Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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GENERAL INFORMATION

1. FULL NAME *(First, middle, last)*	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH *(Include city and state or country)*	4. DATE OF BIRTH *(MM/DD/YYYY)*
5. OTHER NAMES EVER USED *(For example, maiden name, nickname, etc.)*	6. PHONE NUMBERS *(Include area codes)* Day Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*

7b. Have you registered with the Selective Service System? ☐ YES ☐ NO *If "NO" go to 7c.*

7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? ☐ YES *Provide information below.* ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

		YES	NO
9.	During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*	☐	☐
10.	Have you been convicted by a military court-martial in the past 10 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*	☐	☐
11.	Are you now under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*	☐	☐
12.	During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Off ice of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*	☐	☐
13.	13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*	☐	☐

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Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES, " use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* — YES ☐ NO ☐

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? — YES ☐ NO ☐

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Certifications / Additional Questions

APPLICANT. If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

IF SUBMITTING ELECTRONICALLY, AN "/S/" FOLLOWED BY YOUR TYPED NAME WILL SERVE IN LIEU OF AN ACTUAL SIGNATURE.

17a. Applicant's Signature: _____ Date: _____
(Sign in ink)

17b. Appointee's Signature: _____ Date: _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? — YES ☐ NO ☐ Do Not Know ☐

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. — YES ☐ NO ☐ Do Not Know ☐

Form Approved:
OMB No. 1620-0001
Expiration Date: 01/31/2011

SUPPLEMENTAL INVESTIGATIVE DATA

CASE NO.

INSTRUCTIONS

DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS

1. Answer all questions completely or check (x) the box which applies. If the question is not applicable, write "NA." If you do not know the answer and it cannot be obtained from personal or family records, write "unknown." Use the blank space on page 6 for extra details on any question for which you do not have enough space.

2. Type or legible print an original plus two copies. All copies must bear an original signature. Initials are required at the bottom of each page.
Note: We cannot accept your form if it is not legible.

3. Consider each of your answers carefully. Accurate completion of this form will permit review of your qualifications. Your signature at the end of the form will certify its correctness.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Authority to collect the information sought on the accompanying form is derived from the following sources: Title 5 U.S.C. Section 301; Title 18 U.S.C. Section 3056; Executive Orders 10450, 12333, 12958 and 12968; Treasury Department Publication 71.10; and Title 31 C.F.R. Section 2.1.

The purpose of the information is to provide a basis for determining employment suitability and eligibility for access to classified documents. The information will be used to fulfill legal record keeping requirements and for referral to other agencies on a need to know basis in their performance of duties. Submission of the information is voluntary and failure to provide all or any part of the requested information will not be used as a basis for denying any right, benefit or privilege allowed by law. However, failure to provide certain information may result in non-consideration for appointment or in termination on the basis of information in the record. Information provided on this form will be kept confidential under provisions of the Privacy Act of 1974, Title 5 of the U.S.C., Section 552.

SECTION 1

APPLICANT - GENERAL PERSONAL AND PHYSICAL DATA

1. FULL NAME (LAST FIRST, MIDDLE) STATE ANY OTHER NAMES EVER USED (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAMES(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED)

2. SOCIAL SECURITY NUMBER

3. CURRENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)

4. CURRENT PHONE NO. (INCLUDE AREA CODE)

5. PERMANENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)

6. PERMANENT PHONE NO. (INCLUDE AREA CODE)

7. OFFICE PHONE NO. (INCLUDE AREA CODE)

8. OFFICE EXTENSION

9. LEGAL RESIDENCE (STATE, TERRITORY, OR COUNTRY)

10. AGE

11. SEX

12. HEIGHT

13. WEIGHT

14. BUILD

15. COLOR EYES

16. COLOR HAIR

17. DATE OF BIRTH

18. PLACE OF BIRTH (CITY, STATE, COUNTRY)

19. PRESENT CITIZENSHIP (COUNTRY)

20. OTHER THAN U.S. CITIZENSHIP
☐ YES ☐ NO

21. GIVE PARTICULARS CONCERNING PREVIOUS CITIZENSHIPS AS TO COUNTRY AND DATE

22. DO YOU HAVE 20/20 VISION UNCORRECTED? ☐ YES ☐ NO

23. DO YOU HAVE 20/20 CORRECTED VISION? ☐ YES ☐ NO

24. DO YOU HAVE 20/60 VISION OR BETTER, UNCORRECTED (SNELLEN)? ☐ YES ☐ NO

25. DO YOU HAVE 20/63 VISION, OR BETTER, UNCORRECTED (BAILEY LOVIE)? ☐ YES ☐ NO

SECTION 2

SELECTIVE SERVICE / MILITARY SERVICE RESERVE STATUS

1. PLACE OF REGISTRATION (CITY AND STATE)

2. REGISTRATION DATE

3. BRANCH OF SERVICE (IF APPLICABLE)

4. DATE RETIRED OR DISCHARGED

5. RESERVE STATUS
☐ NONE ☐ ACTIVE ☐ INACTIVE ☐ RETIRED

6. RESERVE BRANCH OF SERVICE

7. DATE ENTERED

8. PLACE ENTERED

9. DATE RETIRED OR DISCHARGED

10. SERIAL NO.

11. RANK

12. CURRENT LOCATION OF MILITARY RECORDS

13. CURRENT LOCATION OF MILITARY MEDICAL RECORDS

APPLICANT'S INITIALS _____

SECTION 3

MARITAL STATUS AND SPOUSE / COHABITANT / FIANCE INFORMATION

1. PRESENT STATUS (CIRCLE OR MARK ANSWER). IF YOU HAVE BEEN MARRIED MORE THAN ONCE (INCLUDING ANNULMENTS) FURNISH DETAILS IN SECTION 10.

SINGLE	ENGAGED	MARRIED	SEPARATED	DIVORCED	WIDOWED	COHABITATING

2. STATE DATE PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES, OR ANNULMENTS. IF EVER DIVORCED OR SEPARATED, FURNISH DETAILS IN SECTION 10 AS TO NAME AND ADDRESS OF DIVORCED OR SEPARATED SPOUSE, NAMES AND ADDRESSES OF ANY ATTORNEYS, AND DATE, CIRCUMSTANCES, AND DISPOSITION.

THE FOLLOWING INFORMATION PERTAINS TO
WIFE, HUSBAND, FIANCE, COHABITANT, FORMER WIFE, FORMER HUSBAND, FOR ITEMS 3 THRU 25. (CIRCLE OR MARK ONE)

WIFE	HUSBAND	FIANCE	COHABITANT	FORMER WIFE	FORMER HUSBAND

3. NAME (LAST, FIRST, MIDDLE)	4. SOCIAL SECURITY NO.

5. STATE ANY OTHER NAMES EVER USED BY PERSON (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAME(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED).

INDICATE CIRCUMSTANCES (INCLUDING LENGTH OF TIME) UNDER WHICH ANY NAMES NOTED IN ITEM 5 ABOVE WERE USED. IF LEGALLY CHANGED, GIVE PARTICULARS (WHERE AND BY WHAT AUTHORITY). RECORD THIS INFORMATION IN SECTION 10.

6. DATE OF BIRTH	7. PLACE OF BIRTH (CITY, STATE, COUNTRY)	8. DATE OF MARRIAGE/COHABITATION
9. PLACE OF MARRIAGE (CITY, STATE, COUNTRY)		10. LIVING ☐ YES ☐ NO
11. CITIZENSHIP	12. FORMER CITIZENSHIP(S) (COUNTRY(IES))	13. IF ALIEN, ALIEN REGISTRATION NO.

14. DATE U.S. CITIZENSHIP ACQUIRED	15. WHERE ACQUIRED	16. DATE AND PLACE ARRIVAL IN U.S.	17. NATURALIZATION CERTIFICATE NO.
18. DATE OF DEATH	19. CAUSE OF DEATH		

20. CURRENT ADDRESS (GIVE LAST ADDRESS, IF DECEASED)	21. RESIDENCE ADDRESS OF SPOUSE BEFORE MARRIAGE, IF OTHER THAN U.S.

22. OCCUPATION / POSITION	23. PRESENT EMPLOYER	24. ANNUAL SALARY OR EARNINGS

25. EMPLOYER - BUSINESS ADDRESS (NUMBER, STREET, CITY, COUNTRY)

SECTION 4

PARENTS, CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR PARENTS AND ALL CHILDREN (BY BIRTH, ADOPTION, MARRIAGE) AND OTHER DEPENDENTS.

FULL NAME	RELATIONSHIP	DATE & PLACE OF BIRTH	CITIZENSHIP	CURRENT ADDRESS

2. NO. OF CHILDREN (INCLUDE STEPCHILDREN AND ADOPTED CHILDREN) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.		3. NO. OF OTHER DEPENDANTS (E.G. SPOUSE PARENTS STEPPARENTS ETC.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT OR CHILDREN OVER 21 NOT SELF-SUPPORTING.	

APPLICANT'S INITIALS _____

SECTION 5 **CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES**

Complete this section as it applies to you and your family and also as it applies to your spouse/cohabitant and their family if the relative or associate is/was:
- A U.S. Citizen by other than birth;
- An alien residing in the U.S.;
- Lived or currently living in a foreign country;
- Worked or currently working for a Foreign Government.

Relatives and associates are defined as spouse, parents (to include stepparents), brothers, sisters, stepbrothers, stepsisters, child (adopted also), aunts, uncles and cousins). For extended family members ***(Other than spouse, parents, children, brothers and sisters)***, list only those who are frequently contacted.

Please complete all requested information and use the codes below to identify proof of citizenship status:
1 - Naturalization Certificate - Provide the date issued and the location where the person was naturalized *(Court, City, State and Certificate Numbers)*.
2 - Citizenship Certificate - Provide the location issue *(City, State, Certificate)*.
3 - Alien Registration - Provide the date and place where the person entered the U.S.*(City, State, and alien Registration Number)*.
4 - Other - Provide an explanation in the "Additional Information" block.

1

1a. ASSOCIATION	1b. SEX ☐ Male ☐ Female	2. FULL NAME *(Last, First Middle)*	3. MAIDEN NAME AND/OR OTHER NAMES USED
4.CODE NUMBER	5. CURRENT ADDRESS	6. NAME OF EMPLOYER	
7.DATE AND PLACE OF BIRTH	8. SSN	9. FREQUENCY OF CONTACT	10. CERTIFICATE/REGISTRATION NUMBER
11. CITIZENSHIP (COUNTRY)	12. DATE/PLACE OF NATURALIZATION	13. DATE/PLACE OF ENTRY	
14. ADDITIONAL INFORMATION			

2

1a. ASSOCIATION	1b. SEX ☐ Male ☐ Female	2. Full Name *(Last, First Middle)*	3.MAIDEN NAME AND/OR OTHER NAMES USED
4. CODE NUMBER	5. CURRENT ADDRESS	6. NAME OF EMPLOYER	
7. DATE AND PLACE OF BIRTH	8. SSN	9. FREQUENCY OF CONTACT	10. CERTIFICATE/REGISTRATION NUMBER
11. CITIZENSHIP (COUNTRY)	12. DATE/PLACE OF NATURALIZATION	13. DATE/PLACE OF ENTRY	
14. ADDITIONAL INFORMATION			

SECTION 6 **NEIGHBOR REFERENCES (LIST TWO NEIGHBORS AT YOUR CURRENT LOCATION WHO KNOW YOU)**

NAME (LAST, FIRST, MIDDLE)	SEX	COMPLETE BUSINESS ADDRESS (NO., STREET, CITY, STATE)	COMPLETE RESIDENCE ADDRESS (NO., STREET, CITY, STATE)	NO. OF YEARS KNOWN
	M F	ADDRESS AREA CODE & PHONE NO.	ADDRESS AREA CODE & PHONE NO.	
	M F	ADDRESS AREA CODE & PHONE NO.	ADDRESS AREA CODE & PHONE NO.	

APPLICANT'S INITIALS _____

SECTION 7

FINANCIAL INFORMATION

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ☐ YES ☐ NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME.

3. COMPLETE THE FOLLOWING FINANCIAL STATEMENT, USING DOLLAR AMOUNTS IN THE APPROPRIATE COLUMNS, DESIGNATING JOINT ASSETS AND LIABILITIES WHERE APPLICABLE.

		TOTAL AMOUNT	JOINT	PERSONAL
ASSETS	CASH ON HAND	$0		
	CASH IN BANK: ☐ CHECKING ☐ SAVINGS ☐ SAFE DEPOSIT (CHECK APPROPRIATE BLOCK(S))	$0		
	STOCKS AND BONDS (PRESENT MARKET VALUE)	$0		
	REAL ESTATE (ESTIMATED MARKET VALUE)	$0		
	INSURANCE VALUE (I.E. WHAT YOU WOULD RECEIVE IF YOU LIQUIDATED POLICY-NOT FACE VALUE)	$0		
	AUTOMOBILES (ESTIMATED MARKET VALUE)	$0		
	PERSONAL EFFECTS (FURNITURE, JEWELRY, ETC. - MARKET VALUE)	$0		
	OTHER ASSETS - SPECIFY:	$0		
	TOTAL ASSETS	$0	$0	$0
LIABILITIES	CURRENT OBLIGATIONS	$0		
	NOTES PAYABLE, (E.G., CAR LOAN, PERSONAL LOANS, ETC.)	$0		
	MORTGAGES PAYABLE	$0		
	OTHER DEBTS (JUDGMENTS, LIENS, ETC.)	$0		
	TOTAL LIABILITIES	$0	$0	$0
	NET WORTH	$0		

SECTION 8

PERSONAL DECLARATIONS

ANSWER ITEMS 1 THROUGH 20 BY PLACING AN "X" IN THE PROPER COLUMN, IF ANY ANSWER IS "YES" GIVE EXPLANATION OR DETAILS IN SECTION 10.	YES	NO
1. HAVE YOU EVER BEEN INVOLVED IN ANY FORECLOSURE, BANKRUPTCY, RECEIVERSHIP PROCEEDINGS, CIVIL SUITS, JUDGMENTS?	☐	☐
2. DO YOU HAVE ANY OUTSTANDING FEDERAL, STATE, OR LOCAL TAX OBLIGATIONS?	☐	☐
3. ARE YOU NOW EMPLOYED BY OR SERVE AS AN OFFICER OF ANY POLITICAL ORGANIZATIONS?	☐	☐
4. PROVISIONS OF THE HATCH ACT MAKE IT UNLAWFUL FOR YOU, IF APPOINTED TO ANY POSITION IN THE FEDERAL SERVICE, TO ENGAGE IN CERTAIN POLITICAL ACTIVITIES. ARE YOU ENGAGED AT PRESENT EITHER DIRECTLY OR INDIRECTLY IN ANY POLITICAL ACTIVITY OR ORGANIZATION?	☐	☐
5. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE; OR WHICH HAS ADOPTED OR SHOWS A POLICY ADVOCATING OR APPROVING THE COMMISSION OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEMS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	☐	☐
6. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?	☐	☐

APPLICANT'S INITIALS _____

SECTION 8

PERSONAL DECLARATIONS, CONTINUED FROM PAGE 4

	YES	NO
7. ARE YOU DIRECTLY OR INDIRECTLY CONNECTED WITH THE OPERATION OF ANY PRIVATE OR COMMERCIAL ENTERPRISE WHICH SELLS OR OTHERWISE CONTRACTS FOR INVESTIGATIVE SERVICES OF ANY KIND FOR PRIVATE INDIVIDUALS OR BUSINESS FIRMS?	☐	☐
8. ARE THERE ANY INCIDENTS IN YOUR OWN BACKGROUND, OR THAT OF MEMBERS OF YOUR FAMILY, WHICH MIGHT COMPROMISE YOUR PERFORMANCE AS A SECRET SERVICE EMPLOYEE?	☐	☐
9. HAVE YOU EVER BEEN THE SUBJECT OF ANY EMPLOYEE DISCIPLINARY ACTION?	☐	☐
10. HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE?	☐	☐
11. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO A POLICE DEPARTMENT?	☐	☐
12. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO YOUR EMPLOYER, IN REGARD TO YOUR CONDUCT ON OR OFF THE JOB ?	☐	☐
13. HAVE YOU EVER BEEN ARRESTED?	☐	☐
14. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?	☐	☐
15. DO YOU USE ILLEGAL DRUGS?	☐	☐
16. HAVE YOU EVER ILLEGALLY USED MARIJUANA?	☐	☐
17. HOW MANY TIMES HAVE YOU ILLEGALLY USED MARIJUANA?	☐	☐
18. WHEN DID YOU LAST ILLEGALLY USE MARIJUANA?	☐	☐
19. HAVE YOU EVER ILLEGALLY USED SUCH ITEMS AS HASHISH, COCAINE, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE (DO NOT INCLUDE MARIJUANA)? [CIRCLE OR MARK WHICH DRUG(S)]	☐	☐
20. HAVE YOU EVER FACILITATED THE TRANSACTION OF ILLEGAL DRUGS?	☐	☐

SECTION 9

INCOME TAX STATUS

1. FEDERAL INCOME TAX RETURNS WERE FILED FOR EACH OF THE PAST 3 YEARS AS FOLLOWS:

FOR YEAR	IRS COLLECTION DISTRICT	NAME(S) ON RETURN	ADDRESS ON RETURN

2. IF NO RETURN(S) WERE FILED FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM.

☐ NOT APPLICABLE ☐ SEE SECTION 10

3. IF SPOUSE FILED SEPARATE RETURN(S) FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM AS TO DISTRICT IN WHICH FILED AND NAME AND ADDRESS USED ON RETURN(S).

☐ NOT APPLICABLE ☐ SEE SECTION 10

4. IF SPOUSE HAD INCOME DURING THE 3 YEAR PERIOD, STATE BRIEFLY IN SECTION 10 OF THIS FORM AS TO SOURCE AND AMOUNT OF INCOME DURING THAT PERIOD.

☐ NOT APPLICABLE ☐ SEE SECTION 10

CONTINUE ON THE FOLLOWING PAGE. PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

SPACE FOR EXTRA DETAILS CONTINUED ON PAGE 6.

APPLICANT'S INITIALS _____

SECTION 10

EXTRA DETAILS

USE THE FOLLOWING SPACE FOR EXTRA DETAILS. REFERENCE EACH CONTINUED ITEM BY THE SECTION AND ITEM NUMBER TO WHICH IT RELATES.

SECTION #	ITEM #	

YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION MAY BE INVESTIGATED.

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING

A FALSE ANSWER TO ANY QUESTION IN THIS FORM MIGHT BE GROUNDS FOR NOT EMPLOYING YOU OR FOR DISMISSING YOU AFTER YOU BEGIN WORK, AND MIGHT BE PUNISHABLE BY FINE OR IMPRISONMENT (U.S. CODE, TITLE 18, SEC. 1001). ALL STATEMENTS OR INFORMATION YOU GIVE ARE SUBJECT TO INVESTIGATION.

CERTIFICATION: I CERTIFY THAT ALL THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

SIGNATURE OF APPLICANT		DATE SIGNED
SIGNATURE OF WITNESS (U. S. SECRET SERVICE EMPLOYEE ONLY)	OFFICE ASSIGNED	DATE SIGNED

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