INV FORM 40 (Rev. 4/06) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

### GENERAL REQUEST FOR INVESTIGATIVE INFORMATION U.S. GOVERNMENT USE ONLY

UNITED STATES OFFICE OF PERSONNEL MANAGEME FEDERAL INVESTIGATIONS PROCESSING CENTER PO BOX 618 BOYERS, PA 16018-0618	ENT

INSTRUCTIONS: We are investigating the person identified below. Please search your records, indicating the results by marking one of the ovals on the reverse of this form. If any pertinent information is contained in your records, please send a photocopy as an attachment to this form. If a photocopy is not available, report the pertinent information in the "remarks" section. Please return the completed form, with any attachments to the Office of Personnel Management at the address shown above.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

**CERTIFICATION:** The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

CASE TYPE:

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

ITEM NUMBER:

FULL	NAME	(LAST,	FIRST,	MIDDLE)

OTHER NAMES USED

CASE NUMBER:

DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION FOR WHICH INVESTIGATED

PLACE OF BIRTH

ADDITIONAL INFORMATION FOR YOUR RECORD SEARCH

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this address.

CORRECT MARK:

USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.



• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

X



INCORRECT MARKS:



#### MARK THE OVAL CORRESPONDING TO THE RESULTS OF YOUR RECORD SEARCH

- A RECORD INFORMATION SHOWN BELOW
- **B** RECORD IS ATTACHED
- © NO PERTINENT INFORMATION
- OPM REVIEW
- **(E)** ABOVE INFORMATION VERIFIED

- F PREVIOUSLY FURNISHED (Explain in REMARKS section)
- RECORD AT ANOTHER LOCATION (Enter address and ZIP code in REMARKS section)
- H NOT LOCATED (Explain in REMARKS section)
- I) NO RECORD

• IF ADDITIONAL	L INFORMATION IS PROVIDED	BELOW, YOU	U MUST FILL IN	THIS MARK.			
REMARKS							
	,						
PLEASE SIGN THIS	FORM HERE.						
PLEASE SIGN THIS	PORIVI FIERE:				DATE		
YOUR TITLE:						IE TELEPHON	E NUMBER
					(INCLUDE AI	HEA CODE)	

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NI NO PERTINENT INFORMATION	FR FEE REQUIRED	4	0	А	В	С	D	E	N	12	0	А	В	C	D	Е	N
NR NO RECORD	RL RELEASE REQUIRED	5	0	Α	В	С	D	E	Ν	13	0	Α	В	С	D	Е	Ν
NL NOT LOCATED	SK SUBJECT UNKNOWN	6	0	Α	В	С	D	E	N	14	0	А	В	С	D	E	N
UC UNABLE TO CONTACT	NZ NOT AVAILABLE	7	0	А	В	С	D	E	N								
RF REFERRED	DN DISCREPANT	8	0	А	В	С	D	E	N								
RR RECORD																	

INV FORM 41 (Rev. 4/06) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

INSUING PARTY OF

### INVESTIGATIVE REQUEST FOR EMPLOYMENT DATA AND SUPERVISOR INFORMATION U.S. GOVERNMENT USE ONLY

UNITED STATES FEDERAL INVES PO BOX 618 BOYERS, PA 160	STIGATIONS P		

INSTRUCTIONS: Your name has been provided by the person identified below to assist in completing a background investigation to help us determine this person's suitability for employment or security clearance. To help us make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope. We send a separate inquiry to the personnel office and each supervisor shown on the person's application; therefore please do not forward this for completion by someone else.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, or you would like to keep your identity confidential, please indicate this requirement in writing on the reverse.

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

SE NUMBER	:	CASE TYPE: ITEM N	UMBER:
ULL NAME (LA	AST, FIRST, MIDD	LE)	
THER NAMES	USED		
DATE OF B	RIDTH	SOCIAL SECURITY NUMBER	
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PLACE OF BIR	OYMENT		
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PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this address.

**CORRECT MARK:** 

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS?

INCORRECT MARKS:

• •

PLEASE COMPLETE THE ITEMS SHOWN BELOW

	а	YES <b>b</b> NO (Plea	ase explain in item 6)	С	WE HAVE NO REC	CORD ON THIS PERSON
2	MAR	K ONE OF THE FOLLOWING PE	RTAINING TO THIS PERSON'S EMPLOY	MENT:		
	а	SUBJECT CURRENTLY EMPLO	DYED HERE			UNTARILY/EMPLOYMENT NOT Please explain in item 6)
	b	LEFT EMPLOYMENT VOLUNTA ENTIRELY FAVORABLE	ARILY/EMPLOYMENT	e DISCHA	ARGED FOR UNFA ICT (Please explair	VORABLE EMPLOYMENT OR in item 6)
	С	DISCHARGED BECAUSE OF C WORKFORCE OR CHANGE IN		f RESIGN	NED AFTER INFOF NRGE (Please expla	MED OF POSSIBLE ain in item 6)
				g LEFT E	MPLOYMENT BY N	MUTUAL AGREEMENT DUE (Please explain in item 6)
3	IS TH	IS PERSON ELIGIBLE FOR REH	IRE?			
	а		E TO COMPANY POLICY AND/OR LATED TO UNFAVORABLE EMPLOYMEN	Т	NO – FOR REASO EMPLOYMENT (PI	NS RELATING TO UNFAVORABLE ease explain in item 6)
4	DO Y	OU HAVE ANY REASON TO QUE	STION THIS PERSON'S HONESTY OR T	TRUSTWORTHINE	SS?	
	а	NO				L ENOUGH TO RESPOND
	b	YES (Please explain in item 6)	- 147 (142) - 148 (142)			NFORMATION I HAVE
5	DO Y	OU HAVE ANY ADVERSE INFOR	MATION ABOUT THIS PERSON'S EMPL			
		S NO	YES NO	•	YES NO	
	а	VIOLATIONS OF THE LAW	C ABUSE OF ALCOHOL A	ND/OR DRUGS		GENERAL BEHAVIOR OR CONDUCT
	b	FINANCIAL INTEGRITY	d MENTAL OR EMOTIONA	AL STABILITY		OTHER MATTERS
			(If YES to any of these question	ns, please explain		
			I WISH TO DISCUSS THE ADVERS		100 A	
7	DO YO	OU RECOMMEND THIS PERSON YES NO (Please explain in item 6)	FOR GOVERNMENT SECURITY CLEAR C I D			ENOUGH TO MAKE A RECOMMENDATION
PR	INT NA					
PL	EASE	SIGN THIS FORM HERE:			-	DATE
YO	UR TIT	LE:				DAYTIME TELEPHONE NUMBER
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INV FORM 42 (Rev. 6/05) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

# INVESTIGATIVE REQUEST FOR PERSONAL INFORMATION U.S. GOVERNMENT USE ONLY

F R O M	UNITED STATES OFFICE OF PERSONNEL MANAGEMENT FEDERAL INVESTIGATIONS PROCESSING CENTER PO BOX 618 BOYERS, PA 16018-0618		
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nves deter	RUCTIONS: Your name has been provided by the person identified below to assist in completing a tigation to help us determine this person's suitability for employment or security clearance. To help mination, we ask that you complete all items on the back of this form and return the form in the enclosurere listed as:	us make this	

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

**CERTIFICATION:** The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, or you would like to keep your identity confidential, please indicate this requirement in writing on the reverse.

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER:	CASE TYPE:	ITEM NUMBER:	
FULL NAME (LAST, FIRST, MIDE	PLE)		
OTHER NAMES USED			
POSITION FOR WHICH INVESTIG	GATED		1204
THIS PERSON CLAIMED THE FO	DLLOWING:		

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this aridrance.

**CORRECT MARK:** 

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

INCORRECT MARKS:

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

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#### PLEASE COMPLETE THE ITEMS SHOWN BELOW

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	a DAILY	c > MONTHLY		e ONCE E	VERY YEAR OR 2	
	b WEEKLY	d TWICE A YEAR	}	f ONCE II	N 3 OR MORE YEA	RS
4	I LAST ASSOCIATED WITH THIS P	ERSON:				
	a 🥒 0 TO 3 MONTHS AGO	c 1 TO 3 YEARS	AGO	e 🤍 MORE T	HAN 5 YEARS AG	0
	b 3 TO 12 MONTHS AGO	d 3 TO 5 YEARS	AGO			
5	DOES THE INFORMATION ON THE	FRONT OF THIS FORM	<b>CONCERNING THIS PER</b>	SON APPEAR T	O BE CORRECT?	
	a YES b NO-ITAPPE	ARS TO BE INCORRECT	TOR INCOMPLETE (SHOW O	ORRECT OR ADDITIONAL	L DATA IN ITEM 8)	
6	DO YOU HAVE ANY REASON TO Q	UESTION THIS PERSON	I'S HONESTY OR TRUST	WORTHINESS?		
	a NO		c I DO NOT KNOW	THIS PERSON W	/ELL ENOUGH TO	RESPOND
	b YES (PLEASE EXPLAIN IN IT	EM 8)	d I WISH TO DISCU	SS THE ADVERS	SE INFORMATION	I HAVE
7	DO YOU HAVE ANY ADVERSE INFO	DRMATION ABOUT THIS	PERSON'S EMPLOYMEN	NT, RESIDENCE	OR ACTIVITIES CO	ONCERNING:
	YES NO	YES NO		YES NO		
	a VIOLATIONS OF THE LAW	c ABUSE OF	ALCOHOL AND/OR DRUG	S e G	ENERAL BEHAVIO	R OR CONDUCT
	b FINANCIAL INTEGRITY	d MENTAL OF	R EMOTIONAL STABILITY	420	THER MATTERS	
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INV FORM 43 (Rev. 4/06) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

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# INVESTIGATIVE REQUEST FOR EDUCATIONAL REGISTRAR AND DEAN OF STUDENTS RECORD DATA U.S. GOVERNMENT USE ONLY

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**INSTRUCTIONS:** Your name has been provided by the person identified below to assist in completing a background investigation to help us determine this person's suitability for employment or security clearance. To help us make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

**CERTIFICATION:** The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER:		CASE TYPE:	ITEM NUMBER:	
FULL NAME (LAS	T, FIRST, MIDDLE)		· · · · · · · · · · · · · · · · · · ·	
OTHER NAMES U	SED			
reconnected to the second		ji		
DATE OF BIRT	'H	SOCIAL SECURITY NUMBER	R	POSITION FOR WHICH INVESTIGATED
PLACE OF BIRTI	H			
THIS PERSON C	I AIMED ATTENDA	NCE AS FOLLOWS		
FROM (MO/YR)	TO (MO/YR)	SCHOOL NAME AND ADDRE	SS	
DEGREE AND D	DATE (MO/YR)			
,				
LAST CLAIMED I	RESIDENCE DURII	NG PERIOD OF ATTENDANCE		

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this

CORRECT MARK:

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

**INCORRECT MARKS:** 

X / . .

position

PLEAS	E COMP	LETE	THE	ITEMS	SHOWN	BELOW
		Street, Street, St. Street,	H H H H HANN			

1	TO THE BEST OF YOUR KNOWLE RECORDS?	DGE, IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR
	a YES	b NO (List discrepancies in REMARKS section)
	T.	c WE HAVE NO RECORD ON THIS PERSON
2	FOR INQUIRIES DIRECTED TO DE	EAN OF STUDENTS: DO YOUR RECORDS CONTAIN ANY ADVERSE INFORMATION RELEVANT TO
	a NO	b C YES (Explain in REMARKS section)

O IF ADDITIONAL RE	EMARKS ARE PROVI	DED BELOW, Y	OU MUSIT FIEL	IN THE MA	₹K	
REMARKS						
			8			

PLEASE SIGN THIS FORM HERE	DATE
YOUR TITLE	DAYTIME TELEPHONE NUMBER
	(INCLUDE AREA CODE)

	FOR OPM US	E O	NL	Y														
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AA ACCEPTABLE/ATTACHED	PI CONFIDENTIAL/ISSUES	2	0	А	В	C	D	E	N	10	0	Α	В	С	D	Е	N	
PA CONFIDENTIAL/ACCEPTABLE	RI RECORD INCONCLUSIVE	3	0	А	В	C	D	E	N	11	0	А	В	C	D	Е	N	
NO PERTINENT INFORMATION	FR FEE REQUIRED	4	0	А	В	C	D	Е	N	12	0	Д	В	С	D	Е	N	
NR NO RECORD	RL RELEASE REQUIRED	5	0	А	В	C	D	E	N	13	0	А	В	C	D	Е	N	
NL NOT LOCATED	SK SUBJECT UNKNOWN	6	0	Α	В	С	D	Е	N	14	0	Α	В	C	D	E	N	
UC UNABLE TO CONTACT	NZ NOT AVAILABLE	7	0	Α	В	С	D	Е	N									
RF REFERRED	DN DISCREPANT	8	0	А	В	C	D	Е	N									
RE RECORD																		

INV FORM 44 (Rev. 4/06) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

### INVESTIGATIVE REQUEST FOR LAW ENFORCEMENT DATA

V	MANAGEMENT (5 CFR 736)		U.S. GOVERNMEN	T USE ONLY	
	UNITED STATES OFFICE	OF PERSONNEL MAI	NAGEMENT		
R	FEDERAL INVESTIGATION				
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M	BOYERS, PA 16018-0618				
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mple	ity for federal employment or ac ete all items on the back of this fo	cess to classified inform orm and return the form in	nation. To help make n the enclosed envelor		la
otect	CY ACT INFORMATION: This inv ting the civil rights of the person sed to the person being investiga	we are investigating. The	he information you pro	Privacy Act of 1974 and other laws vide, including your identity, will be request.	
ERTII	FICATION: The person we are in	vestigating has given w	ritten consent for this	investigative inquiry. We keen that	
nsen	nt on file. If a copy is required i	in order to complete this	form, please indicate	this requirement in writing on the	
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e U.S	S. Office of Personnel Managen	nent's Federal Investigat	ions Program is an a	uthorized law enforcement activity	
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CORRECT MARK:

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

INCORRECT MARKS:

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

		PLEASE CO	OMPLET	E THE ITEMS	SHOW	N BELO	W	
1	MAR	K THE FOLLOWING AS APPLICABLE	:					
	а	WE HAVE NO RECORD ON THIS PER	SON. b	RECORD INFORMATION	ON SHOWN	BELOW.		
2	IF OL	ASE PROVIDE DETAILS CONCERNING JTSTANDING WARRANT(S) EXIST, LIS ASE SHOW THE EXACT NATURE OF T	ST THE NATURI	E OF THE ORIGINAL CH	ARGE.		NT(S).	
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	FOR OPM USE	ONLY	
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