

United States Secret Service



Security Clearance Forms

Instructions

You are being considered for a position with the United States Secret Service. Since all Secret Service employees are required to have a Top Secret Security Clearance, the enclosed background investigation forms are being provided for your immediate completion.

Once you have been asked by a Secret Service representative to complete this package, please note the following instructions.

- **All forms must be typed.** If the paper-based version of this package has been provided to you, and if you are able to complete this package in electronic format, please call your designated Secret Service point-of-contact so an Adobe Acrobat-based version of this package can be provided to you.
- Ensure that **ALL** questions are answered or addressed. If a question does not apply (and it is not a yes/no question), indicate N/A for not applicable.
- **Do not sign** or initial any of the forms unless otherwise indicated. (Your signatures must be witnessed by Secret Service representatives.)

DEPARTMENT OF HOMELAND SECURITY
United States Secret Service
**ACKNOWLEDGMENT OF SECURITY
CLEARANCE REQUIREMENTS**

NAME OF CANDIDATE

THIS FORM MUST BE SIGNED BY ALL CANDIDATES WHO ARE TO BE APPOINTED ON A CONTINGENCY BASIS.

I understand that I am being considered for appointment with the U.S. Secret Service based on a contingent security investigation.

I understand that, if accepted, continued employment with the U.S. Secret Service is contingent on the satisfactory completion of a special security background investigation and, if the position is considered critical-sensitive, the granting of a Top Secret clearance.

SIGNATURE OF CANDIDATE

DATE SIGNED

SIGNATURE OF WITNESS

DATE SIGNED

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

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.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

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GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)



2. **SOCIAL SECURITY NUMBER**



3a. **PLACE OF BIRTH** (Include city and state or country)



3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship) ◆

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", proceed to 8.)
- 7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed 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 (If "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 .

9. During the last 7 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.* YES NO
10. Have you been convicted by a military court-martial in the past 7 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.* YES NO
11. Are you currently 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.* YES NO
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 Office 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.* YES NO
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.* YES NO

Declaration for Federal Employment*

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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.

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security .

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, social security number, and date and place of birth.

Authority to Request this Information

Depending upon the purpose of your investigation, 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 (CFR).

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that the interview be conducted immediately after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documents; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form

1. Follow the instructions, provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
2. Type or legibly print your answers in ink. If the form is not legible, it will not be accepted. You may also be asked to submit your form using the approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A," unless otherwise noted.
4. Any changes that you make to this form, after you sign it, must be initialed and dated by you. Under extremely limited circumstances, agencies may modify your response(s) with your consent.
5. You must use the Location codes (abbreviations), immediately following the Privacy Act Routine Uses, when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. Place of birth requires Country entry, even if in the U.S.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

7. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
8. For telephone numbers in the U.S., ensure that the area code is included.
9. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.
10. If additional space is required for an explanation or to list your residences, employment/self-employment/unemployment, or education, you should use a continuation sheet, SF 86A, located at <http://www.opm.gov/forms>, select standard forms. If additional space is required to answer other items, use the Continuation Space, on page 121, or a blank sheet(s) of paper. Include your name and SSN at the top of each blank sheet (s) used.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of race, color, religion, sex, national origin, disability, or sexual orientation when granting access to classified information.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to **five (5)** years imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

Privacy Act Routine Uses

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such

records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Sections 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

LOCATION CODES

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Florida	FL	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
Georgia	GA								
American Samoa	AS	Johnson Atoll	JQ	Midway Islands	MQ	Palmyra Atoll	LQ	Wake Island	WQ
Baker Island	FQ	Kingman Reef	KQ	Navassa Island	BQ	Puerto Rico	PR	APO/FPO America	AA
Guam	GU	Marshall Islands	MH	Northern Mariana Islands	MP	Virgin Islands, United States	VI	APO/FPO Europe	AE
Howland Island	HQ	Micronesia, Federated States	FM	Palau	PW			APO/FPO Pacific	AP
Jarvis Island	DQ								

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E. Street N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

AGENCY USE BLOCK "AUB"

Investigating agency user only	Codes: (FIPC CODES)	Case Number:
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FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.

A Type of investigation	B Extra coverage/Advance results	C Sensitivity level	Compu/ADP	D Access/Eligibility	E Nature of action code
F Date of action (Month/Day/Year)	G Geographic location	H Position code	I Position title		J SON (Submitting Office Number)
K Location of official personnel folder		None <input type="checkbox"/>	At SON <input type="checkbox"/>	Other <input type="checkbox"/>	Other address/Web address of e-OPF
L SOI (Security Office Identifier)		NPRC <input type="checkbox"/>	e-OPF <input type="checkbox"/>	Zip Code	
M Location of security folder		None <input type="checkbox"/>	At SOI <input type="checkbox"/>	Other address	
N IPAC		NPI <input type="checkbox"/>	Other <input type="checkbox"/>	Zip Code	
O Treasury Account Symbol	P Obligating document number		Q Business Event Type Code		
R Accounting data and/or Agency case number				S Investigative requirement	Initial <input type="checkbox"/>
					Reinvestigation <input type="checkbox"/>
T Requesting official - Name		Title		Signature	
Email address			Telephone number (Include Ext.)		Date (Month/Day/Year)
U Secondary requesting official - Name			Title		
Email address		Telephone number (Include Ext.)		V Applicant affiliation	FED CIV <input type="checkbox"/>
				MIL <input type="checkbox"/>	CON <input type="checkbox"/>
				Other <input type="checkbox"/>	
W Deployment/PCS - (Do not provide deployment data if Classified or Sensitive information)					
Location (if imminent)					
From (Month/Day/Year)	<input type="checkbox"/>	Est.	To (Month/Day/Year)	<input type="checkbox"/>	Est.
			Reason(s) for temporary duty assignment or PCS		
			Permanent Relocation <input type="checkbox"/>		
Point of contact at location		Telephone number (Include Ext.)		Address/Unit/Duty location (Include City or Post Name)	
Commercial and Government Entity (CAGE) Code			Contract Number		
Agency Special Instructions for the Investigative Service Provider.					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service. YES NO

Section 1 - Full Name

Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Last name	First name	Middle name	Suffix
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Section 2 - Date of Birth

Provide your date of birth.
 (Month/Day/Year)

Section 3 - Place of Birth

Provide your place of birth.

City	County	State	Country (Required)
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Section 4 - Social Security Number

Provide your U.S. Social Security Number.

Not applicable

Section 5 - Other Names Used

Have you used any other names?

YES NO (If NO, proceed to Section 6)

Complete the following if you have responded 'Yes' to having used other names.

Provide your other name(s) used and the period of time you used it/them [for example: your maiden name(s), name(s) by a former marriage, former name(s), alias(es), or nickname(es)]. If you have only initials in your name(s), provide them and indicate "Initial only." If you do not have a middle name (s), indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

#1 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	Provide the reason(s) why the name changed	
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	
#2 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	Provide the reason(s) why the name changed	
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	
#3 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	Provide the reason(s) why the name changed	
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	
#4 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	Provide the reason(s) why the name changed	
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Section 6 - Your Identifying Information

Provide your identifying information.

Height	Weight (in pounds)	Hair color	Eye color	Sex
(feet) (inches)				<input type="checkbox"/> Female <input type="checkbox"/> Male

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 7 - Your Contact Information

Provide your contact information.

Home e-mail address

Work e-mail address

International or DSN phone number

Home telephone number Extension Day
 Night

International or DSN phone number

Work telephone number Extension Day
 Night

International or DSN phone number

Mobile/Cell telephone number Extension Day
 Night

Section 8 - U.S. Passport Information

Do you possess a U.S. passport (current or expired)?

YES NO (If NO, proceed to Section 9)

Provide the following information for the most recent U.S. passport you currently possess.

Passport number

Issue date (Month/Day/Year)

Expiration date (Month/Day/Year)

The following link will provide U.S. State Department passport help. <http://travel.state.gov/passport>

Provide the name in which passport was first issued.

Last name

First name

Middle name

Suffix

Section 9 - Citizenship

Select the box that reflects your current citizenship status.

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.
(Proceed to Section 10)

I am a naturalized U.S. citizen. (Complete 9.2)

I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.
(Complete 9.1)

I am not a U.S. citizen. (Complete 9.3)

9.1 Complete the following if you answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country.

Provide type of documentation of U.S. citizen born abroad.

FS240 or FS545 DS 1350 Other (Provide explanation) ▶

Provide document number for U.S. citizen born abroad.

Provide the date the document was issued. (Month/Day/Year)

Est.

Provide the place of issuance. (Provide City and Country if outside the United States; otherwise, provide City and State.)

City

State

Country

Provide the name in which document was issued.

Last name

First name

Middle name

Suffix

Provide your citizenship certificate number.

Provide the name of the court that issued the citizenship certificate.

Provide the address of the court that issued the citizenship certificate.

Street

City

State

Zip Code

Provide the name in which the certificate was issued.

Last name

First name

Middle name

Suffix

Provide the date the certificate was issued. (Month/Day/Year)

Est.

Were you born on a U.S. military installation?

YES NO (If NO, proceed to Section 10)

Provide the name of the base.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 9 - Citizenship - (Continued)

9.2 Complete the following if you answered that you are a **naturalized U.S. citizen**.

Provide the date of entry into the U.S. (Month/Day/Year)		Provide the location of entry into the U.S. City		State
<input type="checkbox"/> Est.				
Provide country(ies) of prior citizenship. #1 Country		#2 Country		
Do/did you have a U.S. alien registration number?				
<input type="checkbox"/> YES \longrightarrow		Provide your U.S. alien registration number.		
<input type="checkbox"/> NO				
Provide your citizenship certificate number.	Provide the date the citizenship certificate was issued. (Month/Day/Year)	Provide the name of the court that issued the citizenship certificate.		
	<input type="checkbox"/> Est.			
Provide the address of the court that issued the citizenship certificate.				
Street		City	State	Zip Code
Provide the name in which the citizenship certificate was issued.				
Last name	First name	Middle name	Suffix	
Provide your naturalization certificate number.		Provide the date the naturalization certificate was issued. (Month/Day/Year)		
		<input type="checkbox"/> Est.		
Provide the name of the court that issued the naturalization certificate.	Provide the address of the court that issued the naturalization certificate.			
	Street	City	State	Zip Code
Provide the name in which the naturalization certificate was issued.				
Last name	First name	Middle name	Suffix	
Provide the basis of naturalization.				
<input type="checkbox"/> Based on my own individual naturalization application		<input type="checkbox"/> Other (Provide explanation) \blacktriangleright		
<input type="checkbox"/> By operation of law through my U.S. citizen parent				

9.3 Complete the following if you answered that you are **not a U.S. Citizen**.

Provide your residence status.	Provide your date of entry in the U.S. (Month/Day/Year)	
	<input type="checkbox"/> Est.	
Provide country(ies) of prior citizenship. #1 Country		#2 Country
Provide your place of entry in the U.S.		
City	State	
Provide your alien registration number.	Provide type of document issued. (I-94, etc.)	
	<input type="checkbox"/> I-94 <input type="checkbox"/> U.S. Visa <input type="checkbox"/> Other (Provide explanation) \blacktriangleright	
Provide document number.	Provide the date document was issued (Month/Day/Year)	Provide the expiration date of visa. (Month/Day/Year)
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.
Provide the name in which the document was issued.		
Last name	First name	Middle name Suffix

Enter your Social Security Number before going to the next page \longrightarrow

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 10 - Dual/Multiple Citizenship & Foreign Passport Information

10.1 Do you now or have you **EVER** held dual/multiple citizenships?

YES NO (If NO, proceed to 10.2)

Complete the following if you answered 'Yes' to having EVER held dual/multiple citizenship.

Entry #1

Provide country of citizenship.

During what period of time did you hold citizenship with this country?
 (Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

How did you acquire this non-U.S. citizenship you now have or previously had?

From Date (Month/Year) _____ To Date (Month/Year) _____
 Est. Present
 Est. Est.

Have you taken any action to renounce your foreign citizenship?

YES NO Provide explanation: _____

Do you currently hold citizenship with this country?

YES NO Provide explanation: _____

Entry #2

Provide country of citizenship.

During what period of time did you hold citizenship with this country?
 (Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

How did you acquire this non-U.S. citizenship you now have or previously had?

From Date (Month/Year) _____ To Date (Month/Year) _____
 Est. Present
 Est. Est.

Have you taken any action to renounce your foreign citizenship?

YES NO Provide explanation: _____

Do you currently hold citizenship with this country?

YES NO Provide explanation: _____

10.2 Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.?

YES NO (If NO, proceed to Section 11)

Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.

Entry #1

Provide the country in which the passport (or identity card) was issued.

Provide the date the passport (or identity card) was issued. (Month/Day/Year)

 Est.

Provide the place the passport (or identity card) was issued.

City _____ Country _____

Provide the name in which passport (or identity card) was issued.

Last name _____ First name _____ Middle name _____ Suffix _____

Provide the passport (or identity card) number.

Provide the passport (or identity card) expiration date. (Month/Day/Year)

 Est.

Have you **EVER** used this passport (or identity card) for foreign travel?

YES NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country	From date (Month/Year)	To date (Month/Year)
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 10 - Dual/Multiple Citizenship & Foreign Passport Information - (Continued)

Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.

Entry #2

Provide country in which the passport (or identity card) was issued. _____ Provide the date the passport (or identity card) was issued. (Month/Day/Year) _____ Est.

Provide the place the passport (or identity card) was issued.
 City _____ Country _____

Provide the name in which passport (or identity card) was issued.
 Last name _____ First name _____ Middle name _____ Suffix _____

Provide the passport (or identity card) number. _____ Provide the passport (or identity card) expiration date. (Month/Day/Year) _____ Est.

Have you **EVER** used this passport (or identity card) for foreign travel?
 YES NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country	From date (Month/Year)	To date (Month/Year)
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives.

Enter residence information.

Entry #1

Provide dates of residence.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Is/was this residence:

Owned by you Rented or leased by you
 Military housing Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of a neighbor or other person who knows you at this address.

Last name First name Middle name Suffix Provide date of last contact (Month/Year) Est.

Provide your relationship to this person (Check all that apply).

Neighbor Friend Landlord Business associate Other (Provide explanation) ▶

Provide the following contact information for this person.

I don't know I don't know I don't know
 International or DSN phone number International or DSN phone number International or DSN phone number
 Evening telephone number Extension Daytime telephone number Extension Cell/mobile telephone number Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does the person who knew you have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #2

Provide dates of residence.

From Date (Month/Year) Est. To Date (Month/Year) Present Est.

Is/was this residence:

Owned by you Rented or leased by you
 Military housing Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of a neighbor or other person who knows you at this address.

Last name First name Middle name Suffix Provide date of last contact (Month/Year) Est.

Provide your relationship to this person (Check all that apply).

Neighbor Friend Landlord Business associate Other (Provide explanation) ▶

Provide the following contact information for this person.

I don't know International or DSN phone number Evening telephone number Extension I don't know International or DSN phone number Daytime telephone number Extension I don't know International or DSN phone number Cell/mobile telephone number Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does the person who knew you have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #3

Provide dates of residence.

From Date (Month/Year) Est. To Date (Month/Year) Present Est.

Is/was this residence:

Owned by you Rented or leased by you
 Military housing Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of a neighbor or other person who knows you at this address.

Last name First name Middle name Suffix Provide date of last contact (Month/Year) Est.

Provide your relationship to this person (Check all that apply).

Neighbor Friend Landlord Business associate Other (Provide explanation) ▶

Provide the following contact information for this person.

I don't know I don't know I don't know
 International or DSN phone number International or DSN phone number International or DSN phone number
 Evening telephone number Extension Daytime telephone number Extension Cell/mobile telephone number Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does the person who knew you have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #4

Provide dates of residence.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Is/was this residence:

Owned by you Rented or leased by you
 Military housing Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of a neighbor or other person who knows you at this address.

Last name First name Middle name Suffix Provide date of last contact. (Month/Year)
 Est.

Provide your relationship to this person (Check all that apply).

Neighbor Friend Landlord Business associate Other (Provide explanation) ▶

Provide the following contact information for this person.

I don't know I don't know I don't know
 International or DSN phone number International or DSN phone number International or DSN phone number
 Evening telephone number Extension Daytime telephone number Extension Cell/mobile telephone number Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does the person who knew you have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 12 - Where You Went to School

Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

(a) Have you attended any schools in the last 10 years?

YES NO

(b) Have you received a degree or diploma more than 10 years ago?

YES NO (If NO to 12(a) and 12(b), proceed to Section 13A)

Entry #1

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Select the most appropriate code to describe your school.

High School Vocational/Technical/Trade School
 College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know Last name First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number for this person. I don't know
 Telephone number Extension International or DSN phone number
 Day Night

Provide email address for this person. I don't know

Did you receive a degree/diploma?

YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Entry #2

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Select the most appropriate code to describe your school.

High School Vocational/Technical/Trade School
 College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know Last name First name

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 12 - Where You Went to School - (Continued)

Entry #4

Provide the dates of attendance. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Est. <input type="checkbox"/> Est. <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Correspondence/Distance/Extension/Online School	Select the most appropriate code to describe your school.
---	---

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know

Last name	First name
-----------	------------

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number for this person. <input type="checkbox"/> I don't know Telephone number Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night	Provide email address for this person. <input type="checkbox"/> I don't know
---	--

Did you receive a degree/diploma?
 YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back **10 years**. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Entry #1

Select your employment activity:

- | | | |
|---|--|--|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6) | <input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
| <input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Unemployment (Complete 13A.4) | |
| <input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | |

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment. Select the employment status for this position: Provide your assigned duty station during this period.

From Date <i>(Month/Year)</i>	To Date <i>(Month/Year)</i>	<input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Provide your assigned duty station during this period.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		Provide your most recent rank/position title.

Provide address of duty station. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code Country

Telephone number Extension International or DSN phone number
 Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Do you or did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of your supervisor.

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number
 Day Night

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code Country

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Entry #1

Provide dates of employment.		Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

Day Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

(a) Is/was your physical work address different than your employer's address?

YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

Day Night

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Provide the name of your supervisor.	Provide the position title of your supervisor.
--------------------------------------	--

Provide the email address of your supervisor. <input type="checkbox"/> I don't know	Provide supervisor's telephone number. Extension <input type="checkbox"/> International or DSN phone number
	<input type="checkbox"/> Day <input type="checkbox"/> Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Did/does your supervisor have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

Entry #1

13A.3 Complete the following if employment type is self-employment

Provide dates of employment.	From Date (Month/Year)	To Date (Month/Year)	Select the employment status for this position:	Provide most recent position title.
	<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Provide the name of your employer.

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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(a) Is your physical work address different than your employment address?

YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this address.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
------------------	-----------	---

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
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Provide the name of someone that can verify your self-employment.

Last name	First name
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Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Does your self-employment verifier have an APO/FPO address?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
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Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.4 Complete the following if employment type is unemployment.

Entry #1

Provide dates of unemployment.		Provide the name of someone that can verify your unemployment activities and means of support.	
From Date (Month/Year)	To Date (Month/Year)	Last name	First name
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.		

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide the telephone number for this person.

Verifier telephone number	Extension	<input type="checkbox"/> International or DSN phone number
	<input type="checkbox"/> Day	<input type="checkbox"/> Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Does your unemployment verifier have an APO/FPO address?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #1

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

YES NO (If NO, proceed to 13A.6)

Select your type of incident:	Reason:	Employment departure date
<input type="checkbox"/> Fired	Provide the reason for being fired.	Provide the date you were fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason for quitting.	Provide the date you quit after being told you would be fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsatisfactory performance.	Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year) <input type="checkbox"/> Est.

13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #1

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

YES NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities

Entry #2

Select your employment activity:

- | | | |
|---|--|--|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6) | <input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
| <input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Unemployment (Complete 13A.4) | |
| <input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | |

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Est.	Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Est.	Provide your assigned duty station during this period. Provide your most recent rank/position title.
--	--	---

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street _____ City _____ State _____ Zip Code _____ Country _____

Telephone number _____ Extension _____
 International or DSN phone number
 Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____

(b) Do you or did you have an APO/FPO address while at this location?

YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____
 NO

Provide the name of your supervisor.

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension _____
 International or DSN phone number
 Day Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street _____ City _____ State _____ Zip Code _____ Country _____

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Entry #2

Provide dates of employment.		Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number
 Day Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

(a) Is/was your physical work address different than your employer's address?
 YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number
 Day Night

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?
 YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number
 Day Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Did/does your supervisor have an APO/FPO address while at this location?
 YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

Entry #2

13A.3 Complete the following if employment type is self-employment

Provide dates of employment.	From Date (Month/Year)	To Date (Month/Year)	Select the employment status for this position:	Provide most recent position title.
	<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Provide the name of your employer.

Provide address of this employment. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number. Extension International or DSN phone number

Day Night

(a) Is your physical work address different than your employment address?

YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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Provide the telephone number for this address.

Telephone number Extension International or DSN phone number

Day Night

(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?

YES NO → Address APO or FPO APO/FPO State Code Zip Code

Provide the name of someone that can verify your self-employment.

Last name	First name
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Provide the address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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Provide the telephone number for this person.

Telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Does your self-employment verifier have an APO/FPO address?

YES NO → Address APO or FPO APO/FPO State Code Zip Code

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.4 Complete the following if employment type is unemployment.

Provide dates of unemployment.

From Date (Month/Year) Est. To Date (Month/Year) Present Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name First name

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this person.

Verifier telephone number Extension International or DSN phone number
 Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does your unemployment verifier have an APO/FPO address?

YES NO → Address APO or FPO APO/FPO State Code Zip Code

13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

YES NO (If NO, proceed to 13A.6)

Select your type of incident:

Reason:

Employment departure date

Fired

Provide the reason for being fired.

Provide the date you were fired. (Month/Year)

Est.

Quit after being told you would be fired

Provide the reason for quitting.

Provide the date you quit after being told you would be fired. (Month/Year)

Est.

Left by mutual agreement following charges or allegations of misconduct

Provide the charges or allegations of misconduct.

Provide the date you left following charges or allegations of misconduct. (Month/Year)

Est.

Left by mutual agreement following notice of unsatisfactory performance

Provide the reason(s) for unsatisfactory performance.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)

Est.

13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

YES NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities

Entry #3

Select your employment activity:

- | | | |
|--|---|--|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6)
<input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)
<input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)
<input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6)
<input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)
<input type="checkbox"/> Unemployment (Complete 13A.4)
<input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6)
<input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
|--|---|--|

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Entry #3

Provide dates of employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Est.	Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Provide your assigned duty station during this period. _____ Provide your most recent rank/position title. _____
--	---	---

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country

Telephone number _____ Extension _____

International or DSN phone number
 Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country

(b) Do you or did you have an APO/FPO address while at this location?

YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____

NO

Provide the name of your supervisor. _____	Provide the rank/position title of your supervisor. _____
--	---

Provide the email address of your supervisor. <input type="checkbox"/> I don't know	Provide supervisor's telephone number. Extension _____
	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Entry #3

Provide dates of employment.		Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

Day Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

(a) Is/was your physical work address different than your employer's address?
 YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

Day Night

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?
 YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number

Day Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Did/does your supervisor have an APO/FPO address while at this location?
 YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

Entry #3

13A.3 Complete the following if employment type is self-employment

Provide dates of employment.		Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employer.

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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(a) Is your physical work address different than your employment address?
 YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this address.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.
(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
---	---------	------------	--------------------	----------

Provide the name of someone that can verify your self-employment.

Last name	First name
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Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Does your self-employment verifier have an APO/FPO address?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
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Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.4 Complete the following if employment type is unemployment.

Entry #3

Provide dates of unemployment.

From Date (Month/Year) Est. To Date (Month/Year) Present Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name First name

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this person.

Verifier telephone number Extension International or DSN phone number
 Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does your unemployment verifier have an APO/FPO address?

YES NO → Address APO or FPO APO/FPO State Code Zip Code

13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #3

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

YES NO (If NO, proceed to 13A.6)

Select your type of incident:

Reason:

Employment departure date

Fired

Provide the reason for being fired.

Provide the date you were fired. (Month/Year)

Est.

Quit after being told you would be fired

Provide the reason for quitting.

Provide the date you quit after being told you would be fired. (Month/Year)

Est.

Left by mutual agreement following charges or allegations of misconduct

Provide the charges or allegations of misconduct.

Provide the date you left following charges or allegations of misconduct. (Month/Year)

Est.

Left by mutual agreement following notice of unsatisfactory performance

Provide the reason(s) for unsatisfactory performance.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)

Est.

13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #3

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

YES NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities

Entry #4

Select your employment activity:

- | | | |
|---|--|--|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6) | <input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
| <input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Unemployment (Complete 13A.4) | |
| <input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | |

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Est.	Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide your assigned duty station during this period. Provide your most recent rank/position title.
---	--	---

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Telephone number Extension International or DSN phone number
 Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Do you or did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of your supervisor.

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. I don't know

Provide supervisor's telephone number. Extension International or DSN phone number
 Day Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

Entry #4

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.		Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)		Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

Day Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

(a) Is/was your physical work address different than your employer's address?
 YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number Extension International or DSN phone number
 Day Night

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number
 Day Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Did/does your supervisor have an APO/FPO address while at this location?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

Entry #4

13A.3 Complete the following if employment type is self-employment

Provide dates of employment.	From Date (Month/Year)	To Date (Month/Year)	Select the employment status for this position:	Provide most recent position title.
	<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Provide the name of your employer.

Provide address of this employment. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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(a) Is your physical work address different than your employment address?

YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this address.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
------------------	-----------	---

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
---	---------	------------	--------------------	----------

Provide the name of someone that can verify your self-employment.

Last name	First name
-----------	------------

Provide the address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Does your self-employment verifier have an APO/FPO address?

<input type="checkbox"/> YES → <input type="checkbox"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
---	---------	------------	--------------------	----------

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.4 Complete the following if employment type is unemployment.

Provide dates of unemployment.

From Date (Month/Year) Est. To Date (Month/Year) Present Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name First name

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this person.

Verifier telephone number Extension International or DSN phone number
 Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does your unemployment verifier have an APO/FPO address?

YES NO → Address APO or FPO APO/FPO State Code Zip Code

13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

YES NO (If NO, proceed to 13A.6)

Select your type of incident:

Reason:

Employment departure date

Fired

Provide the reason for being fired.

Provide the date you were fired. (Month/Year)

Est.

Quit after being told you would be fired

Provide the reason for quitting.

Provide the date you quit after being told you would be fired. (Month/Year)

Est.

Left by mutual agreement following charges or allegations of misconduct

Provide the charges or allegations of misconduct.

Provide the date you left following charges or allegations of misconduct. (Month/Year)

Est.

Left by mutual agreement following notice of unsatisfactory performance

Provide the reason(s) for unsatisfactory performance.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)

Est.

13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

YES NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

Est.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13B - Employment Activities - Former Federal Service

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

YES NO (If NO, proceed to Section 13C)

Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously.

Entry #1

Provide dates of federal civilian employment.

From Date (Month/Year) _____ To Date (Month/Year) Present
 Est. Est.

Provide the name of the federal agency for which you are/were employed.

Provide your position title.

Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street _____ City _____ State _____ Zip Code _____ Country _____

Entry #2

Provide dates of federal civilian employment.

From Date (Month/Year) _____ To Date (Month/Year) Present
 Est. Est.

Provide the name of the federal agency for which you are/were employed.

Provide your position title.

Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street _____ City _____ State _____ Zip Code _____ Country _____

Entry #3

Provide dates of federal civilian employment.

From Date (Month/Year) _____ To Date (Month/Year) Present
 Est. Est.

Provide the name of the federal agency for which you are/were employed.

Provide your position title.

Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street _____ City _____ State _____ Zip Code _____ Country _____

Entry #4

Provide dates of federal civilian employment.

From Date (Month/Year) _____ To Date (Month/Year) Present
 Est. Est.

Provide the name of the federal agency for which you are/were employed.

Provide your position title.

Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street _____ City _____ State _____ Zip Code _____ Country _____

Section 13C - Employment Record

Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed?

- Fired from a job?
- Quit a job after being told you would be fired?
- Have you left a job by mutual agreement following charges or allegations of misconduct?
- Left a job by mutual agreement following notice of unsatisfactory performance?
- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

YES (If YES, you will be required to add an additional employment in Section 13A)

NO (If NO, proceed to Section 14)

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 14 - Selective Service Record

Were you born a male after December 31, 1959?

YES NO (If NO, proceed to Section 15)

Have you registered with the Selective Service System (SSS)?

- Yes → Provide registration number: ▶
- No → Provide explanation: ▶
- I don't know → Provide explanation: ▶

The Selective Service website, www.sss.gov, can help provide the registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number.

Section 15 - Military History

Have you **EVER** served in the U.S. Military?

YES NO (If NO, proceed to Section 15.2)

15.1 Complete the following if you responded 'Yes' to having served in the U.S. Military.

Entry #1

Provide the branch of service you served in. <input type="checkbox"/> Army <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army National Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force	State of service, if National Guard Provide your status <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve	Officer or enlisted <input type="checkbox"/> Not Applicable <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Provide your service number. Provide your dates of service. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
---	--	---	--

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

YES NO

Provide the type of discharge you received:

- Honorable Under Other than Honorable Conditions Bad Conduct
 Dishonorable General Other (provide type) ▶

Provide the date of discharge listed (Month/Year)

Est.

Provide the reason(s) for the discharge, if discharge is other than Honorable

Entry #2

Provide the branch of service you served in. <input type="checkbox"/> Army <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army National Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force	State of service, if National Guard Provide your status <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve	Officer or enlisted <input type="checkbox"/> Not Applicable <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Provide your service number. Provide your dates of service. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
---	--	---	--

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

YES NO

Provide the type of discharge you received:

- Honorable Under Other than Honorable Conditions Bad Conduct
 Dishonorable General Other (provide type) ▶

Provide the date of discharge listed (Month/Year)

Est.

Provide the reason(s) for the discharge, if discharge is other than Honorable

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 15 - Military History - (Continued)

15.2 In the last seven (7) years, have you 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? YES NO (If NO, proceed to Section 15.3)

Complete the following if you responded 'Yes' to In the last seven (7) years, have you 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.

Entry #1

Provide the date of the court martial or other disciplinary procedure. (Month/Year)

Est.

Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.

Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.

Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).

Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

Entry #2

Provide the date of the court martial or other disciplinary procedure. (Month/Year)

Est.

Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.

Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.

Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).

Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 15 - Military History - (Continued)

15.3 Have you **EVER** served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency? YES NO *(If NO, proceed to Section 16)*

Complete the following if you responded 'Yes' to having **EVER** served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

Entry #1

During your foreign service, which organization were you serving under? <input type="checkbox"/> Military (Specify Army, Navy, Air Force, Marines, etc.) <input type="checkbox"/> Security Forces <input type="checkbox"/> Intelligence Service <input type="checkbox"/> Militia <input type="checkbox"/> Diplomatic Service <input type="checkbox"/> Other Defense Forces <input type="checkbox"/> Other Government Agency	Provide the name of the foreign organization. Provide your period of service. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
Provide the name of the country. Provide the highest position/rank held. Provide division/department/office in which you served.	Provide a description of the circumstances of your association with this organization. Provide a description of the reason for leaving this service.

Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization?
 YES NO *(If NO, proceed to Section 16)*

Contact #1

Provide the contact's full name.			
Last name	First name	Middle name	Suffix
Provide the contact's address. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)</i>			
Street	City	State	Country
Zip Code	Provide the length of your association with the contact.		
	Provide the frequency of contact.	From Date (Month/Year)	To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.

Contact #2

Provide the contact's full name.			
Last name	First name	Middle name	Suffix
Provide the contact's address. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)</i>			
Street	City	State	Country
Zip Code	Provide the length of your association with the contact.		
	Provide the frequency of contact.	From Date (Month/Year)	To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 15 - Military History - (Continued)

Complete the following if you responded 'Yes' to having **EVER** served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

Entry #2

During your foreign service, which organization were you serving under?

- | | |
|--|--|
| <input type="checkbox"/> Military (Specify Army, Navy, Air Force, Marines, etc.) | <input type="checkbox"/> Security Forces |
| <input type="checkbox"/> Intelligence Service | <input type="checkbox"/> Militia |
| <input type="checkbox"/> Diplomatic Service | <input type="checkbox"/> Other Defense Forces |
| | <input type="checkbox"/> Other Government Agency |

Provide the name of the foreign organization.

Provide your period of service.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the name of the country. Provide the highest position/rank held. Provide division/department/office in which you served.

Provide a description of the circumstances of your association with this organization. Provide a description of the reason for leaving this service.

Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization?

YES NO (If NO, Proceed to Section 16)

Contact #1

Provide the contact's full name.

Last name First name Middle name Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the contact's official title. Provide the frequency of contact. Provide the length of your association with the contact.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Contact #2

Provide the contact's full name.

Last name First name Middle name Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the contact's official title. Provide the frequency of contact. Provide the length of your association with the contact.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 16 - People Who Know You Well

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers **at least the last seven (7) years**. Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form**.

Entry #1

Provide dates known.		Provide relationship to you. (Check all that apply)			
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work associate	<input type="checkbox"/> Other (Provide explanation) ▼
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> Friend	<input type="checkbox"/> Schoolmate	
Provide full name.					
Last name	First name	Middle name	Suffix		
Provide e-mail address for this person.		<input type="checkbox"/> I don't know	Provide rank/title		<input type="checkbox"/> Not applicable
Provide telephone number for this person.	<input type="checkbox"/> I don't know	<input type="checkbox"/> International or DSN phone number	Provide mobile/cell telephone number for this person.	<input type="checkbox"/> I don't know	<input type="checkbox"/> International or DSN phone number
Extension	<input type="checkbox"/> Day <input type="checkbox"/> Night		Extension	<input type="checkbox"/> Day <input type="checkbox"/> Night	
Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street	City	State	Zip Code	Country	

Entry #2

Provide dates known.		Provide relationship to you. (Check all that apply)			
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work associate	<input type="checkbox"/> Other (Provide explanation) ▼
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> Friend	<input type="checkbox"/> Schoolmate	
Provide full name.					
Last name	First name	Middle name	Suffix		
Provide e-mail address for this person.		<input type="checkbox"/> I don't know	Provide rank/title		<input type="checkbox"/> Not applicable
Provide telephone number for this person.	<input type="checkbox"/> I don't know	<input type="checkbox"/> International or DSN phone number	Provide mobile/cell telephone number for this person.	<input type="checkbox"/> I don't know	<input type="checkbox"/> International or DSN phone number
Extension	<input type="checkbox"/> Day <input type="checkbox"/> Night		Extension	<input type="checkbox"/> Day <input type="checkbox"/> Night	
Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street	City	State	Zip Code	Country	

Entry #3

Provide dates known.		Provide relationship to you. (Check all that apply)			
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work associate	<input type="checkbox"/> Other (Provide explanation) ▼
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> Friend	<input type="checkbox"/> Schoolmate	
Provide full name.					
Last name	First name	Middle name	Suffix		
Provide e-mail address for this person.		<input type="checkbox"/> I don't know	Provide rank/title		<input type="checkbox"/> Not applicable
Provide telephone number for this person.	<input type="checkbox"/> I don't know	<input type="checkbox"/> International or DSN phone number	Provide mobile/cell telephone number for this person.	<input type="checkbox"/> I don't know	<input type="checkbox"/> International or DSN phone number
Extension	<input type="checkbox"/> Day <input type="checkbox"/> Night		Extension	<input type="checkbox"/> Day <input type="checkbox"/> Night	
Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street	City	State	Zip Code	Country	

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status

Provide your current marital status.

- Never Married (Complete 17.3)
 Separated (Complete 17.1 and 17.3)
 Divorced (Complete 17.2 and 17.3)
- Married (including Common Law) (Complete 17.1 and 17.3)
 Annulled (Complete 17.2 and 17.3)
 Widowed (Complete 17.2 and 17.3)

17.1 Complete the following if you selected 'Married' or 'Separated.'

Complete the following about your current spouse only.
 Provide spouse's full name.

Last name	First name	Middle name	Suffix	Provide spouse's date of birth. (Month/Day/Year)
<input type="checkbox"/> Est.				<input type="checkbox"/> Est.

Provide spouse's place of birth.

City	County	State	Country (required)
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For your foreign born spouse, provide one type of documentation that he or she possesses and the document number.

- | | | |
|---|---|--|
| <input type="checkbox"/> FS 240 or 545 | <input type="checkbox"/> U.S. Passport (current or most recent) | <input type="checkbox"/> None (Provide explanation) |
| <input type="checkbox"/> DS 1350 | <input type="checkbox"/> Alien registration | <input type="checkbox"/> Other (Provide explanation) |
| <input type="checkbox"/> U.S. Citizenship certificate | <input type="checkbox"/> U.S. Naturalization certificate | Explanation ▶ |

Provide document number.

Provide your spouse's U.S. Social Security Number.

Not applicable

Provide other names used by your spouse (such as maiden name, names by other marriages, nicknames, etc. and provide dates used for each name).

Not applicable

#1 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.
#2 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.
#3 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.
#4 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

Provide your spouse's country(ies) of citizenship.

Country #1	Country #2
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Provide date married. (Month/Day/Year)

Enter your Social Security Number before going to the next page



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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status - (Continued)

17.1 Complete the following if you selected 'Married' or 'Separated.' (Continued)

Provide place married. (Provide City and Country if outside the United States; otherwise, provide City or County and State.)

City	County	State	Country
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Provide your spouse's current address, if different than your current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number.	Extension	<input type="checkbox"/> Day	<input type="checkbox"/> Use my current telephone number	Provide email address.
		<input type="checkbox"/> Night	<input type="checkbox"/> International or DSN phone number	

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide your spouse's APO/FPO address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Does your spouse have an APO/FPO address?

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Are you separated from your spouse?

<input type="checkbox"/> YES →	Provide date of separation. (Month/Day/Year)
<input type="checkbox"/> NO	<input type="checkbox"/> Est.

If legally separated, provide the location of the record.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City	State	Zip Code	Country
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Not Applicable

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status - (Continued)

17.2 Complete the following if you selected '**Divorced**', '**Annulled**', '**Widowed**', or '**Other Former Spouses**'.

Entry #1

Provide the full name of your former spouse.

Last name | First name | Middle name | Suffix

Provide the date of birth of your former spouse. (Month/Day/Year)

Est.

Provide the place of birth for your former spouse.

City | State | Zip Code | Country (Required)

Provide the country(ies) of citizenship for your former spouse.

Country #1 | Country #2

Provide the date you married your former spouse. (Month/Day/Year)

Est.

Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.)

City | State | Country

Provide the status of this marriage.

Divorced Widowed Annulled

Provide the date divorced, annulled or widowed. (Month/Day/Year)

Est.

For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

Is this former spouse deceased?

YES NO (If NO, complete (a)) I don't know

(a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street | City | State | Zip Code | Country

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status - (Continued)

17.2 Complete the following if you selected '**Divorced**', '**Annulled**', '**Widowed**', or '**Other Former Spouses**'.

Entry #2

Provide the full name of your former spouse.

Last name | First name | Middle name | Suffix

Provide the date of birth of your former spouse. (Month/Day/Year)

Est.

Provide the place of birth for your former spouse.

City | State | Zip Code | Country (Required)

Provide the country(ies) of citizenship for your former spouse.

Country #1 | Country #2

Provide the date you married your former spouse. (Month/Day/Year)

Est.

Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.)

City | State | Country

Provide the status of this marriage.

Divorced Widowed Annulled

Provide the date divorced, annulled or widowed. (Month/Day/Year)

Est.

For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

Is this former spouse deceased?

YES NO (If NO, complete (a)) I don't know

(a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street | City | State | Zip Code | Country

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status - (Continued)

A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live with for reasons of convenience (e.g. a roommate). If applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship information.

17.3 Do you presently reside with a cohabitant? YES NO (If NO, proceed to Section 18)

Complete the following if you presently reside with a cohabitant.

Entry #1

Provide the cohabitant full name. Provide the cohabitant date of birth.
 Last name First name Middle name Suffix Date (Month/Day/Year) Est.

Provide the cohabitant place of birth.
 City State Country (Required)

For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.

- | | | |
|---|---|--|
| <input type="checkbox"/> FS 240 or 545 | <input type="checkbox"/> U.S. Passport (current or most recent) | <input type="checkbox"/> None (Provide explanation) |
| <input type="checkbox"/> DS 1350 | <input type="checkbox"/> Alien registration | <input type="checkbox"/> Other (Provide explanation) |
| <input type="checkbox"/> U.S. Citizenship certificate | <input type="checkbox"/> U.S. Naturalization certificate | Explanation ▶ <input style="width: 100px;" type="text"/> |

Provide document number. Provide your cohabitant's U.S. Social Security Number. Not applicable

Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used). Not applicable

#1 Last name First name Middle name Suffix
 Maiden name? From (Month/Year) To (Month/Year) Present
 YES NO Est. Est.

#2 Last name First name Middle name Suffix
 Maiden name? From (Month/Year) To (Month/Year) Present
 YES NO Est. Est.

#3 Last name First name Middle name Suffix
 Maiden name? From (Month/Year) To (Month/Year) Present
 YES NO Est. Est.

#4 Last name First name Middle name Suffix
 Maiden name? From (Month/Year) To (Month/Year) Present
 YES NO Est. Est.

Provide your cohabitant's country(ies) of citizenship. Provide date cohabitation began.
 Country #1 Country #2 (Month/Day/Year)

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status - (Continued)

Complete the following if you presently reside with a cohabitant.

Entry #2

Provide the cohabitant full name.				Provide the cohabitant date of birth.	
Last name	First name	Middle name	Suffix	Date (Month/Day/Year) <input type="checkbox"/> Est.	
_____	_____	_____	_____	_____	

Provide the cohabitant place of birth.		
City	State	Country (Required)
_____	_____	_____

For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.

<input type="checkbox"/> FS 240 or 545	<input type="checkbox"/> U.S. Passport (current or most recent)	<input type="checkbox"/> None (Provide explanation)
<input type="checkbox"/> DS 1350	<input type="checkbox"/> Alien registration	<input type="checkbox"/> Other (Provide explanation)
<input type="checkbox"/> U.S. Citizenship certificate	<input type="checkbox"/> U.S. Naturalization certificate	Explanation ▶

Provide document number.	Provide your cohabitant's U.S. Social Security Number.
_____	_____ <input type="checkbox"/> Not applicable

Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used). Not applicable

#1 Last name	First name	Middle name	Suffix
_____	_____	_____	_____
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) _____ <input type="checkbox"/> Est.	To (Month/Year) _____ <input type="checkbox"/> Present _____ <input type="checkbox"/> Est.	

#2 Last name	First name	Middle name	Suffix
_____	_____	_____	_____
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) _____ <input type="checkbox"/> Est.	To (Month/Year) _____ <input type="checkbox"/> Present _____ <input type="checkbox"/> Est.	

#3 Last name	First name	Middle name	Suffix
_____	_____	_____	_____
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) _____ <input type="checkbox"/> Est.	To (Month/Year) _____ <input type="checkbox"/> Present _____ <input type="checkbox"/> Est.	

#4 Last name	First name	Middle name	Suffix
_____	_____	_____	_____
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) _____ <input type="checkbox"/> Est.	To (Month/Year) _____ <input type="checkbox"/> Present _____ <input type="checkbox"/> Est.	

Provide your cohabitant's country(ies) of citizenship.		Provide date cohabitation began.
Country #1	Country #2	(Month/Day/Year)
_____	_____	_____

Enter your Social Security Number before going to the next page ➔

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)
 Check all that apply.

- | | | | |
|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster parent | <input type="checkbox"/> Sister | <input type="checkbox"/> Half-sister |
| <input type="checkbox"/> Father | <input type="checkbox"/> Child (including adopted/foster) | <input type="checkbox"/> Stepbrother | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Stepsister | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Brother | <input type="checkbox"/> Half-brother | <input type="checkbox"/> Guardian |

Entry #1

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.
 Date (Month/Day/Year)

Provide your relative's place of birth.
 City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1 Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If mother, provide your mother's maiden name. Same as listed I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname). Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

Enter your Social Security Number before going to the next page ➔

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?

YES (If YES, proceed to 18.3) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Does this relative have an APO/FPO address?

YES → Provide your relative's APO/FPO address.

NO Address | APO or FPO | APO/FPO State Code | Zip Code

I don't know

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) ▶
 DS 1350 U.S. Passport
 U.S. Citizenship certificate None (Provide explanation) ▶

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street | City | State | Zip Code

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- U.S. Alien registration U.S. Visa
 Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present

Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present

Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #2

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.
 Date (Month/Day/Year)

Est.

Provide your relative's place of birth.
 City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If **mother**, provide your mother's maiden name. Same as listed I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname). Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

Enter your Social Security Number before going to the next page



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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?

YES (If YES, proceed to 18.3) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Does this relative have an APO/FPO address?

YES → Provide your relative's APO/FPO address.

NO Address | APO or FPO | APO/FPO State Code | Zip Code

I don't know

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) ▶
 DS 1350 U.S. Passport
 U.S. Citizenship certificate None (Provide explanation) ▶

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street | City | State | Zip Code

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- U.S. Alien registration U.S. Visa
 Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present

Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present

Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #3

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.
 Date (Month/Day/Year)

Provide your relative's place of birth.
 City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If **mother**, provide your mother's maiden name.

Same as listed

I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname).

Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES NO

Est.

Est.

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES NO

Est.

Est.

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES NO

Est.

Est.

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?

From (Month/Year)

To (Month/Year)

Present

Provide the reason(s) why the name changed.

YES NO

Est.

Est.

Enter your Social Security Number before going to the next page



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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased? YES (If YES, proceed to 18.3) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Does this relative have an APO/FPO address?

YES → Provide your relative's APO/FPO address.
 NO Address APO or FPO APO/FPO State Code Zip Code
 I don't know

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) ▶
 DS 1350 U.S. Passport
 U.S. Citizenship certificate None (Provide explanation) ▶

Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street City State Zip Code

Entry #3

Entry #3

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- U.S. Alien registration U.S. Visa
 Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present
 Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present
 Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #4

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.
 Date (Month/Day/Year)

Est.

Provide your relative's place of birth.
 City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If **mother**, provide your mother's maiden name.

Same as listed

I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname).

Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?
 YES NO

From (Month/Year)

Est.

To (Month/Year)

Present

Est.

Provide the reason(s) why the name changed.

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?
 YES NO

From (Month/Year)

Est.

To (Month/Year)

Present

Est.

Provide the reason(s) why the name changed.

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?
 YES NO

From (Month/Year)

Est.

To (Month/Year)

Present

Est.

Provide the reason(s) why the name changed.

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?
 YES NO

From (Month/Year)

Est.

To (Month/Year)

Present

Est.

Provide the reason(s) why the name changed.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?

YES (If YES, proceed to 18.3) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Does this relative have an APO/FPO address?

YES → Provide your relative's APO/FPO address.

NO Address | APO or FPO | APO/FPO State Code | Zip Code

I don't know

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) ▶
 DS 1350 U.S. Passport
 U.S. Citizenship certificate None (Provide explanation) ▶

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street | City | State | Zip Code

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- U.S. Alien registration U.S. Visa
 Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present
 Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present
 Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #5

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.
 Date (Month/Day/Year)

Est.

Provide your relative's place of birth.
 City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If **mother**, provide your mother's maiden name. Same as listed I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname). Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

Enter your Social Security Number before going to the next page



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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?

YES (If YES, proceed to 18.3) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Does this relative have an APO/FPO address?

YES → Provide your relative's APO/FPO address.

NO Address | APO or FPO | APO/FPO State Code | Zip Code

I don't know

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) ▶
 DS 1350 U.S. Passport
 U.S. Citizenship certificate None (Provide explanation) ▶

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street | City | State | Zip Code

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- U.S. Alien registration U.S. Visa
 Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present

Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

Present

Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #6

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
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Provide your relative's date of birth.
 Date (Month/Day/Year)

Est.

Provide your relative's place of birth.
 City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If **mother**, provide your mother's maiden name. Same as listed I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

YES NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname). Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
--	--	--	---

Enter your Social Security Number before going to the next page



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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?

YES (If YES, proceed to 18.3) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Does this relative have an APO/FPO address?

YES → Provide your relative's APO/FPO address.

NO Address | APO or FPO | APO/FPO State Code | Zip Code

I don't know

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- FS 240 or 545 U.S. Naturalization certificate Other (Provide explanation) ▶
 DS 1350 U.S. Passport
 U.S. Citizenship certificate None (Provide explanation) ▶

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street | City | State | Zip Code

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- U.S. Alien registration U.S. Visa
 Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

- Present
 Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street City State Zip Code Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

Est.

Provide approximate date of last contact. (Month/Year)

- Present
 Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street City State Zip Code Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
 NO
 I don't know

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts

A foreign national is defined as any person who is not a citizen or national of the U.S.

Do you have, or have you had, close and/or continuing contact with a foreign national **within the last seven (7) years** with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18. YES NO (If NO, proceed to Section 20A)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #1

Provide the full name of the foreign national, if known. I don't know
 Last name | First name | Middle name | Suffix | Explanation if name is unknown

Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)
 Est. | Est.

Provide methods of contact (Check all that apply).
 In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.
 Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).
 Professional or Business Personal (Such as family ties, friendship, affection, common interests, etc)
 Obligation (Provide explanation) ▶ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.
 Country #1 | Country #2

Provide date of birth. I don't know Provide place of birth. I don't know
 (Month/Day/Year) Est. | City | Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know
 Street | City | State | Zip Code | Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.
 YES → Address | APO or FPO | APO/FPO State Code | Zip Code
 NO I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.
 Employer name I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know
 Street | City | State | Zip Code | Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?
 YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
 NO I don't know

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #2

Provide the full name of the foreign national, if known.

Last name _____ First name _____ Middle name _____ Suffix _____ I don't know
 Explanation if name is unknown _____

Provide approximate date of first contact. (Month/Year) _____ Est. Provide approximate date of last contact. (Month/Year) _____ Est.

Provide methods of contact (Check all that apply).

In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶ _____

Provide approximate frequency of contact.

Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶ _____

Provide the nature of relationship (Check all that apply).

Professional or Business Personal (Such as family ties, friendship, affection, common interests, etc)
 Obligation (Provide explanation) ▶ _____ Other (Provide explanation) ▶ _____

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1 _____ Country #2 _____

Provide date of birth. I don't know (Month/Day/Year) _____ Est. Provide place of birth. I don't know
 City _____ Country (If country unknown, requires explanation) _____

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street _____ City _____ State _____ Zip Code _____ Country _____

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____
 NO I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name _____ I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street _____ City _____ State _____ Zip Code _____ Country _____

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
 NO I don't know

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #3

Provide the full name of the foreign national, if known.

Last name	First name	Middle name	Suffix	<input type="checkbox"/> I don't know Explanation if name is unknown
-----------	------------	-------------	--------	---

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

<input type="checkbox"/> In person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc)
<input type="checkbox"/> Written correspondence	<input type="checkbox"/> Other (Provide explanation) ▶	

Provide approximate frequency of contact.

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

<input type="checkbox"/> Professional or Business	<input type="checkbox"/> Personal (Such as family ties, friendship, affection, common interests, etc)
<input type="checkbox"/> Obligation (Provide explanation) ▶	<input type="checkbox"/> Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1	Country #2
------------	------------

Provide date of birth. <input type="checkbox"/> I don't know (Month/Day/Year)	Provide place of birth. <input type="checkbox"/> I don't know
<input type="checkbox"/> Est.	City Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO <input type="checkbox"/> I don't know				

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

<input type="checkbox"/> YES →	Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
<input type="checkbox"/> NO <input type="checkbox"/> I don't know	

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #4

Provide the full name of the foreign national, if known.

Last name | First name | Middle name | Suffix | I don't know
 Explanation if name is unknown

Provide approximate date of first contact. (Month/Year) | Provide approximate date of last contact. (Month/Year)
 Est. | Est.

Provide methods of contact (Check all that apply).

In person | Telephone | Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence | Other (Provide explanation) ▶

Provide approximate frequency of contact.

Daily | Monthly | Annually
 Weekly | Quarterly | Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

Professional or Business | Personal (Such as family ties, friendship, affection, common interests, etc)
 Obligation (Provide explanation) ▶ | Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1 | Country #2

Provide date of birth. I don't know | Provide place of birth. I don't know
 (Month/Day/Year) | City | Country (If country unknown, requires explanation)
 Est.

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street | City | State | Zip Code | Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

YES → Address | APO or FPO | APO/FPO State Code | Zip Code
 NO | I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name | I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street | City | State | Zip Code | Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
 NO | I don't know

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities

20A.1 Have you, your spouse, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, 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.) YES NO (If NO, proceed to 20A.2)

Complete the following if you responded 'YES' to having foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you had or have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)

Entry #1

Specify (Check all that apply): Yourself Spouse Cohabitant Dependent children

Provide the type of financial interest. _____ Provide the date acquired. (Month/Day/Year)
 Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.).

Provide the cost (in U.S. dollars) at time of acquisition. _____ Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of: _____
 Est. Est.

Provide the date control or ownership was relinquished. (Month/Day/Year) _____ Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.
 Date Est. Not Applicable

Are there any co-owners of this foreign financial interest?
 YES NO

#1 Provide full name of co-owner.

Last name _____ First name _____ Middle name _____ Suffix _____

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)
 Street _____ City _____ State _____ Zip Code _____ Country _____

Provide your co-owner's country(ies) of citizenship. _____ Provide the nature of your relationship with the co-owner.
 Country #1 _____ Country #2 _____

#2 Provide full name of co-owner.

Last name _____ First name _____ Middle name _____ Suffix _____

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)
 Street _____ City _____ State _____ Zip Code _____ Country _____

Provide your co-owner's country(ies) of citizenship. _____ Provide the nature of your relationship with the co-owner.
 Country #1 _____ Country #2 _____

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities (Continued)

Complete the following if you responded 'YES' to having foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you had or have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)

Entry #2

Specify (Check all that apply): Yourself Spouse Cohabitant Dependent children

Provide the type of financial interest. Provide the date acquired. (Month/Day/Year)
 Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.).

Provide the cost (in U.S. dollars) at time of acquisition. Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of.
 Est. Est.

Provide the date control or ownership was relinquished. (Month/Day/Year) Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.
 Date Est. Not Applicable

Are there any co-owners of this foreign financial interest?

YES NO

#1 Provide full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide your co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

#2 Provide full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide your co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

20A.2 Have you, your spouse, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf? YES NO (If NO, Proceed to 20A.3)

Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf.

Entry #1

Specify: (Check all that apply): Yourself Spouse Cohabitant Dependent children

Provide the type of financial interest.	Provide the name of the individual who controls this financial interest on your behalf. Last name	First name	Provide this individual's relationship to you.
---	--	------------	--

Provide details regarding how the financial interest was acquired (such as purchase, gift, etc.).	Provide the date this financial interest was acquired. (Month/Day/Year) <input type="checkbox"/> Est.	Provide the cost (in U.S. dollars) at time of acquisition. <input type="checkbox"/> Est.
---	--	---

Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of. <input type="checkbox"/> Est.	Provide the date interest was sold, lost, or other wise disposed of. (Month/Day/Year) <input type="checkbox"/> Est. <input type="checkbox"/> Not Applicable	Provide explanation if interest was sold, lost or otherwise disposed of.
---	--	--

Are there any co-owners of this foreign financial interest controlled on your behalf?

YES NO

#1 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	--

#2 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	--

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf.

Entry #2

Specify: (Check all that apply): Yourself Spouse Cohabitant Dependent children

Provide the type of financial interest.	Provide the name of the individual who controls this financial interest on your behalf. Last name	First name	Provide this individual's relationship to you.
---	--	------------	--

Provide details regarding how the financial interest was acquired (such as purchase, gift, etc.).	Provide the date this financial interest was acquired. (Month/Year) <input type="checkbox"/> Est.	Provide the cost (in U.S. dollars) at time of acquisition. <input type="checkbox"/> Est.
---	--	---

Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of. <input type="checkbox"/> Est.	Provide the date interest was sold, lost, or other wise disposed of. (Month/Day/Year) <input type="checkbox"/> Est. <input type="checkbox"/> Not Applicable	Provide explanation if interest was sold, lost or otherwise disposed of.
---	--	--

Are there any co-owners of this foreign financial interest controlled on your behalf?

YES NO

#1 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	--

#2 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	--

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

20A.3 Have you, your spouse, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country? YES NO (If NO, Proceed to 20A.4)

Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having **EVER** owned, or anticipate owning, or planning to purchase real estate in a foreign country.

Entry #1

Specify (Check all that apply): Yourself Spouse Cohabitant Dependent children

Provide the type of real estate property (such as home, business, etc.).	Provide the location/address of property.		
	Street	City	Country

Provide the date to be acquired. (Month/Day/Year)	Provide how the foreign real estate is to be acquired (such as purchase, gift, etc.).	Provide the cost (in U.S. dollars) expected at time of acquisition.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Are there any co-owners of this foreign real estate?
 YES NO

#1 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide the nature of your relationship with the co-owner.
------------	------------	--

#2 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide the nature of your relationship with the co-owner.
------------	------------	--

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having **EVER** owned, or anticipate owning, or planning to purchase real estate in a foreign country.

Entry #2

Specify (Check all that apply): Yourself Spouse Cohabitant Dependent children

Provide the type of real estate property (such as home, business, etc.).
Provide the location/address of property.
Street City Country

Provide the date to be acquired. (Month/Day/Year) Est.
Provide how the foreign real estate is to be acquired (such as purchase, gift, etc.).
Provide the cost (in U.S. dollars) expected at time of acquisition. Est.

Are there any co-owners of this foreign real estate?

YES NO

#1 Provide the full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

#2 Provide the full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

20A.4 As a U.S. citizen, have you, your spouse, cohabitant, or dependent children received **in the past seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country? YES NO (If NO, Proceed to 20A.5)

Complete the following if you responded 'YES' to as a U.S. citizen, you, your spouse, cohabitant, or dependent children received **of the past seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

Entry #1

Specify (Check all that apply) Yourself Spouse Cohabitant Dependent children

Provide the type of benefit. Educational Medical Retirement Social Welfare
 Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit. Onetime benefit (Complete (a)) Future benefit (Complete (b)) Continuing benefit (Complete (c))
 Other (Complete (c)) (Provide explanation) ▶

(a) If you have indicated that you, your spouse, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.
 NO

(b) If you have indicated that you, your spouse, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.
 NO

(c) If have indicated that you, your spouse, cohabitant, or dependent children receive a **continuing** or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.
 Annually Monthly Other (Provide explanation) ▶
 Quarterly Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.
 NO

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'YES' to as a U.S. citizen, you, your spouse, cohabitant, or dependent children received **in the past seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

Entry #2

Specify (Check all that apply) Yourself Spouse Cohabitant Dependent children

Provide the type of benefit. Educational Medical Retirement Social Welfare
 Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit. Onetime benefit (Complete (a)) Future benefit (Complete (b)) Continuing benefit (Complete (c))
 Other (Complete (c)) (Provide explanation) ▶

(a) If you have indicated that you, your spouse, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?
 YES → If yes, provide explanation.
 NO

(b) If you have indicated that you, your spouse, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?
 YES → If yes, provide explanation.
 NO

(c) If have indicated that you, your spouse, cohabitant, or dependent children receive a **continuing** or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.
 Annually Monthly Other (Provide explanation) ▶
 Quarterly Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?
 YES → If yes, provide explanation.
 NO

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

20A.5 Have you **EVER** provided financial support for any foreign national?

YES NO (If NO, proceed to 20B)

Complete the following if you responded 'Yes' to providing financial support for any foreign national.

Entry #1

Provide the name of the foreign national you support or have supported financially.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide the nature of your relationship with the foreign national listed above.	Provide the amount (in U.S. dollars) of all financial support provided.
---	---

Est.

Provide the frequency of your support.

Provide this foreign national's country(ies) of citizenship.

Country #1	Country #2
------------	------------

Entry #2

Provide the name of the foreign national you support or have supported financially.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the nature of your relationship with the foreign national listed above.	Provide the amount (in U.S. dollars) of all financial support provided.
---	---

Est.

Provide the frequency of your support.

Provide this foreign national's country(ies) of citizenship.

Country #1	Country #2
------------	------------

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts

20B.1 Have you **in the past seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? YES NO (If NO, proceed to 20B.2)
 (Answer "No" if all your advice or support was authorized pursuant to official U.S. Government business.)

Complete the following if you responded "Yes" to having **in the past seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer.

Entry #1

Provide a description of advice/support provided.		Provide the name of the individual to whom advice or support was provided.			
		Last name	First name	Middle name	Suffix
Provide the name of the foreign organization or foreign business with whom the individual is associated.		Provide the country of origin for the organization or business.			
Provide the date(s) during which this advice or support was provided.		Describe what compensation, if any, was provided for your service.			
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present			
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.			

Entry #2

Provide a description of advice/support provided.		Provide the name of the individual to whom advice or support was provided.			
		Last name	First name	Middle name	Suffix
Provide the name of the foreign organization or foreign business with whom the individual is associated.		Provide the country of origin for the organization or business.			
Provide the date(s) during which this advice or support was provided.		Describe what compensation, if any, was provided for your service.			
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present			
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.			

For this question, 'Immediate Family' means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

20B.2 Have you, your spouse, cohabitant, or any member of your immediate family **in the past seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer 'No' if all the advice or support was authorized pursuant to official U.S. Government business.) YES NO (If NO, proceed to 20B.3)

Complete the following if you responded "Yes" to you, your spouse, cohabitant, or any member of your immediate family having **in the past seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency.

Entry #1

Provide the name of the government official.				
Last name	First name	Middle name	Suffix	
Provide the name of the agency.			Provide the country with which the government official or agency is affiliated.	
Provide the date of the request. (Month/Year)		Provide the circumstances of request.		
<input type="checkbox"/> Est.				

Entry #2

Provide the name of the government official.				
Last name	First name	Middle name	Suffix	
Provide the name of the agency.			Provide the country with which the government official or agency is affiliated.	
Provide the date of the request. (Month/Year)		Provide the circumstances of request.		
<input type="checkbox"/> Est.				

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.3 Has any foreign national in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them? YES NO (If NO, proceed to 20B.4)

Complete the following if you responded 'Yes' to any foreign national having in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them.

Entry #1

Provide the name of the foreign national who made the offer.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide a description of the position offered.	Provide the date when this offer was extended. (Month/Year) <input type="checkbox"/> Est.	Did you accept the offer? <input type="checkbox"/> YES Explanation ▶ <input type="checkbox"/> NO Explanation ▶
--	--	--

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country
------	-------	----------	---------

Entry #2

Provide the name of the foreign national who made the offer.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide a description of the position offered.	Provide the date when this offer was extended. (Month/Year) <input type="checkbox"/> Est.	Did you accept the offer? <input type="checkbox"/> YES Explanation ▶ <input type="checkbox"/> NO Explanation ▶
--	--	--

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country
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Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.4 Have you **in the past seven (7) years** been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? YES NO (If NO, proceed to 20B.5)

Complete the following if you responded 'Yes' to having **in the past seven (7) years** been involved in any other type of business venture with a foreign national not described above.

Entry #1

Provide the full name of this foreign national.

Last name | First name | Middle name | Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street | City | State | Zip Code | Country

Provide the citizenship(s) of this foreign national.

Country #1 | Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year) | To Date (Month/Year) | Present | Est.

Provide the nature of association with this business venture.

Provide the position you held.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

Entry #2

Provide the full name of this foreign national.

Last name | First name | Middle name | Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street | City | State | Zip Code | Country

Provide the citizenship(s) of this foreign national.

Country #1 | Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year) | To Date (Month/Year) | Present | Est.

Provide the nature of association with this business venture.

Provide the position you held.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.5 Have you **in the past seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.) YES NO (If NO, proceed to 20B.6)

Complete the following if you responded 'Yes' to **in the past seven (7) years** having attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.

Entry #1

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the purpose of the event.
--	---	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
--	--	---

Was there any subsequent contact with any foreign nationals as a result of the event?

YES → Provide explanation for each contact.

NO

Contact #1 _____

Contact #2 _____

Contact #3 _____

Contact #4 _____

Entry #2

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the purpose of the event.
--	---	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
--	--	---

Was there any subsequent contact with any foreign nationals as a result of the event?

YES → Provide explanation for each contact.

NO

Contact #1 _____

Contact #2 _____

Contact #3 _____

Contact #4 _____

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

For this question, 'Immediate Family' means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

20B.6 Have you or any member of your immediate family **in the past seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel on a U.S. passport.) YES NO (If NO, Proceed to 20B.7)

Complete the following if you responded 'Yes' to you or any member of your immediate family having **in the past seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.

Entry #1			
Provide the name of the individual involved in the contact.			
Last name	First name	Middle name	Suffix
Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)			
City	State	Zip Code	Country
Provide the date of contact. (Month/Year)		Provide the foreign government(s) involved.	
<input type="checkbox"/> Est.		Country #1	Country #2
Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.		Provide the names of the foreign representatives involved in contact.	Provide the purpose/circumstances of contact.
Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Provide the purpose of the subsequent contact		Provide date of most recent contact (Month/Day/Year)	Provide plans for future contact

Entry #2			
Provide the name of the individual involved in the contact.			
Last name	First name	Middle name	Suffix
Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)			
City	State	Zip Code	Country
Provide the date of contact. (Month/Year)		Provide the foreign government(s) involved.	
<input type="checkbox"/> Est.		Country #1	Country #2
Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.		Provide the names of the foreign representatives involved in contact.	Provide the purpose/circumstances of contact.
Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Provide the purpose of the subsequent contact		Provide date of most recent contact (Month/Day/Year)	Provide plans for future contact

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.7 Have you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence? YES NO (If NO, proceed to 20B.8)

Complete the following if you responded 'Yes' to in the past seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

Entry #1

Provide the name of the sponsored foreign national.

Last name | First name | Middle name | Suffix

Provide the date of birth for the sponsored foreign national.

Date (Month/Year) I don't know
 Est.

Provide the place of birth for the sponsored foreign national.

City | State | Zip Code | Country (Required)

Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide the country(ies) of citizenship for the sponsored foreign national.

Country #1 | Country #2 | Provide the name of the organization through which sponsorship was arranged, if applicable. Not Applicable

Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Not Applicable

Street | City | State | Zip Code | Country

Provide the dates of stay in the U.S. for the sponsored foreign national.

From Date (Month/Year) | To Date (Month/Year) Present
 Est. | Est.

Provide the address of the sponsored foreign national while residing in the U.S.

Street | City | State | Zip Code

Provide the purpose of stay in the U.S. for the sponsored foreign national.

Provide the purpose of your sponsorship for the sponsored foreign national.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

Complete the following if you responded 'Yes' to in the past seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

Entry #2

Provide the name of the sponsored foreign national.

Last name | First name | Middle name | Suffix

Provide the date of birth for the sponsored foreign national.

Date (Month/Year) I don't know
 Est.

Provide the place of birth for the sponsored foreign national.

City | State | Zip Code | Country (Required)

Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide the country(ies) of citizenship for the sponsored foreign national.

Country #1 | Country #2 | Provide the name of the organization through which sponsorship was arranged, if applicable. Not Applicable

Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country Not Applicable

Provide the dates of stay in the U.S. for the sponsored foreign national.

From Date (Month/Year) | To Date (Month/Year) Present
 Est. | Est.

Provide the address of the sponsored foreign national while residing in the U.S.

Street | City | State | Zip Code

Provide the purpose of stay in the U.S. for the sponsored foreign national.

Provide the purpose of your sponsorship for the sponsored foreign national.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.8 Have you **EVER** held political office in a foreign country? YES NO (If NO, proceed to 20B.9)

Complete the following if you responded 'Yes' to having **EVER** held political office in a foreign country.

Entry #1

Provide the position held. Provide the dates you held political office. Provide the name of the country involved.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the reason(s) for these activities. Provide your current eligibility to hold political office in a foreign country.

Entry #2

Provide the position held. Provide the dates you held political office. Provide the name of the country involved.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the reason(s) for these activities. Provide your current eligibility to hold political office in a foreign country.

20B.9 Have you **EVER** voted in the election of a foreign country? YES NO (If NO, Proceed to 20C)

Complete the following if you responded 'Yes' to having **EVER** voted in the election of a foreign country.

Entry #1

Provide the date you voted in the foreign election. (Month/Year) Provide the name of the country involved.

Est.

Provide the reason(s) for these activities. Provide your current eligibility to vote in a foreign country.

Entry #2

Provide the date you voted in the foreign election. (Month/Year) Provide the name of the country involved.

Est.

Provide the reason(s) for these activities. Provide your current eligibility to vote in a foreign country.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel - (Continued)

Complete the following if you responded **'Yes'** to having traveled outside the U.S. **in the last seven (7) years** for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #3

Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> 1-5 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 30 <input type="checkbox"/> Est. <input type="checkbox"/> Est. <input type="checkbox"/> 6-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> Many short trips	Provide the total number of days involved in the visit.
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Provide the purpose of the travel to this country (Check all that apply).

<input type="checkbox"/> Business/Professional conference	<input type="checkbox"/> Education	<input type="checkbox"/> Trade shows, conferences, and seminars	<input type="checkbox"/> Other
<input type="checkbox"/> Volunteer activities	<input type="checkbox"/> Tourism	<input type="checkbox"/> Visit family or friends	

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

YES NO YES → If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

YES NO YES → If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

YES NO YES → If yes, provide explanation.

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

YES NO YES → If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

YES NO YES → If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

YES NO YES → If yes, provide explanation.

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

YES NO YES → If yes, provide explanation.

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel - (Continued)

Complete the following if you responded **'Yes'** to having traveled outside the U.S. **in the last seven (7) years** for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #4

Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> 1-5 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 30 <input type="checkbox"/> Est. <input type="checkbox"/> Est. <input type="checkbox"/> 6-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> Many short trips	Provide the total number of days involved in the visit.
------------------------------	---	---

Provide the purpose of the travel to this country (Check all that apply).

<input type="checkbox"/> Business/Professional conference	<input type="checkbox"/> Education	<input type="checkbox"/> Trade shows, conferences, and seminars	<input type="checkbox"/> Other
<input type="checkbox"/> Volunteer activities	<input type="checkbox"/> Tourism	<input type="checkbox"/> Visit family or friends	

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

YES NO If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

YES NO If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

YES NO If yes, provide explanation.

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

YES NO If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

YES NO If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

YES NO If yes, provide explanation.

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

YES NO If yes, provide explanation.

Enter your Social Security Number before going to the next page →

**REVISED INSTRUCTIONS FOR COMPLETING QUESTION 21
OF STANDARD FORM 86, "QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS"**

EFFECTIVE 4 APRIL 2013

QUESTION 21 OF THE STANDARD FORM 86 (SF 86) "QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS" ASKS ABOUT MENTAL HEALTH TREATMENT. IN THE INTEREST OF ENCOURAGING VICTIMS OF SEXUAL ASSAULT TO SEEK THE MENTAL HEALTH SERVICES THEY MAY NEED, REVISED INSTRUCTIONS HAVE BEEN DEVELOPED. THE REVISED QUESTION 21 INSTRUCTION IS AS FOLLOWS:

"PLEASE RESPOND TO THIS QUESTION WITH THE FOLLOWING ADDITIONAL INSTRUCTION: VICTIMS OF SEXUAL ASSAULT WHO HAVE CONSULTED WITH A HEALTH CARE PROFESSIONAL REGARDING AN EMOTIONAL OR MENTAL HEALTH CONDITION DURING THIS PERIOD STRICTLY IN RELATION TO THE SEXUAL ASSAULT ARE INSTRUCTED TO ANSWER NO."

OTHER THAN AS AUTHORIZED BY THIS REVISED INSTRUCTION, ALL INDIVIDUALS COMPLETING THE SF 86 SHOULD CONTINUE TO ANSWER QUESTION 21 USING THE EXISTING EXEMPTIONS FOUND UNDER THAT QUESTION WHEN IT APPLIES TO THEM.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21 - Psychological and Emotional Health

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.

21.1 In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered:

YES NO *(If NO, proceed to Section 22)*

- strictly marital, family, grief not related to violence by you; or
- strictly related to adjustments from service in a military combat environment

Complete the following if you responded **'Yes'** to having consulted with a health care professional regarding a mental or emotional health condition or were hospitalized for such a condition.

Entry #1

Provide the dates of counseling or treatment.		Provide the name of the health care professional.	Provide the telephone number of the health care professional.	
From Date (Month/Year)	To Date (Month/Year)		<input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> Day <input type="checkbox"/> Night
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.		Telephone number	Extension

Provide the address of the health care professional. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street	City	State	Zip Code	Country

Provide the name of agency/organization/facility where counseling/treatment was provided.

Same as above

Provide the address of agency/organization/facility provider. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street	City	State	Zip Code	Country

Same as above

Were you **EVER** admitted as an inpatient to the agency/organization where counseling/treatment was provided?

YES NO

You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary?

Voluntary Involuntary Explanation ▶

Entry #2

Provide the dates of counseling or treatment.		Provide the name of the health care professional.	Provide the telephone number of the health care professional.	
From Date (Month/Year)	To Date (Month/Year)		<input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> Day <input type="checkbox"/> Night
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.		Telephone number	Extension

Provide the address of the health care professional. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street	City	State	Zip Code	Country

Provide the name of agency/organization/facility where counseling/treatment was provided.

Same as above

Provide the address of agency/organization/facility provider. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street	City	State	Zip Code	Country

Same as above

Were you **EVER** admitted as an inpatient to the agency/organization where counseling/treatment was provided?

YES NO

You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary?

Voluntary Involuntary Explanation ▶

Enter your Social Security Number before going to the next page ➔

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21 - Psychological and Emotional Health - (Continued)

21.2 Has a court or administrative agency **EVER** declared you mentally incompetent?

YES NO (If NO, proceed to Section 22)

Complete the following if you responded 'Yes' to having a court or administrative agency EVER declare you mentally incompetent.

Entry #1

Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent.
 Est.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country

Was this matter appealed to a higher court?

YES NO

Appeal #1

Provide the name of the court. Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country

Appeal #2

Provide the name of the court. Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country

Entry #2

Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent.
 Est.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country

Was this matter appealed to a higher court?

YES NO (If NO, proceed to Section 22)

Appeal #1

Provide the name of the court. Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country

Appeal #2

Provide the name of the court. Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

- 22.1** Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.) YES NO (If NO, proceed to 22.2)
- **In the past seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
 - **In the past seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
 - **In the past seven (7) years** have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
 - **In the past seven (7) years** have you been or are you currently on probation or parole?
 - Are you currently on trial or awaiting a trial on criminal charges?

Entry #1

Entry #1

Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.

Est.

(a) Did this offense involve any of the following?

YES NO

(Check all that apply.)

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?

Involve firearms or explosives?

Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country
------	--------	-------	----------	---------

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

YES NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country
------	--------	-------	----------	---------

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

YES → Provide the name of the court. ▶
 (If YES, complete (c.1))

NO → Provide explanation ▶

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country
------	--------	-------	----------	---------

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following:

- **In the past seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- **In the past seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- **In the past seven (7) years** have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- **In the past seven (7) years** have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Entry #2

Provide the date of offense. (Month/Year) _____ Provide a description of the specific nature of the offense.

Est.

(a) Did this offense involve any of the following?

YES NO

(Check all that apply.)

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City _____ County _____ State _____ Zip Code _____ Country _____

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

YES NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City _____ County _____ State _____ Zip Code _____ Country _____

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

- YES → Provide the name of the court. ▶
(If YES, complete (c.1))
- NO → Provide explanation ▶

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City _____ County _____ State _____ Zip Code _____ Country _____

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

22.2 Other than those offenses already listed, have you **EVER** had the following happen to you? YES NO (If NO, proceed to 22.3)

- Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- Have you **EVER** been charged with an offense involving firearms or explosives?
- Have you **EVER** been charged with an offense involving alcohol or drugs?

Entry #1

Provide the date of offense. (Month/Year) Est. Provide a description of the specific nature of the offense.

(a) Did this offense involve any of the following?

YES NO

(Check all that apply).

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.

(b) Were you sentenced as a result of these charges?

YES (If YES, complete (b.1)) NO (If NO, complete (b.2))

(b.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year? YES NO

Were you incarcerated as a result of that sentence for not less than 1 year? YES NO

If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/Year) To Date (Month/Year) Present
 actually were incarcerated. Est. Est.

If conviction resulted in probation or parole, provide the dates of Not Applicable From Date (Month/Year) To Date (Month/Year) Present
 probation or parole. Est. Est.

(b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? YES NO

Provide explanation.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

Entry #2

Provide the date of offense. (Month/Year) _____ Provide a description of the specific nature of the offense.

Est.

(a) Did this offense involve any of the following?

YES NO

(Check all that apply).

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?

Involve firearms or explosives?

Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City _____ County _____ State _____ Zip Code _____ Country _____

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.

(b) Were you sentenced as a result of these charges?

YES (If YES, complete (b.1)) NO (If NO, complete (b.2))

(b.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year? YES NO

Were you incarcerated as a result of that sentence for not less than 1 year? YES NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. Not Applicable From Date (Month/Year) _____ To Date (Month/Year) _____ Present
 Est. Est.

If conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) _____ To Date (Month/Year) _____ Present
 Est. Est.

(b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? YES NO

Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

22.3 Is there currently a domestic violence protective order or restraining order issued against you? YES NO (If NO, proceed to Section 23)

Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you?

Entry #1

Provide explanation.

Provide the date the order was issued. (Month/Year) Est. | Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

Entry #2

Provide explanation.

Provide the date the order was issued. (Month/Year) Est. | Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

Entry #3

Provide explanation.

Provide the date the order was issued. (Month/Year) Est. | Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

Entry #4

Provide explanation.

Provide the date the order was issued. (Month/Year) Est. | Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City | State | Zip Code | Country

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity.

23.1 In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. YES NO (If NO, proceed to 23.2)

Complete the following if you answered 'Yes' to in the last seven (7) years having illegally used a drug or controlled substance.

Entry #1

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first use. (Month/Year)

Est.

Provide an estimate of the month and year of most recent use. (Month/Year)

Est.

Provide nature of use, frequency, and number of times used.

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

YES NO

Was your use while possessing a security clearance?

YES NO

Do you intend to use this drug or controlled substance in the future?

YES NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Entry #2

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first use. (Month/Year)

Est.

Provide an estimate of the month and year of most recent use. (Month/Year)

Est.

Provide nature of use, frequency, and number of times used.

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

YES NO

Was your use while possessing a security clearance?

YES NO

Do you intend to use this drug or controlled substance in the future?

YES NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.2 In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance? YES NO (If NO, proceed to 23.3)

Complete the following if you answered 'Yes' to in the last seven (7) years having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.

Entry #1

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)

Est.

Provide an estimate of the month and year of most recent involvement. (Month/Year)

Est.

Provide the nature and frequency of activity.

Provide the reason(s) why you engaged in the activity

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Do you intend to engage in this activity in the future?

- YES NO

→ Provide explanation.

Entry #2

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)

Est.

Provide an estimate of the month and year of most recent involvement. (Month/Year)

Est.

Provide the nature and frequency of activity.

Provide the reason(s) why you engaged in the activity

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Do you intend to engage in this activity in the future?

- YES NO

→ Provide explanation.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.3 Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed? YES NO (If NO, proceed to 23.4)

Complete the following if you responded 'Yes' to having **EVER** illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance, other than previously listed.

Entry #1

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

Entry #2

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

23.4 Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed? YES NO (If NO, proceed to 23.5)

Complete the following if you responded 'Yes' to having **EVER** illegally used, or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed.

Entry #1

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Entry #2

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Enter your Social Security Number before going to the next page 

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.5 In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? YES NO (If NO, proceed to 23.6)

Complete the following if you responded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.

Entry #1

Provide the name of the prescription drug that you misused.

Provide the dates of involvement/use

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Entry #2

Provide the name of the prescription drug that you misused.

Provide the dates of involvement/use

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.6 Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? YES NO (If NO, proceed to 23.7)

Complete the following if you responded 'Yes' to having **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional | |

Provide explanation ▶

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.
 Provide explanation.

(b) You have indicated that you did receive treatment.
 Provide the type of drug or controlled substance for which you were treated.

<input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)	<input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
<input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)	<input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
<input type="checkbox"/> Ketamine (Such as special K, jet, etc.)	<input type="checkbox"/> Steroids (Such as the clear, juice, etc.)
<input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)	<input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)
<input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	<input type="checkbox"/> Other (Provide explanation) ▶

Provide the name of the treatment provider.

Last name	First name
-----------	------------

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide a telephone number for the treatment provider.	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night
--	-----------	---

Provide the dates of treatment. From Date (Month/Year) To Date (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.
--	---

Did you successfully complete the treatment? YES NO → (Provide explanation)



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

Complete the following if you responded 'Yes' to having **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional | |

Provide explanation ▶

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.
Provide explanation.

(b) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name | First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.7 Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance? YES NO (If NO, proceed to Section 24)

Complete the following if you responded 'Yes' to having **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Entry #1

Provide the type of drug or controlled substance for which you were treated.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name | First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) | To Date (Month/Year) Present
 Est. | Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)

Entry #2

Provide the type of drug or controlled substance for which you were treated.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name | First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) | To Date (Month/Year) Present
 Est. | Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol

24.1 In the last seven (7) years 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? YES NO (If NO, proceed to 24.2)

Complete the following if you responded 'Yes' to your alcohol use having 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.

Entry #1		
Provide the dates of involvement or use. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		
Provide the month/year when this negative impact occurred. From Date (Month/Year) _____ <input type="checkbox"/> Est.	Provide circumstances.	Provide negative impact.
Entry #2		
Provide the dates of involvement or use. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		
Provide the month/year when this negative impact occurred. From Date (Month/Year) _____ <input type="checkbox"/> Est.	Provide circumstances.	Provide negative impact.
Entry #3		
Provide the dates of involvement or use. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		
Provide the month/year when this negative impact occurred. From Date (Month/Year) _____ <input type="checkbox"/> Est.	Provide circumstances.	Provide negative impact.
Entry #4		
Provide the dates of involvement or use. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		
Provide the month/year when this negative impact occurred. From Date (Month/Year) _____ <input type="checkbox"/> Est.	Provide circumstances.	Provide negative impact.

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol - (Continued)

24.2 Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? YES NO (If NO, proceed to 24.3)

Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.

Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional | <input type="checkbox"/> Other (Provide explanation) ▶ |

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.
Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number.	Extension	<input type="checkbox"/> International or DSN phone number
		<input type="checkbox"/> Day <input type="checkbox"/> Night

Did you successfully complete the treatment? YES NO → (Provide explanation) ▶

Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional | <input type="checkbox"/> Other (Provide explanation) ▶ |

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.
Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number.	Extension	<input type="checkbox"/> International or DSN phone number
		<input type="checkbox"/> Day <input type="checkbox"/> Night

Did you successfully complete the treatment? YES NO → (Provide explanation) ▶

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol - (Continued)

24.3 Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol? YES NO (If NO, proceed to 24.4)

Complete the following if you responded 'Yes' to voluntarily seeking counseling or treatment.

Entry #1

Provide the dates of counseling or treatment.

From Date (Month/Year) Est. To Date (Month/Year) Present Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide telephone number.

Extension International or DSN phone number
 Day Night

Did you successfully complete the treatment? YES NO → (Provide explanation) ▶

Entry #2

Provide the dates of counseling or treatment.

From Date (Month/Year) Est. To Date (Month/Year) Present Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide telephone number.

Extension International or DSN phone number
 Day Night

Did you successfully complete the treatment? YES NO → (Provide explanation) ▶

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol - (Continued)

24.4 Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form? YES NO (If NO, proceed to Section 25)

Complete the following if you responded 'Yes' to having **EVER** received counseling or treatment as a result of your use of alcohol.

Entry #1

Provide the name of the individual counselor or treatment provider.
Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.
Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Same as above
Street City State Zip Code Country

Provide the dates of counseling or treatment.
From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete your counseling or treatment? YES (Provide explanation) NO (Provide explanation)

Explanation

Entry #2

Provide the name of the individual counselor or treatment provider.
Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.
Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Same as above
Street City State Zip Code Country

Provide the dates of counseling or treatment.
From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete your counseling or treatment? YES (Provide explanation) NO (Provide explanation)

Explanation

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Record

25.1 Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access? YES NO (If NO, proceed to 25.2)

Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

Entry #1

Provide the investigating agency:

- | | |
|--|--|
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> U.S. Department of Homeland Security |
| <input type="checkbox"/> U.S. Department of State | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Federal Bureau of Investigation | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> U.S. Department of Treasury | |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year) <input type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Q |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> L |
| <input type="checkbox"/> Secret | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Top Secret | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Entry #2

Provide the investigating agency:

- | | |
|--|--|
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> U.S. Department of Homeland Security |
| <input type="checkbox"/> U.S. Department of State | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Federal Bureau of Investigation | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> U.S. Department of Treasury | |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year) <input type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Q |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> L |
| <input type="checkbox"/> Secret | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Top Secret | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Record - (Continued)

25.2 Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.) YES NO (If NO, proceed to 25.3)

Complete the following if you responded 'Yes' to having **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked.

Entry #1

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.
--	--	---

Entry #2

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.
--	--	---

25.3 Have you **EVER** been debarred from government employment? YES NO (If NO, proceed to Section 26)

Complete the following if you responded 'Yes' to having **EVER** been debarred from government employment.

Entry #1

Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year) <input type="checkbox"/> Est.	Provide an explanation of the circumstances of the debarment.
--	--	---

Entry #2

Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year) <input type="checkbox"/> Est.	Provide an explanation of the circumstances of the debarment.
--	--	---

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record

26.1 In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code? YES NO (If NO, proceed to 26.2)

Complete the following if you responded 'Yes' to in the last seven (7) years having filed a petition under any chapter of the bankruptcy code.

Entry #1

Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number.
 Chapter 7 Chapter 11 Chapter 13

Provide the date bankruptcy was filed. (Month/Year) Provide the date of bankruptcy discharge. (Month/Year) Provide the total amount (in U.S. dollars) involved in the bankruptcy.
 Est. Not Applicable Est. Est.

Provide the name debt is recorded under. Last name First name Middle name Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
 Street City State Zip Code Country

(a) If Chapter 13 previously selected:
 Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
 Street City State Zip Code Country

Were you discharged of all debts claimed in the bankruptcy? YES (Provide explanation) NO (Provide explanation)
 Provide Explanation.

Entry #2

Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number.
 Chapter 7 Chapter 11 Chapter 13

Provide the date bankruptcy was filed. (Month/Year) Provide the date of bankruptcy discharge. (Month/Year) Provide the total amount (in U.S. dollars) involved in the bankruptcy.
 Est. Not Applicable Est. Est.

Provide the name debt is recorded under. Last name First name Middle name Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
 Street City State Zip Code Country

(a) If Chapter 13 previously selected:
 Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
 Street City State Zip Code Country

Were you discharged of all debts claimed in the bankruptcy? YES (Provide explanation) NO (Provide explanation)
 Provide Explanation.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

26.2 Have you **EVER** experienced financial problems due to gambling? YES NO (If NO, proceed to 26.3)

Complete the following if you responded 'Yes' to having **EVER** experienced financial problems due to gambling.

Entry #1

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.

From Date (Month/Year) _____ To Date (Month/Year) Present
 Est. Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

Entry #2

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.

From Date (Month/Year) _____ To Date (Month/Year) Present
 Est. Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

26.3 In the past seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance? YES NO (If NO, proceed to 26.4)

Complete the following if you responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.

Entry #1

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.

File Pay Both _____ Est.

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)
 Est. Not Applicable
 Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Entry #2

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.

File Pay Both _____ Est.

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)
 Est. Not Applicable
 Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

26.4 In the past seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer? YES NO (If NO, proceed to 26.5)

Complete the following if you responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer.

Entry #1

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the reason(s) for the counseling, warning, or disciplinary action
 Est.

Provide the amount (in U.S. dollars) of violation. Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.
 Est.

Entry #2

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the reason(s) for the counseling, warning, or disciplinary action
 Est.

Provide the amount (in U.S. dollars) of violation. Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.
 Est.

26.5 Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties? YES NO (If NO, proceed to 26.6)

Complete the following if you responded 'Yes' to being currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties.

Entry #1

Provide explanation. Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization. Provide the location of the credit counseling organization.
 Telephone number Extension International or DSN phone number City State
 Day Night

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

Entry #2

Provide explanation. Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization. Provide the location of the credit counseling organization.
 Telephone number Extension International or DSN phone number City State
 Day Night

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

- 26.6** Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below) YES NO (If NO, Proceed to 26.7)
- **In the past seven (7) years**, you have been delinquent on alimony or child support payments.
 - **In the past seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - **In the past seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply) YES NO (If NO, Proceed to 26.7)

- In the past seven (7) years**, you have been delinquent on alimony or child support payments.
- In the past seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Est.

Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Provide the name of the court involved.

Est. Not Resolved Est.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

YES NO (If NO, Proceed to 26.7)

- In the past seven (7) years, you have been delinquent on alimony or child support payments.
- In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
 Est.

Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Provide the name of the court involved.
 Est. Not Resolved Est.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

- 26.7 Other than previously listed, have any of the following happened? YES NO (If NO, proceed to Section 27)
- In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
 - In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
 - In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
 - In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
 - In the past seven (7) years, you were evicted for non-payment?
 - In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
 - In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
 - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply) YES NO (If NO, proceed to Section 27)

- In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you were evicted for non-payment?
- In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Est.

Provide the date the financial issue began. (Month/Year)

Est.

Provide date the financial issue was resolved. (Month/Year)

Not Resolved

Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply) YES NO (If NO, proceed to Section 27)

- In the past seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years**, you were evicted for non-payment?
- In the past seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason?
- In the past seven (7) years**, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. <input type="checkbox"/> Est.	Provide the reason(s) for the financial issue.	Provide the current status of the financial issue.
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Provide the date the financial issue began. (Month/Year) <input type="checkbox"/> Est.	Provide date the financial issue was resolved. (Month/Year) <input type="checkbox"/> Not Resolved <input type="checkbox"/> Est.
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Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page →

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 27 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

27.1 In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system? YES NO (If NO, proceed to 27.2)

Complete the following if you responded 'Yes' to having in the last seven (7) years illegally or without proper authorization entered or attempted to enter into any information technology system.

Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

27.2 In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above? YES NO (If NO, proceed to 27.3)

Complete the following if you responded 'Yes' to having in the last seven (7) years illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above.

Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 27 - Use of Information Technology Systems - (Continued)

27.3 In the last seven (7) years have you 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? YES NO (If NO, proceed to Section 28)

Complete the following if you responded "Yes" to having in the last seven (7) years 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.

Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 28 - Involvement in Non-Criminal Court Actions

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form? YES NO (If NO, proceed to Section 29)

Complete the following if you responded 'Yes' to having been a party to any public record civil court action(s) not listed elsewhere on this form in the last ten (10) years.

Entry #1

Provide the date of the civil action. (Month/Year) Provide the court name.

Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

Entry #2

Provide the date of the civil action. (Month/Year) Provide the court name.

Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

29.1 Are you now or have you **EVER** been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities? YES NO (If NO, proceed to 29.2)

Complete the following if you responded 'YES' to being or ever having been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities.

Entry #1
 Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
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Provide the dates of your involvement with the organization. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held
Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made	Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2
 Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the dates of your involvement with the organization. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held
Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made	Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page ➔

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - (Continued)

29.2 Have you **EVER** knowingly engaged in any acts of terrorism? YES NO (If NO, proceed to 29.3)

Complete the following if you responded 'Yes' to **EVER** having knowingly engaged in any acts of terrorism.

Entry #1

Describe the nature and reasons for the activity.

Provide the dates for any such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

Entry #2

Describe the nature and reasons for the activity.

Provide the dates for any such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

29.3 Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force? YES NO (Proceed to 29.4)

Complete the following if you responded 'Yes' to having **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force.

Entry #1

Provide the reason(s) for advocating acts of terrorism.

Provide the dates of advocating acts of terrorism.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

Entry #2

Provide the reason(s) for advocating acts of terrorism.

Provide the dates of advocating acts of terrorism.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - (Continued)

29.4 Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? YES NO (If NO, proceed to 29.5)

Complete the following if you responded 'Yes' to having **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide all positions held in the organization, if any. No positions held

Provide all contributions made to the organization, if any. No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide all positions held in the organization, if any. No positions held

Provide all contributions made to the organization, if any. No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - (Continued)

29.5 Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? YES NO (If NO, proceed to 29.6)

Complete the following if you responded 'Yes' to being or **EVER** having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) Present

Est. Est.

Provide all positions held in the organization, if any. No positions held

Provide all contributions (in U.S. dollars) No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) Present

Est. Est.

Provide all positions held in the organization, if any. No positions held

Provide all contributions (in U.S. dollars) No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - (Continued)

29.6 Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force? YES NO (If NO, proceed to 29.7)

Complete the following if you responded 'Yes' to having **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force.

Entry #1

Describe the nature and reasons for the activity.

Provide the dates of such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

Entry #2

Describe the nature and reasons for the activity.

Provide the dates of such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

29.7 Have you **EVER** associated with anyone involved in activities to further terrorism? YES NO

Complete the following if you responded 'Yes' to having **EVER** associated with anyone involved in activities to further terrorism.

Entry #1

Provide explanation.

Entry #2

Provide explanation.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continuation Space

Use the Standard Form 86A (SF 86A) for additional answers for Sections 11, 12 and 13. Use the space below to continue answers, to all other items. If additional space is required, use a blank sheet (s) of paper. Include your name and SSN at the top of each blank sheet (s). Before each answer, identify the number of the item and attempt to maintain sequential order and question format.

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (*Sign in ink*)

Date signed (*mm/dd/yyyy*)

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (<i>Sign in ink</i>)		Full name (<i>Type or print legibly</i>)		Date signed (<i>mm/dd/yyyy</i>)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (<i>Country</i>)	State	Zip Code	Home telephone number

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)		Full name (<i>Type or print legibly</i>)		Date signed (<i>mm/dd/yyyy</i>)
Other names used				Social Security Number
Current street address Apt. #	City (<i>Country</i>)	State	Zip Code	Home telephone number

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

YES NO

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

Dates of treatment?

Signature (<i>Sign in ink</i>)	Practitioner name	Date signed (<i>mm/dd/yyyy</i>)
----------------------------------	-------------------	-----------------------------------

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA

FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print Name	Social Security Number
Signature <i>(Sign in ink)</i>	Date signed <i>(mm/dd/yyyy)</i>

Enter your Social Security Number before going to the next page



**CONTINUATION SHEET FOR QUESTIONNAIRES
 SF 85, SF 85P, AND SF 86**

**For use with the SF 85, Questionnaire for Non-Sensitive Positions;
 SF 85P, Questionnaire for Public Trust Positions;
 and SF 86, Questionnaire for National Security Positions**

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived," "Where You Went to School," and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

Your Name	Your Social Security Number

11 WHERE YOU HAVE LIVED (Continued)														
#5	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	<input type="checkbox"/>	Military housing	Street address	Apt.#		
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	<input type="checkbox"/>	Other (Explain)				
APO/FPO address														
City (Country)										State	ZIP Code			
Name of person who knows you at this address							Current address					Apt.#		
APO/FPO address (if currently applicable)														
City (Country)										State	ZIP Code			
Telephone number			Alternate contact number			Relationship			<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)
									<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		
#6	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	<input type="checkbox"/>	Military housing	Street address	Apt.#		
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	<input type="checkbox"/>	Other (Explain)				
APO/FPO address														
City (Country)										State	ZIP Code			
Name of person who knows you at this address							Current address					Apt.#		
APO/FPO address (if currently applicable)														
City (Country)										State	ZIP Code			
Telephone number			Alternate contact number			Relationship			<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)
									<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		
#7	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	<input type="checkbox"/>	Military housing	Street address	Apt.#		
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	<input type="checkbox"/>	Other (Explain)				
APO/FPO address														
City (Country)										State	ZIP Code			
Name of person who knows you at this address							Current address					Apt.#		
APO/FPO address (if currently applicable)														
City (Country)										State	ZIP Code			
Telephone number			Alternate contact number			Relationship			<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)
									<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		

Enter your Social Security Number before going to the next page

**CONTINUATION SHEET FOR QUESTIONNAIRES
SF 85, SF 85P, AND SF 86**

12 WHERE YOU WENT TO SCHOOL (Continued)										
#6 Month/Year		To	Month/Year	Code	Name of school			Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES
										<input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you			Current address					Apt. #		
City (Country)				State	ZIP Code	Telephone number				
#7 Month/Year		To	Month/Year	Code	Name of school			Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES
										<input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you			Current address					Apt. #		
City (Country)				State	ZIP Code	Telephone number				
#8 Month/Year		To	Month/Year	Code	Name of school			Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES
										<input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you			Current address					Apt. #		
City (Country)				State	ZIP Code	Telephone number				
#9 Month/Year		To	Month/Year	Code	Name of school			Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES
										<input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you			Current address					Apt. #		
City (Country)				State	ZIP Code	Telephone number				
#10 Month/Year		To	Month/Year	Code	Name of school			Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.		<input type="checkbox"/> YES
										<input type="checkbox"/> NO
Street address and City (Country) of school							State	ZIP Code		
Name of person who knows you			Current address					Apt. #		
City (Country)				State	ZIP Code	Telephone number				

Enter your Social Security Number before going to the next page 

**CONTINUATION SHEET FOR QUESTIONNAIRES
 SF 85, SF 85P, AND SF 86**

13 EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)

#5 Dates of Employment		Type of Employment					
Month/Year	To	Month/Year	Employment code	Position title/Military rank	Work hours	Full-Time	
						Part-Time	
Employer/Verifier							
Name of employer/verifier						Telephone number	
Address of employer/verifier							
City (Country)						State	ZIP Code
Physical Location							
Your actual work address (if different from employer address)						Telephone number	
City (Country)						State	ZIP Code
Supervisor (if different from employer)							
Name and title						Telephone number	
Work address of supervisor							
City (Country)						State	ZIP Code
Additional Periods of Activity with this Employer							
Month/Year	To	Month/Year	Position title	Supervisor			
Month/Year	To	Month/Year	Position title	Supervisor			
Month/Year	To	Month/Year	Position title	Supervisor			
Explanation/Reason for leaving							

#6 Dates of Employment		Type of Employment					
Month/Year	To	Month/Year	Employment code	Position title/Military rank	Work hours	Full-Time	
						Part-Time	
Employer/Verifier							
Name of employer/verifier						Telephone number	
Address of employer/verifier							
City (Country)						State	ZIP Code
Physical Location							
Your actual work address (if different from employer address)						Telephone number	
City (Country)						State	ZIP Code
Supervisor (if different from employer)							
Name and title						Telephone number	
Work address of supervisor							
City (Country)						State	ZIP Code

Enter your Social Security Number before going to the next page 

**CONTINUATION SHEET FOR QUESTIONNAIRES
 SF 85, SF 85P, AND SF 86**

13 EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)				
Additional Periods of Activity with this Employer				
Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Explanation/Reason for leaving				

#7 Dates of Employment	Type of Employment			
Month/Year	To	Month/Year	Employment code	Position title/Military rank
			Work hours	Full-Time
				Part-Time

Employer/Verifier	
Name of employer/verifier	Telephone number
Address of employer/verifier	
City (Country)	State ZIP Code

Physical Location	
Your actual work address (if different from employer address)	Telephone number
City (Country)	
	State ZIP Code

Supervisor (if different from employer)	
Name and title	Telephone number
Work address of supervisor	
City (Country)	
	State ZIP Code

Additional Periods of Activity with this Employer				
Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Explanation/Reason for leaving				

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information averages 20 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street NW, Washington, DC 20415. Do not send your completed form to this address, send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature	Date (mm/dd/yyyy)
------------------	--------------------------

Enter your Social Security Number before going to the next page

A polygraph examination will be required during the application process. This polygraph examination will assist the Secret Service in verifying the background information provided by the applicant on the SF 86, SSF 86A, and other areas of significant security interest. Voluntary consent is required: however, refusal results in employment ineligibility. Refusal will **not** be made part of personnel files, but will be considered as a withdrawal from the application process.

By executing this form, I acknowledge that I have been advised of the requirement of polygraph testing as a condition of employment. I understand that any information I provide which evidences a potential violation of law may be provided to the appropriate law enforcement authorities.

Further, I acknowledge that if I am currently employed by a law enforcement agency of a Federal, state, or local jurisdiction or occupy any position, whether paid or unpaid, involving contact with children or involving the public safety or trust, any information developed as a result of the polygraph examination may be made available to my employer and/or referred to the appropriate authority at the discretion of the United States Secret Service.

Signature of Applicant

Date

Witness

Date

DEPARTMENT OF HOMELAND SECURITY
United States Secret Service

SECRET SERVICE TAX CHECK WAIVER

I am signing this waiver to permit the Internal Revenue Service to release information about me which would otherwise be confidential under 26 U.S.C. 6103. This information will be used in connection with my appointment or employment by the United States Government. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the Internal Revenue Service release the following information to:

MICHAEL MULLEN
MANAGING CHIEF - SECURITY CLEARANCE DIVISION
COMMUNICATIONS CENTER (SCD)
245 MURRAY LANE, SW
BUILDING T5
WASHINGTON, DC 20223

or his/her designee.

1. Have I failed to file any Federal income tax return for any of the last five years?

If the filing date without regard to extensions and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last five years" will mean the five years preceding the year for which returns are currently being filed and processed.

2. Were any income tax returns filed more than 45 days after the due date for filing (determined with regard to any extension of time for filing)?
3. Have I failed to pay any tax, penalty, or interest during the current or last five calendar years within 45 days of the date on which the Internal Revenue Service gave notice of the amount due and requested payment?
4. Am I now or have I ever been under investigation by the Internal Revenue Service for possible criminal offenses?
5. Has any civil penalty for fraud ever been assessed against me during the current or last five years?

If the Internal Revenue Service response includes a "YES" answer (based on currently available information) to any of the above six questions, I authorize the Internal Revenue Service to release any additional relevant information.

(over)

To help the Internal Revenue Service find my tax records. I am voluntarily giving the following information:

My Name: _____

My Social Security Number: _____

If Married and Filed a Joint Return:

Spouse's Name: _____

Spouse's Social Security Number: _____

Current Address: _____

Names and addresses shown on returns (if different from above)

Year	Name	Address

Date: _____
(waiver invalid unless received
by the Internal Revenue Service
within 120 days of this date)

Signature of Taxpayer Authorizing the
Disclosure of Return Information

Home Telephone: _____

Work Telephone: _____

PRIVACY ACT STATEMENT: ALL INFORMATION REQUESTED ON THE INCOME TAX WAIVER IS COLLECTED THROUGH AUTHORIZATION DERIVED FROM 26 U.S.C 6103, 26 U.S.C. 6103 (C) AND EXECUTIVE ORDER 9397. THE INFORMATION WILL SERVE AS IDENTIFYING INFORMATION TO BE USED BY THE INTERNAL REVENUE SERVICE.

YOUR SOCIAL SECURITY NUMBER (SSN) IS SOLICITED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397. THE INFORMATION WILL BE USED TO IDENTIFY AND SEPARATE INDIVIDUALS WITH SIMILAR OR IDENTICAL NAMES OR INITIALS. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND OTHER REQUESTED INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE YOUR SSN AND OTHER INFORMATION REQUESTED MAY PROHIBIT PROCESSING AND CAUSE DENIAL OF ACCESS TO SECURE AREAS OR SENSITIVE MATERIAL PROTECTED BY THE UNITED STATES SECRET SERVICE.

**DISCLOSURE AND AUTHORIZATION
PERTAINING TO CONSUMER REPORTS
PURSUANT TO THE FAIR CREDIT REPORTING ACT**

This is a release for the United States Secret Service (or other component of the Department of Homeland Security) to obtain one or more consumer credit reports about you in connection with your employment (or application for employment) with the Department of Homeland Security or one of its components, including as a contract employee. One or more consumer credit reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention or access to classified information.

I, _____ ,
hereby authorize the United States Secret Service (or other component of the
Department of Homeland Security) to obtain such report(s) from any consumer
credit reporting agency for employment purposes. Copies of this authorization
that show my signature are as valid as the original signed by me.

Signature

Date

Social Security Number

Additional information regarding the credit bureaus that report credit history can be obtained via their home pages at:

www.experian.com
www.transunion.com
www.equifax.com

Please retain this information to assist you with any credit issues.

PRIVACY ACT STATEMENT: YOUR SOCIAL SECURITY NUMBER (SSN) IS SOLICITED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397. THIS INFORMATION WILL BE USED TO IDENTIFY AND SEPARATE INDIVIDUALS WITH SIMILAR OR IDENTICAL NAMES OR INITIALS. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND OTHER REQUESTED INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE YOUR SSN AND OTHER INFORMATION REQUESTED MAY PROHIBIT PROCESSING AND CAUSE DENIAL OF ACCESS TO SECURE AREAS OR SENSITIVE MATERIAL PROTECTED BY THE UNITED STATES SECRET SERVICE.

CITIZENSHIP OF RELATIVES AND ASSOCIATES

PRE-QUESTIONNAIRE:

The Office of Personnel Management (OPM) defines foreign contacts and associations as any foreign relatives, friends, business or professional associates, and/or person who is a citizen of a foreign country, even if they are a resident of the U.S. Of particular concern are foreign contacts and associations that create a heightened risk of foreign exploitation, inducement, manipulation, or pressure from Foreign Intelligence and Security Services, such as "sexual relations with foreign nationals - especially adulterous affairs or use of prostitutes."

More specifically, foreign contacts are defined as interaction not related to one's official duties with any foreign entity or foreign national that is social, business, romantic, intimate, or sexual in nature. Reportable contact includes in-person, written correspondence, telephonic communications, or electronic communication through any means including, but not limited to, Blackberry devices, iPods, video camera, webcams, etc.; and via any method, including but not limited to, the Internet, e-mail, chat rooms, Facebook and other social networking sites, gaming sites, etc.

Relatives are defined as spouse, cohabitants, and both you and your spouse's parents, step-parents, foster parents, brothers and sisters (to include halves, steps, and in-laws), children (to include foster, step, adopted), aunts (all sisters of parents/spouses of uncles), uncles (all brothers of parents/spouses of aunts), cousins (all children of aunts and uncles).

Check all that apply:

- Do you have any relatives that live or work outside of the United States?
- Do you have any relatives that were born outside of the United States?
- Do you have any associates/friends/acquaintances that live or work outside of the United States?
- Do you have any associates/friends/acquaintances that were born outside of the United States?
- Does your spouse/cohabitant have any relatives that live or work outside of the United States?
- Does your spouse/cohabitant have any relatives that were born outside of the United States?
- Does your spouse/cohabitant have any have any associates/friends/acquaintances that live or work outside of the United States?
- Does your spouse/cohabitant have any associates/friends/acquaintances that were born outside of the United States?

If you checked any of the above, please complete the attached form addressing each section for all applicable individuals.

- Not applicable

Signature of Applicant or Employee

Date

INSTRUCTIONS: Complete this form as it applies to you and your family *and also as it applies to your spouse/cohabitant AND HIS/HER FAMILY* if the relative or associate:

- Lived or currently lives in a foreign country
- Worked or currently works for a foreign government
- Was born outside of the U.S., regardless of current citizenship
- Is a non-US citizen residing the U.S.
- Has had contact with you in the last seven years.

Relatives and extended family members are defined as spouse, parents (to include stepparents), brothers, sisters, stepbrothers, stepsisters, half brothers, half sisters, children, aunts, uncles, and cousins.

For associates, list only those with whom you have a close and/or continuous relationship.

For item 5, "Citizenship code number," use the codes below to identify proof of citizenship status:

1. Naturalized citizen of the U. S.	6. Non Immigrant
2. Permanent resident of the U. S.	7. Deported
3. Fiancé / Fiancée VISA	8. Not legally residing in the U. S.
4. Work VISA	9. Other (explain)
5. Student VISA	

For item 10, "Degree of contact and method," indicate how you have contact with this individual (e.g. telephone, text messaging, e-mail, in-person, social networking, webcams, written correspondence, etc.)

For item 13, "Date and place of U.S. naturalization," if the relative or associate is a naturalized citizen of the U.S., provide the date naturalization was issued and the location where the person was naturalized (court, city, State and certificate number).

If the relative or associate was born on a U.S. Military installation, please indicate this in item 17, "Additional information/explanation."

Please complete ALL requested information.

I. FIRST FOREIGN RELATIVE OR ASSOCIATE:

1. Relative or associate type (e.g., spouse, cousin, friend, etc.):		2. Full name (last, first, middle):	
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Maiden name and/or other names used:	
5. Citizenship code number:		6. Current address:	
7. Complete date and place of birth:		8. Social Security Number:	
9. Name and address of employer:		10. Degree of contact/method:	
11. Date of last contact:	12. Current citizenship:	13. Date and place of U.S. naturalization:	14. Naturalization certificate number:
15. Date and place of entry into the U.S.:		16. Alien registration number:	
17. Additional information/explanation:			

II. SECOND FOREIGN RELATIVE OR ASSOCIATE:

1. Relative or associate type (e.g., spouse, cousin, friend, etc.):		2. Full name (last, first, middle):	
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Maiden name and/or other names used:	
5. Citizenship code number:		6. Current address:	
7. Complete date and place of birth:		8. Social Security Number:	
9. Name and address of employer:		10. Degree of contact/method:	
11. Date of last contact:	12. Current citizenship:	13. Date and place of U.S. naturalization:	14. Naturalization certificate number:
15. Date and place of entry into the U.S.:			16. Alien registration number:
17. Additional information/explanation:			

III. THIRD FOREIGN RELATIVE OR ASSOCIATE:

1. Relative or associate type (e.g., spouse, cousin, friend, etc.):		2. Full name (last, first, middle):	
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Maiden name and/or other names used:	
5. Citizenship code number:		6. Current address:	
7. Complete date and place of birth:		8. Social Security Number:	
9. Name and address of employer:		10. Degree of contact/method:	
11. Date of last contact:	12. Current citizenship:	13. Date and place of U.S. naturalization:	14. Naturalization certificate number:
15. Date and place of entry into the U.S.:			16. Alien registration number:
17. Additional information/explanation:			

IV. FOURTH FOREIGN RELATIVE OR ASSOCIATE:

1. Relative or associate type (e.g., spouse, cousin, friend, etc.):		2. Full name (last, first, middle):	
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Maiden name and/or other names used:	
5. Citizenship code number:		6. Current address:	
7. Complete date and place of birth:		8. Social Security Number:	
9. Name and address of employer:		10. Degree of contact/method:	
11. Date of last contact:	12. Current citizenship:	13. Date and place of U.S. naturalization:	14. Naturalization certificate number:
15. Date and place of entry into the U.S.:			16. Alien registration number:
17. Additional information/explanation:			

V. FIFTH FOREIGN RELATIVE OR ASSOCIATE:

1. Relative or associate type (e.g., spouse, cousin, friend, etc.):		2. Full name (last, first, middle):	
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Maiden name and/or other names used:	
5. Citizenship code number:		6. Current address:	
7. Complete date and place of birth:		8. Social Security Number:	
9. Name and address of employer:		10. Degree of contact/method:	
11. Date of last contact:	12. Current citizenship:	13. Date and place of U.S. naturalization:	14. Naturalization certificate number:
15. Date and place of entry into the U.S.:			16. Alien registration number:
17. Additional information/explanation:			

GINA DISCLAIMER

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

United States Secret Service MEDICAL EXAMINATION

NOTE: Examinee will complete items 1 through 15 and the Physician will complete items E 01 - E 13 and items 16a through 35.

1. Last Name - First Name - Middle Name		2. Social Security Number		3. Date of Examination	
4. Home Address (Number, street or RFD, city or town, state and zip code) (Applicants Only)		Home Telephone Number (include area code) (Applicants Only)		5. Job Classification/Grade/Series	
6. Purpose of Examination <input type="checkbox"/> Mandatory Exam Program <input type="checkbox"/> Pre-employment <input type="checkbox"/> Voluntary Exam Program		7. Sex		8. Race <input type="checkbox"/> Black (B) <input type="checkbox"/> White (W) <input type="checkbox"/> Asian/Pacific Islander (A) <input type="checkbox"/> American Indian/Alaskan Native (I)	
9. RC Code (Employee Only)		10a. Position - (check one) <input type="checkbox"/> SA <input type="checkbox"/> OST <input type="checkbox"/> SES <input type="checkbox"/> SO <input type="checkbox"/> PSS <input type="checkbox"/> MVO <input type="checkbox"/> PST <input type="checkbox"/> FSD <input type="checkbox"/> USSS/UD		11. Date of Birth	
12. Place of Birth		13. Name, Relationship, Address of Next of Kin		10b. Check if applicable <input type="checkbox"/> Protective Driver <input type="checkbox"/> Firearms Instructor <input type="checkbox"/> Employee Assigned JJRTC/POR	
14. Examining Facility or Examiner, and Address				15. Total Years of Government Service Military Civilian	

I have read and understand the United States Secret Service Medical/Physical Requirements Manual.

Physicians' Signature

Date

NOR-MAL	E 01 - E 13	CLINICAL EVALUATION (Check each item in appropriate column; enter NE if not evaluated.) Item numbers correspond to USSS Medical Physical Requirements Manual/Maintenance and Selection Requirements/Areas.	ABNOR-MAL	NOTES: Describe each abnormality in detail. Enter pertinent item number before each comment.
	E 01	EYES and VISION - 01-Distant 02-Near 03-Color 04-Depth Perception 05-Peripheral 06-Glaucoma 07-Strabismus 08-Cataracts 09-Retinopathy 10-Nystagmus 11-Monocular 12-Blindness 13-Retinal Detachment 14-Papilledema 15-Tumor 16-Surgery		
	E 02	EARS and HEARING - 01/02-Ability to Hear R/L 03-Perforated Tympanic Membrane 04-Otitis Media/Externa, Mastoiditis 05-Inner/Middle/Outer Ear Disorder		
	E 03	NOSE, MOUTH, and THROAT - 01-Loss Sense of Smell 02-Rhinitis 03-Speech Defects 04-Nose, Throat/Mouth Abnormalities 05/06-Perforation of Nasal Septum 07-Chronic Sinusitis/Nasal Malformations 08-Deformities Interfering with Fitting of a Gas Mask		
	E 04	PERIPHERAL VASCULAR SYSTEM - 01-Resting Blood Pressure 02/03-Hypertension 04-Varicose Veins 05-Chronic Venous Insufficiency 06-Peripheral Vascular Disease 07-Thrombophlebitis		
	E 05	HEART and CARDIOVASCULAR SYSTEM - 01/02/03-Functional Work Capacity 04-Murmurs 05-Valvular Heart Disease 06/07-Hyperlipidemia 08-Coronary Artery Disease 09/10-ECG Abnormalities 11-Angina 12-Congestive Heart Failure 13-Cardiomyopathy 14-Pericarditis/Myocarditis 15-Coronary Risk		
	E 06	CHEST and RESPIRATORY SYSTEM - 01-Pulmonary Tuberculosis 02-Chronic Bronchitis 03/04-Asthma 05-Chronic Obstructive Pulmonary Disease 06-Bronchiectasis/Pneumothorax 07-Pneumectomy 08-Reduced Pulmonary Function		
	E 07	ABDOMEN and GASTROINTESTINAL SYSTEM - 01-Colitis 02-Diverticulitis 03-Esophageal Disorders 04-Hemorrhoids 05-Pancreatitis 06-Gall Bladder Disorders 07-Symptomatic Esophageal Spasm/Stricture 08/09-Peptic Ulcer 10-Inguinal/Umbilical Hernias 11-Femoral Hernia 12-Malignant Disease 13-G.I. Bleeding 14-Active Hepatitis 15-Cirrhosis of the Liver		
	E 08	GENITOURINARY and REPRODUCTIVE SYSTEM - 01-Pregnancy 02-Acute Nephritis 03-Renal Calculi 04-Renal Failure 05-Urinary Calculi 06/07-Asymptomatic Benign/Symptomatic Prostatic Hypertrophy 08-Hydrocele/Varicocele 09-Malignant Diseases of Kidney/Ureter/Bladder/Prostate/Cervix/Ovaries/Breasts 10-Veneral Disease 11-Nephrosis 12-Pyelonephritis 13-Polycystic Kidney Disease		
	E 09	ENDOCRINE and METABOLIC SYSTEM - 01-Thyroid Disease 02 Diabetes Mellitus 03-Uncontrolled Diabetes Mellitus 04-Body Composition 05-Obesity 06-Adrenal Dysfunction/Addison's Disease/Cushing's Syndrome 07-Symptomatic Hypoglycemia 08-Pituitary Dysfunction		
	E 10	SKIN and COLLAGEN DISEASES - 01-Psoriasis 02-Plantar Warts/Feet 03-Eczema/Furunculosis Conditions 04-Lupus Erythematosus 05-Severe Contact Allergies		
	E 11	MUSCULOSKELETAL SYSTEM - 01-Motor Performance 02-Cervical Spine/Lumbosacral Fusion 03-Active and Symptomatic Degenerative Cervical/Lumbar Disc 04-Major Extremity Amputation 05-Tendon/Nerve Injury 06-Active Rheumatoid Arthritis/Osteoarthritis 07/08/09-Lower Back Flexibility 10/11-Abdominal Muscular Endurance 12/13-Coordinated Balance 14-Herniated Disc 15-Muscular Dystrophy 16-Spinal Deviations		
	E 12	HEMATOPOIETIC and LYMPHATIC SYSTEMS - 01-Red Blood Cell Volume 02-Anemia 03-Sickle Cell Trait 04-Hodgkin's Disease/Lymphosarcomas 05-Hemophilia 06-Sickle Cell Disease 07-Leukemia		
	E 13	NERVOUS SYSTEM - 01-Epilepsy 02-Cerebral Palsy 03-Parkinsonism 04-Cerebrovascular Disease 05-Tremors 06-Cerebral Aneurysms 07-Unexplained Syncope 08-Multiple Sclerosis		

Measurements and Other Findings

16a. Height		17. Percent Fat				18. Blood Pressure (Arm at heart level)						19. Pulse (Arm at heart level)			
		MALE		FEMALE								A. Sitting or		B. Recumbent	
		Chest		Tricep		mm						SYS			
16b. Weight		Abdomen		Hip		mm						DIAS			
		Thigh		Thigh		mm						SYS		20. Proctosigmoidoscopy	
16c. Waist		Total				mm						DIAS			
		Percent Fat				%									
21. Hearing								22. Pulmonary Function							
RIGHT EAR								LEFT EAR							
250	500	1000	2000	3000	4000	6000	8000	250	500	1000	2000	3000	4000	6000	8000
23. Distant Vision (Standard test types only)								24. Near Vision (Use linear values)							
Right Eye				Corrected to 20/				20/				Corrected to 20/			
Left Eye				Corrected to 20/				20/				Corrected to 20/			
Both Eyes				Corrected to 20/				20/				Corrected to 20/			
25. Intraocular Tension								26. Color vision (Test used, number of plates missed/number of plates used)							
Tactile		Right Eye		Left Eye											
No Touch															
27. Field of Vision				28. Check boxes in which individual demonstrates ability to pass the following coordinated balance tests.						29. Depth Perception					
Right Eye		Left Eye		<input type="checkbox"/> Squat and rise without holding on to any object <input type="checkbox"/> Walk on toes and heels without holding on to another object <input type="checkbox"/> Close eyes with feet together and not lose balance											
30. Laboratory Tests (blood & urine) specimen collected								32. Stress Electrocardiogram (attach report)							
- specimen collected <input type="checkbox"/> Yes <input type="checkbox"/> No								conducted <input type="checkbox"/> Yes <input type="checkbox"/> No							
- sent to lab - date _____								33. Chest X-ray (attach report)							
31. Blood Type / Rh Factor (Applicants Only)								conducted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal							
								34. Electrocardiogram (attach report)							
								conducted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal							
35. PHYSICIAN CONCLUSIONS - Summarize below any findings, in your opinion, which would limit the performance of job duties.															
<input type="checkbox"/> Limiting Conditions (Please check)															
Summary of Defects and Diagnosis								Recommendations							
Historically Stable (Chronic)															
Historically Progressive (Chronic)															
New															
Recommendations - Specialty Examinations								Date of Consultation				Date Report Submitted			
1.															
2.															
3.															
Typed Name of Examining Physician								Signature				Date			

PRIVACY ACT STATEMENT: Executive Order 9397 allows federal agencies to use the Social Security Number as an individual identifier to avoid confusion caused by employees with the same or similar names. However, failure to provide the information requested may delay processing under the Secret Service Mandatory Medical Examination Program.

United States Secret Service MEDICAL HISTORY QUESTIONNAIRE

1. Employees Full Name (Last, First, Middle Initial)	1a. Date	1b. Social Security No.*	1c. Date of Birth
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I. General History

1. Marital Status (check appropriate box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	2. Number of children _____ Ages of children _____																										
3. Employee's Occupation/Position	4. How Long in Current Occupation/Position?	5. Highest Level of Education (circle one) 12 13 14 15 16 16+																									
6. Have you ever been a regular smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No / If you have quit.....when? _____ Please check if you regularly smoke - <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigars number of times per day _____ How long have you been smoking? _____																											
7. Please check if you drink <input type="checkbox"/> Liquor <input type="checkbox"/> Beer <input type="checkbox"/> Wine		7a. Amount per day or week (please specify)																									
8. Do you drink caffeinated beverages (i.e. coffee, cola, tea)? <input type="checkbox"/> Yes <input type="checkbox"/> No			8a. Amount per day or week (please specify)																								
9. Please respond to the following series of questions using the code: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">1. Never or Very Infrequently</td> <td style="width: 5%;">_____</td> <td style="width: 35%;">How often do you feel tense, anxious, and/or have nervous indigestion?</td> <td style="width: 30%;"></td> </tr> <tr> <td>2. Occasionally</td> <td>_____</td> <td>Do you eat, drink, and/or smoke in response to stress/tension?</td> <td></td> </tr> <tr> <td>3. Frequently</td> <td>_____</td> <td>Do you have headaches and/or pain/tension in the neck and/or shoulders?</td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td>Do you get 7-8 hours of sleep per night?</td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td>Do you take time to relax and do things you enjoy?</td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td>Do you take tranquilizers (or other drugs) to relax?</td> <td></td> </tr> </table>				1. Never or Very Infrequently	_____	How often do you feel tense, anxious, and/or have nervous indigestion?		2. Occasionally	_____	Do you eat, drink, and/or smoke in response to stress/tension?		3. Frequently	_____	Do you have headaches and/or pain/tension in the neck and/or shoulders?			_____	Do you get 7-8 hours of sleep per night?			_____	Do you take time to relax and do things you enjoy?			_____	Do you take tranquilizers (or other drugs) to relax?	
1. Never or Very Infrequently	_____	How often do you feel tense, anxious, and/or have nervous indigestion?																									
2. Occasionally	_____	Do you eat, drink, and/or smoke in response to stress/tension?																									
3. Frequently	_____	Do you have headaches and/or pain/tension in the neck and/or shoulders?																									
	_____	Do you get 7-8 hours of sleep per night?																									
	_____	Do you take time to relax and do things you enjoy?																									
	_____	Do you take tranquilizers (or other drugs) to relax?																									

II. Physical Fitness History

1. How physically fit do you feel at present? (check appropriate box) <input type="checkbox"/> Unfit <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very Fit	2. Are you presently active in the U.S. Secret Service Fitness Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Aerobic Exercise (Cardiovascular Endurance Component) is accomplished through which of the following activities? A. Mode - <input type="checkbox"/> 1. Walking <input type="checkbox"/> 2. Jog/Run <input type="checkbox"/> 3. Swimming <input type="checkbox"/> 4. Biking <input type="checkbox"/> 5. Other _____			
Regarding the above listed activities --			
B. Frequency (days per week) - <input type="checkbox"/> 1. Two or less <input type="checkbox"/> 2. Three <input type="checkbox"/> 3. Four <input type="checkbox"/> 4. Five or more			
C. Duration (minutes per workout) - <input type="checkbox"/> 1. Less than 15 <input type="checkbox"/> 2. 15-30 <input type="checkbox"/> 3. 30-60 <input type="checkbox"/> 4. 60 or more			
D. Intensity (your perceived exertion most consistently is) - <input type="checkbox"/> 1. Very, very light <input type="checkbox"/> 2. Very light <input type="checkbox"/> 3. Somewhat hard <input type="checkbox"/> 4. Hard <input type="checkbox"/> 5. Very hard <input type="checkbox"/> 6. Very, very hard			
E. Environment (exercise is accomplished at the following locations) - <input type="checkbox"/> 1. At home <input type="checkbox"/> 2. At work <input type="checkbox"/> 3. Other _____			
4. Strength Development Dynamic Strength Component) is accomplished through which of the following activities? A. Mode - <input type="checkbox"/> 1. Calisthenics <input type="checkbox"/> 2. Free-weight training (barbell/dumbbell) <input type="checkbox"/> 3. Universal <input type="checkbox"/> 4. Nautilus <input type="checkbox"/> 5. Other _____			
B. Frequency (days per week) - <input type="checkbox"/> 1. Two or less <input type="checkbox"/> 2. Three <input type="checkbox"/> 3. Four <input type="checkbox"/> 4. Five or more			
C. Duration (minutes per workout) - <input type="checkbox"/> 1. Less than 15 <input type="checkbox"/> 2. 15-30 <input type="checkbox"/> 3. 30-60 <input type="checkbox"/> 4. 60 or more			
D. Intensity - <input type="checkbox"/> 1. Heavy weight/low repetitions <input type="checkbox"/> 2. Light weight/high repetitions <input type="checkbox"/> 3. Combination of 1 and 2			
E. Environment (locations) - <input type="checkbox"/> 1. At home <input type="checkbox"/> 2. At work <input type="checkbox"/> 3. Other (Name/location of club, etc.) _____			
5. I stretch after exercising (flexibility component) - <input type="checkbox"/> 1. Almost never <input type="checkbox"/> 2. Occasionally <input type="checkbox"/> 3. Frequently <input type="checkbox"/> 4. Very Frequently <input type="checkbox"/> 5. Almost always			
6. I approach exercise in a relaxed manner - <input type="checkbox"/> 1. Almost never <input type="checkbox"/> 2. Occasionally <input type="checkbox"/> 3. Frequently <input type="checkbox"/> 4. Very Frequently <input type="checkbox"/> 5. Almost always			
7. I avoid the extremes of too much or too little exercise - <input type="checkbox"/> 1. Strongly agree <input type="checkbox"/> 2. Agree <input type="checkbox"/> 3. Neutral/not sure <input type="checkbox"/> 4. Disagree <input type="checkbox"/> 5. Strongly disagree			
8. I supplement program exercise with the following activities - (list individual/team sport activities and/or leisure time activities)			

III. Past Medical History

1. Check each item "Yes" or "No". Every item checked "Yes" must be fully explained in blank space on right.

- A. Have you been refused employment or been unable to hold a job or stay in school because of:
- 1. Sensitivity to chemicals, dust, sunlight, etc. Yes No
 - 2. Inability to perform certain motions. Yes No
 - 3. Inability to assume certain positions. Yes No
 - 4. Other medical reasons (If yes, give reasons.) Yes No
- B. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.) Yes No
- C. Have you ever been denied life insurance? (If yes, state reason and give details.) Yes No
- D. Have you had, or have you been advised to have, any operation? (if yes, describe and give age at which occurred.) Yes No
- E. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, name of doctor and complete address of hospital.) Yes No
- F. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) Yes No
- G. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) Yes No
- H. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.) Yes No
- I. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.) Yes No
- J. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (if yes, specify what kind, granted by whom, and what amount, when, why.) Yes No
- K. Are you presently under any medication? (Please include non-prescription.) Yes No

2. Diagnostic Tests	Yes	No	Date
Chest X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach X-Ray (Upper GI)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Colon X-Ray (Lower GI, Barium Enema)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gallbladder X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrocardiogram (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Graded Stress (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis Skin Test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever had a positive Tuberculosis Skin Test?	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Immunizations	Yes	No	date _____
Smallpox	<input type="checkbox"/>	<input type="checkbox"/>	
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	

3. Allergies -

Are you allergic to any medications?
 Yes No

If yes, list and describe reactions.

Other known allergies?
 Yes No

If yes, list and describe symptoms.

Controlled with medication?
 Yes No

If yes, name.

IV. Review of Systems

Have you had or do you have any of the following:

NOTES: Describe each abnormality in detail. Enter pertinent item number before each comment.

NO		YES
	H-01 NOSE, MOUTH, THROAT	
	.01 frequent or severe nosebleeds	
	.02 persistent hoarseness	
	.03 nose or mouth problems	
	.04 sinus trouble	
	.05 persistent sore throat	
	H-02 EARS and HEARING	
	.01 hearing problems or loss of hearing	
	.02 other ear problems	
	.03 ringing or buzzing in your ears	
	.04 earaches or discharge from your ears	
	.05 dizziness	
	.06 exposure to prolonged loud noise	
	.07 wear a hearing aid	
	H-03 EYES AND VISION	
	.01 pain in your eyes or increased pressure	
	.02 blurry vision	
	.03 change in vision	
	.04 wear glasses or contacts	
	.05 eye trouble or visual problems	
	.06 glaucoma	
	.07 have you had radial keratotomy	
	.08 have you had any surgery on your eyes	
	H-04 HEART and CARDIOVASCULAR	
	.01 pain or tightness in the front or back of your chest during exertion	
	.02 pain or tightness in the front or back of your chest during anxiety	
	.03 swelling of feet or ankles	
	.04 cramps in the back of your lower legs when you walk	
	.05 extra, skipped or irregular heartbeats/pulse	
	.06 rapid heartbeats or palpitations	
	.07 circulatory problems	
	.08 known disease of arteries	
	.09 heart murmur	
	.10 elevated cholesterol/value:	
	.11 high triglycerides or blood fats/value:	
	.12 scarlet fever	
	.13 pericarditis	
	.14 heart trouble/disease/attack/coronary 0-1yr, 1-2 yrs, 2-5 yrs, over 5 yrs	
	H-05 PERIPHERAL VASCULAR SYSTEM	
	.01 cold feet and/or hands when others are comfortable in the same room	
	.02 high blood pressure	
	.03 varicose veins	
	.04 phlebitis	
	H-06 RESPIRATORY SYSTEM	
	.01 frequent chest colds	
	.02 wheezing or whistling in your chest	
	.03 chronic or bothersome persistent cough	
	.04 difficulty breathing	
	.05 daily cough or raising phlegm: persistent 3 months or longer	
	.06 shortness of breath with exertion, while sitting still, when lying down	
	.07 tuberculosis	
	.08 asthma	
	.09 bronchitis	
	.10 pulmonary embolus (blood clot in lung)	
	.11 pneumonia	
	.12 emphysema	
	.13 allergies: hayfever, skin, other (refer to Section IV, No. 8)	
	H-07 ENDOCRINE and METABOLIC SYSTEM	
	.01 obesity or overweight/underweight	
	.02 diabetes	
	.03 high or low blood sugar	
	.04 thyroid gland problem	
	.05 pituitary gland problem	
	H-08 HEMATOPIETIC and LYMPHATIC SYSTEMS	
	.01 abnormal bleeding or clotting	
	.02 cough up blood	
	.03 blood disorder	
	.04 anemia	
	H-09 MUSCULOSKELETAL SYSTEM	
	.01 chronic lower back pain or problem	
	.02 pain in your legs or feet	
	.03 hot, swollen, stiff, or painful joints (which joints:)	
	.04 persistent ankle swelling	
	.05 trouble walking or using your hip, shoulder or knee joints	
	.06 muscle weakness	
	.07 cramps or weakness in your legs while walking	
	.08 movement impairment	
	.09 loss of extremity or digit	

Review of Systems (continued)

NOTES: Describe each abnormality in detail. Enter pertinent item number before each comment.

NO		YES
	H-09 MUSCULOSKELETAL SYSTEM (continued)	
	.10 arthritis or rheumatoid arthritis	
	.11 gout	
	.12 high uric acid (value):	
	H-10 SKIN and COLLAGEN	
	.01 noticed " change in the color of your skin	
	.02 skin rashes or itching	
	.03 unusually dry skin	
	.04 growth on your skin that bothers you	
	.05 sores or wounds that do not heal	
	.06 change in color or size of warts or moles	
	.07 skin diseases or eczema	
	H-11 GENITOURINARY and REPRODUCTIVE SYSTEM	
	.01 burning or pain when you urinate	
	.02 urinate frequently	
	.03 difficulty starting/stopping your urinary stream	
	.04 urine loss when you cough or sneeze	
	.05 noticed blood when passing urine	
	.06 urinary tract problems	
	.07 prostrate problems	
	.08 nephritis	
	.09 any kidney problems such as stones, blood in urine, burning, infection, etc.	
	.10 had an operation to prevent pregnancy	
	.11 sexually transmitted disease	
	H-12 NEUROLOGICAL	
	.01 frequent and/or severe headaches	
	.02 localized weakness, numbness, or tingling in your head or extremities/arms or legs	
	.03 feel unsteady on your feet or more clumsy	
	.04 double or blurred vision	
	.05 dizziness	
	.06 fainting	
	.07 epilepsy (seizures or convulsions)	
	.08 paralysis	
	.09 stroke	
	.10 any tremors or shakiness	
	.11 polio	
	H-13 GASTROINTESTINAL SYSTEM	
	.01 recent changes in your eating habits	
	.02 poor appetite	
	.03 stomach disorders such as heartburn indigestion, pain, ulcers, vomiting blood, gas, fatty food intolerance	
	.04 nausea	
	.05 constipation, diarrhea, blood in stool, hemorrhoids, or colitis/ bowel trouble, or rectal polyps	
	.06 liver or gall bladder trouble	
	.07 cirrhosis of liver	
	.08 hepatitis	
	.09 hernia	
	H-14 GENERAL	
	.01 recently been drinking more water and/or fluids	
	.02 previous or recent unusual weight gain or loss	
	.03 usually feel tired	
	.04 worry a lot about your health	
	.05 any kind of cancer, tumor, growth, or cyst	
	.06 drug allergies (which drugs, reactions)	
	.07 do you have any other medical problems not previously mentioned? Explain	
	.08 ever had exposure to AIDS virus	
	.09 presently on any medication	
	H-15 PSYCHIATRIC CONDITIONS	
	.01 trouble sleeping (how many hrs a night do you sleep)	
	.02 fatigue easily (cause if known)	
	.03 frequently or chronically depressed or anxious	
	.04 hospitalized for a nervous disorder	
	.05 psychiatric or psychologic consultation	
	.06 depression	
	.07 nervous trouble	
	H-16 WOMEN ONLY	
	.01 severe menstrual pain	
	.02 irregular menstrual periods	
	.03 extremely heavy flow	
	.04 vaginal discharge or itching	
	.05 had or have lumps in your breasts	
	.06 give yourself periodic breast exams	
	.07 know how to perform such a test	
	.08 are you now pregnant	
	last menstrual period _____	
	last pap smear _____	

V. Review of Systems Continuation Sheet

Comment on any items checked YES - Enter pertinent number beside each comment:

Physicians Comments:

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

Typed or Printed Name of Examinee

Signature

PRIVACY ACT STATEMENT: Executive Order 9397 allows Federal agencies to use the Social Security Number of an individual to avoid confusion caused by employees with the same or similar names. However, failure to provide the information requested may delay processing under Secret Service Mandatory Medical Examination Program.



EYE EXAMINATION REPORT

DIRECTIONS: This Eye Examination Report must be completed at the applicant's own expense and MUST be submitted with the Security Clearance Forms packet. Items 1-2 must be completed by applicant, and 3-17 must be completed by applicant's Eye Care Provider (i.e. Optometrist, Ophthalmologist) based on CURRENT eye examination.

1A. NAME (Last, First, Middle)	1B. DOB (MM/DD/YYYY)	1C. SEX (M or F)	1D. TELEPHONE No.
---------------------------------------	-----------------------------	-------------------------	--------------------------

2A. HOME ADDRESS (No. Street, City, State, Zip Code)	2B. RECRUITING OFFICE	2C. POSITION APPLYING FOR (i.e. SA, UD, SO)
---	------------------------------	--

3. **HISTORY** – Record pertinent past and present history concerning visual problems, eye surgical procedures, and medical conditions.

4. **HETEROPHORIA** – Record phorias and tropias (specify which), in prism diopters, with and without best lens correction in place

	(1) AT 20 FEET			(2) AT 16 INCHES		
	EXO.	ESO.	HYPER.	EXO.	ESO.	HYPER.
A. WITHOUT CORRECTION						
B. WITH CORRECTION (If any)						

5. **FUSION AND EOM** – Record Fusion ability and method used. Note presence of Strabismus, diplopia, and/or abnormal extraocular motility.

6. **PUPILS** – Statement of relative size and reaction. Specify abnormal function i.e. afferent pupillary defect.

7. **VISUAL FIELDS** – Attach field charts, if used.

8. **EXTERNAL AND SLIT LAMP EXAM** – Record results and slit lamp exam for each eye. Describe corneal scars or cataracts, if present. Describe abnormal adnexa findings.

O.D.

O.S.

9. **OPHTHALMOSCOPIC** – Describe disc, vessels, and retina. State if dilated exam performed.

O.D.

O.S.

10. VISUAL ACUITY (Use Snellen Equivalents)		WITHOUT CORRECTION	WITH CORRECTION	CHECK IF APPLICABLE:	
				CONTACT LENSES	SPECTACLE LENSES
A. DISTANT VISION	O.D.				
	O.S.				
	O.U.				
B. NEAR VISION (16 INCHES)	O.D.				
	O.S.				
	O.U.				
C. INTERMEDIATE VISION (32 ICHES)	O.D.				
	O.S.				
	O.U.				

NOTE – If contact lenses are used, corrected near visual acuity should be determined while these lenses are worn. State if bifocal or monovision contact lense(s) is/are used.

11. **INTRAOCULAR PRESSURE** – State method used.

O.D.

O.S.

12. **PRESENT PRESCRIPTION** (Sphere, cylinder, axis)

A. **CONTACT LENSES**

B. **SPECTACLE LENSES**

O.D.

O.S.

O.D.

O.S.

13A. **DESCRIBE TYPE OF CONTACT LENSES USED**

14. **EYE SURGERIES** – List all procedures with dates, indications, and sequelae. If cataract surgery was performed, include type and name of intraocular lens(es) used.

15. **EYE MEDICATION** – Include dosage, and whether O.D./O.S./O.U.

16. **PROFESSIONAL EVALUATION** – Provide diagnosis, prognosis, comments, on other findings, and recommendations for follow up.

17A. **NAME, ADDRESS, & TELEPHONE No. OF EYE SPECIALIST**

17B. **SIGNATURE OF EYE SPECIALIST**

DATE OF EYE EXAMINATION: _____
MM / DD / YYYY

U.S. Secret Service
APPLICANT DRUG TESTING NOTIFICATION

Applicant's Name: _____

Notice

Applicants to all positions in the U.S. Secret Service will be required to submit to drug testing by urinalysis as a precondition of employment. Any applicant who tests positive for the use of illicit drugs will be given no further consideration for a position in this agency.

In those cases where the applicant is currently employed by a law enforcement or intelligence agency of a Federal, State, or local jurisdiction, and the applicant tests positive for the presence of illicit drugs, the test results may be made available to the head of that organization.

I certify that I have read the above statement and understand it fully.

Date

Signature of Applicant

Signature of Witness (USSS)

Office of Witness

**UNITED STATES SECRET SERVICE
DRUG HISTORY QUESTIONNAIRE**

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

Instructions to the Applicant:

1. As an applicant with a conditional offer of employment from the United States Secret Service (USSS), any prior drug use, attempted drug use, and/or experimentation must be disclosed before you can be considered for further processing. Do not include instances in which substances were prescribed, administered, or dispensed by a duly licensed physician for treatment of a legitimate medical condition.
2. Answer all questions completely or check (x) the box which applies. **Note:** We cannot accept your form if it is not complete.
3. Your initials are required at the bottom of each page.
4. If submitting electronically, an "/S/" followed by your typed name will serve in place of an actual signature.
5. **YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.**

Definitions:

The term "**anabolic steroid**" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, corticosteroids, and dehydroepiandrosterone).

The term "**controlled substance**" means a drug or other substance, or immediate precursor. The term does not include distilled spirits, wine, malt beverages, or tobacco.

The term "**marijuana**" means all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, or its resin. Such term does not include the mature stalks of such plant; fiber produced from such stalks; oil or cake made from the seeds of such plant; any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake; or the sterilized seed of such plant which is incapable of germination. (*Reference: Title 21 United States Code (U.S.C.)*)

-
1. Please select your current age.

- Under 21
 21 to 23
 Over 23

2. Have you ever illegally used a drug or controlled substance, excluding marijuana but including anabolic steroids or prescription drugs?

- Yes No

3. Select the items that you have used.

- Hashish Other - **MUST** provide name(s) in the space below (as applicable, please list prescription drugs used illegally or for purposes other than medicinal)
- Cocaine/Crack
- LSD
- Amphetamines/Methamphetamines
- Heroin
- Anabolic Steroids
- Ecstasy/MDMA
- Mushrooms
- PCP
- Not Applicable (N/A)

Enter your initials before going to the next page _____

4. Please provide the date you last used any of the substances listed in Question 3.

5. In your lifetime, provide the total number of times you have illegally used a drug or controlled substance, excluding marijuana but including prescription drugs or anabolic steroids, for purposes other than medicinal.

- | | |
|---|---|
| <input type="checkbox"/> N/A (0 times) | <input type="checkbox"/> 21 to 30 times |
| <input type="checkbox"/> 1 to 10 times | <input type="checkbox"/> 31 to 40 times |
| <input type="checkbox"/> 11 to 20 times | <input type="checkbox"/> More than 40 times |

6. Since becoming 23 years of age, provide the total number of times you have illegally used a drug or controlled substance, excluding marijuana but including prescription drugs or anabolic steroids.

- | | |
|---|---|
| <input type="checkbox"/> N/A, I am less than 23 years old | |
| <input type="checkbox"/> N/A (0 times) | <input type="checkbox"/> 21 to 30 times |
| <input type="checkbox"/> 1 to 10 times | <input type="checkbox"/> 31 to 40 times |
| <input type="checkbox"/> 11 to 20 times | <input type="checkbox"/> More than 40 times |

7. Have you ever illegally used marijuana?

- No Yes

8. Please provide the date that you last illegally used marijuana.

9. In your lifetime, provide the total number of times you have illegally used marijuana.

- | | |
|---|---|
| <input type="checkbox"/> N/A (0 times) | <input type="checkbox"/> 21 to 30 times |
| <input type="checkbox"/> 1 to 10 times | <input type="checkbox"/> 31 to 40 times |
| <input type="checkbox"/> 11 to 20 times | <input type="checkbox"/> More than 40 times |

10. Since becoming 23 years of age, provide the total number of times you have illegally used marijuana.

- | |
|---|
| <input type="checkbox"/> N/A, I am less than 23 years old |
| <input type="checkbox"/> N/A (0 times) |
| <input type="checkbox"/> 1 to 10 times |
| <input type="checkbox"/> 11 to 20 times |
| <input type="checkbox"/> 21 to 30 times |
| <input type="checkbox"/> 31 to 40 times |
| <input type="checkbox"/> More than 40 times |

11. Have you ever illegally used a drug or controlled substance, including prescription drugs, marijuana, or anabolic steroids, while in a law enforcement, prosecutorial, or public trust position, or while employed in a position requiring a U.S. Government security clearance?

- No Yes

Enter your initials before going to the next page _____

12. Have you ever been involved in the cultivation, manufacture, distribution, processing, and/or sale of any illegal drug or controlled substance, including prescription drugs, marijuana, or anabolic steroids?

No Yes

13. If you answered "**Yes**" to any of the above questions, provide a brief explanation in the space below and, if applicable, provide any compelling mitigating circumstances.

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

A FALSE ANSWER TO ANY QUESTION IN THIS FORM MIGHT BE GROUNDS FOR DENYING APPOINTMENT OR FOR DISMISSAL AFTER APPOINTMENT, AND MIGHT BE PUNISHABLE BY FINE OR IMPRISONMENT (18 U.S.C.1001). ALL STATEMENTS OR INFORMATION PROVIDED IN THIS FORM 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.

Printed Name of Applicant

Signature of Applicant

Date Signed

Signature of Witness (*U. S. Secret Service Employee Only*)

Witness' Division/Office

Date Signed

PRIVACY ACT NOTICE

Authority to collect the information sought on the accompanying form is derived from the following sources: 5 U.S.C. 301; 18 U.S.C. 3056; Executive Orders 10450, 12333, 12958, and 12968; 44 U.S.C., Chapter 35 and 31 CFR 2.1. The purpose of the information is to provide a basis for determining employment eligibility for positions with access to classified documents. The information will be used to fulfill legal record keeping requirements as well as referrals to other agencies on a need to know basis in their performance of duties. Submission of the information is voluntary. 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, 5 U.S.C. 552a.

Additional Continuation Space for

SSN:

Please use the space below if additional space is needed. Indicate form title(s) and item number(s)

Thank you for completing this package.