICA ENLISTED BLOCK 3	PASSED	2017/06/30	A	Y	SDRMGTSUL0	RISK MGMT FOR SMALL UNIT LEADERS	PASSED	2017/08/24	A	Y
DIACAP00ZZ	DOD INFO ASS CERT AND ACCRED PROCESS	PASSED	2018/06/26	A	N						

Off-Duty Education

ENCLOSURE (6)

TJEPTROS ***** MCTFS RECORD OF SERVICE ***** 09/18/2018

DAIE25 ENTER NEXT EDIPI: P_____ ENTER CATG: _____ SEQ NBR: _____ 16:53:04

EDIPI _____ NAME: _____

RUC: 20140 COMPANY CODE: S PRES-GRADE: E6 RECSTAT: 0 COMP CODE: 11

PAGE: 02 PLT CODE: FDCO TRNGRP: R-RECSTAT: RCOMP CODE:

	PRO	CON
AVERAGE MARKS IN GRADE:	0.0	0.0
AVERAGE MARKS IN SERVICE:	4.4	4.4
AVERAGE MARKS IN ENLISTMENT:	4.6	4.6

SPECIAL DUTY BONUS POINTS: 0 SPECIAL DUTY BONUS DATE: 00000000

COMMAND RECR BONUS POINTS: 0

REENLISTMENT BONUS POINTS: 0

***COMPOSITE SCORE**

COMP DATE	SCORE	COMP DATE	SCORE
20150501	0	20140612	1637
20150312	1710	20140312	1626
20141211	1679	20131211	1585
20140912	1658	20130301	0

PRINT TASK HAS BEEN REQUESTED FOR YOUR PRINTER

PF1-HELP PF3-EXIT TO TFIR MENU PF7/PF8-SCROLL BACK/FWD PF12-LOCAL PRINT

EDIPI: [REDACTED] NAME: [REDACTED]

RUC: 20140 COMPANY CODE: S PRES-GRADE: E6 RECSTAT: 0 COMP CODE: 11
PLT CODE: FDCO TRNGRP: R-RECSTAT: RCOMP-CODE:

UNIT ORGANIZATION	PRIMARY DUTY	REMARKS
RECRUIT ADMIN CTR/EASTERN RECRUIT REG PARRIS ISLAND SC RUC 32092 MCC 016	BASIC MARINE W/ENL GUARANTEE 8011 (03)	20101213 JOIN RUC 32092 MCC 016 RECRUIT
		20110311 TR MCC JA4 DU EDA 20110322
SCHOOL OF INFANTRY (STUD PERS) CAMP LEJEUNE NC RUC 31407 MCC JA4		20110323 JOIN RUC 31407 MCC JA4 GND ENTLEVEL STUD M92
	STUDENT	20110323 CHPRIDU
		20110419 TR MCC K99 DU EDA 20110420
USA QUARTERMASTER SCOL (STUD PERS) FORT LEE VA RUC 54078 MCC K99	BASIC MARINE W/ENL GUARANTEE 8011	20110420 JOIN RUC 54078 MCC K99 GND ENTLEVEL STUD 33L
	FOOD SVC STUD 8011	20110420 CHPRIDU
	FOOD SVC STUD CL # 39-11 8011 (02)	20110503 CHPRIDU
		20110630 TR MCC 1EH DU EDA 20110701
MWSS-371 MWSG-37 3RDMAW YUMA AZ RUC 00371 MCC 1EH		20110702 JOIN RUC 00371 MCC 1EH DU
	FOOD SERVICE SPECIALIST 3381	20110706 CHPRIDU
	FOOD SERVICE SPECIALIST 3381 (11)	20110706 CHPRIDU

17:00:31

EDIPI: [REDACTED] NAME: [REDACTED]

RUC: 20140 COMPANY CODE: S PRES-GRADE: E6
PLT CODE: FDCO TRNGRP:RECSTAT: 0 COMP CODE: 11
R-RECSTAT: RCOMP-CODE:

UNIT ORGANIZATION	PRIMARY DUTY	REMARKS
		20110711 TO FAP 0800 ED 20110711
		20110711 JOIN FAP 0800 RUC 02231 ED 20110711
	FOOD SERVICE SPECIALIST 3381 (11)	20120604 CHPRIDU
		20130514 FAP TERM 1430 ED 20130514
	FOOD SERVICE SPECIALIST 3381 (20)	20130514 FR FAP 1510 RUC 00371 ED 20130514
		20150109 TR MCC 1F5 DU EDA 20150110
CE MHG I MEF CAMP PENDLETON CA RUC 20372 MCC 1F5	FOOD SERVICE SPECIALIST 3381 (35)	20150111 JOIN RUC 20372 MCC 1F5 DU
	FOOD SERVICE SPECIALIST 3381 (13)	20150111 CHPRIDU
		20150305 TO SK 0730 ILL 20150305 HOSP
		20150307 FR SK 1350
	FOOD SERVICE SPECIALIST 3381 (01)	20160219 ATT 0800 RUC 33353 MCC J9Y TAD STUD T4M EXCESS
		20160311 ATT TERM 0800 RUC 33353
	FOOD SERVICE SPECIALIST 3381	20171129 FR TAD 0800 RUC 20372
		20171201 TR MCC 137 DU EDA 20171201

17:00:31

EDIPI: [REDACTED] NAME: [REDACTED]

RUC: 20140 COMPANY CODE: S PRES-GRADE: E6 RECSTAT: 0 COMP CODE: 11
PLT CODE: FDCO TRNGRP: R-RECSTAT: RCOMP-CODE:

UNIT ORGANIZATION	PRIMARY DUTY	REMARKS
SPT BN 1ST MIG I MEF CAMP PENDLETON CA RUC 20140 MCC 137	FOOD SERVICE SPECIALIST 3381	20171202 JOIN RUC 20140 MCC 137 DU
	FOOD SERVICE SPECIALIST 3381 (02)	20171211 CHPRIDU
	FOOD SERVICE SPECIALIST 3381	20180131 CHPRIDU

TJRPTRMK
DAIE25

09/18/2018
17:01:42

MCTFS REMARK OPTIONS SUB MENU

CATG
CODE

DESCRIPTION

D### - DISPLAYS A DETAIL LISTING FOR A REMARK IN SEQUENCE NUMBER ORDER.
P### - DISPLAYS A DETAIL LISTING FOR A REMARK IN PROCESSING SEQUENCE ORDER.
S### - DISPLAYS A SUMMARY LISTING FOR A REMARK IN SEQUENCE NUMBER ORDER.
T### - DISPLAYS A SUMMARY LISTING FOR A REMARK IN PROCESSING SEQUENCE ORDER.
H### - DISPLAYS A HEX LISTING FOR A REMARK.
R### - DISPLAYS A RESEARCH ADR LISTING FOR A REMARK IN SEQUENCE NUMBER ORDER.

INSTRUCTIONS: REPLACE ### WITH A VALID REMARK NUMBER.
(ALL remarks have a Detail display and Hex display,
however, only SOME remarks will have a Summary display.
Remark 614, 709, 710, 790 and 809 will not have a
Research ADR display.)

ENTER REQUESTED CATEGORY CODE: D119

ENTER EDIPI: XXXXXXXXXX OR ENTER SSN: _____

ENTER REMARK SEQ NBR: _____ (OPTIONAL)

PRINTER ID: PSNM0467

THERE ARE NO REMARKS FOR INPUT SSN OR EDIPI.

PF1 - HELP

PF3 - EXIT TO MAIN MENU

COMPLETION DATE	COURSE TITLE	LOCATION	CREDIT	GRADE	COMPLETION DATE	COURSE TITLE	LOCATION	CREDIT	GRADE
2016/01/29	COLLEGE ENGLISH I	NATIONAL UNIVERSITY	003	B	2012/06/15	COOKING PRINCPL II	CUL. INST OF AMERICA	003	A
2012/06/15	BRKFSTBRUNCH COOKERY	CUL. INST OF AMERICA	003	A	2012/06/15	BEYOND THE PROTEIN	CUL. INST OF AMERICA	003	A
2012/06/08	COOKING PRINCPL I	CUL. INST OF AMERICA	003	A					



Academic Test

No Academic Test Information on File.



Local Schools

DATE	SCHOOL DESCRIPTION	SCHOOL LOCATION	DATE	SCHOOL DESCRIPTION	SCHOOL LOCATION
20110826	SUICIDE AWARENESS	CAMP PENDLETON	20140114	DT COORDINATOR AND OBSERVER TRAINING	MCAS YUMA
20150724	SARC	ALL LOCATIONS	20170831	D-SAACP	ALL LOCATIONS
20170208	PUBLIC HEALTH CENTER	SAN DIEGO, CA	20170511	VA PREVENTION REFRESH	CAMP PENDLETON CA



SSGT 3381

63/132

SUBSTANCE CHIEF

CSSC, I MSB, I MIG, I MEF

20180709

1STSGT

1STSGT, CSSC, I MSB, I MIG, I MEF

ENCLOSURE (1)

Last: [REDACTED]	First: [REDACTED]	MI: C
SSN or DoD EDI PN: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: LOS ANGELES, CA
Phone: [REDACTED]	Email: [REDACTED]	
Company: CSSC	CO/XO Name:	MOS: 3381

SENSITIVE COMPARTMENTED INFORMATION
PRE-NOMINATION SCREENING INTERVIEW

PURPOSE AND STATEMENT OF RIGHTS

1. The purpose of the interview is to determine your acceptability for a position requiring access to Sensitive Compartmented Information (SCI). This interview is of a personal nature. It gives you an opportunity to present additional pertinent information not reflected on your security forms. Reference used for this prescreening interview is the Intelligence Community Directive (ICD) 704, "Personnel Security Standards and Procedures Governing Eligibility for Access to Sensitive Compartmented Information and other Controlled Access Program Information".
2. The Privacy Act of 1974 requires that you be told the following:
 - a. The U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations. Your Social Security Number (SSN) is needed to identify records unique to you. The authority for soliciting and verifying your SSN is Executive Order 9397.
 - b. The routine use of information developed during this interview is to assist in making a Command sponsorship determination.
3. Any information developed during this interview will be made available only to those authorities involved in the processing of your nomination, those conducting the special background investigation, and those who adjudicate your case to determine your eligibility for access to SCI, or as otherwise authorized by Executive Order or statute.

I understand the purpose of this interview. I have been advised of the provisions of the Privacy Act.

[REDACTED]
PRINTED NAME (LAST, FIRST, MI)

20180625
DATE

[REDACTED]
SIGNATURE

For this interview you will be required to answer questions in a straightforward and, in many cases, explicit manner. Answer the following questions "YES" or "NO". Provide further information (i.e., circumstances, dates, etc.) in the appropriate remarks section on any answer that requires explanation. If additional space is needed, use the remarks section at the end of the interview form. NOTE: A DETERMINATION REGARDING INITIAL ACCEPTABILITY CANNOT BE MADE WITHOUT AMPLIFYING INFORMATION FOR YOUR ANSWERS.

Page 2 of 14
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ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN CIVIL AND/OR CRIMINAL PENALTIES

ENCLOSURE (8)

Last: [REDACTED]	First: [REDACTED]	MI: C	SSN or DoD [REDACTED]
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1. CITIZENSHIP

YES	NO	QUESTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Are you a U.S. citizen?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Were you born in the U.S.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Are all your family members U.S. citizens? (Family members include Mother, Father, Step-Mother, Step-Father, Sister, Brother, Step Siblings, Spouse/Cohabitant, Children, In-Laws)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Were all of your family members born in the U.S.? (Family members include Mother, Father, Step-Mother, Step-Father, Sister, Brother, Step Siblings, Spouse/Cohabitant, Children, In-Laws)

If you answered "NO" to any question in Section 1 above, complete the table below as it applies to each family member.

Family Member	Holds ONLY U.S. Citizenship?	Country of Birth	Country(ies) of Citizenship	Country of Residence
Self	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Mother	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	MEXICO	MEXICO	MEXICO
Father	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	MEXICO	MEXICO	MEXICO
Step-Mother	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Step-Father	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Sister	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Brother	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Step Siblings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Spouse/Cohabitant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Children	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
In-Laws	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

YES	NO	QUESTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Do you have a U.S. passport?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Have you ever had a foreign passport? (Provide explanation.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Have you ever used another name? (Provide explanation.)

1. CITIZENSHIP REMARKS

g. I have used my maiden name before I was married and changed my last name.

Last: [REDACTED]	First: [REDACTED]	Mi: C	SSN or DoD [REDACTED]
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2. ALLEGIANCE, FOREIGN INFLUENCE, AND FOREIGN PREFERENCE

YES	NO	QUESTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Are you bound by affection to anyone who is not a U.S. citizen or naturalized U.S. citizen, or who holds dual citizenship with the U.S. and another country? (Complete the Foreign Contact Sheet at end of interview form.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Do you or any member of your family maintain ties of affection, obligation, friendship or kinship to any individual who is not a U.S. citizen or naturalized U.S. citizen, to include those through domestic help, regular contacts on social networking sites, chat rooms, instant messenger, and online bulletin boards, etc? (Complete the Foreign Contact Sheet at end of interview form.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Do any members of your family or anyone you are bound by affection work for or have a relationship with a foreign country's military, intelligence service, diplomatic, security forces, militia, or other defense force or government agency? (Complete the Foreign Contact Sheet at end of interview form.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Have you or any family member ever sponsored a foreign citizen to come to the U.S. for any reason to include work, school, residence, etc.? (Complete the Foreign Contact Sheet at end of interview form.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Have you ever served as a civilian or military member in a foreign country's military, intelligence service, diplomatic, security forces, militia, or other defense force or government agency? (Provide the name of the foreign organization, the period of service, and description of circumstances of your association with this organization.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Have you ever had contact with anyone representing a non U.S. intelligence/security service or anyone associated with any terrorist group? Such contact includes personal meetings, written correspondence, telephonic contact, e-mails, or any other form of communication. (Provide the name of the individual, the name of the service or group, a description of the contact and country of origin for the contact.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Do you have a sense of allegiance or loyalty to another country other than the U.S.? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Do you have any reason to believe anyone would question your allegiance or loyalty to the U.S.? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Are you now or have you ever been a member of any organization associated with or contributed to any movement or group that advocates the overthrow of U.S. government? (Provide the full name of the organization, the dates of your involvement, positions held or contributions made to the organization, and a description of the nature of the reasons for your involvement with the organization.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	j. Have you ever participated in any public demonstration against U.S. policy (foreign or domestic) to include anti-war protest? (Provide the dates and the policy you demonstrated against.)
<input type="checkbox"/>	<input type="checkbox"/>	k. Have you ever traveled outside of the U.S for personal reasons? (Provide country(ies) visited, dates of travel, purpose of visit, and whether travel was personally or privately funded.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	l. Have you or any family member ever been offered a job, asked to work as a consultant, or considered employment with a foreign person, business, organization, or government? (Provide the full name of person or organization, date(s), and description of position.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	m. Have you or any family member ever been involved in any other type of business venture with any foreign person, business, organization, or government? (Provide the full name of family member, the dates of involvement, and description of the nature of involvement.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	n. Have you ever voted in an election of a foreign country? (Provide date(s) and country(ies).)

YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	o. Have you ever been directed to seek employment with the U.S. government by a foreign entity? (Provide the name of the individual/entity, the country they represented, and the time frame in which you were directed to seek employment.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	p. Has anyone ever solicited you for personal or official government information? (Provide date(s) and describe the circumstances of the approach.)

Date	Time	Location	Weather	Wind	Temp	Humidity	Pressure	Visibility	Remarks

YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Have you ever been accused of sexual harassment? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Since age 18, have you been charged with committing a sexual act with a person less than 18 years of age? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Have you ever used illegal methods, including having induced, coerced by force or intimidation, to engage another person into a sexual act? (Provide explanation.)
3. SEXUAL BEHAVIOR REMARKS		

Last: [REDACTED]	First: [REDACTED]	MI: C	SSN or DoD [REDACTED]
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4. PERSONAL CONDUCT:

YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Do you associate or have a relationship with someone who has a criminal record such as a known drug user, drug trafficker, or gang member; or someone who participates in criminal activities? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you ever refused or failed without reasonable cause, to undergo or cooperate with security processing, meet with an investigator for a subject interview, complete security forms, cooperate with medical or psychological evaluation, or complete a polygraph examination? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Have you ever deliberately omitted, concealed, or falsified relevant facts from any personnel security questionnaire? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. While in another country, have you ever engaged in any activity that is illegal in that country or that is legal in that country, but illegal in the U.S.? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Would any of your past actions result in anyone characterizing you as being indiscreet, unstable, or of questionable character? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Have you ever been dismissed or fired from a job, quit a job as an alternate to being fired, or left a job under any other unfavorable circumstances? (Provide reason and date.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Have you ever received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security or work place policy? (Provide reason and date.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Have you ever been accused of or stolen anything from an employer? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Are there any incidents in your background, which might make you subject to blackmail (such as extra-marital affairs, undetected theft, fraud, or embezzlement)? (Provide explanation.)

4. PERSONAL CONDUCT REMARKS

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5. FINANCIAL CONSIDERATIONS

LIST LOAN/CREDITOR	LIST LOAN AMOUNT

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Last: [REDACTED]	First: [REDACTED]	MI: C	SSN or DoD [REDACTED]
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YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Do you, your spouse, cohabitant, or dependent children, have or maintain a business-like association with any foreign government, intelligence service, defense industry, individual, group, company, or do you or they own property, stocks, bonds, investments, bank accounts, ownership of corporate entities, or corporate interests or businesses in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. Exchange.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. As a U.S. citizen, have you, your spouse, cohabitant, or dependent children ever received or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign individual, foreign entity, or foreign country? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Do you now or have you ever provided financial support to any individual or organization, to include charity organizations, located in a foreign country? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Do you now, or have you ever had a history of indebtedness or experienced financial difficulties? (Provide the reason(s) for the financial issue(s) and the current status.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Have you ever filed a petition under Chapters 7, 11, or 13 of the bankruptcy code? (Provide the date the bankruptcy was filed and reason for filing.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Have you ever short sold a residence or returned a residence to a lender? (Provide date and circumstances.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Have you ever had indebtedness aggravated by gambling? (Provide the date range, a description of your financial issue(s), an estimate of the amount of gambling losses incurred, and action(s) taken to rectify your financial issue(s) due to gambling.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Have you ever failed to file or pay federal, state, or other taxes (city, county, property) when required by law or ordinance? (Provide year and reason(s) for your failure to file or pay required taxes.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Have you ever written checks, which you knew would not be covered by sufficient funds? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	j. Have you ever been the subject of a foreclosure(s), repossession(s), lien(s) or unfavorable judgment(s)? (Provide date, circumstances, and current status.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	k. Have you ever had any wage garnishments? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	l. Have you ever had any accounts suspended, charged off, or cancelled for failure to pay as agreed? (Provide date, circumstances, and current status.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	m. Have your accounts ever been turned over to a collection agency? (Provide date, circumstances, and current status.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	n. Have you ever been evicted for non-payment of rent or damages? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	o. Have you ever defaulted on any type of loan? (Provide date, circumstances, and current status.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	p. Have you ever been delinquent on alimony or child support? (Provide date, circumstances, and current status.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	q. Are any of your payments not current within the past 30 days? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	r. Have you ever missed more than one consecutive payment on any debt? (Provide the type of debt and the reason(s) for the delinquency.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	s. Have you ever been indifferent to financial obligations or stated intentions not to meet such obligations? (Provide explanation.)

Last: [REDACTED]	First: [REDACTED]	MI: C	SSN or DoD [REDACTED]
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YES	NO	QUESTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	t. Do you have any other source of income, such as spouse's income, inheritance, alimony, child support, etc.? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	u. Do you possess any explained or unexplained affluence that could be subject to scrutiny by investigators? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	v. Do you have any reason to believe that there is any unfavorable credit information about you on file with any credit bureau, court or business? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	w. Is there any evidence of financial irresponsibility on your part that you have not listed that could be found out by investigators in the process of your investigation? (Provide explanation.)

5. FINANCIAL CONSIDERATIONS REMARKS

M. When I had an account with A+ it a small amount went to collections
t. My spouse is currently employed, we recieve his income as well.

6. ALCOHOL CONSUMPTION/DRUG INVOLVEMENT

What is your average consumption of alcoholic beverages each week? 1

YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Do you have or have you ever had any alcohol related incidents such as driving under the influence or driving while intoxicated, fighting, child or spouse abuse, disturbing the peace, or other incidents or concerns? (Provide explanation of incident and any treatments.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? (Provide date and circumstances.)

Last:		First:		MI:	C	SSN or DoD	
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YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Have you been diagnosed as an alcohol abuser or alcohol dependent by a medical professional? (Provide date of diagnosis, explanation, and treatment, if any.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Are you currently, or have you ever illegally used, purchased, manufactured, cultivated, or handled a drug or controlled substance to include cocaine, steroids, inhalants, marijuana, narcotics, and designer drugs? (Provide type of drug, date(s) of use and an estimate of number of times used.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Have you intentionally misused prescription drug(s), regardless of whether the drugs were prescribed for you or someone else? (Provide date, circumstances, and whether or not you took action to receive counseling or treatment.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Have you ever been court ordered or advised by a medical professional or counselor to seek counseling or treatment as a result of your use of alcohol, or illegal use of drugs or controlled substances? (Provide date and type of drug or controlled substance for which you were treated.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Do any members of your family have a history of alcohol or drug abuse? (Provide explanation.)

This image shows a completely blank white page. It is surrounded by a thick black border, which appears to be the edge of a scanner or a frame. There are no markings, text, or illustrations on the page itself.

Last: [REDACTED]	First: [REDACTED]	MI: C	SSN or DoD [REDACTED]
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7. PSYCHOLOGICAL CONDITIONS

Note: Mental health counseling in and of itself is not a reason to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>a. Have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?</p> <p>Answer "NO" if the counseling was for any of the following reasons and was not court-ordered or Command directed:</p> <ul style="list-style-type: none"> Strictly marital, family, grief not related to violence by you; or Strictly related to adjustments from service in a military combat environment. <p>*** Remarks are NOT required for this question. The security representative is not authorized to ask for additional information regarding mental health counseling. ***</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>b. Has a court or administrative agency ever declared you mentally incompetent? (Provide date and name of the court or administrative agency that declared you mentally incompetent.)</p>
6. PSYCHOLOGICAL CONDITIONS REMARKS		

8. CRIMINAL CONDUCT

YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Are you now or have you ever been involved in any criminal or civil court action to include juvenile authorities? (Provide date of action and specific nature.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you ever been arrested, cited, held, detained, and/or charged with a criminal offense or possible offense? (Provide date of offense, specific nature, and disposition, i.e., parole, probation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Have you ever had charges dropped or been advised that no official record would be made regarding a criminal offense? (Provide date and circumstances.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Have you ever been charged with or convicted of an offense involving domestic violence or a crime of violence such as battery or assault? (Provide date and explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Has there ever been a domestic violence, protective order, or restraining order issued against you for any reason? (Provide date and explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Have you ever been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Provide date and specific nature. Do not include citations involved in traffic infractions where the fine was less than \$300 and did NOT include alcohol or drugs.)

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Last: [REDACTED]	First: [REDACTED]	MI: C	SSN or DoD [REDACTED]
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YES	NO	QUESTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Have you ever had minor infractions with the law, such as parking tickets, traffic tickets, or minor arrests? (Provide date and specific nature.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Do you have any outstanding violations that are not paid? (Provide explanation to why these are not paid and your intentions to resolve.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Have you ever been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as article 15, Captain's mast, Article 135, Court of Inquiry, etc? (Provide date and description of offense(s) for which you were charged.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. Have you ever received a written reprimand or a negative page 11? (Provide date and circumstances.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	k. Have you ever received an unsatisfactory efficiency report? (Provide date and circumstances.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	l. Have you ever been discharged or dismissed from the Armed Forces under <i>dishonorable</i> OR <i>other than honorable</i> conditions? (Provide date and circumstances.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	m. Are you now or have you ever been on parole or probation? (Provide date(s) and reason(s) for parole or probation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	n. Have you ever been convicted in any court of the U.S. of a crime and sentenced to imprisonment for a term exceeding one year? (Provide date of the offense, all the charges brought against you for this offense, and the outcome of each charge, i.e., found guilty, found not-guilty, charge dropped, "nolle pros", etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	o. Have you ever been subject of an investigation conducted by a military investigator or counterintelligence agency, including command investigations? (Provide explanation.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	p. Has anyone you maintain a relationship with been arrested, cited, held, detained, and/or charged with a criminal offense or possible offense? (Provide explanation.)

8. CRIMINAL CONDUCT REMARKS

Last: [REDACTED]	First: [REDACTED]	MI: C	SSN or DoD [REDACTED]
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9. HANDLING PROTECTED INFORMATION

YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Have you ever been involved in a security violation? (Provide date and explanation of incident.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you ever intentionally disclosed classified material to unauthorized personnel? (Provide date and explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Have you ever engaged in, or been approached to engage in espionage, or give or sell any government classified or unclassified material to persons not authorized to receive it? (Provide date and explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Have you ever deliberately disregarded security regulations, which resulted in the compromise of classified information? (Provide date and explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Have you ever violated security regulations such as transporting classified information home or carrying classified while in a travel status without proper authority? (Provide date and explanation.)
9. HANDLING PROTECTED INFORMATION REMARKS		

10. USE OF INFORMATION SYSTEMS

YES	NO	QUESTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Have you ever been accused of "noncompliance" with rules, procedures, guidelines or regulations pertaining to any information technology system which may raise security concerns about your reliability and trustworthiness, calling into question the willingness or ability to properly protect sensitive systems, networks, and information? (Provide explanation.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you ever illegally or without proper authorization accessed or attempted to access any information technology system or protected file, folder, or websites? (Provide date, nature of the incident or offense, location where the incident or offense took place, and description of the action, i.e., administrative, criminal, or other, taken as a result of this incident.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Have you ever introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines or regulations or attempted any of the above? (Provide date, nature of the incident or offense, location where the incident or offense took place, and description of the action, i.e., administrative, criminal, or other, taken as a result of this incident.)
10. USE OF INFORMATION SYSTEMS REMARKS		

Last:	[REDACTED]	First:	[REDACTED]	C	SSN or DoD	[REDACTED]
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PROVIDE ADDITIONAL REMARKS HERE
IDENTIFY THE SECTION AND QUESTION YOUR REMARK REFERS TO (i.e., 2a, 8p, etc.)

[illegible]

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE
ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN CIVIL AND/OR CRIMINAL PENALTIES

Last: ██████████		First: ██████████		MI: C	
SSN or DoD EDI PN: ██████████		Date of Birth: ██████████		Place of Birth: LOS ANGELES, CA	
Phone: ██████████				Email: ██████████	
Company: CSC		CORO Name: ██████████		MOS: 3381	

FOREIGN CONTACT SHEET

[illegible]



Item	Item #	Qty	Size	Notes
US Marine Long Sleeve Chef Coats	411-WH	2	small	USMC Logo over left breast, "First, Last Name" over right Breast
MAP Polo Shirt with Logo (Black)	20111	5	small	
Black Jacket	JKT-28; JKT-17	2	small	
White Short Sleeve Shirts; Female White Short Sleeve	E-1027-WH 50029	3	small	Note: Females, are the dress Blue white shirts.
Tuxedo White Long Sleeve Shirt	901-WH	2	small	
Black Vest	E4490-BK	2	small	
Black Satin Bow Tie	2524-BK	2	One Size	
Black Neck Tab (females)	500286	2		
Black Neck Tie (Males)	5TR-BK	2		
Black Double Loop Leather Belt	800P36002	2	small	
Trousers	205H34002	5	small short	


Note: All items need to have accurate sizes, if this is a guess on your part this will delay the process of training.

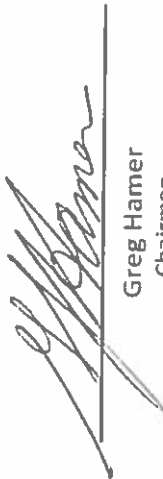


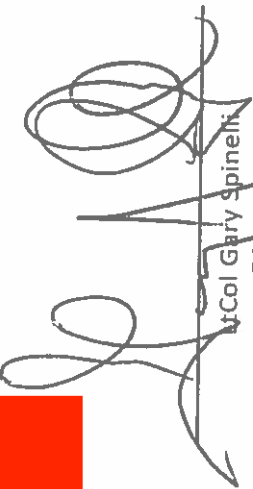
Certificate of Recognition

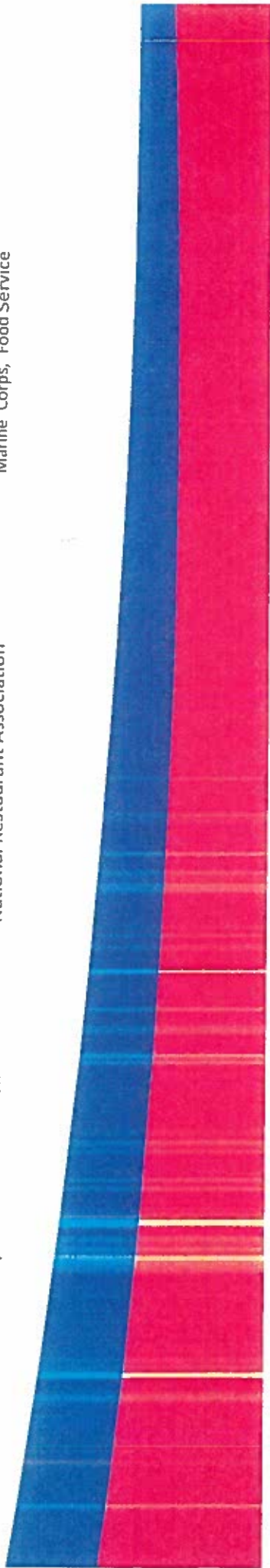
Presented To




Dick Hynes
President,
Hennessy Travelers Association


Greg Hamer
Chairman,
National Restaurant Association


Lt Col Gary Spinelli
Director,
Marine Corps, Food Service



hereby certifies



has successfully completed

NATIONAL RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION Armed Forces Forum for Culinary Excellence

and is awarded 5.0 Continuing Education Units
(50 Contact Hours)

Granted on

August 4th, 2017


Provost





Instructor

Certificate of Accomplishment

The Culinary Institute of America hereby certifies



has successfully completed

Accompaniments and Side Dishes: Beyond the Protein

*and is awarded 3 Continuing Education Units
(30 Contact Hours)*

Granted on the 15th day of June, 2012

Brad Barnes, CMC
Senior Director—Continuing Education

Chef-Instructor



Hyde Park, NY
St. Helena, CA
San Antonio, TX

Certificate of Accomplishment

The Culinary Institute of America hereby certifies



has successfully completed

Breakfast & Brunch Cookery

and is awarded 3 Continuing Education Units
(30 Contact Hours)

Granted on the 8th day of June, 2012

Brad Barnes, CMC

Senior Director—Continuing Education

Chef-Instructor



Hyde Park, NY
St. Helena, CA
San Antonio, TX

Certificate of Accomplishment

The Culinary Institute of America hereby certifies



has successfully completed

Cooking Principles I

and is awarded 3 Continuing Education Units
(30 Contact Hours)

Granted on the 8th day of June, 2012

Brad Barnes, CMC
Senior Director—Continuing Education

Chef-Instructor



*Hyde Park, NY
St. Helena, CA
San Antonio, TX*

Certificate of Accomplishment

The Culinary Institute of America hereby certifies



has successfully completed

Cooking Principles II

and is awarded 3 Continuing Education Units
(30 Contact Hours)

Granted on the 15th day of June, 2012

Brad Barnes, CMC
Senior Director—Continuing Education

Chef-Instructor



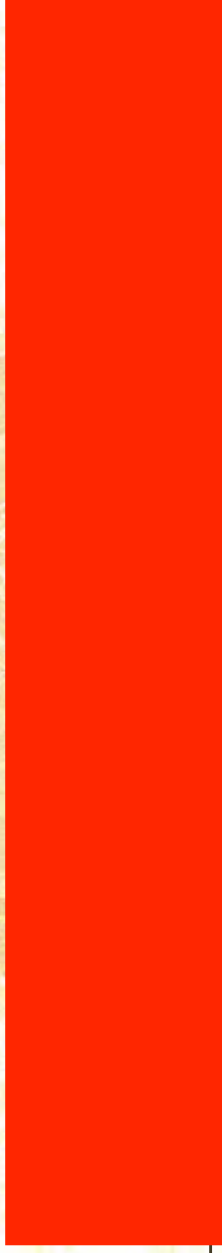
Hyde Park, NY
St. Helena, CA
San Antonio, TX

United States Marine Corps

Certificate of Continuing Education

Camp Pendleton Annual Refresher (7 hours)

11 May 2017



attended

Victim Advocate Prevention (6 hours) ; Ethics (1 hour)

This training can be applied to the D-SAACP Continuing Education Requirement

CCC will present topics on stigma of attending counseling; client's challenges/barriers; how trauma-informed care can benefit victim. LEGAL will present topics on case law; alcohol and consent. Michaela Calhoun will present on how language, attitudes, and behaviors contribute to a culture that allows sexual violence to take place and how to reframe society's language. NCIS will present on local trends and discuss the collaborative relationship challenges and best practices between LE and SAPR VAs. SARC presenting on ethical practices and victim's privacy and confidentiality; accessing care, including the difference between mental health services vs. clinical counseling services .

A handwritten signature in black ink, appearing to read 'M. Justiniano'.

Marco Justiniano
Installation SARC

MCIWEST – MCB Camp Pendleton

Certificate of Participation

is awarded to



for demonstrating outstanding teamwork in our culinary competency competition & striving for personal excellence. You are recognized for your call to duty & representation of your Mess Hall & Area Command.

Culinary Team of the Quarter
First Quarter, 2017



Improving the quality of daily military life.

United States Army
Quartermaster School
Fort Lee, Virginia



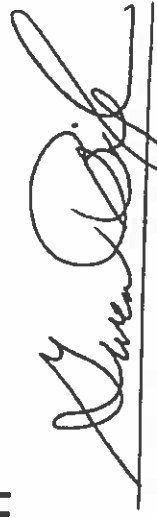
for successful completion of the
FOOD SERVICE SPECIALIST COURSE 800-92G10

this

Diploma



is awarded to Pvt [REDACTED]
pursuant to authority granted by Department of the Army
Given at Fort Lee, Virginia this 30TH day of JUNE, 20 11
TRAINING PERIOD: 03 MAY 2011 - 30 JUNE 2011


The Quartermaster General



Drug Demand Reduction Program
Substance Abuse Counseling Center, MCAS Yuma

CERTIFICATE OF ATTENDANCE

The below named individual participated in the Drug Education and Training on

DT Coordinator and Observer Training Course

Cpl

Participant Name

January 14, 2014/2 hours

Completion Date/Total Hours

Mr. Virgil S. Tapisipan, M.A.

Drug Demand Reduction Program Coordinator



CULINARY TEAM OF THE QUARTER

Certificate of Participation

Is Awarded to



for demonstrating outstanding teamwork in our Culinary competency competition & striving for personal excellence. You are recognized for your call to duty and representation of your Mess Hall and Area Command.

**Culinary Team of the Quarter
4th Quarter, 2014**



sodexo
GOVERNMENT SERVICES

Improving the quality of daily military life.

DEPARTMENT OF DEFENSE
SEXUAL ASSAULT ADVOCATE CERTIFICATION
PROGRAM

THIS IS TO CERTIFY THAT



HAS MET THE REQUIREMENTS OF THE DEPARTMENT OF DEFENSE SEXUAL ASSAULT
ADVOCATE CERTIFICATION PROGRAM (D-SAACP) REGARDING WORK EXPERIENCE,
PRE-SERVICE TRAINING AND CONTINUING EDUCATION IN THE PROVISION OF SERVICES
TO THOSE VICTIMIZED BY SEXUAL ASSAULT AND THEREFORE IS A

Certified Department of Defense
Sexual Assault Advocate

At Level I

D-SAACP ID: IN-1075-0563

This certification is effective through August 31, 2017.
Subject to provisions of renewal and revocation.

In witness thereof, we affix our hand and seal.



The signature below signifies approval of the D-SAACP Review Committee.

Jeannette M. Adkins

JEANNETTE M. ADKINS
(CONTRACTOR/NATIONAL ORGANIZATION FOR
VICTIM ASSISTANCE)
D SAACP CHAIR
DEPARTMENT OF DEFENSE SEXUAL ASSAULT
ADVOCATE CERTIFICATION PROGRAM



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER CERTIFICATE OF TRAINING

has successfully completed all requirements for the 18 hours

Food Safety Manager's/Supervisor's Course

(CIN: B-322-2101)

given by

Navy Environmental & Preventive Medicine Unit FIVE San Diego, CA

7-8 February 2017

This certificate is valid for five years from the date of completion


Jennifer A. Knapp
LT, MSC, USN

Certificate Of Achievement

Let it be known that



is being presented this Certificate of Achievement on

December 07, 2011

for outstanding performance within the
Marine Corps Food Service Program



*Presented by the
Food Management Team*

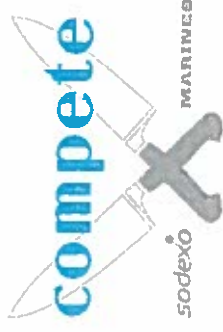


Damian A. Sullivan

OIC West Coast Food Management Team
CWO2 Damian A. Sullivan
Installation and Logistics
Headquarters, United States Marine Corps

Jay A. Rogers

Director, Food Service Program
LtCol Jay A. Rogers
Installation and Logistics
Headquarters, United States Marine Corps



CULINARY TEAM OF THE QUARTER

Certificate of Participation

Is Awarded to



for demonstrating outstanding teamwork in our Culinary competency competition
& striving for personal excellence. You are recognized for your call to duty and
representation of your Mess Hall and Area Command.

Culinary Team of the Quarter
1st Quarter, 2012



GOVERNMENT SERVICES

Improving the quality of daily military life.



United States Marine Corps



This is to certify that



has completed the

OSHA 10 Hour General Industry Course

Given at

Marine Corps Air Station Yuma
Department of Safety & Standardization

This 7th day of August 2013




Director


Chief Instructor

United States Marine Corps



The Staff Noncommissioned Officer Academy

takes pleasure in presenting this certificate to

Sergeant

/3381 USMC

for superior physical fitness

Scoring 285 or higher on the

Marine Corps Combat Fitness Test

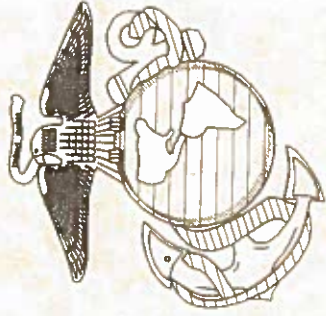
Given at the Staff Noncommissioned Officer Academy
Camp Pendleton, California

11 Mar 2016
Date

A stylized signature in blue ink.

ADAM H. YAKUBSIN
Sergeant Major, USMC
Director

United States Marine Corps



This is to certify that

CPL

has completed the course prescribed by the
COMMANDANT OF THE MARINE CORPS

FOR

COMBAT LIFESAVER

given at

MWSS 371, MCAS Yuma, AZ

This 21st day of February 2014

E. C. Brandon
E. C. BRANDON
LT, MC, USN
Officer in Charge
(1550)

United States Marine Corps



The Staff Noncommissioned Officer Academy

takes pleasure in presenting this diploma to

381 USMC

Certifying that this Noncommissioned Officer has met all the requirements
and has successfully completed the curriculum prescribed for

The Staff Noncommissioned Officer Academy

Sergeants Course (CID: M10T4M6)

Class 7-16

Given at the Staff Noncommissioned Officer Academy

Camp Pendleton, California

This 11th day of March 2016

A stylized signature in black ink, likely belonging to A. H. YAKUBSIN.

A. H. YAKUBSIN
Sergeant Major, USMC
Director, SNCO Academy

A stylized signature in black ink, likely belonging to H. G. Pratt.

H. G. Pratt
Brigadier General, USMCR
President, Marine Corps University

G

ADMINISTRATIVE REMARKS (1070)

DATE	DATE	DATE
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.	I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan.
(Signature)	(Signature)	(Signature)

170532 : Counseled this date on ALMAR 008/17 SOCIAL MEDIA GUIDANCE - UNOFFICIAL INTERNET POSTS. ALMAR 008/17 explains the Marine Corps' policy on the boundaries of appropriate online conduct and instructs all Marines acting in their personal capacity who desire to make unofficial posts online regarding Marine Corps-related topics. This ALMAR also provides guidance for Marines concerning unofficial online activity that has an adverse effect on good order and discipline within, or brings discredit upon, the Armed Forces. I acknowledge that I have read and understand ALMAR 008/17 SOCIAL MEDIA GUIDANCE - UNOFFICIAL INTERNET POSTS. Additionally, I acknowledge and understand that my online presence/persona is an extension of my uniformed presence. I must never contribute to any online effort to discredit the Marine Corps, adversely affect good order and discipline, weaken the Marine Corps team, or violate operational security. I also acknowledge my duty to report or correct such instances when I see them.



NAME (last, first, middle)	EDIPI

G

ADMINISTRATIVE REMARKS (1070)

Date	Date	
Articles UCMJ explained to me this date as required by Article 137, UCMJ	Articles UCMJ explained to me this date as required by Article 137, UCMJ	
(Signature)	(Signature)	
<p>201122: Counseled this date concerning the following deficiencies: On 111215 you lost your government issued identification card. Specific recommendations for corrective action: be responsible and accountable for all military issued items. Assistance is available through the chain of command. I was advised that within 5 working days after acknowledgment of this entry, I may submit a written rebuttal that will be filed on the document side of my service record book.</p> <p>I choose to <u> </u> / not to <u>DO</u> make such a rebuttal.</p> <p><u>[REDACTED]</u> SNM</p> <p><u>ELB</u> CO</p>		

XXX XX

NAME (last, first, middle)

SSN

NAMVC 118(11) (REV. 3-82) (EF) SN: 0109-LP-062-8400 U/I: SH
 PREVIOUS EDITIONS WILL BE USED

Official

United States Marine Corps



Completion Certificate

This is to certify that



USMC Cyber Awareness Training

Course Number: CYBERM0000

Given through the

**Marine Corps Distance Learning Network
on Thursday, December 21, 2017**

Semper Fidelis

T.K. Kerrigan

T.K. Kerrigan

Director

College of Distance Education and Training

(Cert No.) 26443720



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE
U. S. MARINE CORPS FORCES, PACIFIC
BOX 555300
CAMP PENDLETON, CA 92055-5300

IN REPLY REFER TO:
5510
SSEC/SEC
31 MAY 18

From: Security Manager, I Marine Expeditionary Force
To: Manpower Management Enlisted Assignment

Subj: CERTIFICATION OF SECURITY CLEARANCE ICO [REDACTED]
/ [REDACTED]

1. This letter is issued to certify your security clearance was adjudicated by the Department of Defense, Consolidated Adjudication Facility, Washington, DC and may be used to verify your security eligibility.

2. Your Joint Personnel Adjudication (JPAS) profile indicates the following pertinent details regarding your security clearance:

- a. Open Investigation: N/A
- b. PSQ sent date: N/A
- c. Investigation Summary: PSI Adjudication of NACLC OPM, Opened 2010 08 05, Closed 2010 08 18.
- d. Adjudication Summary: PSI Adjudication of NACLC OPM, Opened 2010 08 05, Closed 2010 08 18, determined Eligibility of Secret on 2010 08 24 DoNCAF.

3. Should you require any further clarification regarding your security clearance, contact the I MEF Security Manager at commercial (760) 725-9263.


R. DOMINGUEZ