

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. If you have any questions, contact the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation.

Giving us this information is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

You are required to answer the questions fully and truthfully and your failure to do so could be grounds for an adverse employment decision or action against you.

Authority to Request this Information

Depending upon the purpose of your investigation, the United States Government is authorized to ask for this information under Executive Order 10450, sections 3301 and 3302 of title 5, United States Code; and parts 2, 5, 731, and 736 of title 5, Code of Federal Regulations.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN will be used to help identify you in agency records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. We may verify your SSN with the Social Security Administration. The authority for soliciting and verifying your SSN is Executive Order 9397.

The Investigative Process

Background investigations for non-sensitive positions are conducted to develop information to show whether you are reliable, trustworthy, and of good conduct and character. 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, even if you have previously indicated on applications or other forms that you do not want your current employer to be contacted.

Instructions for Completing this Form

1. Follow the instructions given to you by the office that gave you this form and any other clarifying instructions furnished by that office to assist you in completion of this form. Determine how many copies of the form you should submit. 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 Electronic Questionnaires for Investigations Processing (e-QIP), the Office of Personnel Management's (OPM) web-based system application that houses electronic versions of this form.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A".
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify your response(s) consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. Whenever "City (Country)" is shown in an address block, provide in that block the name of the country when the address is outside the United States.
7. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided this form will assist you in completing the ZIP codes.
8. For telephone numbers in the United States, be sure to include the area code.
9. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, October 27, 2002, should be written as 10/27/2002. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by writing "APPROX." or "EST."
10. If you need additional space to list your residences, employment/self-employment/unemployment, or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and SSN at the top of the page.

Final Determination on Your Suitability

Final determination on your eligibility for a non-sensitive position is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The United States 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 5 years of imprisonment. In addition, Federal agencies generally fire or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on this form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is 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 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 published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses, if they are different than those listed on this form.

**QUESTIONNAIRE FOR
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PRIVACY ACT ROUTINE USES

OPM has published routine uses for disclosing background information in OPM's systems of investigative records. OPM conducts the majority of background investigations and serves as the lead agency for the SF 85. OPM's routine uses follow:

- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, having a need to evaluate qualifications, suitability, and loyalty to the United States Government and/or a security clearance access or determination.
- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, when such agency, office, or establishment conducts an investigation of the individual for purposes of granting a security clearance, or for the purpose of making a determination of qualifications, suitability, or loyalty to the United States Government, or access to classified information or restricted areas.
- To designated officers and employees of agencies, offices, and other establishments in the executive, judicial, or legislative branches of the Federal Government, having the responsibility to grant clearances to make a determination regarding access to classified information or restricted areas, or to evaluate qualifications, suitability, or loyalty to the United States Government, in connection with performance of a service to the Federal Government under a contract or other agreement.
- To the intelligence agencies of the Department of Defense, the National Security Agency, the Central Intelligence Agency, and the Federal Bureau of Investigation for use in intelligence activities.
- To any source from which information is requested in the course of an investigation, 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.
- To the appropriate Federal, State, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the conducting of a security or suitability investigation of an individual, the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
- To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- To the Office of Management and Budget (OMB) at any stage in the legislative coordination and clearance process in connection with private relief legislation as set forth in OMB Circular No. A-19.
- To disclose information to contractors, grantees, experts, consultants, or volunteers performing or working on a contract, service, or job for the Federal Government.
- For Judicial/Administrative Proceedings--To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- For National Archives and Records Administration--To disclose information to the National Archives and Records Administration for use in records management inspections.
- Within OPM for Statistical/Analytical Studies--By OPM in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. While published studies do not contain individual identifiers, in some instances the selection of elements of data included in the study may be structured in such a way as to make the data individually identifiable by inference.
- For Litigation--To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when
 - (1) OPM, or any component thereof; or
 - (2) Any employee of OPM in his or her official capacity; or
 - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation provided, however, that the disclosure is compatible with the purpose for which records were collected.
- For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- For the Equal Employment Opportunity Commission--To disclose information to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, compliance by Federal agencies with the Uniform Guidelines on Employee Selection Procedures or other functions vested in the Commission and to otherwise ensure compliance with the provisions of 5 U.S.C. 7201.
- For the Federal Labor Relations Authority--To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.

STATE 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	Federated States of Micronesia	FM	Guam	GU	Marshall Island	MH	Northern Mariana Islands	MP
Palau	PW	Puerto Rico	PR	Virgin Islands of the U.S.	VI				

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information averages 30 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.

I certify that I have carefully read the foregoing instructions to complete this form.

Signature

Date (mm/dd/yyyy)

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Investigating agency use only		Codes	Case number
AGENCY USE ONLY (Complete items A through N using Instructions provided by the investigating agency.)			
A Type of investigation	B Extra coverage	C Nature of action	D Date of action (mm/dd/yyyy)
E Geographic location	F Position title	G SON	H SOI
I IPAC number	J Accounting data and/or Agency case number		K Type of investigation <input type="checkbox"/> Initial <input type="checkbox"/> Reinvestigation
L Requesting official	Name and title	Signature	Telephone number () Date (mm/dd/yyyy)
M Processing official	Name and title	Telephone number ()	N Investigation <input type="checkbox"/> FED <input type="checkbox"/> MIL <input type="checkbox"/> Other

1 FULL NAME			- If you have only initials in your name, use them and state (I/O). - If you have no middle name, enter "NMN." - If you are a "Jr.," "Sr.," etc., enter this in the box after your middle name.			2 DATE OF BIRTH (mm/dd/yyyy)						
Last name		First name		Middle name		Jr., II, etc.						
3 PLACE OF BIRTH						4 SOCIAL SECURITY NUMBER						
City		County		State		Country (If not in the U.S.)						
5 OTHER NAMES USED - Give other names you used and the period of time you used them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)]. If the other name is your maiden name , put "nee" in front of it.												
Name #1		Month/Year To Month/Year		Name #3		Month/Year To Month/Year						
Name #2		Month/Year To Month/Year		Name #4		Month/Year To Month/Year						
6 MOTHER'S BIRTH NAME			Last name		First name		Middle name					
7 YOUR IDENTIFYING INFORMATION			Height (feet and inches)		Weight (pounds)		Hair color					
							Eye color					
							Sex <input type="checkbox"/> Female <input type="checkbox"/> Male					
8 CONTACT INFORMATION												
Work e-mail address					Home e-mail address							
Work telephone number () <input type="checkbox"/> Day <input type="checkbox"/> Night			Home telephone number () <input type="checkbox"/> Day <input type="checkbox"/> Night			Mobile telephone number () <input type="checkbox"/> Day <input type="checkbox"/> Night						
9 CITIZENSHIP - Mark the box that reflects your current citizenship status and follow its instructions. Report information from U.S. Passport, if applicable.												
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.												
<input type="checkbox"/> I am a U.S. citizen by birth, born outside the U.S. Answer item 9A												
<input type="checkbox"/> I am a naturalized U.S. citizen. Answer item 9B												
<input type="checkbox"/> I am not a U.S. citizen. Answer item 9C												
U.S. PASSPORT Current or most recent passport			Number			Date issued (mm/dd/yyyy)		Expired? <input type="checkbox"/> YES <input type="checkbox"/> NO				
9A STATE DEPARTMENT FORM 240 (Report of Birth Abroad of a Citizen of the United States) Report information from Form 240, if applicable.												
Date form was completed (mm/dd/yyyy)			Explanation									
9B	CITIZENSHIP CERTIFICATE Where was this certificate issued?		City/Court		State		Certificate number		Date issued (mm/dd/yyyy)		Expired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	NATURALIZATION CERTIFICATE Where was this certificate issued?		City/Court		State		Certificate number		Date issued (mm/dd/yyyy)		Expired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9C	IMMIGRATION STATUS Place of entry		City			State			Date of entry (mm/dd/yyyy)			
	Date of document (mm/dd/yyyy)		Type of document		Document number			Country(ies) of citizenship				

Enter your Social Security Number before going to the next page

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10 CITIZENSHIP INFORMATION	
Do you now hold or have you ever held multiple citizenships? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If No, proceed to question 11.)</i>	
A If "Yes," provide the name(s) of the country(ies).	D Why have you held multiple citizenships?
B During what periods of time did you hold multiple citizenships?	E Have you renounced or attempted to renounce your foreign citizenship? <input type="checkbox"/> YES <input type="checkbox"/> NO
C How were multiple citizenships obtained?	

11 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with your present residence (#1) and working back 5 years. All periods must be accounted for without breaks. Indicate the actual physical location of your residence. Do not use a Post Office Box as an address, and do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead). Your actual physical address in addition to your APO/FPO address is required for overseas assignments.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area. Do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouse, or other relatives. Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or State Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet (SF 86A). Do not list residences before your 18th birthday unless to provide a minimum of 2 years of residence history.

Residence Information				Point of Contact for that Period of Residence			
Month/Year	To	Month/Year	Status	Name of person who knows you <i>(last, first)</i>		Relationship	
#1			<input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other			<input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Present				Current address		Apt. # Telephone number	
Street address			Apt. #			()	
APO/FPO address			APO/FPO address <i>(if currently applicable)</i>				
City (Country)			State	Zip Code	City (Country)		State Zip Code Alternate contact number
			()				
Month/Year	To	Month/Year	Status	Name of person who knows you <i>(last, first)</i>		Relationship	
#2			<input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other			<input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other	
				Current address		Apt. # Telephone number	
Street address			Apt. #			()	
APO/FPO address			APO/FPO address <i>(if currently applicable)</i>				
City (Country)			State	Zip Code	City (Country)		State Zip Code Alternate contact number
			()				
Month/Year	To	Month/Year	Status	Name of person who knows you <i>(last, first)</i>		Relationship	
#3			<input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other			<input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other	
				Current address		Apt. # Telephone number	
Street address			Apt. #			()	
APO/FPO address			APO/FPO address <i>(if currently applicable)</i>				
City (Country)			State	Zip Code	City (Country)		State Zip Code Alternate contact number
			()				
Month/Year	To	Month/Year	Status	Name of person who knows you <i>(last, first)</i>		Relationship	
#4			<input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other			<input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other	
				Current address		Apt. # Telephone number	
Street address			Apt. #			()	
APO/FPO address			APO/FPO address <i>(if currently applicable)</i>				
City (Country)			State	Zip Code	City (Country)		State Zip Code Alternate contact number
			()				

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

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12 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beginning with the most recent (#1) and working back 5 years. List college or university degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent Degree/Diploma including high school, no matter when that education occurred.

- In the Code block, show the most appropriate code to describe your school.
 - 1 – High School**
 - 2 – College/University/Military College**
 - 3 – Vocational/Technical/Trade School**
 - 4 – Correspondence/Distance/Extension/Online School**
- For Correspondence/Distance/Extension/Online schools, provide the address where the records are maintained.
- For schools you attended in the past 5 years, list a person who knew you at school (instructor, student, etc.). Do not list people for education completely outside this 5-year period.

12A School Information

#1	Month/Year To Month/Year	Code	Name of school	Degree/Diploma received? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," explain, include mm/yyyy awarded.)</i>				
Street address and City (Country) of school							State	ZIP Code
Name of person who knew you <i>(last, first)</i>		Current address		Apt. #	City (Country)	State	ZIP Code	Telephone number ()
#2	Month/Year To Month/Year	Code	Name of school	Degree/Diploma received? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," explain, include mm/yyyy awarded.)</i>				
Street address and City (Country) of school							State	ZIP Code
Name of person who knew you <i>(last, first)</i>		Current address		Apt. #	City (Country)	State	ZIP Code	Telephone number ()
#3	Month/Year To Month/Year	Code	Name of school	Degree/Diploma received? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," explain, include mm/yyyy awarded.)</i>				
Street address and City (Country) of school							State	ZIP Code
Name of person who knew you <i>(last, first)</i>		Current address		Apt. #	City (Country)	State	ZIP Code	Telephone number ()
#4	Month/Year To Month/Year	Code	Name of school	Degree/Diploma received? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," explain, include mm/yyyy awarded.)</i>				
Street address and City (Country) of school							State	ZIP Code
Name of person who knew you <i>(last, first)</i>		Current address		Apt. #	City (Country)	State	ZIP Code	Telephone number ()
#5	Month/Year To Month/Year	Code	Name of school	Degree/Diploma received? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," explain, include mm/yyyy awarded.)</i>				
Street address and City (Country) of school							State	ZIP Code
Name of person who knew you <i>(last, first)</i>		Current address		Apt. #	City (Country)	State	ZIP Code	Telephone number ()

12B Suspension or Expulsion

Were you suspended or expelled from any of the institutions above? YES NO
 If "Yes," explain. Do not include academic probations.

Enter your Social Security Number before going to the next page

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13 EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time and part-time work, paid or unpaid, consulting/contracting work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire period must be accounted for without breaks. **EXCEPTION:** Do not list employments before your 18th birthday unless to provide a minimum of 2 years of employment history. If you require additional space, use a continuation sheet (SF 86A).

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports. If you are a Federal Contractor, list contract, not Federal Agency.
- **Additional Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

➤ **Code:** If this is a former employment or if you intend to leave this position, indicate your reason for leaving.

1 – Left job under favorable circumstances
2 – Left job by mutual agreement following charges or allegations of misconduct

3 – Left job by mutual agreement following notice of unsatisfactory performance
4 – Quit job after being told you'd be fired

5 – Fired from job
6 – Laid off from job by employer
7 – Other (explain)

13A Employment Information				
(#1) Dates of Employment		Type of Employment		
Month/Year	To	Month/Year		
		<input type="checkbox"/> Federal <input type="checkbox"/> Military/Federal <input type="checkbox"/> Unemployment <input type="checkbox"/> Military Contractor <input type="checkbox"/> Self-employment <input type="checkbox"/> State Government <input type="checkbox"/> Other		Position title/Military rank
Present				Work hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer/Verifier			Supervisor	
Name of employer/verifier		Telephone number	Name and title (<i>last, first</i>)	
		()	()	
Address of employer/verifier			Address of supervisor	
City (Country), State, and Zip Code			City (Country), State, and Zip Code	
Physical Location				
Your physical location (<i>if different from employer address</i>)		Telephone number	City (Country), State, and Zip Code	
		()		
Additional Periods of Activity with this Employer				
Month/Year	To	Month/Year	Position Title	Supervisor
				Explanation/Reason for leaving
				Reason for leaving code (<i>if applicable</i>)
(#2) Dates of Employment		Type of Employment		
Month/Year	To	Month/Year		
		<input type="checkbox"/> Federal <input type="checkbox"/> Military/Federal <input type="checkbox"/> Unemployment <input type="checkbox"/> Military Contractor <input type="checkbox"/> Self-employment <input type="checkbox"/> State Government <input type="checkbox"/> Other		Position title/Military rank
Present				Work hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer/Verifier			Supervisor	
Name of employer/verifier		Telephone number	Name and title (<i>last, first</i>)	
		()	()	
Address of employer/verifier			Address of supervisor	
City (Country), State, and Zip Code			City (Country), State, and Zip Code	
Physical Location				
Your physical location (<i>if different from employer address</i>)		Telephone number	City (Country), State, and Zip Code	
		()		
Additional Periods of Activity with this Employer				
Month/Year	To	Month/Year	Position Title	Supervisor
				Explanation/Reason for leaving
				Reason for leaving code (<i>if applicable</i>)

Enter your Social Security Number before going to the next page

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13 EMPLOYMENT ACTIVITIES <i>(Continued)</i>					
(#3) Dates of Employment		Type of Employment			
Month/Year	To	Month/Year	<input type="checkbox"/> Federal <input type="checkbox"/> Military/Federal <input type="checkbox"/> Unemployment <input type="checkbox"/> Military <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employment <input type="checkbox"/> State Government <input type="checkbox"/> Other		
			Position title/Military rank		
			Work hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Employer/Verifier		Supervisor			
Name of employer/verifier		Telephone number ()	Name and title <i>(last, first)</i>		
Address of employer/verifier		Address of supervisor			
City (Country), State, and Zip Code		City (Country), State, and Zip Code			
Physical Location					
Your physical location <i>(if different from employer address)</i>		Telephone number ()	City (Country), State, and Zip Code		
Additional Periods of Activity with this Employer					
Month/Year	To	Month/Year	Position Title	Supervisor	Explanation/Reason for leaving
Reason for leaving code <i>(if applicable)</i>					
(#4) Dates of Employment		Type of Employment			
Month/Year	To	Month/Year	<input type="checkbox"/> Federal <input type="checkbox"/> Military/Federal <input type="checkbox"/> Unemployment <input type="checkbox"/> Military <input type="checkbox"/> Contractor <input type="checkbox"/> Self-employment <input type="checkbox"/> State Government <input type="checkbox"/> Other		
			Position title/Military rank		
			Work hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Employer/Verifier		Supervisor			
Name of employer/verifier		Telephone number ()	Name and title <i>(last, first)</i>		
Address of employer/verifier		Address of supervisor			
City (Country), State, and Zip Code		City (Country), State, and Zip Code			
Physical Location					
Your physical location <i>(if different from employer address)</i>		Telephone number ()	City (Country), State, and Zip Code		
Additional Periods of Activity with this Employer					
Month/Year	To	Month/Year	Position Title	Supervisor	Explanation/Reason for leaving
Reason for leaving code <i>(if applicable)</i>					

13B List any former Federal service, excluding Military service, if not indicated previously.		
Dates of Federal Service	Agency/City (Country)/State/Zip Code	Position Title
Month/Year	To	Month/Year
#1		
#2		
#3		

13C Have any of the following happened to you in the last 5 years?	YES	NO
a Have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?		
b Have you received a written warning, been officially reprimanded, suspended, or disciplined for violating a security rule or policy?		
If you answered "Yes," to 13C(a) and/or 13C(b), provide the name of employer(s), date of incident, month/year of official action, location or facility of incident, and the nature of the violation in the space below. If additional space is needed, use a blank sheet of paper.		

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

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

14 SELECTIVE SERVICE RECORD		YES	NO
a	Are you a male born after December 31, 1959? If "No," go to question #15. If "Yes," go to b.		
b	Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," explain the reason for not registering.		
Registration Number		Explanation	

15 MILITARY HISTORY		YES	NO
Account for all of your military service through the questions below.			
a	Have you EVER served in the U.S. Military, the U.S. Merchant Marine, or the commissioned corps of the U.S. Public Health Service (PHS) or National Oceanic and Atmospheric Administration (NOAA)?		
b	Have you EVER served in the military, security forces, merchant marine, militia, or other defense forces of any foreign country?		
c	Have you EVER received other than an honorable discharge? If "Yes," explain.		
d	Have you EVER been subject to an Article 15 or been charged with any violation of the Uniform Code of Military Justice? If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).		

- If you answered "No" to questions 15a – 15d above, proceed to question #16.
- If you answered "Yes" to any question above, list all details of your military service below, starting with the most recent period of service and working back. If you had a break in service, each separate time of service should be listed.
 - ❖ **Code (Branch of Service):** Use one of the codes listed below to identify your branch of service.

1 – Air Force	3 – Navy	5 – Coast Guard	7 – National Guard	9 – NOAA
2 – Army	4 – Marine Corps	6 – Merchant Marine	8 – PHS	10 – Foreign military, defense, militia, security forces
 - ❖ **O/E:** Mark "O" block for Officer or "E" block for Enlisted, if applicable.
 - ❖ **Status:** "X" the appropriate block for the status of your service during the time that you served.
 - ❖ **Country:** If your service was with other than the U.S. Armed Forces, identify the country for which you served.
 - ❖ **Code (Type of Discharge):** Use one of the codes listed below to indicate your separation status from your military service.

1 – Honorable	2 – Dishonorable	3 – Hardship	4 – Medical	5 – Other (explain)
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Branch of Service Code	Month/Year To	Month/Year	Service/Certificate Number	O	E	Status				Country	Type of Discharge Code
						Active Duty	Active Reserve	Inactive Reserve	National Guard		
									State		
									State		

16 PEOPLE WHO KNOW YOU WELL

List three people who know you well and preferably who live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are aware of your activities outside of the workplace, school, or neighborhoods and whose combined association with you covers at least the last 5 years. Do not list your spouse, former spouse(s), other relatives, or anyone listed elsewhere on this form.

#1 Reference name (last, first)	Dates known Month/Year To Month/Year	Relationship to you <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate	Telephone number Day () Night ()
Home or work address	Apt. #	City (Country)	State ZIP Code ()
#2 Reference name (last, first)	Dates known Month/Year To Month/Year	Relationship to you <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate	Telephone number Day () Night ()
Home or work address	Apt. #	City (Country)	State ZIP Code ()
#3 Reference name (last, first)	Dates known Month/Year To Month/Year	Relationship to you <input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate	Telephone number Day () Night ()
Home or work address	Apt. #	City (Country)	State ZIP Code ()

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

**QUESTIONNAIRE FOR
 NON-SENSITIVE POSITIONS**

17 USE OF ILLEGAL DRUGS AND DRUG ACTIVITY	YES	NO
<p>The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.</p> <p>In the last year, have you illegally used, possessed, supplied, or manufactured any controlled substance, for example, cocaine, crack cocaine, THC (marijuana, hashish, etc.), narcotics (opium, morphine, codeine, heroin, etc.), stimulants (amphetamines, speed, crystal methamphetamine, Ecstasy, ketamine, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), steroids, inhalants (toluene, amyl nitrate, etc.) or prescription drugs (including painkillers)?</p>		

If you answered "Yes," provide the date(s) of use or activity, identify the controlled substance(s), and explain the use or activity and any treatment or counseling received.

Dates of Use/Activity Month/Year To Month/Year	Type of Controlled Substance(s)	Explanation
#1		
#2		

CONTINUATION SPACE

Use the space below to continue answers to all other items and to provide any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and SSN. Before each answer, identify the number of the item.

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.

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 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 will have a negative effect on my employment prospects or job status, up to and including my removal and debarment from Federal service.

Signature (Sign in Ink)	Date (mm/dd/yyyy)
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Enter your Social Security Number before going to the next page ➔

**QUESTIONNAIRE FOR
NON-SENSITIVE 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, 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, and 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 for a non-sensitive position.

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 U.S. Office of Personnel Management, 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 non-sensitive position. 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 85, and that it may be disclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are valid. This authorization is valid for two (2) years from the date signed or upon the 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
Street address	Apt. #	City (Country)	State	Zip Code	Home telephone number ()