

SUPPLEMENTAL INVESTIGATIVE DATA

CASE NO. _____

INSTRUCTIONS

DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS

1. Answer all questions completely or check (x) the box which applies. If the question is not applicable, write "NA." If you do not know the answer and it cannot be obtained from personal or family records, write "unknown." Use the blank space on page 6 for extra details on any question for which you do not have enough space.
2. Type or legible print an original plus two copies. All copies must bear an original signature. Initials are required at the bottom of each page.
Note: We cannot accept your form if it is not legible.
3. Consider each of your answers carefully. Accurate completion of this form will permit review of your qualifications. Your signature at the end of the form will certify its correctness.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Authority to collect the information sought on the accompanying form is derived from the following sources: Title 5 U.S.C. Section 301; Title 18 U.S.C. Section 3056; Executive Orders 10450, 12333, 12958 and 12968; Treasury Department Publication 71.10; and Title 31 C.F.R. Section 2.1.

The purpose of the information is to provide a basis for determining employment suitability and eligibility for access to classified documents. The information will be used to fulfill legal record keeping requirements and for referral to other agencies on a need to know basis in their performance of duties. Submission of the information is voluntary and failure to provide all or any part of the requested information will not be used as a basis for denying any right, benefit or privilege allowed by law. However, failure to provide certain information may result in non-consideration for appointment or in termination on the basis of information in the record. Information provided on this form will be kept confidential under provisions of the Privacy Act of 1974, Title 5 of the U.S.C., Section 552.

SECTION 1

APPLICANT - GENERAL PERSONAL AND PHYSICAL DATA

1. FULL NAME (LAST FIRST, MIDDLE) STATE ANY OTHER NAMES EVER USED (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAMES(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED)			2. SOCIAL SECURITY NUMBER			
3. CURRENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)			4. CURRENT PHONE NO. (INCLUDE AREA CODE)			
5. PERMANENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)			6. PERMANENT PHONE NO. (INCLUDE AREA CODE)			
7. OFFICE PHONE NO. (INCLUDE AREA CODE)		8. OFFICE EXTENSION	9. LEGAL RESIDENCE (STATE, TERRITORY, OR COUNTRY)			
10. AGE	11. SEX	12. HEIGHT	13. WEIGHT	14. BUILD	15. COLOR EYES	16. COLOR HAIR
17. DATE OF BIRTH		18. PLACE OF BIRTH (CITY, STATE, COUNTRY)		19. PRESENT CITIZENSHIP (COUNTRY)		
20. OTHER THAN U.S. CITIZENSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO		21. GIVE PARTICULARS CONCERNING PREVIOUS CITIZENSHIPS AS TO COUNTRY AND DATE				
22. DO YOU HAVE 20/20 VISION UNCORRECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	23. DO YOU HAVE 20/20 CORRECTED VISION? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. DO YOU HAVE 20/60 VISION OR BETTER, UNCORRECTED (SNELLEN)? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. DO YOU HAVE 20/63 VISION, OR BETTER, UNCORRECTED (BAILEY LOVIE)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION 2

SELECTIVE SERVICE / MILITARY SERVICE RESERVE STATUS

1. PLACE OF REGISTRATION (CITY AND STATE)		2. REGISTRATION DATE	3. BRANCH OF SERVICE (IF APPLICABLE)	
4. DATE RETIRED OR DISCHARGED		5. RESERVE STATUS <input type="checkbox"/> NONE <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RETIRED		
6. RESERVE BRANCH OF SERVICE		7. DATE ENTERED	8. PLACE ENTERED	
9. DATE RETIRED OR DISCHARGED	10. SERIAL NO.	11. RANK		
12. CURRENT LOCATION OF MILITARY RECORDS		13. CURRENT LOCATION OF MILITARY MEDICAL RECORDS		

SECTION 3

MARITAL STATUS AND SPOUSE / COHABITANT / FIANCE INFORMATION

1. PRESENT STATUS (CIRCLE OR MARK ANSWER). IF YOU HAVE BEEN MARRIED MORE THAN ONCE (INCLUDING ANNULMENTS) FURNISH DETAILS IN SECTION 10.

SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED COHABITATING

2. STATE DATE PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES, OR ANNULMENTS. IF EVER DIVORCED OR SEPARATED, FURNISH DETAILS IN SECTION 10 AS TO NAME AND ADDRESS OF DIVORCED OR SEPARATED SPOUSE, NAMES AND ADDRESSES OF ANY ATTORNEYS, AND DATE, CIRCUMSTANCES, AND DISPOSITION.

THE FOLLOWING INFORMATION PERTAINS TO
WIFE, HUSBAND, FIANCE, COHABITANT, FORMER WIFE, FORMER HUSBAND, FOR ITEMS 3 THRU 25. (CIRCLE OR MARK ONE)

WIFE HUSBAND FIANCE COHABITANT FORMER WIFE FORMER HUSBAND

3. NAME (LAST, FIRST, MIDDLE)	4. SOCIAL SECURITY NO.
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5. STATE ANY OTHER NAMES EVER USED BY PERSON (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAME(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED).

INDICATE CIRCUMSTANCES (INCLUDING LENGTH OF TIME) UNDER WHICH ANY NAMES NOTED IN ITEM 5 ABOVE WERE USED. IF LEGALLY CHANGED, GIVE PARTICULARS (WHERE AND BY WHAT AUTHORITY). RECORD THIS INFORMATION IN SECTION 10.

6. DATE OF BIRTH	7. PLACE OF BIRTH (CITY, STATE, COUNTRY)	8. DATE OF MARRIAGE/COHABITATION
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9. PLACE OF MARRIAGE (CITY, STATE, COUNTRY)	10. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO
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11. CITIZENSHIP	12. FORMER CITIZENSHIP(S) (COUNTRY(IES))	13. IF ALIEN, ALIEN REGISTRATION NO.
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14. DATE U.S. CITIZENSHIP ACQUIRED	15. WHERE ACQUIRED	16. DATE AND PLACE ARRIVAL IN U.S.	17. NATURALIZATION CERTIFICATE NO.
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18. DATE OF DEATH	19. CAUSE OF DEATH
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20. CURRENT ADDRESS (GIVE LAST ADDRESS, IF DECEASED)	21. RESIDENCE ADDRESS OF SPOUSE BEFORE MARRIAGE, IF OTHER THAN U.S.
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22. OCCUPATION / POSITION	23. PRESENT EMPLOYER	24. ANNUAL SALARY OR EARNINGS
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25. EMPLOYER - BUSINESS ADDRESS (NUMBER, STREET, CITY, COUNTRY)

SECTION 4

PARENTS, CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR PARENTS AND ALL CHILDREN (BY BIRTH, ADOPTION, MARRIAGE) AND OTHER DEPENDENTS.

FULL NAME	RELATIONSHIP	DATE & PLACE OF BIRTH	CITIZENSHIP	CURRENT ADDRESS

2. NO. OF CHILDREN (INCLUDE STEPCHILDREN AND ADOPTED CHILDREN) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.	3. NO. OF OTHER DEPENDANTS (E.G. SPOUSE PARENTS STEPPARENTS ETC.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT OR CHILDREN OVER 21 NOT SELF-SUPPORTING.
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SECTION 5

CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

Complete this section as it applies to you and your family and also as it applies to your spouse/cohabitant and their family if the relative or associate is/was:

- A U.S. Citizen by other than birth;
- An alien residing in the U.S.;
- Lived or currently living in a foreign country;
- Worked or currently working for a Foreign Government.

Relatives and associates are defined as spouse, parents (to include stepparents), brothers, sisters, stepbrothers, stepsisters, child (adopted also), aunts, uncles and cousins). For extended family members (**Other than spouse, parents, children, brothers and sisters**), list only those who are frequently contacted.

Please complete all requested information and use the codes below to identify proof of citizenship status:

- 1** - Naturalization Certificate - Provide the date issued and the location where the person was naturalized (*Court, City, State and Certificate Numbers*).
- 2** - Citizenship Certificate - Provide the location issue (*City, State, Certificate*).
- 3** - Alien Registration - Provide the date and place where the person entered the U.S. (*City, State, and alien Registration Number*).
- 4** - Other - Provide an explanation in the "Additional Information" block.

1	1a. ASSOCIATION	1b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	2. FULL NAME (<i>Last, First Middle</i>)	3. MAIDEN NAME AND/OR OTHER NAMES USED
	4. CODE NUMBER	5. CURRENT ADDRESS		6. NAME OF EMPLOYER
	7. DATE AND PLACE OF BIRTH	8. SSN	9. FREQUENCY OF CONTACT	10. CERTIFICATE/REGISTRATION NUMBER
	11. CITIZENSHIP (COUNTRY)		12. DATE/PLACE OF NATURALIZATION	13. DATE/PLACE OF ENTRY
	14. ADDITIONAL INFORMATION			

2	1a. ASSOCIATION	1b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	2. Full Name (<i>Last, First Middle</i>)	3. MAIDEN NAME AND/OR OTHER NAMES USED
	4. CODE NUMBER	5. CURRENT ADDRESS		6. NAME OF EMPLOYER
	7. DATE AND PLACE OF BIRTH	8. SSN	9. FREQUENCY OF CONTACT	10. CERTIFICATE/REGISTRATION NUMBER
	11. CITIZENSHIP (COUNTRY)		12. DATE/PLACE OF NATURALIZATION	13. DATE/PLACE OF ENTRY
	14. ADDITIONAL INFORMATION			

SECTION 6

NEIGHBOR REFERENCES (LIST TWO NEIGHBORS AT YOUR CURRENT LOCATION WHO KNOW YOU)

NAME (LAST, FIRST, MIDDLE)	SEX	COMPLETE BUSINESS ADDRESS (NO., STREET, CITY, STATE)	COMPLETE RESIDENCE ADDRESS (NO., STREET, CITY, STATE)	NO. OF YEARS KNOWN
	M	ADDRESS	ADDRESS	
	F	AREA CODE & PHONE NO.	AREA CODE & PHONE NO.	
	M	ADDRESS	ADDRESS	
	F	AREA CODE & PHONE NO.	AREA CODE & PHONE NO.	

SECTION 7

FINANCIAL INFORMATION

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME.

3. COMPLETE THE FOLLOWING FINANCIAL STATEMENT, USING DOLLAR AMOUNTS IN THE APPROPRIATE COLUMNS, DESIGNATING JOINT ASSETS AND LIABILITIES WHERE APPLICABLE.

		TOTAL AMOUNT	JOINT	PERSONAL
ASSETS	CASH ON HAND			
	CASH IN BANK: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> SAFE DEPOSIT (CHECK APPROPRIATE BLOCK(S))			
	STOCKS AND BONDS (PRESENT MARKET VALUE)			
	REAL ESTATE (ESTIMATED MARKET VALUE)			
	INSURANCE VALUE (I.E. WHAT YOU WOULD RECEIVE IF YOU LIQUIDATED POLICY-NOT FACE VALUE)			
	AUTOMOBILES (ESTIMATED MARKET VALUE)			
	PERSONAL EFFECTS (FURNITURE, JEWELRY, ETC. - MARKET VALUE)			
	OTHER ASSETS - SPECIFY:			
	TOTAL ASSETS			
LIABILITIES	CURRENT OBLIGATIONS			
	NOTES PAYABLE, (E.G., CAR LOAN, PERSONAL LOANS, ETC.)			
	MORTGAGES PAYABLE			
	OTHER DEBTS (JUDGMENTS, LIENS, ETC.)			
	TOTAL LIABILITIES			
NET WORTH				

SECTION 8

PERSONAL DECLARATIONS

ANSWER ITEMS 1 THROUGH 20 BY PLACING AN "X" IN THE PROPER COLUMN, IF ANY ANSWER IS "YES" GIVE EXPLANATION OR DETAILS IN SECTION 10.	YES	NO
1. HAVE YOU EVER BEEN INVOLVED IN ANY FORECLOSURE, BANKRUPTCY, RECEIVERSHIP PROCEEDINGS, CIVIL SUITS, JUDGMENTS?		
2. DO YOU HAVE ANY OUTSTANDING FEDERAL, STATE, OR LOCAL TAX OBLIGATIONS?		
3. ARE YOU NOW EMPLOYED BY OR SERVE AS AN OFFICER OF ANY POLITICAL ORGANIZATIONS?		
4. PROVISIONS OF THE HATCH ACT MAKE IT UNLAWFUL FOR YOU, IF APPOINTED TO ANY POSITION IN THE FEDERAL SERVICE, TO ENGAGE IN CERTAIN POLITICAL ACTIVITIES. ARE YOU ENGAGED AT PRESENT EITHER DIRECTLY OR INDIRECTLY IN ANY POLITICAL ACTIVITY OR ORGANIZATION?		
5. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE; OR WHICH HAS ADOPTED OR SHOWS A POLICY ADVOCATING OR APPROVING THE COMMISSION OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEMS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		
6. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?		

SECTION 8

PERSONAL DECLARATIONS, CONTINUED FROM PAGE 4

	YES	NO
7. ARE YOU DIRECTLY OR INDIRECTLY CONNECTED WITH THE OPERATION OF ANY PRIVATE OR COMMERCIAL ENTERPRISE WHICH SELLS OR OTHERWISE CONTRACTS FOR INVESTIGATIVE SERVICES OF ANY KIND FOR PRIVATE INDIVIDUALS OR BUSINESS FIRMS?		
8. ARE THERE ANY INCIDENTS IN YOUR OWN BACKGROUND, OR THAT OF MEMBERS OF YOUR FAMILY, WHICH MIGHT COMPROMISE YOUR PERFORMANCE AS A SECRET SERVICE EMPLOYEE?		
9. HAVE YOU EVER BEEN THE SUBJECT OF ANY EMPLOYEE DISCIPLINARY ACTION?		
10. HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE?		
11. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO A POLICE DEPARTMENT?		
12. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO YOUR EMPLOYER, IN REGARD TO YOUR CONDUCT ON OR OFF THE JOB ?		
13. HAVE YOU EVER BEEN ARRESTED?		
14. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?		
15. DO YOU USE ILLEGAL DRUGS?		
16. HAVE YOU EVER ILLEGALLY USED MARIJUANA?		
17. HOW MANY TIMES HAVE YOU ILLEGALLY USED MARIJUANA?		
18. WHEN DID YOU LAST ILLEGALLY USE MARIJUANA?		
19. HAVE YOU EVER ILLEGALLY USED SUCH ITEMS AS HASHISH, COCAINE, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE (DO NOT INCLUDE MARIJUANA)? [CIRCLE OR MARK WHICH DRUG(S)]		
20. HAVE YOU EVER FACILITATED THE TRANSACTION OF ILLEGAL DRUGS?		

SECTION 9

INCOME TAX STATUS

1. FEDERAL INCOME TAX RETURNS WERE FILED FOR EACH OF THE PAST 3 YEARS AS FOLLOWS:

<u>FOR YEAR</u>	<u>IRS COLLECTION DISTRICT</u>	<u>NAME(S) ON RETURN</u>	<u>ADDRESS ON RETURN</u>

2. IF NO RETURN(S) WERE FILED FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM.

NOT APPLICABLE SEE SECTION 10

3. IF SPOUSE FILED SEPARATE RETURN(S) FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM AS TO DISTRICT IN WHICH FILED AND NAME AND ADDRESS USED ON RETURN(S).

NOT APPLICABLE SEE SECTION 10

4. IF SPOUSE HAD INCOME DURING THE 3 YEAR PERIOD, STATE BRIEFLY IN SECTION 10 OF THIS FORM AS TO SOURCE AND AMOUNT OF INCOME DURING THAT PERIOD.

NOT APPLICABLE SEE SECTION 10

CONTINUE ON THE FOLLOWING PAGE. PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.
 SPACE FOR EXTRA DETAILS CONTINUED ON PAGE 6.

