United States Secret Service

Supplemental 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.

- **Save this packet as a .pdf document** to your computer or an external drive prior to completing any of the forms. Failure to do this, or saving the packet in another format, could result in loss of your information.
- **All forms must be typed.** If you have the paper-based version of this packet, but you are able to complete this packet in electronic format, please call your designated Secret Service point-of-contact so we can send you an Adobe Acrobat-based version of this packet.
- 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.
- **Please *sign* the SSF 3230A** Disclosure & Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act, do not sign or initial any of the forms unless otherwise indicated. (Your signatures must be witnessed by Secret Service representatives).
- When the packet is completed, save all information in portable document format (.pdf).
- **Prior to printing** this packet, choose "File" > "Print," and then click "Advanced." (The location of the Advanced button varies, depending on your version of Reader or Acrobat.) **Mac OS Users:** If you don't see the Advanced button, click the Down Arrow (to the right of the Printer pop-up menu).
- Select "Print as Image." This ensures proper printing of your information. The location of the "Print as Image" options varies, depending on your version of Adobe Reader or Acrobat. Click "OK" to close the "Advanced Print Setup" dialog box, and then click "OK" to print. **Mac OS Users:** Click "Print" and then choose "Adobe PDF" to ensure the documents are appropriately saved.
- **Completion of the SSF 3300 and SSF 3300A are only required** for positions requiring a physical examination. Please see your conditional offer of employment letter/e-mail to see if your position requires a physical.
- **The SSF 4398 – Eye Examination may be submitted with the package if time permits, or after the e-QIP is submitted if time does not permit.** Do not hold up the e-QIP submission for the SSF 4398 Eye Examination form.
- All supplemental forms must be uploaded into e-QIP under "attachments."

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

DISTRIBUTION: ORIGINAL - OFFICIAL PERSONNEL FILE CC - RECRUITMENT AND PERSONNEL SECURITY DIVISION CC - CANDIDATE

Declaration for Federal Employment*

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

Form Approved:
OMB No. 3206-0182

Instructions

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

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

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

Privacy Act Statement

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

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

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

Public Burden Statement

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

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

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

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?	4. DATE OF BIRTH (MM / DD / YYYY)
☐ YES ☐ NO (If "NO", provide country of citizenship) ♦	♦
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*

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

Form Approved:
OMB No. 3206-0182

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: _____ (Sign in ink) Date _____

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

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

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

United States Secret Service

POLYGRAPH EXAMINATION

ADVISEMENT OF THE REQUIREMENT FOR POLYGRAPH EXAMINIATION FOR EMPLOYMENT

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

Form **14767**
(June 2020)

Department of the Treasury - Internal Revenue Service

Consent to Disclose Tax Compliance Check

1. Taxpayer Information

First name	Middle initial	Last name	Suffix	Social Security Number (SSN)

Street address

City	State	ZIP code	Online code *(if applicable)*

2. Appointee

Federal agency name	Assigned agency code
DEPARTMENT OF HOMELAND SECURITY - UNITED STATES SECRET SERVICE	FD407

Street address
245 MURRAY LANE, SW, BLDG. T-5

City	State	ZIP code	Contact telephone number
WASHINGTON	DC	20223	(202)406-6658

Authorization

I authorize the IRS to disclose a Tax Compliance Report containing confidential tax return information to the designated federal appointee above. The Tax Compliance Report will disclose whether or not I am compliant with my United States federal tax obligations and provide applicable supporting details from the tax account associated with my SSN limited to:

1. Individual income tax filing obligations *(Tax Form Number 1040),* whether the return was filed timely or late *(with regard to valid extensions),* for the four (4) most recent tax periods; and when there is no return on file and filing was required, for up to the six (6) most recent tax periods.

2. Business taxes for which I am personally liable. As a sole-proprietor I may be liable for filing employment and/or excise tax returns for my business *(See instructions).* If applicable, the report will identify the type of unfiled business tax return(s) and tax period(s), if a return is required based on my business' reporting requirements.

3. Unpaid assessed tax liabilities *(i.e. tax debts)* for any tax period for which the collection statute of limitations has not expired. *(This is generally (10) years from the date of assessment unless extended).* If all taxes are paid the report will state that no taxes are due. For unpaid taxes as of the date of the report, the tax period; the amount owed *(total balance due including tax, penalties and interest);* primary reason for the assessment; the existence of a tax lien, if applicable, and the current status of the account *(e.g. installment agreement, appeal or claim pending, etc.)* will be listed.

4. Whether federal taxes were paid late for the four (4) most recent tax years. If applicable, the report will identify the type of tax and tax period(s) with payments made after the due date of the return.

5. Whether a fraudulent failure to file or civil tax fraud penalty was assessed in the last five (5) years. If applicable, the report will identify the tax period, date, and amount of the penalty(ies) assessed, even if fully paid by the date of the report.

The IRS will not release copies of my tax return, a transcript of my account nor information concerning my income, dependents or filing status, to the appointee pursuant to this authorization.

I certify that I have the authority to execute this consent. Under penalties of perjury, I declare that I have authority to execute this consent and the information provided is to the best of my knowledge and belief, true, correct, and complete.

Signature of Taxpayer *(The signature and date must be handwritten and the consent must be received by the IRS within 120-days of the date it was signed.)*

Signature	Date

Taxpayer Notification

Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Designated Appointee Official Notification

Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Instructions for Form 14767, Consent to Disclose Tax Compliance Check

Purpose of Form

The purpose of the tax compliance report is to provide the appointee federal tax information necessary for use in conducting a background investigation or determining one or more of the following:

- Suitability for government employment or appointment,
- Eligibility for access to federally controlled facilities and information systems,
- Authorization to be issued a federal credential or receive sensitive government information,
- Access to classified information,
- Contractor or federal employee fitness,
- Monitoring tax compliance, if required as a condition of employment, or
- Other purposes authorized by Federal law

The purpose of this form is to authorize the Internal Revenue Service (IRS) to prepare a tax compliance report that discloses confidential tax information to a third-party appointee. The appointee is the federal agency identified on the form which may be your current or prospective employing or contracting agency or a federal investigative service provider agency for example, the Defense Counterintelligence and Security Agency (DCSA) which conducts background investigations for Federal agencies. This form may also be used to request a tax compliance report for other authorized uses. Without a valid consent, the IRS is prohibited by law from disclosing any of this information to third parties. Pursuant to this consent, only your tax compliance report and limited details from your tax account will be disclosed.

Authorized Disclosures

If you timely filed and paid your taxes, the report will state that you are compliant with your tax obligations. The report will only address facts of filing and your compliance status on all authorized tax periods. If you have a delinquent Federal tax liability *(i.e. unpaid tax debt),* we will only disclose limited information sufficient to explain the specific delinquency.

If there are overdue filings or payments the report will state that you are non-compliant or identify the compliance issue if there are extenuating circumstances *(e.g. litigation, combat zone, installment agreement)* and provide an explanation along with the current status of your account. For example, if you owe taxes for 2018 and are repaying through an approved installment agreement, we will report the amount owed and the fact that you have a current installment agreement.

We will report an assessment of a civil tax fraud penalty or fraudulent failure to file penalties whether paid or unpaid. These penalties relate to the non-filing or non-payment of income, excise and employment tax returns *(for example the trust fund recovery penalty; frivolous filing penalty; willful failure to pay, evade or defeat the stamp tax; sanctions awarded by the Tax Court).* Generally, these penalties are assessed in addition to any income tax liability under your Social Security Number (SSN).

Your authorized appointee will use your tax records for purposes allowed by federal law which may include redisclosure to others during the maintenance and processing of your suitability or eligibility determination. Contact your appointee to obtain additional information about routine uses of your tax compliance report.

Business Information

Do you own a business? If you own a business as a sole proprietor, we will research and report any delinquent excise or employment tax liabilities associated with your business. You would report the income and expenses of your business on Schedules C or F attached to your individual income tax return. This only applies if you have employees or are subject to excise taxes for which you are personally responsible for paying even though these taxes are assessed using the business's Employer Identification Number (EIN). The employment or excise tax returns are not reported on your individual income tax return but are filed separately with the IRS *(for example, Form 940, 941,720).* If you do not have employees or are not required to pay these taxes, you would not file any of these business returns.

Taxpayer Information

Enter your name, Social Security Number (SSN) and address in the spaces provided. If you used the IRS online tax check service, enter the Online Code you received when you were unable to verify your identity. Leave the Online Code blank if you did not use the IRS online tax check service.

Authorized Appointee

The Federal agency that will receive your confidential tax information should have provided the information for this section. They will identify the name of the agency, assigned agency code, the agency's mailing address and contact telephone number. If they did not provide this information, ask them to add it before you sign. Do not sign this consent if this information is blank.

Signature of Taxpayer

You must sign and date the consent in order for the IRS to disclose your tax information to the Federal agency appointee named on the consent. The signature and date must be handwritten. When signing the document, you are authorizing the release of specific tax information from IRS records.

Privacy Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. This form authorizes the IRS to disclose your confidential tax information to the federal agency you appoint. This form is provided for your convenience and its use is voluntary. The information is used by the IRS to determine what confidential tax information your appointee can receive. Internal Revenue Code section 6103(c) and its regulations require you to provide this information if you want to designate an appointee to inspect and/or receive your confidential tax information. Under section 6109, you must disclose your identification number. If you do not provide all the information requested on this form, we may not be able to honor the authorization. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include disclosure to the Department of Justice for civil or criminal litigation and to other federal agencies, as provided by law. We may disclose this information to cities, states, the District of Columbia, and U.S. commonwealths and possessions to administer their laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. We may disclose this information to persons for purposes of collecting debts through salary and administrative offsets and to the news media as described in IRS Policy Statement 11-94. We may also disclose this information to appropriate persons to assist in responding to compromises of information.

DEPARTMENT OF HOMELAND SECURITY
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.

DEPARTMENT OF HOMELAND SECURITY
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: ☐ Male ☐ 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: ☐ Male ☐ 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: ☐ Male ☐ 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: ☐ Male ☐ 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: ☐ Male ☐ 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:			

DEPARTMENT OF HOMELAND SECURITY
United States Secret Service

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 HISTORY QUESTIONNAIRE

1. Last Name – First Name – Middle Name	**2.** ID number: (MRN – Medical Record Number or last 4 SSN oremployee ID)	**3.** **DATE OF EXAMINATION**

4. Date of Birth	**5.** Employee Occupation/Position	**6.** How long in current Occupation/Position?

GENERAL HISTORY

7. Are you currently or have you ever been a tobacco user? ☐Yes ☐No

If yes, how long have you been a tobacco user?

_____ years

How often do you smoke?

_____ packs per **day**

_____ packs per **week**

For smokeless tobacco, how much and how often?

_____

8. How often did you have a drink containing alcohol in the past year?

☐never ☐monthly/less ☐2-4 times/mo ☐2-3 times/wk ☐4 or more times/wk

How many drinks did you have on a typical day when you were drinking in the past year?

☐ 1-2 ☐3 or 4 ☐5 or 6 ☐7 to 9 ☐10 or more

How often did you have six or more drinks on one occasion in the past year?

☐ less than monthly ☐ monthly ☐ weekly ☐ daily/almost daily

9. Have you **EVER** had, or have you been advised to have any operation/surgical procedure/other procedure? If yes, specify the procedure and dated occurred: ☐Yes ☐No

[INCUMBENTS answer SINCE LAST EXAM]

10. Have you **EVER** been a patient in any type of hospital/ER/urgent care facility for other than a minor illness, such as a cold? If yes, specify where, when and why: ☐Yes ☐No

[INCUMBENTS answer SINCE LAST EXAM]

11. Have you **EVER** been evaluated or treated by any medical provider for other than a minor illness, such as a cold? If yes, specify where, when and why: ☐Yes ☐No

[INCUMBENTS answer SINCE LAST EXAM]

12. Have you **EVER** been rejected or discharged for military service because of physical, mental or other reasons? If yes, give date and reason for rejection: ☐Yes ☐No

13. Have your **EVER** received, is there pending, or have you applied for any pension or compensation for any disability? If yes, specify what kind, granted by whom and what amount, when and why: ☐Yes ☐No

14. Do you have any allergies, including allergies to medications? If yes, list all allergies and describe your symptoms: ☐Yes ☐No

MEDICAL HISTORY QUESTIONNAIRE (continuation)

Examinee Name:_____ **Date of Birth:**_____

15. Are you currently taking any medications? (Please include prescription and non-prescription – including all medications you take occasionally or regularly; include vitamins, supplements, and herbals) ☐Yes ☐No

If yes, list all medications, include the reason, prescriber (if applicable), and how often you take the medication:

PHYSICAL FITNESS HISTORY

16. How many days per week do you exercise?

What type(s) of exercises do you perform?

How intense would you describe your exercise program: ☐Intense ☐Moderate ☐Casual

How physically fit do you feel at present: ☐Below Average ☐Average ☐Above Average

MENTAL HEALTH HISTORY

17. Have you **EVER** been evaluated, treated or diagnosed with any of the following?	No	Yes	Treatment Dates		Please check if your treatment included any of the following:		
			Start MM/YY	End MM/YY	Hospitalized	Medication	Counseling
Depression	☐	☐			☐	☐	☐
Anxiety	☐	☐			☐	☐	☐
Shift work disorder	☐	☐			☐	☐	☐
Bipolar disorder	☐	☐			☐	☐	☐
Personality disorder	☐	☐			☐	☐	☐
Post-traumatic stress disorder	☐	☐			☐	☐	☐
Attention-deficit disorder	☐	☐			☐	☐	☐
Attention-deficit/hyperactivity disorder	☐	☐			☐	☐	☐
Obsessive/compulsive disorder	☐	☐			☐	☐	☐
Suicidal thoughts, plan or attempt	☐	☐			☐	☐	☐
Homicidal thoughts, plan or attempt	☐	☐			☐	☐	☐
Hallucinations (verbal or auditory)	☐	☐			☐	☐	☐
Panic/Panic attacks	☐	☐			☐	☐	☐
Substance/drug abuse	☐	☐			☐	☐	☐
Alcohol abuse	☐	☐			☐	☐	☐
Any other mental health condition	☐	☐			☐	☐	☐

18. Please provide details on **ALL** checked boxes from the above table:

MEDICAL HISTORY QUESTIONNAIRE (continuation)

Examinee Name:_____ **Date of Birth:**_____

REVIEW OF SYSTEMS

19. Have you **EVER** (past or current) had any of the following?	No	Yes	Please describe all **YES** answers in detail:
A. Nose, Mouth, Throat			
1. Nose or mouth problem (new or chronic)	☐	☐	
2. Sinus Trouble (chronic/persistent)	☐	☐	
3. Sore Throat (persistent)	☐	☐	
4. Difficulty Swallowing (chronic/persistent)	☐	☐	
5. Hoarseness (persistent)	☐	☐	
B. Ears & Hearing			
1. Dizziness (persistent or recurrent)	☐	☐	
2. Hearing problem or hearing loss (chronic)	☐	☐	
3. Ear infection (new or chronic)	☐	☐	
4. Ringing or buzzing in ears (chronic/persistent)	☐	☐	
5. Wear a hearing aid	☐	☐	
C. Eye & Vision			
1. Eye trouble or vision problems	☐	☐	
2. Eye surgery	☐	☐	
3. Blurred vision (recurrent or persistent)	☐	☐	
4. Color vision deficit	☐	☐	
5. Change in vision (recent)	☐	☐	
6. Wear glasses or contact lenses	☐	☐	
7. Glaucoma (history of or currently)	☐	☐	
D. Heart & Cardiovascular System			
1. Chest pain or pressure at rest or with exertion/exercise (chronic or recurrent)	☐	☐	
2. Extra or irregular heartbeats/ palpitations (chronic or recurrent)	☐	☐	
3. Early or unexplained fatigue w/ your typical exercise or routine exertion (new or recurrent)	☐	☐	
4. New onset of exercise intolerance	☐	☐	
5. Heart murmur or heart valve disease	☐	☐	
6. Circulatory problems	☐	☐	
7. Blood clot	☐	☐	
8. Deep vein thrombosis (DVT)	☐	☐	
9. Disease of the arteries or peripheral vascular disease	☐	☐	
10. Heart surgery	☐	☐	
11. Heart attack (myocardial infarction) or coronary heart disease (CAD)	☐	☐	
12. Any other heart condition or disease	☐	☐	
13. Elevated cholesterol/triglycerides	☐	☐	
14. Hypertension/High blood pressure	☐	☐	
15. Hypotension/Low blood pressure (chronic or persistent)	☐	☐	
16. Varicose veins	☐	☐	
E. Respiratory System			
1. Asthma	☐	☐	

MEDICAL HISTORY QUESTIONNAIRE (continuation)

Examinee Name:_____ Date of Birth:_____

19. Have you **EVER** (past or current) had any of the following?	No	Yes	Please describe all **YES** answers in detail:
2. Chronic Obstructive Pulmonary Disease (COPD) – Chronic Bronchitis or Emphysema	☐	☐	
3. Pneumonia	☐	☐	
4. Shortness of breath (unexplained – recurrent or persistent)	☐	☐	
5. Difficulty breathing (unexplained or chronic/persistent)	☐	☐	
6. Pulmonary embolus (blood clot in lung)	☐	☐	
7. Coughing up of blood (hemoptysis)/blood in sputum	☐	☐	
8. Sleep apnea	☐	☐	
9. Use of CPAP machine	☐	☐	
10. Any other respiratory condition, problem, disease, or cancer	☐	☐	
F. Endocrine & Metabolic System			
1. Obesity	☐	☐	
2. Overweight	☐	☐	
3. Diabetes	☐	☐	
4. Pre-Diabetes	☐	☐	
5. Metabolic Syndrome	☐	☐	
6. High or low blood sugar problems (chronic)	☐	☐	
7. Thyroid problem or disease	☐	☐	
8. Pituitary gland problem or disease	☐	☐	
9. Any endocrine or metabolic disease, disorder, or cancer	☐	☐	
G. Blood & Lymphatic System			
1. Abnormal bleeding or clotting	☐	☐	
2. Blood disorder	☐	☐	
3. Anemia	☐	☐	
4. Lymphadenopathy (enlarged lymph nodes) – new, persistent, or chronic	☐	☐	
5. Elevated White Blood Cell Count	☐	☐	
6. Low platelets (chronic)/Thrombocytopenia	☐	☐	
7. Elevated Red Blood Cell Count	☐	☐	
6. Immune System Disorder or Immunodeficiency (new or chronic)	☐	☐	
7. Lymphoma or Leukemia (acute or chronic)	☐	☐	
H. Musculoskeletal System			
1. Back pain (new, chronic/recurrent, or persistent)	☐	☐	
2. Neck pain (new, chronic/recurrent, or persistent)	☐	☐	
3. Shoulder pain (new, chronic/recurrent, or persistent)	☐	☐	
4. Knee pain (new, chronic/recurrent, or persistent)	☐	☐	
5. Ankle or foot pain (new, chronic/recurrent, or persistent)	☐	☐	
6. Elbow or hand pain (new, chronic/recurrent, or persistent)	☐	☐	
7. Any joint pain or swelling (new, chronic/recurrent, or persistent)	☐	☐	

MEDICAL HISTORY QUESTIONNAIRE (continuation)

Examinee Name:_____ Date of Birth:_____

19. Have you **EVER** (past or current) had any of the following?	No	Yes	Please describe all **YES** answers in detail:
8. Fracture or broken bone	☐	☐	
9. Limited range of motion (of limb, joint, or spine)	☐	☐	
10. Muscle weakness or numbness (new, chronic/recurrent, or persistent)	☐	☐	
11. Arthritis (osteo- or rheumatoid) or bursitis (chronic)	☐	☐	
12. Gout	☐	☐	
13. Orthopedic surgery	☐	☐	
14. Any other orthopedic or musculoskeletal issue or problem not previously mentioned	☐	☐	
I. Dermatologic			
1. Skin infection (new or chronic/recurrent)	☐	☐	
2. Psoriasis	☐	☐	
3. Skin growth/cyst/tumor	☐	☐	
4. Sores, wounds, ulcers that do not heal	☐	☐	
5. Change in color, size, or shape of mole or growth	☐	☐	
6. Other skin disease or cancer	☐	☐	
J. Genitourinary System			
1. Urinary tract problem, disease, infection, or cancer	☐	☐	
2. Prostate problem, disease, infection, or cancer	☐	☐	
3. Kidney problem, disease, infection, or cancer	☐	☐	
4. Kidney stones (chronic or recurrent)	☐	☐	
5. Pain with urination (chronic or recurrent)	☐	☐	
6. Blood in urine	☐	☐	
7. Any problems with urination	☐	☐	
8. Any surgery involving the urinary tract	☐	☐	
9. Sexually transmitted disease	☐	☐	
K. Neurologic System			
1. Insomnia (chronic or persistent)	☐	☐	
2. Headaches or migraines (chronic/recurrent)	☐	☐	
3. Head injury or concussion	☐	☐	
4. Localized weakness, numbness, in an extremity	☐	☐	
5. Seizures (New or chronic/recurrent)	☐	☐	
6. Stroke (Cerebral Vascular Accident – CVA)	☐	☐	
7. Tremors or shakiness	☐	☐	
8. Paralysis	☐	☐	
9. Unsteady gait or problems with balance	☐	☐	
10. Any neurological disorder or disease not previously mentioned	☐	☐	
L. Gastrointestinal System			
1. Unexplained loss of appetite or weight loss	☐	☐	
2. Stomach disorder (GERD, ulcers, etc.)	☐	☐	
3. Nausea and/or vomiting (chronic/recurrent)	☐	☐	
4. Colitis (chronic or recurrent)	☐	☐	
5. Blood in stool	☐	☐	

MEDICAL HISTORY QUESTIONNAIRE (continuation)

Examinee Name:_____ Date of Birth:_____

19. Have you **EVER** (past or current) had any of the following?	No	Yes	Please describe all **YES** answers in detail:
6. Liver or gall bladder problem or disease	☐	☐	
7. Hepatitis	☐	☐	
8. Cirrhosis of the liver	☐	☐	
9. Hernia	☐	☐	
10. Other gastrointestinal disorder, disease, or cancer	☐	☐	
M. **General**			
1. Cancer, malignancy, or tumor of any kind	☐	☐	
2. Presently taking any medications not previously mentioned	☐	☐	
3. Any other medical conditions or problems not previously mentioned	☐	☐	
N. **Mental Health**			
1. Lack of energy or fatigue (chronic and persistent)	☐	☐	
2. Difficulty sleeping (unexplained or chronic/persistent)	☐	☐	
3. Lack of interest or pleasure in doing things on most days	☐	☐	
4. Feel depressed or down on most days	☐	☐	
5. Depressed mood or anxiety that is frequent or chronic/recurrent/persistent	☐	☐	
6. Consultation with mental health provider (psychologist, social worker, psychiatrist) not previously listed	☐	☐	
7. Hospitalization for any mental health disorder or problem not previously listed	☐	☐	
WOMEN ONLY 1. Are you currently pregnant?	☐	☐	

MEDICAL HISTORY QUESTIONNAIRE (continuation)

Examinee Name:_____ Date of Birth:_____

20. Have you **EVER** (past or current) had any other medical or psychological condition **NOT** reported on this form? If yes, please describe each additional condition in detail to include diagnosis, when the condition occurred, treatment received and your current status: ☐Yes ☐No

Additional space to address any "yes" answers from above:

CERTIFICATION: I certify that all information provided by me is true and complete to the best of my knowledge.

Name of Applicant/Incumbent	Signature	Date

Privacy Act Statement: Executive Order 9397 allows federal agencies to use 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.

MEDICAL HISTORY QUESTIONNAIRE (continuation)

Examinee Name:_____ Date of Birth:_____

THIS SECTION TO BE COMPLETED BY PHYSICIAN, PA, or NP

Medical History Comments:

Name of Physician or Healthcare Provider:	Signature:	Date:

DEPARTMENT OF HOMELAND SECURITY
United States Secret Service

EYE EXAMINATION REPORT

DIRECTIONS: This Eye Examination Report must be completed at the applicant's own expense and MUST be submitted to continue in the application process. Items 1-2 must be completed by applicant, and 3-7 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, Other)

3. **VISUAL ACUITY** (Use Snellen Equivalents)		**WITHOUT CORRECTION**	**WITH CORRECTION**	**CHECK IF APPLICABLE: CONTACT LENSES**	**SPECTACLE LENSES**
DISTANT VISION	**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 lens(es) are used.

4. **PRESENT PRESCRIPTION** (Sphere, cylinder, axis)

A. **CONTACT LENSES**		B. **SPECTACLE LENSES**	
O.D.	**O.S.**	**O.D.**	**O.S.**

5. **DESCRIBE TYPE OF CONTACT LENSES USED**

6. **VISION CORRECTION SURGERIES** – List all procedures with dates.

7A. **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

DEPARTMENT OF HOMELAND SECURITY
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. Disclosure of the purchase, sale, distribution, or cultivation of drugs also must be disclosed. Do not include instances in which substances (except marijuana) 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 AND ARE SUBJECT TO A POLYGRAPH.**

APPLICANT DRUG POLICY STATEMENT

The USSS is committed to a drug-free workplace. Therefore, the unlawful use of drugs by USSS employees is not tolerated. Furthermore, applicants for employment with the USSS who currently use illegal drugs will be found unsuitable for employment. The USSS does not condone any prior unlawful drug use by applicants, but it is recognized that some otherwise qualified applicants may have used drugs at some point in their past. The following policy balances the needs of the USSS to maintain a drug-free workplace and to accomplish its protective and investigative missions by setting forth the criteria for determining whether prior drug use makes an applicant unsuitable for employment. When adjudicating an applicant for a security clearance, drug usage is a critical factor but it is only one factor considered when adjudicating the whole person.

MISREPRESENTATION OF DRUG ACTIVITY

An applicant for employment with the USSS shall not deliberately misrepresent his/her history of drug activity in connection with the application for USSS employment. If deliberate misrepresentation is found, the applicant will be ineligible for employment. (Applicants will sign a statement at the Factor V, Security Interview locking in their response. Any changes after signing this statement may result in the applicant being ineligible for employment with the USSS for 3 years).

PROVIDE THE REQUESTED INFORMATION FOR ANY OF THE DRUGS YOU HAVE USED.

Marijuana

Marijuana includes but is not limited to cannabis, hashish, hash oil, medical cannabis, and tetrahydrocannabinol (THC) in both synthetic and natural forms. Use of marijuana includes use or purchase for medicinal purposes or use or purchase in states or countries where use is legal. Personal use includes use with friends, relatives, and family. Recreational use is defined as the sale, cultivation, or distribution, other than for personal use, *not* intended for income or profit.

Have you used or purchased marijuana?

☐ Yes If yes, provide: Your age when last used or purchased: _____

The date when last used or purchased: **MM** _____ **YYYY** _____

☐ No

Have you sold, cultivated, or distributed marijuana for recreational use?

☐ Yes If yes, provide: the date you last sold, cultivated or distributed marijuana for recreational use: **MM** _____ **YYYY** _____

☐ No

Have you sold, cultivated, or distributed marijuana for income or profit?

☐ Yes

☐ No

Enter your initials before going to the next page _____

Steroids

Steroids include but are not limited to forms of anabolic steroids and corticosteroids, but do not include corticosteroids taken with a prescription.

Have you used or purchased steroids?

☐ Yes If yes, provide: The date when last used or purchased: **MM** _____ **YYYY** _____

☐ No

Have you sold, distributed, or manufactured steroids?

☐ Yes

☐ No

Inhalants

Inhalants are volatile substances that produce chemical vapors that can be inhaled to induce a psychoactive, or mind-altering, effect. These include but are not limited to solvents (paint thinners and removers, dry-cleaning fluids, degreasers, gasoline, glues, correction fluids, felt-tip markers); aerosols (spray paints, deodorant and hair sprays, vegetable oil sprays for cooking, and fabric protector sprays); gases (medical anesthetics such as ether, chloroform, halothane, nitrous oxide, butane, propane, and refrigerants); and nitrites (cyclohexyl nitrite, isoamyl (amyl) nitrite, and isobutyl (butyl) nitrite commonly known as "poppers" or "snappers.")

Have you misused inhalants?

☐ Yes If yes, provide: The date when last used: **MM** _____ **YYYY** _____

☐ No

Prescription Drugs and Over-the-Counter Drugs

Prescription drugs include, but are not limited to, Codeine, Oxycodone/Oxycontin, Morphine, Ritalin, Diazepam/Valium, Hydrocodone, Xanax and Adderall. If you used the prescription drug in its intended manner but without a proper prescription, it is not considered misuse for the purposes of this questionnaire. If you used a prescription drug or over-the-counter drug for other than its intended purpose it is considered misuse. Personal use includes use with friends, relatives, and family. Recreational use is defined as the sale or distribution, other than for personal use, ***not*** intended for income or profit.

Have you misused prescription drugs or over-the-counter drugs?

☐ Yes If yes, provide: Your age when last misused: _____

The date when last misused: **MM** _____ **YYYY** _____

☐ No

Have you sold or distributed prescription drugs or over-the-counter drugs for recreational use?

☐ Yes If yes, provide: The date you last sold or distributed prescription drugs for recreational use: **MM** _____ **YYYY** _____

☐ No

Have you sold or distributed prescription drugs or over-the-counter drugs for income or profit?

☐ Yes

☐ No

Enter your initials before going to the next page _____

MDMA (Ecstasy or Molly)

MDMA, also known as Ecstasy or Molly, includes but is not limited to, synthetic drugs that alter mood and perception (awareness of surrounding objects and conditions).

Have you used or purchased MDMA?

☐ Yes If yes, provide: The date when last used or purchased: **MM** _____ **YYYY** _____

☐ No

Have you sold, distributed or manufactured MDMA?

☐ Yes

☐ No

Cocaine

Cocaine is defined as cocaine other than crack cocaine.

Have you used or purchased cocaine?

☐ Yes If yes, provide: The date when last used or purchased: **MM** _____ **YYYY** _____

☐ No

Have you sold, distributed or manufactured cocaine?

☐ Yes

☐ No

Hard Drugs Other than MDMA or Cocaine

Hard drugs are defined by the 21 U.S.C. 812 - Controlled Substances Act of 1970 and include but are not limited to amphetamine, crack cocaine, heroin, LSD, methamphetamine, various chemicals commonly found in hallucinogenic mushrooms, and Phencyclidine (PCP). The term "controlled substance" means a drug or other substance, or immediate precursor. For the purpose of this question hard drugs does not include MDMA or cocaine.

Have you used or purchased hard drugs?

☐ Yes

☐ No

Have you sold, distributed or manufactured a hard drug?

☐ Yes

☐ No

Enter your initials before going to the next page _____

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 TO INCLUDE A POLYGRAPH EXAMINATION.

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.

STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so you are ineligible for appointment by executive agencies of the Federal Government. (5 U.S.C. 3328)

CERTIFICATION OF REGISTRATIONS STATUS - Check one:

☐ I certify I am registered with the Selective Service System. (A copy of my Acknowledgment Letter or other proof of registration issued by the Selective Service System is attached.) (If I previously served in the U.S. Armed Forces, a copy of Form DD-214 is attached.)

☐ I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law. (A copy of my Exemption Letter or other proof of exemption issued by the Selective Service System is attached.)

☐ I certify I have not registered with the Selective Service System.

☐ I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26 - If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office, or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 AND OVER - If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the Secret Service by returning this statement with your written request for an OPM determination, together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT - Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION - A false statement may be ground for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (18 U.S.C. 1001)

PERMISSION TO VERIFY STATUS - By signing below, you are granting the Secret Service permission to contact the Selective Service System to verify your Selective Service registration status. *(If you are completing and/or submitting this form through electronic means, you may provide a signature by typing "/s/" followed by your name. Further endorsement may be required to validate this submission at a later point in the application process.)*

_____ _____

Signature of Individual Date Signed

You may obtain more information about Selective Service requirements and procedures by contacting:

Selective Service
Registration Information Office
P.O. Box 94638
Palatine, IL 60094-4638
(847) 688-6888
TTY: 847-688-2567
http://www.sss.gov

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.