

Questionnaire for National Security 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 United States Government conducts background investigations and reinvestigations of persons under consideration for or retention in national security positions as defined in 5 CFR 732 and for positions requiring access to classified information under Executive Order 12968.

Giving us this information is voluntary. However, if you do not provide us each item of requested information, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position. Any information that you provide is evaluated regarding its recency, seriousness, relevance to the position and duties, and in light of – and in relationship to – all other information about you.

Withholding, misrepresenting, or falsifying information will have an impact on a security clearance, employment prospects, or job status, up to and including denial or revocation of your security clearance, or your removal and debarment from Federal Service.

This form is a permanent document that may be used as the basis for future investigations, security clearance determinations, and determinations of your suitability for employment. Your responses to this form may be compared with previous security questionnaires. Therefore, it is imperative that the information provided be true and accurate to the best of your knowledge.

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 Orders 10450, 10865, 12333, 12356, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code; sections 2165 and 2201 of title 42, United States Code; chapter 23 of title 50, United States Code; and parts 2, 5, 731, 732, 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 national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. 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.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal. Checks of Federal Agency records may be made about your spouse or other cohabitant.

Your Personal Interview

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

For the interview, you will be asked to bring identification with your picture on it, such as a valid state driver's license. There are other documents you may be asked to bring to verify your identity as well. These may include documentation of any legal name change, Social Security card, passport, and/or your birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration or naturalization documentation; delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations; agreements involving child custody or support, alimony, or property settlements; arrests, convictions, probation, and/or parole; or other matters described in court records.

Special Instructions for Completing this Form

Some questions on this form specify a time frame of seven (7) years or ten (10) years, depending on what type of investigation is required. When a Single-Scope Background Investigation (SSBI) is required, some of the items on this form will require a 10 year time frame.

The instructions for these questions specify a 10-year time frame when an SSBI is required. If you have any questions about whether the 7-year time frame or the 10-year time frame applies to your responses to these questions, contact the office that gave you this form.

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 an electronic version 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, also 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 sheet of paper. Each blank sheet of paper you use must contain your name and SSN at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation. 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, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on this form and to make your comments part of the record.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; 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.

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 86. 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 120 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 NATIONAL SECURITY POSITIONS

Investigating agency use only		Codes		Case number	
AGENCY USE ONLY (Complete items A through S using Instructions provided by the investigating agency.)					
A Type of investigation	B Extra coverage	C Sensitivity level	D Access/Eligibility	E Nature of action code	F Date of action (mm/dd/yyyy)
G Geographic location		H Position code	I Position title		
J SON	K Location of official personnel folder <input type="checkbox"/> None <input type="checkbox"/> At SON <input type="checkbox"/> NPRC <input type="checkbox"/> e-OPF		Other address / Web address		Zip Code
L SOI	M Location of security folder <input type="checkbox"/> None <input type="checkbox"/> At SOI <input type="checkbox"/> NPI		Other address		Zip Code
N IPAC number	O Accounting data and/or Agency case number			P Type of investigation <input type="checkbox"/> Initial <input type="checkbox"/> Reinvestigation	
Q Requesting official	Name and title	Signature		Telephone number ()	Date (mm/dd/yyyy)
R Processing official	Name and title	Telephone number ()		S 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 are a "Jr.," "Sr.," etc., enter this in the box after your middle name.				2 DATE OF BIRTH - If you have no middle name, enter "NMN." (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 ()		Home telephone number ()		Mobile telephone number ()			
		<input type="checkbox"/> Day <input type="checkbox"/> Night				<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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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 10 years (if not an SSBI go back 7 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			
#1	Month/Year To	Month/Year	Status <input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other	Name of person who knows you <i>(last, first)</i>	Relationship <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 <i>(if currently applicable)</i>			
City (Country) State Zip Code				City (Country) State Zip Code Alternate contact number ()			
#2	Month/Year To	Month/Year	Status <input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other	Name of person who knows you <i>(last, first)</i>	Relationship <input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other		
Street address Apt. #				Current address Apt. # Telephone number ()			
APO/FPO address				APO/FPO address <i>(if currently applicable)</i>			
City (Country) State Zip Code				City (Country) State Zip Code Alternate contact number ()			
#3	Month/Year To	Month/Year	Status <input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other	Name of person who knows you <i>(last, first)</i>	Relationship <input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other		
Street address Apt. #				Current address Apt. # Telephone number ()			
APO/FPO address				APO/FPO address <i>(if currently applicable)</i>			
City (Country) State Zip Code				City (Country) State Zip Code Alternate contact number ()			
#4	Month/Year To	Month/Year	Status <input type="checkbox"/> Own <input type="checkbox"/> Military Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other	Name of person who knows you <i>(last, first)</i>	Relationship <input type="checkbox"/> Landlord <input type="checkbox"/> Neighbor <input type="checkbox"/> Business Associate <input type="checkbox"/> Friend <input type="checkbox"/> Other		
Street address Apt. #				Current address Apt. # Telephone number ()			
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 ➔

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

12 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beginning with the most recent (#1) and working back 10 years (if not an SSBI go back 7 years). List college or university degrees and the dates they were received. If all of your education occurred more than 10 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 10 years, list a person who knew you at school (instructor, student, etc.). Do not list people for education completely outside this 10-year period.

12A School Information

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

13 EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 10 years (if not an SSBI go back 7 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	<input type="checkbox"/> Military/Federal Contractor <input type="checkbox"/> State Government
Present			<input type="checkbox"/> Unemployment <input type="checkbox"/> Self-employment <input type="checkbox"/> Other	Position title/Military rank
Employer/Verifier			Work hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of employer/verifier		Telephone number	Supervisor	
Address of employer/verifier		()	Name and title (<i>last, first</i>)	
City (Country), State, and Zip Code		Address of supervisor		
		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				
Month/Year	To	Month/Year	<input type="checkbox"/> Federal <input type="checkbox"/> Military	<input type="checkbox"/> Military/Federal Contractor <input type="checkbox"/> State Government
			<input type="checkbox"/> Unemployment <input type="checkbox"/> Self-employment <input type="checkbox"/> Other	Position title/Military rank
Employer/Verifier			Work hours <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of employer/verifier		Telephone number	Supervisor	
Address of employer/verifier		()	Name and title (<i>last, first</i>)	
City (Country), State, and Zip Code		Address of supervisor		
		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>)

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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				Telephone number ()
City (Country), State, and Zip Code				Address of supervisor
				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				Telephone number ()
City (Country), State, and Zip Code				Address of supervisor
				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 7 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.		

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**QUESTIONNAIRE FOR
 NATIONAL SECURITY 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)

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 7 years. Do not list your spouse, former spouse(s), other relatives, or anyone listed elsewhere on this form.

Reference name (last, first) #1	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 Alternate telephone number ()
Reference name (last, first) #2	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 Alternate telephone number ()
Reference name (last, first) #3	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 Alternate telephone number ()

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

17 MARITAL STATUS

Mark one box to show your current marital status and provide information about your spouse(s) or cohabitant below.

- 1 – Never married 3 – Separated 5 – Annulled
 2 – Married (incl. Common Law) 4 – Divorced 6 – Widowed

17A CURRENT SPOUSE

Complete the following about your current spouse only. If born outside the U.S., provide citizenship information.

Full name (<i>last, first, middle</i>)	Date of birth	Place of birth (<i>include country if outside the U.S.</i>)	Social Security Number
Other names used (<i>specify maiden name, names by other marriages, etc., and show dates used for each name</i>)			Country(ies) of Citizenship
Date married	Place married (<i>include country if outside the U.S.</i>)		State ZIP Code
If separated, date of separation	If legally separated, where is the record located? City (Country)		State ZIP Code
Current address of spouse, if different than your current address (<i>Street, city, and country if outside the U.S.</i>)		Telephone number ()	State ZIP Code
If spouse was born outside the U.S., check the appropriate box and provide document number.			
<input type="checkbox"/> State Department Form 240 <input type="checkbox"/> U.S. Passport (current or most recent) <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> Alien Registration <input type="checkbox"/> Other		Document Number _____	

17B FORMER SPOUSE(S)

Complete the following about your former spouse(s). Use blank sheets if needed.

Full name (<i>last, first, middle</i>)	Date of birth	Place of birth (<i>include country if outside the U.S.</i>)	State ZIP Code
Country(ies) of Citizenship	Date married	Place married (<i>include country if outside the U.S.</i>)	State ZIP Code
Check one, then give date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled	Month/Year	If divorced/annulled, where is the record located? City (Country)	State ZIP Code
Last known address of former spouse (<i>Street, City, and Country if outside the U.S.</i>)		State ZIP Code	Telephone number ()

17C COHABITANT

(A cohabitant is a person with whom you live in a spouse-like relationship and share bonds of affection, obligation or other commitments.)
 Complete the following about your cohabitant. If born outside the U.S., provide citizenship information.

Full name (<i>last, first, middle</i>)	Date of birth	Place of birth (<i>include country if outside the U.S.</i>)	Social Security Number
Other names used (<i>specify maiden name, names by other marriages, etc., and show dates used for each name</i>)			
Country(ies) of Citizenship		Date cohabitation began	
If cohabitant was born outside the U.S., check the appropriate box and provide document number.			
<input type="checkbox"/> State Department Form 240 <input type="checkbox"/> U.S. Passport (current or most recent) <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> Alien Registration <input type="checkbox"/> Other		Document Number _____	

18 RELATIVES

Relative Code – Use one of the following codes (1-16) listed below for each relative and give the full name and other requested information for each of your relatives and associates, living or deceased, specified below.

- | | | | |
|----------------|---|-------------------|--------------------|
| 1 – Mother | 5 – Foster parent | 9 – Sister | 13 – Half-sister |
| 2 – Father | 6 – Child (<i>incl. adopted and foster</i>) | 10 – Stepbrother | 14 – Father-in-law |
| 3 – Stepmother | 7 – Stepchild | 11 – Stepsister | 15 – Mother-in-law |
| 4 – Stepfather | 8 – Brother | 12 – Half-brother | 16 – Guardian |

Citizenship Code – Use one of codes below (a-e) listed below to show the citizenship status of each relative listed. If you select codes b, c, d, or e, provide citizenship information below.

- | | | |
|--|------------------------------|-----------|
| a – U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth | c – Naturalized U.S. citizen | e – Other |
| b – U.S. citizen by birth, born outside the U.S. | d – Not a U.S. citizen | |

Citizenship Information – Use one of the following codes (1-6) to show citizenship information of each relative listed.

- | | | |
|--------------------------------|--|------------------------|
| 1 – Naturalization Certificate | 3 – State Department Form 240 | 5 – Alien Registration |
| 2 – Citizenship Certificate | 4 – U.S. Passport (current or most recent) | 6 – Other |

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

18 RELATIVES (Continued)							
Relative Code (1-16)	Full Name (last, first, middle) (if deceased, check box)	Date of Birth (mm/dd/yyyy)	Country(ies) of Citizenship	Country of Birth	Citizenship Code (a-e)	Citizenship Information Code (1-6) (if applicable)	Current Street Address, City, State, Zip Code, and Country of Living Relatives
1	<input type="checkbox"/>					<u>Document Number</u>	
2	<input type="checkbox"/>					<u>Document Number</u>	
	<input type="checkbox"/>					<u>Document Number</u>	
	<input type="checkbox"/>					<u>Document Number</u>	
	<input type="checkbox"/>					<u>Document Number</u>	
	<input type="checkbox"/>					<u>Document Number</u>	
	<input type="checkbox"/>					<u>Document Number</u>	

19 FOREIGN CONTACTS							
<p>This section asks about your contact with foreign nationals within the past 7 years. List any and all foreign nationals with whom you have had close and/or continuing contact, including associates, as well as relatives not required to be recorded in section 18.</p> <p>Provide the full name and country of citizenship of the foreign contact and your dates of association. Indicate the nature and extent of your contact with the individual by marking the appropriate box. If you are or were stationed abroad or have had duties that require contact with foreign nationals, list only those foreign nationals with whom you have a close and/or continuing personal/business/professional relationship.</p>							
Full Name (last, first, middle)	Dates Known Month/Year To Month/Year	Approximate Current Age	Country(ies) of Citizenship	Nature of Relationship	Type of Contact	Number of Contacts per year	
#1				<input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Other	<input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Correspondence <input type="checkbox"/> Written Correspondence <input type="checkbox"/> In Person <input type="checkbox"/> Other	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-7 <input type="checkbox"/> 8-15 <input type="checkbox"/> More than 15	
#2				<input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Other	<input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Correspondence <input type="checkbox"/> Written Correspondence <input type="checkbox"/> In Person <input type="checkbox"/> Other	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-7 <input type="checkbox"/> 8-15 <input type="checkbox"/> More than 15	
#3				<input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Other	<input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Correspondence <input type="checkbox"/> Written Correspondence <input type="checkbox"/> In Person <input type="checkbox"/> Other	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-7 <input type="checkbox"/> 8-15 <input type="checkbox"/> More than 15	

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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

20 FOREIGN ACTIVITIES				YES	NO
For the following questions, respond for the timeframe of the past 7 years.					
20A Foreign Financial Interests				YES	NO
1. Do you have or have you had any foreign financial interests of which you have direct control or direct ownership?					
Purpose		Amount of Funds in U.S. Dollars			
2. Do you have or have you had any foreign financial interests that someone controls on your behalf?					
Purpose		Amount of Funds in U.S. Dollars			
3. Do you own or have you owned real estate in a foreign country?					
Type of Property	Location of Property		Estimated Value of Property in U.S. Dollars		
20B Foreign Business, Professional Activities, and Foreign Government Contacts				YES	NO
1. Have you provided advice or support regarding any of the following: management, strategy, financing, or development and/or use of technology to any foreign national associated with a foreign business or other foreign organization that you have not previously listed as a former employer?					
If "Yes" AND the activity was outside of official U.S. Government business, describe advice/support provided, name of foreign national and/or organization(s) to which it was provided, the name(s) of foreign country(ies), timeframe, and if compensation was provided.					
2. Have you attended two or more international conferences, trade shows, seminars, or other meetings outside of the U.S.?					
If "Yes" AND the activity was outside of official U.S. Government business, provide locations, including the name(s) of foreign country(ies), dates, sponsoring organization(s), and purpose of events(s).					
3. Have you been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency?					
If "Yes" AND the activity was outside of official U.S. Government business, provide the date of consultation, including the name(s) of foreign country(ies), location of consultation, and circumstances.					
4. Have you had any contact with a foreign government, its establishment (embassies or consulates), or its representatives, whether inside or outside the U.S.?					
If "Yes" AND the activity was outside of official U.S. Government business, provide the date of contact(s), location of contact(s), including the name(s) of foreign country(ies), and circumstance(s) of contact(s).					
5. Have you sponsored any foreign citizen to come to the U.S. as a student, for work, or for permanent residence?					
If "Yes," provide the name of the foreign citizen(s) you sponsored, the country(ies) of citizenship, the date of the foreign citizen's stay in the U.S., their current address (if known), and the purpose of the foreign citizen's stay in the U.S.					
6. Have you held or do you hold a passport that was issued by a foreign government?					
If "Yes," provide the name in which your foreign passport(s) was issued, the issuing country, the passport number, the issue date, and the expiration date.					

20C Foreign Countries You Have Visited

List foreign countries you have visited in the past 7 years, beginning with the most current and working back. If you have lived near a border and have made short (one day or less) trips to the neighboring country (i.e. Canada or Mexico), you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

- Use these codes to indicate the purpose(s) of your visit:
- | | | |
|---------------------------------------|--------------------------|-----------------------------|
| 1 – Business/ Professional Conference | 3 – Volunteer Activities | 5 – Visit Family or Friends |
| 2 – Education | 4 – Tourism | 6 – Other |

Code	Month/Year To	Month/Year	Number of Days	Country	Code	Month/Year To	Month/Year	Number of Days	Country
#1					#3				
#2					#4				

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

21 MENTAL AND EMOTIONAL HEALTH		YES	NO
In the last 7 years, have you received counseling or treatment from a mental health professional (including a counselor, licensed social worker, psychologist, psychiatrist, or other psychotherapist) or any other medical professional regarding an emotional or mental condition? Answer "No" if the counseling was strictly marital, family, or grief counseling and did not involve the prescription of medication or violence by you.			
If you answered "Yes," indicate who conducted the treatment, provide the following information, and sign the <i>Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA)</i> .			
Dates of Treatment Month/Year To Month/Year	Name/Address/Zip Code of Provider	Explain Circumstances of Treatment	
#1			
#2			

22 POLICE RECORD						
For this item, report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. > Be sure to include all incidents whether occurring in the U.S. or abroad.						
Answer questions a & b for the past 10 years (if not an SSBI go back 7 years) excluding any fines of less than \$300 for traffic offenses that do not involve alcohol or drugs.		YES	NO			
a	Have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you; are you on trial or awaiting a trial on criminal charges; or are you currently awaiting sentencing for a criminal offense?					
b	Have you been detained or arrested by any police officer, sheriff, marshal, or any other type of law enforcement officer?					
c	Have you EVER been charged with any felony offense? (Include those under Uniform Code of Military Justice.)					
d	Have you EVER been charged with a firearms or explosives offense?					
e	Have you EVER been charged with any offense(s) related to alcohol or drugs?					
If you answered "Yes" to any question above, explain below, providing information for each and every offense. Enter "N/A" for any fields that do not apply.						
Month/Year	Offense	Disposition	Law Enforcement Authority/Court	City and Country if Outside U.S.	State	ZIP Code
#1						
#2						
#3						

23 USE OF ILLEGAL DRUGS AND DRUG ACTIVITY			
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.		YES	NO
a	In the last 7 years, have you illegally used 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)? Illegal use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.		
b	Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?		
c	In the last 7 years, have you been involved in the illegal possession, purchase, manufacture, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance (see question a above) including prescription drugs?		
If you answered "Yes" to any question above (a-c), provide the date(s) of use or activity, identify the controlled substance(s), and explain the use or activity.			
Dates of Use/Activity Month/Year To Month/Year	Type of Controlled Substance(s)	Explain nature of use/activity, frequency of activity and number of times used	
#1			
#2			

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

24 USE OF ALCOHOL		YES	NO
For the following questions, respond for the time frame of the past 7 years.			
a	Has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, or your finances, or resulted in contacts by law enforcement/public safety personnel? (If "Yes," explain.)		
b	Have you received counseling or treatment or have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?		
If you answered "Yes" to question b above, provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21. You will be asked to sign a release if information is needed concerning your treatment.			
Month/Year	To	Month/Year	Name/Address/Zip Code of Counselor or Doctor
#1			
#2			

25 INVESTIGATIONS RECORD										
a	Has the United States Government or a foreign government EVER investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.						YES	NO		
Codes for Investigating Agency				Codes for Security Clearance Received						
1 – Defense Department		4 – Federal Bureau of Investigation		1 – Not Required		5 – Sensitive Compartmented Information		8 – Issued by foreign country		
2 – State Department		5 – Treasury Department		2 – Confidential		6 – Q		9 – Other		
3 – Office of Personnel Management		6 – Department of Homeland Security		3 – Secret		7 – L				
		7 – Other (<i>Specify</i>)		4 – Top Secret						
Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code			
#1				#3						
#2				#4						
b	Have you EVER had a clearance or access authorization denied, suspended, or revoked; received a Statement of Reasons from an adjudicative facility; or been debarred from government employment? If "Yes," give date of action, agency, and circumstances.						YES	NO		
Month/Year	Department or Agency Taking Action			Circumstances						
#1										
#2										
c	In the last 7 years, have you applied or been nominated for a position requiring a security clearance, and later withdrew from the process prior to the conclusion of the investigation? If "Yes," provide the agency, position, date of application, and reason for withdrawal.						YES	NO		
Date of Application	Agency	Position	Reason for Withdrawal							
#1										
#2										

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

26	FINANCIAL RECORD	YES	NO
	For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor.		
a	Have you filed a petition under any chapter of the bankruptcy code?		
b	Have you had any possessions or property voluntarily or involuntarily repossessed or foreclosed?		
c	Have you failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance?		
d	Have you had a lien placed against your property for failing to pay taxes or other debts?		
e	Have you had a judgment entered against you?		
f	Have you defaulted on any type of loan?		
g	Have you had bills or debts turned over to a collection agency?		
h	Have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?		
i	Have you been evicted for non-payment of financial obligations?		
j	Have you been delinquent on court-imposed alimony or child support payments?		
k	Have you had your wages, benefits, or assets garnished or attached for any reason?		
l	Have you violated the terms of agreement for a travel or credit card provided by your employer?		
m	Have you been over 180 days delinquent on any debt(s)?		
n	Are you currently over 90 days delinquent on any debt(s)?		

If you answered "Yes" to any question above (a-n), provide the information requested below for each positive response, indicating the corresponding question letter.

Question (a-n)	Month/Year	Amount or Property Value Involved	Account Number	Name of Agency/Organization/Individual to Whom Debt is Owed
	#1			
Name/Address/Zip Code of Court or Agency Handling Case			Name Action/Debt is Recorded Under	Status of Action or Debt
	#2			
Name/Address/Zip Code of Court or Agency Handling Case			Name Action/Debt is Recorded Under	Status of Action or Debt

27	USE OF INFORMATION SYSTEMS	YES	NO	
	The following questions ask about your use of information technology systems, which include all types of stand-alone computer systems, networked systems, the Internet, and telecommunication devices such as telephones, cell phones, and fax machines.			
a	In the last 7 years, have you illegally or without proper authorization entered into any information technology system?			
b	In the last 7 years, have you illegally or without proper authorization modified, destroyed, manipulated, or denied others access to information residing on an information technology system?			
c	In the last 7 years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations?			
	If you answered "Yes" to any question above (a-c), provide the following information requested for each incident.			
	Date of Incident (Mo./Yr.)	Nature of Incident/Offense	Location Incident Took Place	Disposition
	#1			
	#2			

28	INVOLVEMENT IN NON-CRIMINAL COURT ACTIONS	YES	NO		
	In the last 10 years, have you been a party to any public record civil court actions not listed elsewhere on this form?				
	If you answered "Yes," provide the information about each public record civil court action requested below.				
	Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court Name, Address and Zip Code
	#1				
	#2				

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I 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 national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

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 ()

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

UNITED STATES OF AMERICA
**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT
TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I **hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the Office of Personnel Management (OPM). I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Copies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)		Full name (<i>Type or print legibly</i>)		Date signed (<i>mm/dd/yyyy</i>)
Other names used				Social Security Number
Street address Apt. #	City (Country)	State	Zip Code	Home telephone number ()

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

YES **NO**

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

Signature (<i>Sign in ink</i>)	Practitioner name	Date signed (<i>mm/dd/yyyy</i>)
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