

Questionnaire for Public Trust 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 (U.S.) Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract are suitable for the job and are eligible for a public trust position.

Giving us this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your placement or employment prospects. Any information that you provide is evaluated on the basis of its recency, seriousness, relevance to the position and duties, and consistency with all other information about you.

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

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, 3302, and 9101 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 identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

The Investigative Process

Background investigations for public trust positions are conducted to gather information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer may be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want your current employer to be contacted.

Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often 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 about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form

1. Follow the instructions 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. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
2. Type or legibly print your answers in ink (if the form is not legible, it will not be accepted). You may also be asked to submit your form using the approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A" unless otherwise noted.
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify your response(s) with your consent.
5. You must use the Location 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 U.S.
7. The 5-digit postal Zip Codes are needed to speed the processing of your investigation. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
8. For telephone numbers in the U.S., be sure to include the area code.
9. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you 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 for explanation or 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 the Continuation Space on page 15 or a blank sheet(s) 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 Suitability

Final determination on your suitability for a public trust position is the responsibility of the Federal agency that requested your investigation. You will 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 U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to 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 prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give to us on this form and to make your comments part of the record.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

DISCLOSURE INFORMATION

The information you give to us is for the purpose of determining your suitability for Federal and Federal contract 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.

PRIVACY ACT ROUTINE USES

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

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

LOCATION CODES

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Florida	FL	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
Georgia	GA								
American Samoa	AS	Guam	GU	Northern Mariana Islands	MP	Palau	PW		
Federated States of Micronesia	FM	Marshall Islands	MH	Puerto Rico	PR	Virgin Islands of the U.S.	VI		

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

Investigating agency use only	Codes	Case number
-------------------------------	-------	-------------

AGENCY USE ONLY

For competitive service initial appointments only: when the OF 306, resume, and other information provided in hiring process appears to be discrepant with information provided on this questionnaire, those discrepant documents must be forwarded with this questionnaire to OPM for action.

A Type of investigation	B Extra coverage/Advance results	C Risk level	D Access/Eligibility	E Nature of action code	F Date of action
G Geographic location	H Position code	I Position title			J SON
K Location of official personnel folder	None NPRC	At SON e-OPF	Other	Other address/Web address of e-OPF	
L SOI	M Location of security folder	None NPI	At SOI Other	Other address	
N IPAC	O TAS	P Obligating document number		Q BETC	
R Accounting data and/or Agency case number				S Investigative requirement	Initial Reinvestigation
T Requesting official - Name		Title		Signature	
Email address			Telephone number	Date	
U Secondary requesting official - Name			Title		
Email address		Telephone number	V Applicant affiliation	FED CIV MIL	CON Other

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

1 FULL NAME - If you have only initials in your name, use them and enter (I/O) after the initial(s). - 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
---	------------------------

Last name	First name	Middle name	Jr., II, etc.
-----------	------------	-------------	---------------

3 PLACE OF BIRTH	4 SOCIAL SECURITY NO.		
City	County	State	Country (if outside the U.S.)

5 OTHER NAMES USED Have you used any other names?
 NO YES → If "Yes," give other names 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 "maiden" in front of it.

Name #1	Month/Year	To	Month/Year
Name #2	Month/Year	To	Month/Year
Name #3	Month/Year	To	Month/Year
Name #4	Month/Year	To	Month/Year

6 MOTHER'S MAIDEN NAME

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

7 YOUR IDENTIFYING INFORMATION

Height (feet and inches)	Weight (pounds)	Hair color	Eye color	Sex	Female	Male
--------------------------	-----------------	------------	-----------	-----	--------	------

8 YOUR CONTACT INFORMATION Check box(es) indicating when you can be reached at each phone number.

Home e-mail address		Work e-mail address	
Home telephone number	Day	Work telephone number	Day
	Evening		Evening
Mobile telephone number		Day	Evening

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

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

9 CITIZENSHIP Mark the box that reflects your current citizenship status and follow its instructions.									
<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 naturalized U.S. citizen. Go to 9B or 9C				
<input type="checkbox"/> I am a U.S. citizen or national by birth, born outside the U.S. Go to 9A					<input type="checkbox"/> I am not a U.S. citizen. Go to 9D				
U.S. PASSPORT <i>Current or most recent passport</i>					ALIEN REGISTRATION NUMBER <i>(if applicable)</i>				
Number		Date issued		Expired	YES	Number			
					NO				
9A DOCUMENTATION OF U.S. CITIZENS BORN ABROAD [STATE DEPARTMENT FORM (FS) 240, DS 1350, FS 545, etc.] <i>Report information, if applicable.</i>									
Date form was completed				Document number			Place of issuance		
9B CITIZENSHIP CERTIFICATE <i>(if applicable)</i>									
Where was this certificate issued? City/Court					State		Certificate number		Date issued
9C NATURALIZATION CERTIFICATE <i>(if applicable)</i>									
Where was this certificate issued? City/Court					State		Certificate number		Date issued
9D IMMIGRATION STATUS <i>Place you entered the U.S.</i>									
City				State		Country(ies) of citizenship			
Date of entry		Type of document (I-94, etc.)				Document number			
10 CITIZENSHIP INFORMATION									
Do you now hold or have you EVER held multiple citizenships?					<input type="checkbox"/> YES				
					<input type="checkbox"/> NO Go to Question 11				
A If "Yes," provide the name(s) of the country(ies).					B During what periods of time did you hold multiple citizenships?				
C Is your non-U.S. citizenship based on your birth in a foreign country or the citizenship of your parents? <i>(If "No," explain.)</i>									
<input type="checkbox"/> YES <input type="checkbox"/> NO, explain →									
D Have you renounced or attempted to renounce your foreign citizenship(s)? <i>(If "Yes," explain.)</i>									
<input type="checkbox"/> NO <input type="checkbox"/> YES, explain →									
11 WHERE YOU HAVE LIVED Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 15 for additional answers.									
List the places where you have lived, beginning with your present residence (#1) and working back 7 years. Residences for the entire 7 year period 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 be as specific as possible when listing an address location: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations (TDY) under 90 days (list your address of record instead), but you must list other part-time residences. Your actual physical location in addition to your APO/FPO address is required for overseas assignments.									
For any address in the last 3 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 3-year period, and do not list your spouse, former spouse, or other relatives. Also, for addresses in the last 3 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 and Point of Contact for that Period of Residence									
#1	Month/Year	To	Month/Year	Status	<input type="checkbox"/> Own	<input type="checkbox"/> Military housing	Street address		Apt.#
	Present				<input type="checkbox"/> Rent	<input type="checkbox"/> Other (Explain)			
APO/FPO address									
City (Country)								State	ZIP Code
Name of person who knows you at this address					Current address				Apt.#
APO/FPO address <i>(if currently applicable)</i>									
City (Country)								State	ZIP Code
Telephone number		Alternate contact number		Relationship		<input type="checkbox"/> Neighbor	<input type="checkbox"/> Landlord	<input type="checkbox"/> Other (Explain)	
						<input type="checkbox"/> Friend	<input type="checkbox"/> Business associate		

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

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

11 WHERE YOU HAVE LIVED (Continued)												
#2	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address			Apt.#
					<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other (Explain)				
APO/FPO address												
City (Country)										State	ZIP Code	
Name of person who knows you at this address				Current address				Apt.#				
APO/FPO address (if currently applicable)												
City (Country)										State	ZIP Code	
Telephone number		Alternate contact number			Relationship		<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)
							<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		
#3	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address			Apt.#
					<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other (Explain)				
APO/FPO address												
City (Country)										State	ZIP Code	
Name of person who knows you at this address				Current address				Apt.#				
APO/FPO address (if currently applicable)												
City (Country)										State	ZIP Code	
Telephone number		Alternate contact number			Relationship		<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)
							<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		
#4	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address			Apt.#
					<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other (Explain)				
APO/FPO address												
City (Country)										State	ZIP Code	
Name of person who knows you at this address				Current address				Apt.#				
APO/FPO address (if currently applicable)												
City (Country)										State	ZIP Code	
Telephone number		Alternate contact number			Relationship		<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)
							<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		

Enter your Social Security Number before going to the next page 

--

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

12 WHERE YOU WENT TO SCHOOL Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 13 for additional answers.

List all schools you have attended, beginning with the most recent (#1) working back 7 years. List college or university degrees and the dates they were received. If your most recent degree or diploma was received more than 7 years ago, list it below no matter when it was received.

In the Code block, show the most appropriate code to describe your school.

1 - High School	3 - Vocational/Technical/Trade School
2 - College/University/Military College	4 - Correspondence/Distance/Extension/Online School

For Correspondence/Distance/Extension/Online School, provide the address where the records are maintained.
 For schools you attended in the last 3 years, list a person who knew you at school (instructor, student, etc.).
 Do not list people for education periods completed more than 3 years ago.

SCHOOL INFORMATION

#1	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
----	------------	----	------------	------	----------------	---	---

Street address and City (Country) of school	State	ZIP Code
---	-------	----------

Name of person who knows you	Current address	Apt. #
------------------------------	-----------------	--------

City (Country)	State	ZIP Code	Telephone number
----------------	-------	----------	------------------

#2	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
----	------------	----	------------	------	----------------	---	---

Street address and City (Country) of school	State	ZIP Code
---	-------	----------

Name of person who knows you	Current address	Apt. #
------------------------------	-----------------	--------

City (Country)	State	ZIP Code	Telephone number
----------------	-------	----------	------------------

#3	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
----	------------	----	------------	------	----------------	---	---

Street address and City (Country) of school	State	ZIP Code
---	-------	----------

Name of person who knows you	Current address	Apt. #
------------------------------	-----------------	--------

City (Country)	State	ZIP Code	Telephone number
----------------	-------	----------	------------------

#4	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
----	------------	----	------------	------	----------------	---	---

Street address and City (Country) of school	State	ZIP Code
---	-------	----------

Name of person who knows you	Current address	Apt. #
------------------------------	-----------------	--------

City (Country)	State	ZIP Code	Telephone number
----------------	-------	----------	------------------

#5	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
----	------------	----	------------	------	----------------	---	---

Street address and City (Country) of school	State	ZIP Code
---	-------	----------

Name of person who knows you	Current address	Apt. #
------------------------------	-----------------	--------

City (Country)	State	ZIP Code	Telephone number
----------------	-------	----------	------------------

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

13 EMPLOYMENT ACTIVITIES Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 13 for additional answers.

List all your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time and part-time work, paid or unpaid, consulting/contracting work, all military service duty locations, temporary military duty locations (TDY) 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 that occurred before your 18th birthday unless it is necessary for providing a minimum of 2 years of employment history. If you require additional space, use a continuation sheet (SF 86A).

Employer/Verifier Information. List the business name of your employer or the name of a 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 company name, not Federal agency.

Additional Periods of Activity. Complete this block if you worked for an employer on more than one occasion at the same physical 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.

Employment Code: Use one of the codes listed below to identify the type of employment.

- | | | |
|-----------------------------------|--|---|
| 1 - Active military duty stations | 4 - Other Federal employment | 7 - Unemployment (include name of verifier) |
| 2 - National Guard/Reserve | 5 - State Government (Non-Federal employment) | 8 - Federal Contractor |
| 3 - U.S.P.H.S. Commissioned Corps | 6 - Self-employment (include business name and/or name of person who can verify) | 9 - Other (explain) |

13A EMPLOYMENT/UNEMPLOYMENT INFORMATION

#1 Dates of Employment		Type of Employment					
Month/Year	To	Month/Year	Employment code	Position title/Military rank	Work hours	Full-time	
		Present				Part-time	
Employer/Verifier							
Name of employer/verifier						Telephone number	
Address of employer/verifier							
City (Country)						State	Zip Code
Physical Location							
Your actual work address (if different from employer address)						Telephone number	
City (Country)						State	Zip Code
Supervisor (if different from employer)							
Name and title						Telephone number	
Work address of supervisor							
City (Country)						State	Zip Code
Additional Periods of Activity with this Employer							
Month/Year	To	Month/Year	Position title	Supervisor			
Month/Year	To	Month/Year	Position title	Supervisor			
Month/Year	To	Month/Year	Position title	Supervisor			
Explanation/Reason for leaving							

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

13A EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)									
#2 Dates of Employment				Type of Employment					
Month/Year	To	Month/Year		Employment code	Position title/Military rank		Work hours	Full-time	
								Part-time	
Employer/Verifier									
Name of employer/verifier							Telephone number		
Address of employer/verifier									
City (Country)							State	Zip Code	
Physical Location									
Your actual work address (if different from employer address)							Telephone number		
City (Country)							State	Zip Code	
Supervisor (if different from employer)									
Name and title							Telephone number		
Work address of supervisor									
City (Country)							State	Zip Code	
Additional Periods of Activity with this Employer									
Month/Year	To	Month/Year		Position title			Supervisor		
Month/Year	To	Month/Year		Position title			Supervisor		
Month/Year	To	Month/Year		Position title			Supervisor		
Explanation/Reason for leaving									
#3 Dates of Employment				Type of Employment					
Month/Year	To	Month/Year		Employment code	Position title/Military rank		Work hours	Full-time	
								Part-time	
Employer/Verifier									
Name of employer/verifier							Telephone number		
Address of employer/verifier									
City (Country)							State	Zip Code	
Physical Location									
Your actual work address (if different from employer address)							Telephone number		
City (Country)							State	Zip Code	

Enter your Social Security Number before going to the next page 

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

13A EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)																					
Supervisor (if different from employer)																					
Name and title								Telephone number													
Work address of supervisor																					
City (Country)								State	Zip Code												
Additional Periods of Activity with this Employer																					
Month/Year	To	Month/Year	Position title				Supervisor														
Month/Year	To	Month/Year	Position title				Supervisor														
Month/Year	To	Month/Year	Position title				Supervisor														
Explanation/Reason for leaving																					
#4 Dates of Employment				Type of Employment																	
Month/Year	To	Month/Year	Employment code		Position title/Military rank			Work hours	Full-time	Part-time											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>																					
Employer/Verifier																					
Name of employer/verifier								Telephone number													
Address of employer/verifier																					
City (Country)								State	Zip Code												
Physical Location																					
Your actual work address (if different from employer address)								Telephone number													
City (Country)								State	Zip Code												
Supervisor (if different from employer)																					
Name and title								Telephone number													
Work address of supervisor																					
City (Country)								State	Zip Code												
Additional Periods of Activity with this Employer																					
Month/Year	To	Month/Year	Position title				Supervisor														
Month/Year	To	Month/Year	Position title				Supervisor														
Month/Year	To	Month/Year	Position title				Supervisor														
Explanation/Reason for leaving																					

Enter your Social Security Number before going to the next page

--

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

13B FORMER FEDERAL SERVICE, EXCLUDING MILITARY SERVICE, <u>NOT</u> INDICATED PREVIOUSLY (list below if applicable)		
Dates of Federal Service Month/Year To Month/Year	Agency/City (Country)/State/ZIP Code	Position Title
#1		
#2		
#3		

13C EMPLOYMENT RECORD Respond for the timeframe of the last 7 years. **YES NO**

1. Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Use the following codes and explain the reason your employment was ended.

1 - Fired from a job	3 - Left a job by mutual agreement following charges or allegations of misconduct	5 - Left a job for other reasons under unfavorable circumstances
2 - Quit a job after being told you would be fired	4 - Left a job by mutual agreement following notice of unsatisfactory performance	6 - Laid off from job by employer

Month/Year	Code	Specify Reason	Employer's Name and Address (Include City/Country if outside U.S.)	State	Zip Code

YES NO

2. Have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?

3. 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(2) and/or 13C(3), provide the name(s) of the employer(s), date(s) of incident(s), month/day/year of official action(s), location(s) or facility(ies) of incident(s), and the nature of the violation(s) in the space below. If additional space is needed, use a blank sheet(s) of paper.

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 (SSS)? If "Yes," provide your registration number below. If "No," explain the reason for not registering below. Please consult the SSS if you are unaware of your status before signing this form.

Registration Number	Explanation

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

15 MILITARY HISTORY Account for all of your military service through the questions below. If you answer "No" to both 15a and 15b, go to Question 16.	YES	NO
a Have you EVER served in the U.S. military or the U.S. Merchant Marine?		
b Have you EVER served in a foreign country's military, security forces, merchant marine, militia, or other defense forces?		
c Have you EVER received a discharge that was not honorable?		
d In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).		

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 - Air National Guard (NG) 9 - Foreign military, defense, militia, security forces
 2 - Army 4 - Marine Corps 6 - Merchant Marine 8 - Army NG

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. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

Country: 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 - Other Than Honorable 4 - General 5 - Bad Conduct 6 - Other (Explain)

Branch of Service Code	Month/Year To	Month/Year	Service Number	O	E	Status					Country	Type of Discharge Code
						Active Duty	Active Reserve	Inactive Reserve	Air NG State	Army NG State		

16 PEOPLE WHO KNOW YOU WELL

List three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of 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 #1	Dates known Month/Year To Month/Year	Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work associate <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate	Telephone number <input type="checkbox"/> Day <input type="checkbox"/> Evening
Home or work address		Apt. #	City (Country) State Zip Code
Alternate telephone no.			
Reference name #2	Dates known Month/Year To Month/Year	Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work associate <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate	Telephone number <input type="checkbox"/> Day <input type="checkbox"/> Evening
Home or work address		Apt. #	City (Country) State Zip Code
Alternate telephone no.			
Reference name #3	Dates known Month/Year To Month/Year	Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work associate <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate	Telephone number <input type="checkbox"/> Day <input type="checkbox"/> Evening
Home or work address		Apt. #	City (Country) State Zip Code
Alternate telephone no.			

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

17 MARITAL STATUS					
Mark one box to show your current marital status and provide information about your spouse below. If there is not a middle name, enter as "NMN."					
<input type="checkbox"/>	1 - Never married	<input type="checkbox"/>	3 - Separated	<input type="checkbox"/>	5 - Divorced
<input type="checkbox"/>	2 - Married (incl. Common Law)	<input type="checkbox"/>	4 - Annulled	<input type="checkbox"/>	6 - Widowed
CURRENT SPOUSE If applicable, complete the following about your current spouse only. If your current spouse was born outside the U.S., provide citizenship information.					
Last name		First name		Middle name	Date of birth
Place of birth (include Country if outside the U.S.)					
Social Security Number		Other names used (specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country(ies) of citizenship					Date married
Place married (City, include Country if outside the U.S.)					State
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 (Street, City, include Country if outside the U.S.)				State	Zip Code
				Telephone number	
If spouse was born outside the U.S. indicate one type of documentation that he or she possesses and the document numbers.					
<input type="checkbox"/>	FS 240 or 545	<input type="checkbox"/>	Citizenship certificate	<input type="checkbox"/>	Alien registration
<input type="checkbox"/>	DS 1350	<input type="checkbox"/>	U.S. Passport (current or most recent)	<input type="checkbox"/>	Naturalization certificate
Document number				Explain "Other"	
18 RELATIVES					
Relative Code - Use one of the following codes (1-7) listed below for each relative and give the full name and other requested information, if applicable, for each of your relatives, living or deceased, specified below.					
1 - Mother		5 - Foster parent			
2 - Father		6 - Child (incl. adopted and foster)			
3 - Stepmother		7 - Stepchild			
4 - Stepfather					
Code 1	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship
Current address (Street, City, and State, include Country if outside the U.S.)					
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.					
<input type="checkbox"/>	FS 240 or 545	<input type="checkbox"/>	DS 1350	<input type="checkbox"/>	Alien registration
<input type="checkbox"/>	Citizenship certificate	<input type="checkbox"/>	Naturalization certificate	<input type="checkbox"/>	U.S. Passport
					Document number
Code 2	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship
Current address (Street, City, and State, include Country if outside the U.S.)					
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.					
<input type="checkbox"/>	FS 240 or 545	<input type="checkbox"/>	DS 1350	<input type="checkbox"/>	Alien registration
<input type="checkbox"/>	Citizenship certificate	<input type="checkbox"/>	Naturalization certificate	<input type="checkbox"/>	U.S. Passport
					Document number
Code 2	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship
Current address (Street, City, and State, include Country if outside the U.S.)					
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.					
<input type="checkbox"/>	FS 240 or 545	<input type="checkbox"/>	DS 1350	<input type="checkbox"/>	Alien registration
<input type="checkbox"/>	Citizenship certificate	<input type="checkbox"/>	Naturalization certificate	<input type="checkbox"/>	U.S. Passport
					Document number

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

18 RELATIVES (Continued)					
Code	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship
Current address (<i>Street, City, and State, include Country if outside the U.S.</i>)					
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.					
<input type="checkbox"/> FS 240 or 545		<input type="checkbox"/> DS 1350		<input type="checkbox"/> Alien registration	
<input type="checkbox"/> Citizenship certificate		<input type="checkbox"/> Naturalization certificate		<input type="checkbox"/> U.S. Passport	
					Document number
Code	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship
Current address (<i>Street, City, and State, include Country if outside the U.S.</i>)					
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.					
<input type="checkbox"/> FS 240 or 545		<input type="checkbox"/> DS 1350		<input type="checkbox"/> Alien registration	
<input type="checkbox"/> Citizenship certificate		<input type="checkbox"/> Naturalization certificate		<input type="checkbox"/> U.S. Passport	
					Document number
Code	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship
Current address (<i>Street, City, and State, include Country if outside the U.S.</i>)					
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.					
<input type="checkbox"/> FS 240 or 545		<input type="checkbox"/> DS 1350		<input type="checkbox"/> Alien registration	
<input type="checkbox"/> Citizenship certificate		<input type="checkbox"/> Naturalization certificate		<input type="checkbox"/> U.S. Passport	
					Document number
Code	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship
Current address (<i>Street, City, and State, include Country if outside the U.S.</i>)					
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.					
<input type="checkbox"/> FS 240 or 545		<input type="checkbox"/> DS 1350		<input type="checkbox"/> Alien registration	
<input type="checkbox"/> Citizenship certificate		<input type="checkbox"/> Naturalization certificate		<input type="checkbox"/> U.S. Passport	
					Document number
Code	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship
Current address (<i>Street, City, and State, include Country if outside the U.S.</i>)					
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.					
<input type="checkbox"/> FS 240 or 545		<input type="checkbox"/> DS 1350		<input type="checkbox"/> Alien registration	
<input type="checkbox"/> Citizenship certificate		<input type="checkbox"/> Naturalization certificate		<input type="checkbox"/> U.S. Passport	
					Document number

19 FOREIGN COUNTRIES YOU HAVE VISITED Respond for the time frame of the last 7 years.					
Have you traveled outside the U.S. in the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO Respond for foreign countries you have visited in the last 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 (e.g. 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"). Do not list travel under official U.S. Government business, but you must include any personal trips made in conjunction with the official U.S. Government travel.					
Use these codes to indicate the purpose(s) of your visit: 1 - Business/Professional conference 3 - Education 5 - Visit family or friends 2 - Volunteer activities 4 - Tourism 6 - Other					
Code	Month/Year	To	Month/Year	Number of Days	Country
	#1				
	#2				
	#3				
	#4				
	#5				
	#6				

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

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

20 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, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.						YES	NO
a In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Omit traffic fines of less than \$300.)							
b In the last 7 years, have you been imprisoned, on probation, or on parole?							
c Are you now under charges for any violation of the law?							
If you answered "Yes" to any question above, explain below, providing information for each and every offense.							
Month/Year	Law Enforcement Authority/Court	City and Country (<i>if outside U.S.</i>)	State	ZIP Code	Offense	Action Taken	
#1							
#2							
21 ILLEGAL USE OF DRUGS OR 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 year, have you illegally used any controlled substance, for example, cocaine, crack cocaine, THC (<i>marijuana, hashish, etc.</i>), narcotics (<i>opium, morphine, codeine, heroin, etc.</i>), stimulants (<i>amphetamines, speed, crystal methamphetamine, Ecstasy, ketamine, etc.</i>), depressants (<i>barbiturates, methaqualone, tranquilizers, etc.</i>), hallucinogenics (<i>LSD, PCP, etc.</i>), steroids, inhalants (<i>toluene, amyl nitrate, etc.</i>) or prescription drugs (<i>including painkillers</i>)? Use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.							
b 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 (<i>see question a above</i>) including prescription drugs?							
If you answered "Yes" to a or b above, 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							
22 INVESTIGATIONS AND CLEARANCE RECORD						YES	NO
Has the U.S. 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 the code for "Unknown." If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.							
Investigating Agency Codes			Security Clearance Codes				
1 - Defense Department	5 - Treasury Department	2 - State Department	6 - Department of Homeland Security	0 - Not Required	5 - Q	9 - Other (<i>Explain below</i>)	
3 - Office of Personnel Management	7 - Foreign government (<i>Specify country</i>)	4 - Federal Bureau of Investigation	8 - Unknown	1 - Confidential	6 - L	7 - Issued by foreign country (<i>specify country</i>)	
	9 - Other (<i>Explain below</i>)			2 - Secret	3 - Top Secret	8 - Unknown	
4 - Sensitive Compartmented Information							
Month/Year	Agency Code	Foreign Government or Other Agency (<i>if necessary</i>)				Clearance Code	
#1							
#2							
#3							
#4							

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

23 FINANCIAL RECORD		YES	NO
a	In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.		
b	Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes," provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.		
c	Are you now over 180 days delinquent on any other debt? Disclose all financial obligations that apply, including those for which you are a cosigner or guarantor. If you answered "Yes," provide the information requested below.		

Date Satisfied Month/Year	Amount of Property Value Involved	Loan/Account Number/ Bankruptcy Type	Names of Agency/Organization/Individual to Whom Debt is/was Owed	
#1				
Name/Address of Company, Court, or Agency Handling Case			Name Action/Debt is Recorded Under	Status of Action or Debt
State ZIP Code				
Date Satisfied Month/Year	Amount of Property Value Involved	Loan/Account Number/ Bankruptcy Type	Names of Agency/Organization/Individual to Whom Debt is/was Owed	
#2				
Name/Address of Company, Court, or Agency Handling Case			Name Action/Debt is Recorded Under	Status of Action or Debt
State ZIP Code				
Date Satisfied Month/Year	Amount of Property Value Involved	Loan/Account Number/ Bankruptcy Type	Names of Agency/Organization/Individual to Whom Debt is/was Owed	
#3				
Name/Address of Company, Court, or Agency Handling Case			Name Action/Debt is Recorded Under	Status of Action or Debt
State ZIP Code				

CONTINUATION SPACE

Use the continuation sheet(s) (SF 86A) for additional answers for items 11, 12, and 13. 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 and try to maintain question format.

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

CERTIFICATION

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my employment prospects or job status, up to and including my removal and debarment from Federal service.

Signature	Date (mm/dd/yyyy)
------------------	--------------------------

Enter your Social Security Number before going to the next page 

--

**QUESTIONNAIRE FOR
PUBLIC TRUST 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 for a public trust position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a public 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 85P, and that it may be disclosed by the Government only as authorized by law.

Photocopies 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.

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