

Questionnaire for Non-Sensitive Positions

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

Purpose of this Form

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

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

Authority to Request this Information

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

Your Social Security Number (SSN) is needed to 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 non-sensitive 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.

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

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

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.

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.

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.

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.

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.

3. Except as noted in Question 18, 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.

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.

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.

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 30 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 NON-SENSITIVE POSITIONS

Investigating agency use only	Codes	Case number
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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 Nature of action code	D Date of action	E Geographic location	
F Position title		G SON	H SOI	I IPAC	J TAS
K Obligating document number	L BETC	M Accounting data and/or Agency case number		N Investigative requirement	Initial Reinvestigation
O Requesting official - Name		Title	Signature		
Email address			Telephone number	Date	

I certify that the initial comparison of the OF 306 and the SF 85 did not reveal evidence of material falsification.

P Secondary requesting official - Name		Title
Email address	Telephone number	Q 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

6A MOTHER'S MAIDEN NAME

Last name	First name	Middle name
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6B FATHER'S FULL NAME

Last name	First name	Middle name
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7 YOUR IDENTIFYING INFORMATION

Height (feet and inches)	Weight (pounds)	Hair color	Eye color	Sex	Female Male
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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 Evening	Work telephone number	Day Evening	Mobile telephone number	Day Evening

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

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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	<input type="checkbox"/> YES <input type="checkbox"/> NO	Number			
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 11 for additional answers.									
List the places where you have lived, beginning with your present residence (#1) and working back 5 years. Residences for the entire 5 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"/> Rent	<input type="checkbox"/> Military housing <input type="checkbox"/> Other <i>(Explain)</i>	Street address		Apt.#
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"/> Friend	<input type="checkbox"/> Landlord <input type="checkbox"/> Business associate	<input type="checkbox"/> Other <i>(Explain)</i>		

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11 WHERE YOU HAVE LIVED (Continued)														
#2	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	<input type="checkbox"/>	Military housing	Street address	Apt.#		
							Rent			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"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	<input type="checkbox"/>	Military housing	Street address	Apt.#		
							Rent			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"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	<input type="checkbox"/>	Military housing	Street address	Apt.#		
							Rent			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

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12 WHERE YOU WENT TO SCHOOL Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 11 for additional answers.

List all schools you have attended, beginning with the most recent (#1) working back 5 years. List college or university degrees and the dates they were received. If your most recent degree or diploma was received more than 5 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"/>	<input type="checkbox"/>	YES	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"/>	<input type="checkbox"/>	YES	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"/>	<input type="checkbox"/>	YES	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"/>	<input type="checkbox"/>	YES	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"/>	<input type="checkbox"/>	YES	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
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13 EMPLOYMENT ACTIVITIES Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 11 for additional answers.

List all your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time and part-time work, paid or unpaid, consulting/contracting work, 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

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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									
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

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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		
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

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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 5 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 5 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 NON-SENSITIVE POSITIONS

17 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 5 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 5 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 (if outside U.S.)	State	ZIP Code	Offense	Action Taken			
#1									
#2									
18 ILLEGAL USE OF DRUGS OR DRUG ACTIVITY									
The following question pertains to the illegal use of drugs or drug activity. You are required to answer the question fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.							YES	NO	
In the last year, have you illegally used, possessed, supplied, or manufactured 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.									
If you answered "Yes" 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									
19 FINANCIAL RECORD									
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.							YES	NO	

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
NON-SENSITIVE POSITIONS**

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

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

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, 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 non-sensitive 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 suitability for a non-sensitive position. I understand that I may request a copy of such records as may be available to me under the law.

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

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization that show my signature are valid. This authorization is valid for two (2) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

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