

29443

Checklist for Moderate Risk Public Trust and High Risk Public Trust Positions  
Conducted by Department of State

Date: 10.12.05

Company Name: MVM, INC

Sub Contractor Name: \_\_\_\_\_

Contract Number: SF 500-05-C-1079

Task Order Number: \_\_\_\_\_

Employee Name: Azevalo-Gomez, Jhovels SSN: 0117 0117 and/or National ID # \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) 10/19/77 Place of Birth: San Martin, PERU

Position/Title: Guard Country Deployment Location: Kabul, AFGHANISTAN

Note: Please place checklist on top of each individual package submitted.

Moderate Risk Public Trust Processing	High Risk Public Trust Processing
<input checked="" type="checkbox"/> : SF-85P (1)	_____ : SF-85P (2)
<input checked="" type="checkbox"/> : SF-85P-S (1)	_____ : SF-85P-S (2)
<input checked="" type="checkbox"/> : FD-258 Fingerprint Cards (two) (3)	_____ : FD-258 Fingerprint Cards (two) (3)
<input checked="" type="checkbox"/> : DS-4002 Credit Release (4)	_____ : DS-4002 Credit Release (4)
<input checked="" type="checkbox"/> : Birth Certificate or Passport (Copy)	_____ : Birth Certificate or Passport (Copy)
<input checked="" type="checkbox"/> : College Transcripts (Copy)	_____ : College Transcripts (Copy)
<input checked="" type="checkbox"/> : <del>DD Form 214</del> Certificate of Release or Discharge from Active Duty (Copy) (5)	_____ : DD Form 214 Certificate of Release or Discharge from Active Duty (Copy) (5)
<input checked="" type="checkbox"/> : Foreign Relatives spreadsheet (6)	_____ : Foreign Relatives spreadsheet (6)
<input checked="" type="checkbox"/> : Overseas Activities Contact Data Sheet (7)	_____ : Overseas Activities Contact Data Sheet (7)
<input checked="" type="checkbox"/> : <u>DoS bio approval</u>	<u>DoS bio approval</u>

SF-85P and SF-85PS Moderate Risk Public Trust forms must be completed going back five (5) years

SF-85P and SF-85PS High Risk Public Trust forms must be completed going back ten (10) years

FD-258 Fingerprint Cards are provided by Department of State. No other fingerprint cards will be accepted.

DS-4002 Credit Release. May be reproduced.

DD Form 214 Certificate of Release or Discharge from Active Duty provided on those who've served in the Military. (As applicable)

Foreign Relatives spreadsheet. May be reproduced.

Overseas Activities Contact Data Sheet. May be reproduced.

- Attachments:
- Facilitating Instructions for processing Moderate Risk Public Trust & High Risk Public Trust positions
  - DS-4002: Disclosure and Authorization Pertaining to Consumer Reports

**From:** DS OPO Kabul ESF [dsopokabulesf@state.gov]  
**Sent:** Monday, October 17, 2005 5:39 PM  
**To:** Cindy Brimer  
**Cc:** DS IND LG KABUL; Hodge, William B  
**Subject:** RE: ESF-Arevalo Gomez-Jhonel  
approved.

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**From:** Cindy Brimer [mailto:BRIMERC@mvminc.com]  
**Sent:** Friday, October 14, 2005 12:23 PM  
**To:** DSOPOKABULESF@state.gov  
**Subject:** ESF-Arevalo Gomez-Jhonel

After prior coordination with DoS, passports and inoculations will be obtained when/if Bio/Resume is approved.

**Cindy Brimer**

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**From:** Steve Gottrich  
**Sent:** Monday, November 28, 2005 10:20 AM  
**To:** Cindy Brimer; Thomas Harms; Tim Lynch  
**Subject:** FW: Interim Approval Clearance -Jhonel Arevalo Gomez - Case # 197654

-----Original Message-----

**From:** Ranly, George [mailto:RanlyGeorge@state.gov]  
**Sent:** Friday, November 25, 2005 3:00 PM  
**To:** Steve Gottrich  
**Cc:** Deavers, Renee; Medley, Cornelius L; Bohac, Mark J; Tuczynski, Paul D  
**Subject:** FW: Interim Approval Clearance -Jhonel Arevalo Gomez - Case # 197654

Mr. AREVALO GOMEZ, Jhonel has been granted an interim MRPT. Please see below.

This is for ESF Kabul.

Renee,

I've updated our database.

Regards

George Ranly  
Industrial Security Division  
Bureau of Diplomatic Security  
SA-20, 13th Floor  
1801 North Lynn Street  
Arlington, VA 22209  
(571) 345-3017 (53017)  
fax: (571) 345-2999

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**From:** Champagne, Eugene E  
**Sent:** Wednesday, November 23, 2005 8:37 AM  
**To:** Ranly, George  
**Cc:** Carta, Ann M  
**Subject:** Interim Approval Clearance -Jhonel Arevalo Gomez - Case # 197654

Pursuant to your request received October 25, 2005, and in accordance with Executive Order 12968, Section 3.3, Jhonel Arevalo Gomez is hereby granted interim certification for access to public trust information at the Moderate Risk Public Trust level.

It is your responsibility to notify the employee that access to public trust information will be immediately terminated, along with any assignment requiring access to public trust information, if the investigation reveals information that makes the employee no longer eligible for interim or continued

11/30/2005

access to public trust information.

You must attest to having provided the employee with a copy of this email.

This action was approved by Ms. Ann Carta.



Nº1597414

# POLICIA NACIONAL DEL PERU

DIRECCION DE CRIMINALISTICA  
DIVISION DE IDENTIFICACION CRIMINALISTICA

## CERTIFICADO DE ANTECEDENTES POLICIALES (CADUCA A LOS 90 DIAS)



( Para ser llenado por la PNP )



Señor (a) **ARÉVALO GOMEZ, JHONEL**  
Identificado (a) con: **DNI 01170117**

Certificado  Motivo: **Trabajo**

**NO** Registra antecedentes

LIMA, 12 de OCTUBRE de 2005

- 1.- USO EN EL PERÚ
- 2.- VIAJE AL EXTRANJERO
- 3.- USO EN EL EXTRANJERO

INDICE DERECHO



CODIGO  
RESEÑA

[Empty box for CODIGO RESEÑA]

OP - 23608  
**EDUARDO A. REVILLA SOLIS**  
 MAJOR PNP.  
 JEFE DEL DPTS. DE EXPEDICION  
 DE CERTIFICADO DE ANTECEDENTES  
 POLICIALES

OP - 246823  
**CARLOS MUÑOZ GONZALES**  
 CAP. PNP. P  
 JEFE DE SECCION EXPEDICION CERAP  
 LIMA - DESCARTES

- CARECE DE VALOR SIN LA BOLETA DE TELEPROCESO.
- CUALQUIER ENMENDADURA INHABILITA EL PRESENTE DOCUMENTO
- LOS DATOS CONSIGNADOS SE BASAN EN LA DOCUMENTACION PRESENTADA



BANCO DE LA NACION  
Experiencia en su servicio

# PARA TRABAJO

CAJERO MONEDERO - AGO  
POLICIA NACIONAL DEL PERU

TRIBUTO : 2844  
Cert. Domiciliario Supervivencia Mudanza  
DOCUMENTO : 1 - DNI / LE  
NUMERO : 01170117  
CANT. DOC : 0001  
MONTO PAGADO : S/. 3.00

## ficado domiciliario

LA SECCION DE EXPEDICIÓN DE CERTIFICADOS  
DE SAN JUAN DE MIRAFLORES QUE SUSCRIBE :

107068 2005OCT12 7005 0013 12:33:02  
7005107068



A :

QUE JON (A) Jhonel Arevalo Gomez  
27 AÑOS CON D.N.I Nro 01170117 OTROS.....  
DOMICILIA EN M2-R LT-33 AV. REPUBLICA DEMOCRATICA  
ALMANA SAN JUAN MIRAFLORES

Y HABIÉNDOSE CONSTATADO EL DOMICILIO DEL SOLICITANTE, EL MISMO  
QUE REGISTRA CON EL SUMINISTRO DE LUZ.....AGUA.....

TELEFONO 5824390 ASI MISMO LA CASA ES ALQUILADA

SE EXPIDE EL SIGUIENTE CERTIFICADO PARA TRABAJO

# PARA TRABAJO

TICKET BCO. DE LA NACIÓN : .....

SAN JUAN DE MIRAFLORES, 10 DE OCT DEL 2005



Jorge Ruiz Rojas  
\* CP-165129  
JORGE RUIZ ROJAS  
CMDTE. P.N.P.  
COMISARIO S.J.M.

Genif  
30943357  
Luis A. Núñez  
SP 1 PNP.

# PHYSICAL EXAMINATION FORM

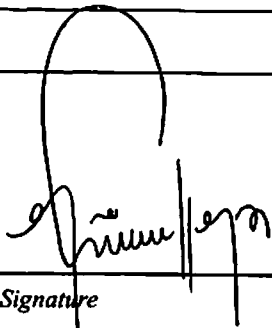
General: Paciente colaborador. Orientado en tiempo y espacio.  
Asintomático.

	N	A	R	Comments		N	A	R	Comments
Head	✓				Heart	✓			
Eyes	✓				Abdomen	✓			
Ears	✓				Genitals			✓	
Nose	✓				Rectal			✓	
Throat	✓				Extremities	✓			
Mouth/Teeth	✓				Skin	✓			
Neck	✓				Neuro	✓			
Chest	✓				Psych			✓	
Lungs	✓				Other				

Comments Adulto Sano

	N	A	R	
Assessment				Physical Examination

Plan



Signature

13/10/05

Date

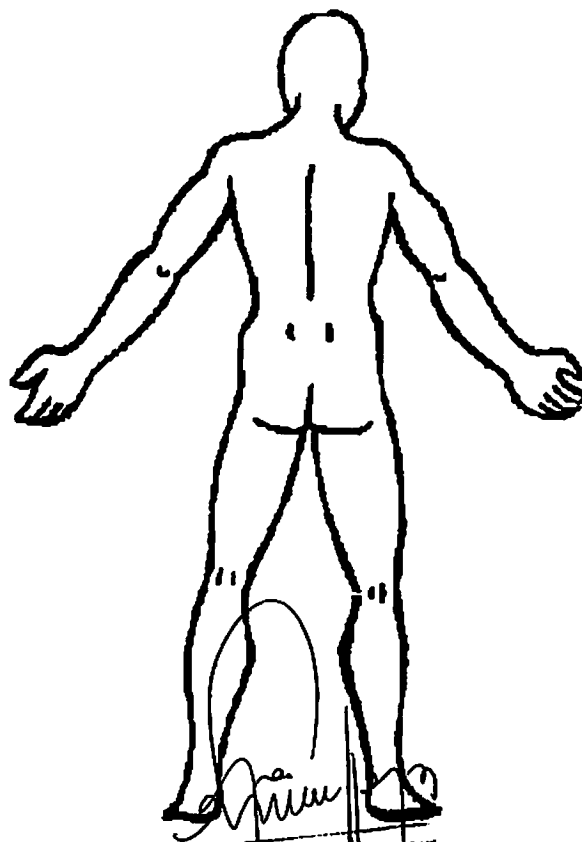
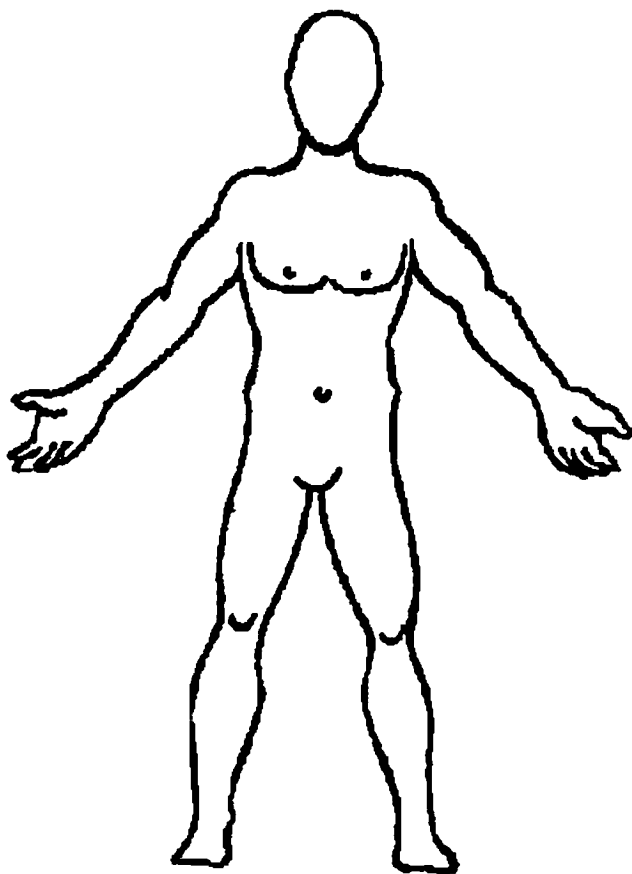
**DR. GUSTAVO STÜMPFLE DHON**  
 Médico Asistente  
 C.M.P. 38998

Printed Name

Key: N= Normal  
 A= Abnormal  
 R= Refused/ Not evaluated

Mark Diagrams as appropriate and describe anterior and posterior scars, bruises, contusions and lacerations.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_



Dr. GUSTAVO STÜMPFLE DHONT  
 Médico Asistente  
 Signature of Examining Provider

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
1. Name: (Last) AREVALO GOMEZ	(First) JHONEL
2. DOB: UCHIZA - SAN MARTIN	3. A# 01170117
4. Nationality: PERUANA	5. Facility:



**History of Present Illness**

Currently have or ever had (please circle):

Athsma	Yes	<input checked="" type="radio"/> No	High Blood	Yes	<input checked="" type="radio"/> No
Diabetes	Yes	<input checked="" type="radio"/> No	Pressure	Yes	<input checked="" type="radio"/> No
Epilepsy	Yes	<input checked="" type="radio"/> No	Malaria	Yes	<input checked="" type="radio"/> No
Heart Trouble	Yes	<input checked="" type="radio"/> No	Mental Illness	Yes	<input checked="" type="radio"/> No
Hepatitis	Yes	<input checked="" type="radio"/> No	Tuberculosis	Yes	<input checked="" type="radio"/> No
+ HIV	Yes	<input checked="" type="radio"/> No	Venereal Disease	Yes	<input checked="" type="radio"/> No
			Other:	_____	

Family History of (please circle):

<i>Abuela materna</i>					
Athsma	Yes	<input checked="" type="radio"/> No	High Blood	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Cancer	Yes	<input checked="" type="radio"/> No	Pressure	Yes	<input checked="" type="radio"/> No
Diabetes	Yes	<input checked="" type="radio"/> No	Mental Illness	Yes	<input checked="" type="radio"/> No
Epilepsy	Yes	<input checked="" type="radio"/> No	Tuberculosis	Yes	<input checked="" type="radio"/> No
Heart Trouble	Yes	<input checked="" type="radio"/> No	Other:	_____	

Ever Hospitalized?  No Yes \_\_\_\_\_ list: \_\_\_\_\_

Female: Pregnant? No Yes \_\_\_\_\_ LMP \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_

Current Health: Good Fair Poor Explain: \_\_\_\_\_

Any special health requirements?  No Yes \_\_\_\_\_ list: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Known allergies to medication(s):  No Yes, list: \_\_\_\_\_

Other Allergies:  No Yes, specify: \_\_\_\_\_

Chemical Dependence? (alcohol, drugs)  No Yes, If Yes: Substance: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Do you have any pain?  No Yes, If Yes: Where? \_\_\_\_\_ How often does it occur? \_\_\_\_\_

How long does it last? \_\_\_\_\_ What helps? \_\_\_\_\_ Describe the pain: \_\_\_\_\_

Comments: \_\_\_\_\_

General Appearance: \_\_\_\_\_

Temperature: 36°C Pulse: 72 x' Blood Pressure: 120/60 Weight: 73 Kg  
 Height: 1.70 Visual Acuity: Right 20/13 Left 20/13

Provider's Signature

Date

Printed Name of Provider

**IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:**

1. Name: (Last) AREVALO GOMEZ (First) JHONEL	
2. DOB: UCHIZA - SAN MARTIN	3. A# 01170117
4. Nationality: PERUVANA	5. Facility:


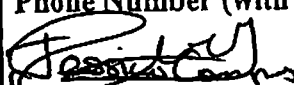
<b>Employee Name:</b> Arévalo Gómez Jhonel	<b>Date:</b> 10.12.05
<b>Current Address:</b> Mz. R lote 33 Av. República Democrática Alemana	
<b>Current Home Phone:</b> ( ✓ ) 582 4390	

### Emergency Contact

I hereby request MVM, Inc., to notify the following persons in the event of an emergency or if I should become incapacitated or otherwise unable to communicate emergency information on my own behalf.

<b>Contact:</b> Carmen Elvira Soto Caballero	<b>Relationship:</b>
<b>Address:</b> Mz. R lote 33. Av. República Democrática Alemana	
San Juan de Miraflores	
<b>Home Phone:</b> ( ✓ ) 582 4390	<b>Business Phone:</b> ( — )
<b>Comments:</b> —	

<b>Contact:</b> Aydee Caballero Díaz	<b>Relationship:</b> Friend
<b>Address:</b> Jr. Federico Noguera 230 - Urb. Miguel Grau.	
Riencac	
<b>Home Phone:</b> ( ✓ ) 381 3813	<b>Business Phone:</b> ( — )
<b>Comments:</b> —	

Arevalo Gómez Jhonel		01170117
PAYEE NAME (Please Print): Last Name, First Name		SSN
Mr. R lote 33 - Av. República Democrática Alemana.		
ADDRESS		
Lima	—	Lima 29
CITY	STATE	ZIP CODE
		10112105
PAYEE SIGNATURE		DATE
The employee above wishes to have his/her payroll check deposited directly to his/her bank account listed below.		
SWIFT CODE: <u>BINPPEPL</u>		
SORT CODE: _____		
IBAN: _____		
ACCOUNT NO: <u>216-3009440820</u>		
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS		
<input type="checkbox"/> First Request <input type="checkbox"/> Additional Account: \$ _____/Per Pay		
<input type="checkbox"/> Replace Current Account - No. _____		
<u>Interbank / Banco Internacional del Perú.</u>		
Name of Financial Institution		
<u>Carlos Villarón 140</u>		
Address		
Lima	—	Lima 13
City	State	Zip Code
( ) -		
Phone Number (with area code)		
		10112105
Signature of Institution Representative		Date

Note: This form must be completed in its entirety and a voided check attached in order to be processed.

 Interbank  
JESSICA CAMPOS MEDINA  
FRONTE DE TIENDA

29443