Questionnaire for Public Trust Positions

OMB No. 3206–XXXX Form: SF 85P

Interactive/Branching Electronic Questionnaire

Questionnaire Content Guide

(DRAFT for 30 Day Notice)

OFFICE OF PERSONNEL MANAGEMENT

Questionnaire for Public Trust Positions, SF 85P

Ouestionnaire for Public Trust Positions

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered completely and truthfully in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. If you are a current civilian employee of the federal government: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 21, 25, and 27, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Note: If you complete the SF 85P, an Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) will be provided to you only in the event information arises in an investigation that requires further inquiry for resolution, and only to resolve such issues. This release authorizes an investigator to ask your health practitioner(s) only the questions specified on the release concerning mental health consultations of which the practitioner might be aware. If you are completing the 85P with the supplemental SF 85P-S, this release will be provided to you if you respond "yes" to the question regarding Your Medical Record. You may also be asked to complete a specific release if more detailed information is needed from your provider.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations of persons under consideration for, or retention of, public trust positions as defined in 5 CFR 731. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when duties to be performed by an employee of a contractor are equivalent to the duties performed by an employee in a public trust position. For applicants, this form is to be used only after a conditional offer of employment has been made. This form is not to be used for National Security sensitive

Providing 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 eligibility for a public trust position or your ability to obtain or retain Federal or contract employment, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for a public trust position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF 85P

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, social security number, and date and place of birth.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, and 13488; sections and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 731, and 736 of title 5, Code of Federal Regulations (CFR), and Federal information processing

Your Social Security Number (SSN) is needed to identify records unique to you. 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 determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form and your Declaration for Federal Employment (OF 306) 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, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a public trust position or your ability to obtain Federal or contract employment. To avoid such delays, you should must request that the consumer reporting agencies lift the freeze in these instances

In addition to the questions on this form, inquiry also is made about your adherence to security requirements your honesty and integrity, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal.

After a suitability determination is made, you may also be subject to periodic reinvestigations to ensure your continuing suitability for employment

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 assists in completing your investigation. It is imperative that the interview be conducted immediately 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 required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to-provide documents regarding information that you provide on this 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 (Electronic)

- 1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with 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. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted
- 3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
- 4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
- 5. Do not abbreviate the names of cities or foreign countries.
- 6. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 7. For telephone numbers in the U.S., ensure that the area code is included.
- 8. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the dropdown lists to select the month and day. The year should be entered as a four character number (i.e., 1978 or 2001.), or selected from a dropdown list. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by

*****Instructions for Completing this Form (Paper Form Only) *****

- 1. Follow the instructions, provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with 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 extremely 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 indicated in an address block, also provide the name of the country in that same block when the address is outside the U.S
- 7. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- $8. \ \mbox{For telephone numbers in the U.S.,}$ ensure that the area code is included.
- 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 are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.
- 10. If additional space is required for an explanation or to list your residences, employment/self- employment/unemployment, or education, you should use a continuation sheet, SF

If additional space is required to answer other items, use a continuation sheet or a blank sheet(s) of paper. Include your name and SSN at the top of each blank sheet (s) us

Final Determination on Your Suitability

Final determination on your suitability for a public trust position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity to explain, refute, or clarify any information before a final decision is made. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, and sexual orientation, when making determinations of suitability for a public trust position.

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 five (5) years 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 provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are 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 you provide 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, a list of which are 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

- For Judicial/Administrative Proceedings—To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge
- For National Archives and Records Administration—To disclose information to the National Archives and Records Administration for use in records management inspections.
- Within OPM for Statistical/Analytical Studies—By OPM in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. While published studies do not contain individual identifiers, in some instances the selection of elements of data included in the study may be structured in such a way as to make the data individually identifiable by inference.
- For Litigation—To disclose information to the Department of Justice; or an OPM agency representative in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when: (1) OPM, or any component thereof; or (2) Any employee of OPM in his or her official capacity; or (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the littigation provided, however, that the disclosure is compatible with the purpose for which records were collected.
- -For the Merit Systems Protection Board—To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- For the Equal Employment Opportunity Commission—To disclose information to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, compliance by Federal agencies with the Uniform Guidelines on Employee Selection Procedures or other functions vested in the Commission and to otherwise ensure compliance with the provisions of 5 U.S.C. 7201.
- For the Federal Labor Relations Authority—To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government having a need to evaluate qualifications, suitability, and loyalty to the United States Government and/or a security clearance or access determination.
- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, when such agency, office, or establishment conducts an investigation of the individual for purposes of granting a security clearance, or for the purpose of making a determination of qualifications, suitability, or loyalty to the United States Government, or access to classified information or restricted areas
- To designated officers and employees of agencies, offices, and other establishments in the executive, judicial, or legislative branches of the Federal Government having the responsibility to grant clearances to make a determination regarding access to classified information or restricted areas, or to evaluate qualifications, suitability, or loyalty to the United States Government, in connection with the performance of a service to the Federal Government under a contract or other agreement.
- To the intelligence agencies of the Department of Defense, the National Security Agency, the Central Intelligence Agency, and the Federal Bureau of Investigation for use
- To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the conducting of a security or suitability investigation of an individual, the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
- To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- To the Office of Management and Budget at any stage in the legislative coordination and clearance process in connection with private relief legislation as set forth in OMB Circular No. A-19.
- To disclose information to contractors, grantees, experts, consultants, or volunteers performing or working on a contract, service, or job for the Federal Government.
- For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.

LOCATION CODES (PAPER FORM ONLY, Electronic forms to use dropdown lists)

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

Public Burden Information (Electronic)

Public burden reporting for this collection of information is estimated to average 75.155 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. The OMB clearance number, 3206-XXXX, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

***PUBLIC BURDEN INFORMATION (PAPER FORM ONLY)** **Public Burden Information**

Public burden reporting for this collection of information is estimated to average 75-155 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-XXXX, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

		DACES	

PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.								
I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the								
penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), or removal and debarment from Federal	YES	NO						
Service.	!	1						

Agency Use Block "AUB"

Investigating agency user or	ıly	Codes: (F.	IPC CODES)	Case Nu	mber:				
FOR COMPETITIVE SERV	VICE INITIAL APPO	INTMENTS ONLY	: WHEN THE OF30	06, RESUME, ANI	OTHER INFORMAT	TION			
PROVIDED IN THE HIRIN	NG PROCESS APPE	ARS TO BE DISCRI	EPANT WITH INFO	ORMATION PROV	VIDED ON THIS QUE	STIONNAIRE,			
THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.									
A – Type of Investigation	B – Extra coverage	/ advanced results	C – Sensitivity Ri	<mark>sk</mark> _level	D - Access / Eligibil	<mark>ity</mark>			
E – Nature of action code	E – Nature of action code F – Date of action			ocation	H – Position code				
I – Position title	J – SON (Submittin	g Office Number)							
K – Location of Official Per	sonnel Folder _ Non	ie _ NPRC _ At SON	I _e-OPF _ Other	Other address / w	eb address of e-OPF	Zip Code			
L – SOI (Security Office Ide	entifier)								
M – Location of Security Fo	older _ None _ NPI _	At SOI _e-OPF _ O	ther	Other address		Zip Code			
N – IPAC O – TAS	P – Obligating docu	ment number	Q - BETC	R – Accounting of	lata and /or Agency cas	e number			
S – Investigative requiremen	nt _Initial _Reinvesti	gation T – Requ	esting Official: Nan	ne, Title, Signature,	Email Address, Telepl	none, Date			
U – Secondary Requesting (Official: Name, Title,	Email Address, Tele	ephone Number						
V – Applicant Affiliation	_ FED CIV _ CON _	_ MIL _ Other							
W – Deployment/PCS (if Imminent): (Paper form not formatted just open block, Electronic Formatted collecting the below information)									
From-To Dates, Reason(s) for temporary duty assignment, point of contact at location, address/unit/duty location									
Agency Special Instructions	for the Investigative	Service Provider: e-	QIP Only – Used in	place of a hardcop	y cover memo				

Beginning of Questionnaire

		Begi	nning of	Question	ınaire						
F	OR REFER	ENCE ONL	Y, NO	TAF	ORI	M FOI	R CO	MP	LET	ION	
Section 1 –	Full Name										
Provide your ful	l name. If you have on	lly initials in your nam	e, provide th	nem and in	dicate "I	nitial only"	. If you	Last	First	Middle	Suffix
do not have a mi	iddle name, indicate "I	No Middle Name". If y	ou are a "Jr.	.," "Sr.," et	c. enter t	his under S	uffix.				
Section 2 –	Date of Birth										
Provide your da		e (Estimated)									
Section 3 -	Place of Birth										
Provide your Pla	ace of birth. City	y	County			State			Cour	ıtry	
Section 4 –	SSN					•			•		
	S. Social Security Nun	nber. □ Not applic	able	-							
	Other Names U										
	ner names used and the		ed them (for	example.	vour ma	iden name	name(s)	by a for	mer mari	riage (s) fo	rmer
	es), or nickname(s)).	period of time you do	tion (101	c.tumpre.	, our mu	iden name,	(3)	o, a 1011	cr man	gc (5), 10	
	nny other names?									YE	S NO
Branch		name used and the peri									
If Yes to		or nickname]. If you h									do not
"Other		, indicate "No Middle									1
Names"	Provide other name	used. Last	First		Middle Suffix Maiden name? From Date (Estimated) To Date (Yes	
(Multiple	Provide dates used.	s) why the name chang	od.		n: (Free			10	Date (E	stimated/Pr	esent)
Entries	Summary of other n		eu.	Reaso	ii: (Free	rext)					
Allowed)	Do you have additio			Ves C	Ves adds	another en	trv)	No	(Require	ed to pass v	alidation)
Section 6 -	Your Identifying			105	r es dads	unother en	ayj	110	(require	to pass v	undutionj
	entifying Information		(inches)	Woid	nt (in poi	ınde)	Hair	r Color	Ex	Color	Sex (M/F)
	Your Contact I		(IIICIICS)	Weigi	it (iii pot	ilius)	1101	COIOI	Lyt	COIOI	JEA (WI/I')
			. F	:1 (E T.	4)	T47-			P	-:1 (E T	+)
Home telephone	ntact information	Home email address Work telephone nur		ail (Free Te	ext)		rk email bile/Cell			ail (Free Te	ext)
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	U.S. Passport I									3/1	C NO
Do you possess	a U.S. passport (currer	it or expired)? Ig information for the	most recent	IIS pacer	ort vou	urrontly po	ccocc.			YI	ES NO
Branch	Provide your passpo		most recellt	o.s. passp		ort (Free Te					
		5. State Department pa	ssport help	http://trave							
If Yes to	Provide the issue da		Date (Est			le the expir		of pass	sport.	Date (Est	imated)
"passport"		which passport was fi			Last	Firs			iddle	Suff	
Section 9 –	Citizenship				•			•		•	
	nat reflects your curren	t citizenship status and	l click Save.								
	rrent citizenship status			onal by bi	th in the	U.S. or U.	S. territor	y/comn	nonwealt	h.	
	tizen or national by bir	th, born to U.S. parent	(s), in a fore	ign countr	y. □Ia	m a natural	ized U.S.	citizen.	□ I am		citizen.
		ou are a U.S. citizen o			n to U.S	. parent(s)	in a forei	gn coun	try.		
Branch	V 1	umentation of U.S. cit								Exp	lanation
Fi D		FS545, Other (Provide						1 (=			
Foreign Born	Provide document n	umber for U.S. citizer	born abroad	1:		Docur	nent Nun	iber (Fr	ee Text)		

	Provide the date the document	nt was issued.		Date (Est	imated)				
	Provide the place of issuance	•		City		State		(Country
	Provide the name in which do	ocument was issued.		Last	Fir	st	Middle	e 5	Suffix
	Provide your citizenship certi	ficate number.		Certificat	e Numbe	r (Free	e Text)		
	Provide the place of issuance			City		State		(Court
to U.S. Parents	Provide the date the certificat			Date (Est	imated)				
in a Foreign	Provide the name in which th			Last	Fir	st	Middle		Suffix
Country	Were you born on a U.S. mili	9						,	YES NO
	Branch If Yes	You answered that you were		ilitary insta	allation.				
		Provide the name of the base	•				Nam	ie (Free	Text)
	You answered that you are a								
	Provide the date of entry into				Estimate	d)			
	Provide the location of entry			City	(4 11		State		
	Provide country(ies) of prior			Count	ry (Allov	s for I	Multiple		TEC NO
	Do/did you have a U.S. alien		: 1	A 1:	D	· 10.T	1 (1		YES NO
	Branch If Yes Provide your citizenship certi	Provide your U.S. alien regis	tration number.		Registrat nship Cei				
Branch		ourt where the citizenship certif	icate was issued		(Free Te		e munio	er (Free	(Text)
	Street	City	icate was issued.	State	(Free re.	XI)	Zip		
Citizenship	Provide the date the citizensh				Estimate	4)	Zip		
Naturalized		e citizenship certificate was iss	sued.	Last	Listinute	First	l v	1iddle	Suffix
U.S. Citizen	Provide your naturalization co				alization				ree Text)
		ourt where naturalization certifi	cate was issued.		(Free Te				
	Street	City		State			Zip		
	Provide the date the naturaliz	ation certificate was issued.		Date (Estimate	d)			
	Provide the name in which th	e naturalization certificate was	issued.	Last		First	M	Iiddle	Suffix
		ation Based on my own in			ication,			I	Explanation
		h my U.S. citizen parent Oth	er (Provide expl	anation)					
	Not a U.S. Citizen		1						
Branch	Provide your residence status		Provide the dat					Estimate	
Drunen	Provide your country of citize		Provide your p			J.S.	City (F	ree Tex	t) State
Citizenship	Provide your alien registratio		Registration N			1			
Not a U.S.	Provide type of document iss	ued. (1-94, etc.)	I-94, U.S. Visa			lanati	on)	1	Explanation
citizen	Provide document number: Provide the name in which th	a document was issued	Document Nur Last	прег (тгее	Fir	ct		/liddle	Suffix
	Provide the flatte in which the Provide the date document was			le the expir					timated)
		<u> </u>	, ,		ation date	. O1 V13	5a. D	rate (L3	illiated)
	– Dual/Multiple Citize		sport Infori	mation					
Do you now or h	nave you EVER held dual/multi								YES NO
	You answered "Yes" to havir	ng EVER held dual/multinle ci	tizonchin						
		E V EIV neid daus marapie ei	uzensinp						
Branch	Provide country of citizenship	p During	g what period of	time did yo					intry?
Branch	Provide country of citizenship Provide the date range that yo	During During During Du held this citizenship; beginn	g what period of t ing with the date	time did yo it was	From I	Date	T	o Date	
Branch Dual/Multiple	Provide country of citizenship Provide the date range that you acquired through its terminati	During ou held this citizenship; beginn ion or "Present," whichever is	g what period of the date appropriate.	it was		Date	T (H	'o Date Estimate	ed/Present)
	Provide country of citizenship Provide the date range that you acquired through its terminati	During During During Du held this citizenship; beginn	g what period of the date appropriate.	it was	From I	Date	T (H	'o Date Estimate	
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From Date (Estimated)

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Provide dates of residence.

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Brunen	Provide e	vening phone number	for this person:	Number/Ext	Provide daytime phone no	umber for this persor	n: Number/Ext
Person Who		ell/mobile phone numl		on:	Number/Ext		
Knew you		-mail address for this perfect address for this perfect address for this perfect that the p		ant number)	Email (Free Text) Street address and City	State and Zip Cod	e or Country
(if address					physical location data with s		
dates within	Branch Physical	unit, and country	location or home	e port/fleet head	quarter. Provide physical lo	cation data:	
last 3 years)	Location	Street Address/Ur			1	City or Post Name	
	Branch	Provide State for You have indicate				State and Zip Cod	le or Country
	APO/FPO						Yes No
	Address	Branch If Yes	Provide APO/F		Address APO or FPO	APO/FPO State Co	de Zip Code
Do you have a	an additional r	esidence to report?			YES (Yes adds another entry	y) NO (Req	uired to validate)
Section 12	2 – Where	You Went to S	chool				
				a minimum of tv	vo years education history. (N	Multiple Entries Allo	wed)
Have you atte		ols in the last 7 years					YES NO
	Have you re	ceived a degree or dip Provide the dates of			am Data (Estimated)	To Date (Estimate	YES NO
					om Date (Estimated) ool. □ High School □ Co		
					ndence/Distance/Extension/C		nuny conege
		Provide the name of				Name (Free Text)	
		Provide the street ad				Street address and	
		For assistance determ			the records are maintained.	State and Zip Cod	le or Country
		http://ope.ed.gov/aco	creditation/search	h.aspx	<u> </u>		
Branch					son who knew you at the sch	ool (instructor, stude	ent, etc.). Do not
Drunen	Branch	Provide the name of			n 3 years ago. school (for correspondence/c	distance/extension/	Name
If Yes to	If Yes to				u received this education): \Box		(Free Text)
Attending Schools	Receiving	Provide current addr	ess for this perso				
SCHOOLS	Degree	Street address and C	-)			State and Zip Cod	le or Country
		Provide telephone nu			*	Number/Ext	
		Provide email addres Did you receive a de		i. 🗆 I doli t kilov	V	Email (Free Text)	YES NO
				of degrees(s)/dip	loma(s) received and date(s)	awarded:	120 110
		Branch If Yes to	Degree/diplon		High School Diploma	Other degree/diple	
		Receiving Degree			Master's • Doctorate	Other Degree (Fre	
		Do you have addition			D, DVM, JD) • Other ducation within the last 7	Month / Year YES (Yes adds	Date (Estimated) NO (Required
		years, as well as deg				another entry)	to validate)
Section 13	Ba – Empl	ovment Activiti	ies – Emplo	vment & U	nemployment Reco	rd	•
					ent, beginning with the prese		7 years. The
entire period r	must be accou	nted for without breaks	s. If the employn	nent activity was	s military duty, list separate e	employment activity	periods to show
		y station. Do not list en	nployment befor	e your 18th birtl	nday unless to provide a mini	mum of 2 years emp	loyment history.
(Multiple Entr		ivity: □ Active milita	rv duty station	□ National Gua	rd/Reserve 🗆 USPHS Comn	nissioned Corps	
□ Other Feder			ment (Non-Fede			ent □ Unemployme	
□ Federal Con			nent employment			□ Other (Provid	
Other Type Ex Branch		ee Text) I Duty, National Guard	Provide dates of		From Date (Estimated)	To Date (Estim	lated/Present)
Diancii		the employment status					
If Employmer	nt Provid	e your assigned duty		n (Free Text)	Provide your most recent	Rank/position ((Free Text)
Type is Active	_	during this period.			rank/position title.	0	
Duty, Nationa Guard/Reserv		e address of duty station one number	on.		Street address and City	State and Zip C	Code or Country
or USPHS	relepi	ione number			Number/Ext.		
Commissione		onal Doriodo of Astinit		loven Duard-	additional periods of activity	if you worked for the	e ompleyer en
	I AUUITI	DUAL PRODUS OF ACTIVIT				ii vou worked for thi	S CHIMIOVEL OF
Corps							
Corps	more t separa	han one occasion at the te periods of time, you	e same physical would enter info	location (for exa ormation concer	ample, if you worked at XY F ning the most recent period or riods of employment as entrie	Plumbing in Denver, of employment above	CO, during 3 , and provide

	Dates of em	plovment		From D	Date (Estimated)	To Date (Estimate	d/Prese	nt)
	Position title		Position (Free Text)	Superv		Supervisor (Free		,
			an APO/FPO address; provide					ost,
	Branch Physical	embassy, unit, and c	ountry location or home port/fl					
	Location	Street Address/Unit/	v v			City or Post Name		
			ts in the United States, or coun			State and Zip Cod		
	Branch		an address outside of the Unite	d States. I	o you or did you l	nave an APO/FPO	YES	NC
	APO/FPO Address	address while at this Branch If Yes	Provide APO/FPO address:	Addres	s APO/FPO	APO/FPO State	7in C	o d o
		name of your supervise		+	isor name (Free Te		Zip Co	oue
		rank/position title of ye			isor rank/position (
			supervisor. I don't know		isor email (Free Te			
		physical work location		_	ddress and City	State and Zip Cod	le or Co	untry
	Provide sup	ervisor telephone numl	per	Numbe	r/Ext.			
	Branch	address, base, post, e	an APO/FPO address for your embassy, unit, and country loca					
	Physical Location	data of your supervis Street Address/Unit/				City or Post Name	· ·	
	Location		ts in the United States, or coun	try locatio	on.	State and Zip Cod		ııntrv
	Branch		an address outside of the Unite				YES	NO
	APO/FPO	APO/FPO address w						
	Address	Branch if Yes	Provide APO/FPO address:	Addres	s APO/FPO	APO/FPO State	Zip Co	ode
	Other Feder	al employment, State (Government, Federal Contract	or, Non-g	overnment employ	ment, or Other	•	
		st recent position title.				Position (Free Tex	xt)	
			nis position: \Box Full-time \Box Pa	art-time				
		name of your employe	r		11	Employer name (
		address of employer		Street a	ddress and City	State and Zip Cod	le or Cou	untry
		phone number	n this Employer - Provide addi	tion-1	inde of	Number/Ext.	mn1-	
	separate per dates, positi	iods of time, you woul	e physical location (for example d enter information concerning ors for the two previous periods	the most	recent period of er	nployment above, a	nd provi	
	Dates of em		From Date (Estimated)		To Date (Estimate	ed/Present)		
Branch	Position title		Position (Free Text)		Supervisor	Supervisor (1	ree Tex	xt)
Drunen	Is/was your	physical work address	different than your employer's	address?			YES	N(
If Employment	Branch	Provide the work add	dress where you are/were phys	ically loca	ated.			
Type is Other	Physical	Street address and C	ity		State and Zip Cod	le or Country		
						ic or country		
	Location	Provide telephone nu			Number/Ext.	, , , , , , , , , , , , , , , , , , ,		
employment,		You have indicated a	an APO/FPO address; provide		Number/Ext. ocation data with e	ither street address,		ost,
employment, State	Branch Physical	You have indicated a embassy, unit, and co	an APO/FPO address; provide ountry location or home port/fl		Number/Ext. ocation data with e	ither street address, ysical location data:		ost,
employment, State Government,	Branch	You have indicated a embassy, unit, and construction Street Address/Unit/	an APO/FPO address; provide ountry location or home port/fl Duty Location:	leet headg	Number/Ext. ocation data with e uarter. Provide ph	ither street address, ysical location data: City or Post Name	2:	
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employment, State Government, Federal Contractor, Non-	Branch Physical Location Branch	You have indicated a embassy, unit, and co Street Address/Unit/ Provide state for por You have indicated a	an APO/FPO address; provide ountry location or home port/fl Duty Location: ts in the United States, or coun an address outside of the Unite	try location	Number/Ext. ocation data with e uarter. Provide ph	ither street address, ysical location data: City or Post Name State and Zip Coc	2:	untry
employment, State Government, Federal Contractor, Non- government	Branch Physical Location	You have indicated a embassy, unit, and co Street Address/Unit/ Provide state for por	an APO/FPO address; provide country location or home port/fl Duty Location: ts in the United States, or country address outside of the United location?	try location	Number/Ext. ocation data with e uarter. Provide ph on. Oo you or did you h	ither street address, ysical location data: City or Post Name State and Zip Coc	e: le or Co	untry N(
employment, State Government, Federal Contractor, Non- government employment, or	Branch Physical Location Branch APO/FPO Address	You have indicated a embassy, unit, and construct Address/Unit/Provide state for porty ou have indicated address while at this Branch if Yes	an APO/FPO address; provide country location or home port/fl Duty Location: ts in the United States, or count an address outside of the Unite location? Provide APO/FPO address:	try location d States. I	Number/Ext. ocation data with e uarter. Provide ph on. Oo you or did you h	ither street address, ysical location data: City or Post Nam State and Zip Coc nave an APO/FPO	e: le or Cou YES Zip Co	untry NO ode
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Federal Contractor, Non-	Allowed)		performance	ructory	notice of unsatisfactor	, ,	iiciit it	mowing a	Date (Littliate	u)
government					ears do you have anoth			YES (Yes ac		NO (Req	uired
employment,	T. d.	1	report for this			1 20		nother entry	y) 1	to validat	
Self- Employment,					years have you receive misconduct in the wor				olicy?	YES	NO
Unemployment,	Branch	, 545			ed, suspended, or disci			r security p	oney.		
or Other	If Discipline	ed,		month a	nd year you were warn	ied, reprimanded, sus	pended	or	Date (Estimate	d)
	Warned, Reprimande	d or	disciplined.	roncon(c) for being warned, rep	rimandad suspandad	or dice	ciplined	Donco	n (Free T	Fowt)
	Suspended	u, 01			instance of discipline			YES (Yes ac		NO (Req	
	(Multiple E	itries	provide?		1	0		nother entry		to validat	
Do you have an add	Allowed)	vment	t activity to enter	?		YES (Yes adds and	ther or	ntry) NO	(Pequir	ed to val	idata)
					ner Federal Ser		dici ci	idy) 110	(recquii	cu to var	ruute)
					itary service, NOT indi		eport?			YES	NO
Branch			eral Service Deta			, , , , , , , , , , , , , , , , , , ,					
			es of federal civil			From Date (Estimated	_	Γο Date (Est	/Presen	t)	
If Yes to Former Federal Service				ral ageno	cy for which you are/w	rere employed.		Name Position title	(Eron T	Covt)	
redetal Service			r position title. location of the as	gency	Street address and C	lity		State and Zip			rv
(Multiple Entries					l civilian employment			YES (Yes ac		NO (Req	
Allowed)			T indicated previ	ously, to	report?		a	nother entry	y) 1	to validat	æ)
Section 13c –											
					years at employment						ou will
be required to add a • Have you left a jo					 Fired from a job? allegations of miscond 	• Quit a job a: luct?	ner bel	ng tota you	would	re mea?	
Left a job by muti	ual agreement	follov	ving notice of un	satisfact	ory performance?						
	n warning, bee	n offi	cially reprimand	ed, suspe	ended, or disciplined fo	or misconduct in the v	vorkpla	ice, such as	violatio	n of a se	curity
policy?										YES	NO
										11:3	TAO

Section 14 – Selective Service RecordWere you born a male after December 31, 1959?YESNO

	Selective Se	rvice Re	gistration					
	Have you re	gistered	with the Selective Servic				don't kno	
Branch	Branch							mber for persons who have
	If Yes		registered. Note: Select Provide registration nu		is not your Soc			on number (Free Text)
If Yes to Born	Branch		You responded 'No' to		th the Selective			ni number (Free Text)
Male After	If No		Provide explanation	naving registered wit	ii tile Beleetive			on (Free Text)
12/31/1959	Branch		You responded 'I don't	know' to having regi	stered with the S			
	If I Don't K	now	Provide explanation			Е	xplanatio	on (Free Text)
Section 15	5 – Military	Histo	rv					
	ER served in the							YES NO
			having served in the U.	S. Military:				1
			ervice you served in:	State if National C		Officer or e		Provide your service
	□ Army □ Arn			Provide your statu		□ Not App □ Officer	licable	number.
	□ Navy □ Air . □ Marine Corp		Air National Guard st Guard	\Box <i>Active Duty</i> \Box <i>A</i>		□ Enlisted		Number (Free Text)
	Provide your d			From Date (Estima		To Date (E	stimated/	/Present)
	_	harged fr	om this instance of U.S.	military service, to ir	ıclude Reserves,	or National (Guard?	YES NO
			sponded 'Yes' to being o		military service	, to include R	leserves	
	Branch		onal Guard; answer the			bl 11-	J O4b	
Branch	If Yes to		e the type of discharge y ions □ General □ E	ou received: ☐ Hone Bad Conduct ☐ Othe			uer Other	инан поногарге
Drancii	Discharged		e other discharge type:		(p-2714c type)		scharge e	explanation (Free Text)
If Yes to	Ů	Provid	e the date of discharge li			Da	te (Estim	nated
Serving in	Branch If Di			de the reason(s) for th				Free Text)
the U.S.			you been subject to cou				Uniform	n Code of YES NO
Military	ivilitary Justic), such as Article 15, Car sponded 'Yes' to having				procedin	re under the Uniform Code
(Multiple								ry, etc in the last 7 years.
Entries			e the date of the court ma					Date (Estimated)
Allowed)			e a description of the Un	iform Code of Milita	ry Justice (UCM	IJ) offense(s)	for whic	1
	Branch	Were c	narged. e the name of the discipl	inary procedure, such	n as Court Marti	al Articlo 15	Captain	's mast, (Free Text) Name
	If Yes to		135 Court of Inquiry, et		i as Court Marti	ai, milicie 15,	Captain	(Free Text)
	Military		e the description of the n		authority in wh	ich you were	charged	
	Discipline	court o	r convening authority, a	ddress, to include city	and state or co	untry if overs	eas).	(Free Text)
			e the description of the f not guilty, fine, reduction			edure, such as	s found g	uilty, Description (Free Text)
			ast 7 years do you have			dds another e	ntrv) I	NO (Required to validate)
			e of military discipline t		· ·		3,	
			military service to repor			dds another e		NO (Required to validate)
militia other	ER served, as a defense force, or	governm	r military member in a fo	oreign country's mili	ary, intelligence	e, diplomatic,	security	forces, YES NO
Branch	You responded	l 'Yes' to	having EVER served as	s a civilian or militar	v member in a fo	oreign country	v's milita	rv, intelligence,
Dranch	diplomatic, sec	curity for	ces, militia, other defens	e force, or governme	nt agency.			
If Yes to								rce, Marines, etc), Specify
Serving in a	☐ Intelligence Agency, Speci		☐ Diplomatic Service ☐ S	security Forces □ Mi	litia 🗆Other De	tense Forces,	Specify	☐ Other Government
Foreign Military	9	-	foreign organization.				Name	(Free Text)
1viiitury	Provide your p			From Date (Est	imated)			nte (Estimated/Present)
(Multiple	Provide the na	me of the	country	Provide your hi		ank held		on held (Free Text)
Entries Allowed)			partment/office in which		Lin and the st		_	ion (Free Text)
/ mowed)			f the circumstances of your fitne reason for leaving to		ıns organization			iption (Free Text) iption (Free Text)
Caction 10			8				1 2 2001	
			now You Well and who preferably liv	zo in the U.S. They of	aculd be friends	poors colles	gues col	laga roommatas
			are of your activities ou					
with you cove	rs at least the la s							ed elsewhere on this form.
(Multiple Entr					D 11 2 2	1-		35137 0 00
Provide dates Provide rank/t		m Date (st./Present) ationship to you: (Ch	Provide full na		First Frie	
□ Not applical		ıwane (F		ociate □ Schoolmate				(Free Text)
Provide phone	number for this		□ I don't k	know		1		Telephone/Ext.
	e/cell phone nun							Telephone/Ext.
	l address for this		□ I don't k		nd City	Ctoto 1 77	in Cal-	Email (Free Text)
	or work address		berson. knows you well to list?	Street address a YES (Yes adds		State and Z NO (Requi		<u> </u>
	•			,	anounce chuy)	1 110 (Itteyal	.ca to val	
			Marital/Relation p status with regard to c		recognized six	il union, or lo	aally roce	ognized domestic
								ognized <u>domestic</u> <u>nip_married □ Currently</u>
<u>in a</u> civil marr	<mark>riage </mark> □Currently	v in a <mark>leg</mark>	ally recognized domestic					
	solved \square Widow	ed					_	
Branch			<mark>r in a civil marriage," _"c</mark> "Separated." Complete					
Drunen								ntly separated your current

	spouse only.													
	Provide <mark>spouse</mark>	<mark>-'s</mark> full name		Last	First	Middle	Suffix	Provide sp	ouse '	<mark>s</mark> -date c	f birth.	I	Date (1	Est.)
	Provide spouse	<mark>'s</mark> place of bir	rth					City	Co	ounty	State	or Co	untry	
	Branch				the person is									
	If Spouse the	and the docu	ıment nu	mber.	□ FS 240 or !			□ U.S. Citiz						
	<u>person</u> is	(current or n		,	□ Alien reg	gistration	□ U.S. Natu	ıralization ce	rtific	ate 🗆 N	one (Pro	ovide (explar	nation)
	Foreign	□ Other (Pro												
	Born	Explanation					_	document nu	ımbe	r	Numbe	er (Fre	e Tex	t)
	Provide your s					ot applicab								
	Provide other i	names used by	your spo	ouse (such	ı as maiden n	ames, nam	nes by other	Last		First		N	/Iiddle	<u>,</u>
If In A	marriages, nicl	knames, etc. ai	nd provid	le dates us	sed for each r	name). 🗆 N	Not applicable	le Suffix		□ Ma	iden Na	me		
Marriage,	Dates Used						From Date	(Estimated)		To Da	te (Estir	nated	Prese	nt)
<u>Civil</u>	Provide your s	pouse's counti	ry(ies) of	Citizensl	nip			ite <u>when you</u>	.	Date (Estimate	ed)		
Union, or					•		entered int	o your civil						
<u>Domestic</u>								civil union, o	<u>r</u>					
Partnership Married or							<u>domestic</u>							
Separated of							partnershij	omarried.						
Separateu	Provide place						City	County	7		or Count			
	Provide your s	<mark>pouse's</mark> currer	nt address	s, if differ	ent than your	current ac	ldress.		Į		address			
	☐ Use my curr										and Zip	Code	or Co	untry
	Provide teleph				t telephone n					Numb	er/Ext			
	Provide email	address E	Email (Fre	ee Text)	Does you			e an APO/FI	O ac	ldress?		,	YES	NO
	Branch APO/I	FPO Addre	:SS			AP	O/FPO	I.	APO	State Co	ode	7	Zip	
	Dwanah	You have in	dicated a	n APO/F	PO address- <mark>f</mark> e	or your spo	<mark>ouse</mark> ; provid	e physical lo	catio	n data v	vith stree	et add	ress, t	oase,
	Branch Physical				ry location or									
	Location	Provide phy	sical loca	ation	Street Addre	ess/unit/du	ty location	City/Post	Name	e S	tate Z	Zip	Cou	intry
	Location	data <mark>for you</mark>	<mark>r spouse</mark> :											
	Are you separa	ited- <mark>from your</mark>	spouse ?									7	YES	NO
	Branch	Provide date						Date (Esti	mate	d)				
	If Separated	If legally se	parated, p	provide th	e location of	the record	l. □ Not Aj	pplicable						
	11 Separateu	City						State and 2	Zip C	ode or	Country			
	Do you have a	former spous e	e (such as	s divorced	l , annulled, w	ridowed, o	ther former	spouses) pers	on fr	om who	<mark>om you</mark>	7	YES	NO
	are divorced/di													
	Provide inform		our form e	er spouse	(such as <u>any p</u>	person fror	<u>n whom yoւ</u>	<mark>ı are</mark> divorce	d <u>/dis</u>	solved,	annulled	l, <mark>or</mark> v	vidow	ed <mark>, or</mark>
	other former sp													
	Provide the ful							Last		First	Mic	ldle	S	uffix
	Provide the da	e of birth <mark>of y</mark>	our form	er spouse				Date (Esti	mate	d				
D 1	Provide the pla	ice of birth- <mark>for</mark>	your for	mer spou	<mark>se</mark> .			City	S	tate		Coun	try	
Branch	Provide the co	untry(ies) of c	itizenship	o- <mark>for your</mark>	former spou	<mark>se</mark> .						Coun	try	
TC	Provide the da	te <mark>your civil n</mark>	narriage,	civil unic	n or domest	ic northogo	hin was lega	ally recognize	ed. y e	u marri	ed	Date	(Estin	nated)
				CIVII GIIIC	ii, or domest	<u>ic partifers</u>	mp was regu							
If Widowed	your former sp			- CIVII CIIIC	iii, or domest									
Widowed,	Provide the pla	i <mark>ce</mark>	City		Country	Provide	the date div	orced <u>/dissolv</u>	<u>/ed</u> , a	nnullec	lor	Date	(Estin	nated)
Widowed, Divorced/	Provide the pla marriedlocation	<mark>ice</mark> n.	City				the date div	orced <u>/dissolv</u>					`	nated)
Widowed, Divorced/ Dissolved,	Provide the pla	<mark>rce</mark> n. tus <mark>of this ma</mark> i	City rriage	State or	Country	Provide widowe	the date div d □ Div	orced/ <u>dissolv</u>		Widov	wed □ A	nnulle	ed	
Widowed, Divorced/	Provide the pla marriedlocation	i <mark>ce</mark> n. tus <mark>of this mai For your div</mark>	City rriage corced or	State or	Country	Provide widowed	the date div d □ Div	orced/ <u>dissolv</u>	ved [Widov	wed □ A State an	nnulle d Zip	ed	
Widowed, Divorced/ Dissolved, or Annulled	Provide the plane marriedlocation Provide the sta	tus of this mai For your div divorce/diss	City rriage rorced or olution o	State or	Country marriage, Pp	Provide widowed	the date div d □ Div	orced/ <u>dissolv</u>	ved C	Widov	wed □ A State an Country	nnulle d Zip	ed Code	or
Widowed, Divorced/ Dissolved,	Provide the plant marriedlocation Provide the state Branch	i <mark>ce</mark> n. tus <mark>of this mai For your div</mark>	City rriage vorced or olution o or spouse	State or annulled r annulme person de	Country marriage, Ppent is located ceased?	Provide widowed rovide who	the date div d □ Div ere the recor	orced/ <u>dissolv</u> orced/ <u>Dissol</u> rd_of	ved C	Widov City don't k	wed □ A State an Country now	nnulle d Zip	ed	
Widowed, Divorced/ Dissolved, or Annulled (Multiple	Provide the plant marriedlocation Provide the state that the plant marriedlocation Provide the state that the plant marriedlocation Branch If Divorced	tus of this man For your div divorce/diss Is this forme	City rriage rorced or olution o r spouse	State or annulled r annulme person de or divorce	Country marriage, Pp ent is located ceased? ed or annulled	Provide widowed rovide who	the date div d □ Div ere the recon -Pprovide la	orced/ <u>dissolv</u> orced/ <u>Dissolv</u> ord of	ved C	Widov City don't k	wed A State an Country now d City	nnulle d Zip	ed Code YES	or NO
Widowed, Divorced/ Dissolved, or Annulled (Multiple Entries	Provide the plant marriedlocation Provide the state Branch	tus of this man For your div divorce/diss Is this forme	City rriage rorced or olution o r spouse Not F	State or annulled r annulmo person de or divorce ddress of	Country marriage, Ppent is located ceased? ed or annulled the former sp	Provide widowed rovide who	the date div d □ Div ere the recon -Pprovide land from who	orced/dissolvorced/Dissolvordof ast knownom you are	ved C	Widov City don't k	wed □ A State an Country now	nnulle d Zip	ed Code YES	or NO
Widowed, Divorced/ Dissolved, or Annulled (Multiple Entries	Provide the plane marriedlocation Provide the state of th	tus of this man For your div divorce/diss Is this formed Branch If I	City rriage rorced or olution of the spouse of the spous	State or annulled or annulled person de or divorce ddress of ivorced/di	marriage, Ppent is located ceased?	Provide widowed rovide who	the date div d Div ere the recon -Pprovide la n from who I don't k	orced/dissolvorced/Dissolvordof ast knownom you are	ved C	don't k	wed A State and Country now d City d Zip Co	nnulle d Zip	ed Code YES	or NO
Widowed, Divorced/ Dissolved, or Annulled (Multiple Entries	Provide the plane marriedlocation Provide the state of th	tus of this man For your div divorce/diss Is this formed Branch If M Deceased	City rriage rorced or olution o or spouse Not Face dispersion(s)	State or annulled r annulled person de or divorce ddress of ivorced/diffrom who	marriage, Pent is located ceased? ed or annulled the former spissolved or an you are	Provide who widowed a marriage couseperso mulled.	the date div d Div ere the recon -Pprovide la n from whot I don't k YES	orced/dissolv orced/Dissol rd of st known m you are know	Ved C	don't k	wed A State and Country now d City d Zip Co	nnulle d Zip	ed Code YES	or NO try
Widowed, Divorced/ Dissolved, or Annulled (Multiple Entries	Provide the plane marriedlocation Provide the state of th	tus of this man For your div divorce/diss Is this formed Branch If M Deceased my additional of the	City rriage rorced or olution o er spouse Not Face di oerson(s) , or wido	State or annulled r annulled person de or divorced dress of ivorced/d from who	marriage, Ppent is located ceased? ed or annulled the former space or at my you are er spouse (see	Provide who widowed a marriage couseperso mulled.	the date div d Div ere the recon -Pprovide la n from whot I don't k YES	orced/dissolvorced/Dissolvordof ast knownom you are	Ved C	don't k	wed A State and Country now d City d Zip Co	nnulle d Zip	ed Code YES	or NO try
Widowed, Divorced/ Dissolved, or Annulled (Multiple Entries Allowed)	Provide the plane marriedlocation Provide the star Branch If Divorced or Annulled Do you have a divorced/dissordivorced, annulled	tus of this man For your div divorce/diss Is this forme Branch If I Deceased ny additional lyed, annulled lled, widowed	City rriage rorced or olution o r spouse Not Fac di person(s) , or wido	State or annulled or annulmed person de or divorced/d from who wed form r former s	marriage; Ppent is located ceased? ed or annullet the former spissolved or at lom you are cer spouses) to re	Provide widowed rovide who describe when the course personnulled.	the date div d Div ere the recon Pprovide la n from who I don't k YES (Yes a	orced/dissolvorced/Dissolvord of of of other order	ved [C S S S	Widov City don't k treet an	wed \(\sim A\) State and Country now d City d Zip Co NO (Require	d Zip	ed Code YES Count	or NO try
Widowed, Divorced/ Dissolved, or Annulled (Multiple Entries Allowed)	Provide the plane marriedlocation provide the state and provide and provid	tus of this man For your div divorce/diss Is this forme Branch If N Deceased my additional lived, annulled liled, widowed whom you sha	City rriage rorced or olution o or spouse Not Factor Factor	annulled rannulmeperson de or divorce d'dress of ivorced df from whwed form rormer s of affecti	marriage, Ppart is located ceased? ed or annulled the former spouse (st. pouses) to reon, obligation, obligation, obligation.	Provide widowed rovide who disperse rouseperso mulled.	the date div d Div ere the recor -Pprovide la n from whor I don't k YES (Yes a	orced/dissolvorced/Dissolvorced/Dissolvorced/Dissolvord of	Ved C	don't k treet and tate and	wed A State and Country now d City d Zip Country NO (Require with with with with with with with with	nnulled Zip ode or ed to v	ed Code YES Count	or NO try te)
Widowed, Divorced/ Dissolved, or Annulled (Multiple Entries Allowed)	Provide the planariedlocation Provide the star Branch If Divorced or Annulled Do you have an divorced/dissortion divorced, annulied and person with a convenience (e.	tus of this man For your div divorce/diss Is this forme Branch If I Deceased my additional lived, annulled liled, widowed whom you sha	City rriage rorced or olution o or spouse Not Factor Factor	annulled rannulmperson de or divorce d'dress of ivorced df from whwed form rormer s of affecti	marriage, Ppart is located ceased? ed or annulled the former spouse (st. pouses) to reon, obligation, obligation, obligation.	Provide widowed rovide who disperse rouseperso mulled.	the date div d Div ere the recor -Pprovide la n from whor I don't k YES (Yes a	orced/dissolvorced/Dissolvorced/Dissolvorced/Dissolvord of	Ved C	don't k treet and tate and	wed A State and Country now d City d Zip Country NO (Require with with with with with with with with	nnulled Zip ode or ed to v	ed Code YES Count	or NO try te)
Widowed, Divorced/ Dissolved, or Annulled (Multiple Entries Allowed) A cohabitant for reasons of U.S., provide	Provide the planariedlocation Provide the star Provide divorced or Annulled Provide Annulled Annulled Provide Annulled Annulled Provide Annulled	tus of this man For your div divorce/diss Is this forme Branch If I Deceased my additional ved, annulled lled, widowed whom you sha g, a roommate mation.	City rriage vorced or olution o or spouse Not	annulled rannulmperson de or divorced/ddress of ivorced/d from who was of affectionable, co	marriage, Ppent is located ceased? ed or annulled the former spissolved or are er spouse (st pouses) to re on, obligation mplete the formarriage.	Provide widower rovide who have a support?	the date div d Div ere the record Pprovide lan from who I don't k YES (Yes a	orced/dissolvorced/Dissolvord of of of ost known myou are know adds another of the above the bottom. If you are the bottom is the above the bottom is the	I S S	don't k treet and tate and person cohabita	wed A State and Country now do City do Zip Country Country Country do City do Zip Country Country with what was because of the country with what was because of the country was becaus	nnulled Zip ode or ed to v	ed Code YES Count validat	or NO try te)
Widowed, Divorced/ Dissolved, or Annulled (Multiple Entries Allowed) A cohabitant for reasons of U.S., provide Do you presen	Provide the plane marriedlocation provide the star provid	tus of this man For your div divorce/diss Is this forme Branch If I Deceased ny additional lyed, annulled lled, widowed whom you sha g, a roommate mation.	City rriage vorced or olution o or spouse Not	State or annulled annulled annulled or annulled or divorced ddress of ivorced/d from who wed formers of affecticable, co	marriage, Ppent is located ceased? ed or annulled the former spissolved or are er spouse (st pouses) to re on, obligation plete the formal pouses and the formal pouses are spouses are	Provide widower rovide whe rovide will be rovide with rovide widowing at rized civil	the date div d Div ere the recor Pprovide la n from who I don't k YES (Yes a	orced/dissolvorced/Dissolvord of of of ost known myou are know adds another of the opposed habitant. If y	ved [C	don't k treet and tate and cohabita	wed \(\sim \) A State and Country now d City d Zip Country (Require with what was been dependent was been dependent was been dependent was dependent with the dependent was dependent w	nnulled Zip ode or ed to v	ed Code YES Count	or NO try te)
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□ Mother □ Father □ Stepmother □ Stepfather □ Foster parent □ Child (including adopted/foster) □ Stepchild □ Brother □ Sister □ Stepbrother □ Stepsister □ Steps														
Provide your relative's	full name.	Last	First	Middle	Su	ıffix	Provide	e your relati	ive's dat	e of bi	rth.	Date	e (estima	ted)
Provide your relative's	place of birth	City	State	Country	7		Provide your relatives country(ies) of citizensh				nip			
Branch - If Mother	Provide your mother's maiden name. (□ same as listed))	Last	Fi	rst	1	Middle		Suffix	
Has this relative used a	ny other names?											YES	NO	
Branch														
	former name, alias, or nickname).													
If Other Names	Last	First	Middle		Suffix		Maider	n name?					YES	NO
	From Date (Est	timated)	To Date (Estimated	l/Presen	t)	Provide	e the reason	n(s) why	the na	me		Reason	1
(Multiple Entries							change	ed					(Free T	ext)
Allowed)	Has this relativ	e used any	additional r	names?			YES (Yes adds an	other en	try)	NO (Re	equire	d to vali	date)
Is your relative deceas	ed?												YES	NO
Branch	Provide your re	elative's cu	rent addres	s.			Street a	address and	City	State	and Zip	Cod	e or Cou	ntry
If not Deceased	Does this relati	ve have an	APO/FPO	address?						I don	't know	7	YES	NO
II iiot Deceaseu	Branch If APO/FPO Provide your relative's APO/FPO ac					FPO add	lress	Address	APC)/FPO	APC)/FPC	State	Zip
Do you have an addition	o you have an additional relative to enter? YES (Yes adds another entry) NO (Required to validate)													

Section 19	9 – Foreign Countries Y	ou have Visited				
Have you trav	eled outside the U.S. in the last s	even (7) years?			YES	NO
Has your trave	el in the last seven (7) years beer	solely for U.S. Government business (i.e., no p	ersonal trips in conjunc	ction with the	YES	NO
official U.S. C	Government business)?					
		ed outside the U.S. in the last seven (7) years for				rovide
		made outside the United States including persor	nal trips made in conjun	iction with offi	cial U.S.	
	Government business.					
	Provide the country visited	Provide the dates of your travel to this country			ate (Estin	nated)
		s involved in the visit. \Box 1-5 \Box 6-10 \Box 11-20				
	* *	3 (11 3)		□ Volunteer ac	tivities	
n 1		Frade shows, conferences, and seminars \Box Vis		□ Other		1
Branch		intry, were you questioned, searched, or otherwi		Explanation	YES	NO
If Having Traveled		ments) by the local customs or security service	officials when	(Free Text)		
Outside the	entering or leaving this country					_
U.S. on	O O	ntry, were you involved in any encounter with t	he police? If yes	Explanation	YES	NO
Other than	provide explanation.			(Free Text)		_
Official		ntry, were you contacted by, or in contact with a		Explanation	YES	NO
Business		associated with foreign intelligence, terrorist, sec	curity, or military	(Free Text)		
Dusiness	organizations? If yes provide ex		*****	170		
(Multiple		utside the U.S. in the last seven (7) years for	YES	NO	1. 10	
Entries	other than solely U.S. Government	ent business?	(Yes adds another ent	try) (Requir	ed to valid	late)
Allowed)						

Section 20 - Police Record

For this section 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.

Have any of the following happened? (If yes, you will be asked to provide details for each offense that pertains to the actions that are identified

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).

	. , ,		are you currently on prob	ation or parole?	,			
Are you current	tly on trial or awaiti	ng a trial or	criminal charges?			Г	TITIC	NO
D l.							YES	NO
Branch								
	Provide the date of	f	Date (Estimated)	Provide a description of the	Description	(Free Tex	t)	
If Yes to the	offense.		specific nature of the offense.					
Above	Did this offense in	volve any	of the following? (Check	all that apply)				
Happening	☐ Domestic viole	nce or a crin	ne of violence (such as ba	attery or assault) against your child, dep	endent, cohabi	itant, spoi	use, for	mer
			m you share a child in co			, 1		
(Multiple	☐ Involve firearm							
Entries		Involve ineams of explosives:						
Allowed)		YES NO						
	Provide the location	on where th	e offense occurred.	Street address and city	State and Zij	Code or	Countr	у
	Were you arrested	, summone	d, cited, or did you receiv	e a ticket to appear as a result of this of	fense by any p	olice	YES	NO
	officer, sheriff, m	arshal or an	y other type of law enforce	cement official?				
	Branch	Arresting	citing/summoning agenc	у				
	If Yes to Being	Provide th	ne name of the law enforce	ement agency that arrested/cited/summ	oned you.	Name (f	free Tex	xt)
	Arrested/Cited/	Provide th	ne location of the law	Street address and city	State and Zij	Code or	Count	y
	Summoned	enforceme	ent agency.	•	•			
	As a result of this	offense we	re you charged, convicted	l, currently awaiting trial, and/or ordered	d to appear in	court	YES	NO
	in a criminal proc	eeding agai	nst you?					
	Branch - If No	You respo	onded 'No' to "As a resul	t of this offense were you charged, conv	victed, currentl	ly awaitin	g trial,	and/or
	to Charged or			inal proceeding against you?"				
	Convicted	Provide E	xplanation	·	Explanation	(Free Tex	ĸt)	

		Court informat										
		Provide the nar								ourt (Free		
		Provide the loc			Street add					Zip Code		
							se, and the outcor					
							ros," etc). If you				or pleade	ed
							charge and the les	sser o			т т	
		Felony/Misden	пеапог	Felony, Mis Outcome (F		Otner	Date (Month/Y	224)		Charge (Free Tex	[]
	n 1	Outcome Were you sente	oncod ac				Date (Month/ Y	еаг)		Date	YES	NO
	Branch	were you sente		ction detail	s orrense:						IES	NO
	If Yes to			e a description	n of the cen	tonco						
	Charged or	Branch					a term exceeding	o 1 ve	ar?		YES	NO
	Convicted	If Yes to					sentence for not			rear?	YES	NO
		Being					nt, provide the da			Date (Es		
		Sentenced					ot Applicable □)			ate (Estir		
			If conv	viction resulted	d in probati	on or par	ole, provide the			Date (Es		
			dates o	of probation or	r parole. (N	ot Applic	able □)		To D	ate (Estir	nated/Pre	esent)
		Branch	Trial d									
		If No to				ing a tria	l, or awaiting ser	ntenci	ng on o	criminal	YES	NO
		Being		s for this offer								
		Sentenced		e Explanation			Explan			Text)	110	
	Do you have any	other offenses wi	here any	of the followi	ing has happ	ened to y	/ou?		ES	1	NO	1.
	 In the past seve court in a crimina 								Yes ad nother		(Requir validate	
	infractions where							di	nounei	entry)	validate)
	• In the past seve											
	any other type of				, ponec c	, 511	,					
	• In the past seve				nvicted, or s	entenced	of a crime in					
	any court? (Inclu	ide all qualifying	charges,	convictions,	or sentences	s in a Fed	leral, state, local,					
	military, or non-U											
	• In the past seve					probatior	ı or parole?					
0.1 .1 .1	Are you current					2						
	offenses already lis R been convicted o						ngo (gugh ag batt	OPT OP	المحمدا	lt) agains	t vour chi	ild
	oitant, spouse, form							ery or	dSSdul	it) agains	t your cin	iiu,
dependent, conac	rtant, spouse, form	er spouse, or som	icone wi	iii wiloiii you .	share a chin	ı ili Collii	11011:					
											YES	NO
	Provide the date of	C -1 CC										
	Provide the date t	or the orrense.					Date (Esti	mated	1)			
	Provide a descript		ic nature	of the offense	2.		Date (Esti Description			of offense	e (Free T	ext)
		tion of the specifi								of offens	e (Free T	ext)
	Provide a descript Did this offense in Domestic violen	tion of the specification of the nvolve any of the nce or a crime of	followii violence	ng? (Check all e (such as batte	l that apply) ery or assau		Description	on of r	nature			
	Provide a descript Did this offense in □ Domestic violet spouse, or someon	tion of the specification of the nvolve any of the nce or a crime of	followii violence	ng? (Check all e (such as batte	l that apply) ery or assau		Description	on of r	nature			
	Provide a descript Did this offense in Domestic violen	tion of the specification of the nvolve any of the nce or a crime of	followii violence	ng? (Check all e (such as batte	l that apply) ery or assau		Description	on of r	nature		ouse, for	mer
	Provide a descript Did this offense in Domestic violet spouse, or someon	tion of the specifi nvolve any of the nce or a crime of ne with whom yo	followii violence	ng? (Check all e (such as batte	l that apply) ery or assau		Description Description	on of r	nature	ıbitant, sp		
	Provide a descript Did this offense in Domestic violet spouse, or someon Provide the name	tion of the specification of the specification of the nee or a crime of the with whom you of the court.	followii violence	ng? (Check all e (such as batte a child in com	l that apply) ery or assau mon?		Description Descri	on of renden	t, coha	nbitant, sp Fext)	YES	mer
	Provide a descript Did this offense in Domestic violet spouse, or someon Provide the name Provide the locati	tion of the specification of the specification of the court. on of the court.	e followii violence ou share a	ng? (Check all e (such as batte a child in com	I that apply) ery or assau mon? ess and city	lt) agains	Description of the state of the state and the state of the state and the state of t	on of renden	t, coha	Text)	YES	mer NO
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	Provide the location of the court or agen		Street address and cit	y State	and Zip Coo	de or Cou	ıntry
Entries	Do you have another domestic violence restraining order currently issued against		YES (Yes adds another ent	rv)	NO (Require	d to valid	late)
Allowed) Section 21 -	Illegal Use of Drugs and Drugs		1 ((Cooper		
	to answer the questions We note, with ref		neither your truthful resp	onses nor in	formation d	erived fr	om
your responses to	this section will be used as evidence again	inst you in a subsequent cri	iminal proceeding. As to	this particul	ar section, tl	nis applie	
	ou are currently employed by the Federal ag g or controlled substance activity.	government. The following	questions pertain to the	illegal use o	f drugs or co	ontrolled	
	seven (7) years, have you illegally used	any drugs or controlled sub	ostances? Use of a drug o	r controlled	substance	YES	NO
	, snorting, inhaling, swallowing, experim	enting with or otherwise co	onsuming any drug or cor	ntrolled subs			
	You answered 'Yes' to in the last seven Provide the type of drug or controlled su						
	☐ Cocaine or crack cocaine (Such as roc		Explanation if other (Fre		crystal met	h. ecstasi	v. etc.)
Branch	☐ THC (Such as marijuana, weed, pot, h	ashish, etc.) 🔲 Depre	essants (Such as barbitur	ates, methad	qualone, tra	nquilizer	
Branch	☐ <i>Ketamine (Such as special K, jet, etc.)</i> ☐ <i>Hallucinogenic (Such as LSD, PCP, m</i>		otics (Such as opium, mo oids (Such as the clear, ju		eine, heroin,	etc.)	
If Yes to	☐ Inhalants (Such as toluene, amyl nitra		er (Provide explanation):	ice, eic.)			
Illegally Using Drugs or	Provide an estimate of the Date	(Estimated)	Provide an estimate of th		Date (Estim	ated)	
Controlled	month and year of first use.		and year of most recent u Nature of use (Free Text)				
Substances	Provide nature of use, frequency, and nu Was your use while you were employed				or while	YES	NO
(Multiple	in a position directly and immediately af	ffecting the public safety?	, r, or courte				
Entries	Was your use while possessing a security		<u> </u>			YES	NO
Allowed)	Do you intend to use this drug or control Provide explanation of why you intend of			nce in the fu	iture.	YES Explai	NO nation
						(Free	
	Do you have an additional instance(s) of	fillegal use of a drug or con		othor `	NO	ء ادموا	dia-e-X
In the last seven	substance to enter? (7) years, have you been involved in the	illegal purchase, manufacti	(Yes adds an			ired to va YES	NO NO
	, receiving, handling or sale of any drug o	or controlled substance?					1.0
	You answered 'Yes' to in the last seven				cture, cultiv	ation,	
	trafficking, production, transfer, shipping Provide the type of drug or controlled su		er explanation (Free Text				
	□ Cocaine or crack cocaine (Such as roo	ck, freebase, etc.) □ Stimu	lants (Such as amphetam	ines, speed,			
	☐ THC (Such as marijuana, weed, pot, h		essants (Such as barbitur				s, etc.)
	☐ <i>Ketamine (Such as special K, jet, etc.)</i> ☐ <i>Hallucinogenic (Such as LSD, PCP, m</i>		otics (Such as opium, mo oids (Such as the clear, ju		ine, neroin,	etc.)	
Branch	☐ Inhalants (Such as toluene, amyl nitra	te, etc.) \square Othe	er (Provide explanation):				
If Yes to Illegal Drug	Provide an estimate of the month and year of first involvement.	,	de an estimate of the mon of most recent involvemen	I	Date (Estim	ated)	
Activity	Provide nature of and frequency of activ		e of activity (Free Text)	11.			
(Multiple	Provide the reason(s) why you engaged it	in the activity. Reaso	n(s) (Free Text)				
(Multiple Entries	Was your involvement while you were e or while in a position directly and immed			or courtroom	n official,	YES	NO
Allowed)	Was your involvement while possessing		Safety:			YES	NO
	Do you intend to engage in this activity i	in the future?			,	YES	NO
		hat you plan to engage in th g, production, transfer, ship			Explanati	on (Free	Text)
		g, production, transfer, snip d substance in the future. P	11 0, 0,	g or sale			
	Do you have an additional instance(s) of			YES		NO	
	manufacture, cultivation, trafficking, pro of a drug or controlled substance to enter		, receiving, handling or s			(Requ	
In the last seven	(7) years, have you illegally used or othe		drug or controlled subst		er entry) employed	valida YES	NO
as a law enforcer	nent officer, prosecutor, or courtroom offi						
safety other than	previously listed? You responded 'Yes' to having in the la	est seven (7) years have us	on-illegally used or other	wise heen in	nvolved with	ı a drug e	nr
Branch	controlled substance while employed as						
If Yes to Use	and immediately affecting the public safe			D : :	(E = =		
While in Law Enforcement	Provide a description of the drugs or con Provide the dates of involvement/use.	ntrolled substances used and From Date (E	7		n (Free Text) stimated/Pro		
Linorcement	Provide an estimate the number of times			Estimate (F		.30111)	
(Multiple	controlled substance while employed in						
Entries Allowed)	Do you have an additional instance(s) of substance while employed as a law enfor	fillegal use or involvement	t with a drug or controlled	d YES	adds	NO (Requir	ed to
	while in a position directly and immedia				er entry)	validate	
	(7) years have you intentionally engaged					YES	NO
drugs were presc Branch	ribed for you or someone else? You responded 'Yes' to in the last seven	(7) years having intention	nally engaged in the micu	se of prescri	intion druge	regardle	ess of
If Yes to	whether the drugs were prescribed for yo		iany engageu in the inisu	se or prescri	ipuon urugs	, regardie	:55 01
Misuse of	Provide the name of the prescription dru	g that you misused.			s (Free Text		
Prescription Drugs	Provide the dates of involvement in the a Provide the reason(s) for and circumstan			To Date (E Reasons (F	stimated/Pro	esent)	
	Was your involvement while you were e					YES	NO
(Multiple	or while in a position directly and immed	diately affecting the public			,		
Entries Allowed)	Was your involvement while possessing		4h		NO	YES	NO
	Do you have an additional instance(s) of	пиенионану engaging in t	the misuse YES		NO		

Take I as sevent (7) years, have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use. YES NO oresponded "Yes" to having in the last sevent (7) years, have you been ordered, advised, or asked to seek counseling or treatment to a result of your illegal use of drugs or controlled substances. Yes to record the work of the property			drugs in the last se				(Yes adds anoth			iired to v	alidate)
Name Provide the part of the lawning in the last seven (7) years, have you been ordered, advised, or asked to seek counselling or treatment as a result of your illegal use of drugs or commolish dubbaness.				dvised, or asked	to seek counselin	g or treatm	nent as a result of	your illeg	al use	YES	NO
Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your tilegal use of drugs or commonlied substances? Clocks, all that upply)	2	You responded	'Yes' to having in				ered, advised, or a	sked to se	ek couns	eling or	
Treatment for Misses of Drugs	If Yes to	Have any of the	following ordered	, advised, or aske	ed you to seek cou	inseling or	treatment as a res	sult of you	ur illegal	use of dr	ugs or
DA menial basklet professional DA menial basklet professional DA court official / judge						^		1			
Take not been ordered, advised, or asked to seek counseling or treatment by any of the above. Provide explanation. Explanation (Fee Text) Didy out take actions on creview consensing or treatment. Provide explanation. Explanation (Fee Text) Didy out take actions on creview consensing or treatment. Provide explanation. Explanation (Fee Text) Didy out take actions on creview creations. Explanation (Fee Text) Didy out take action to necessary extra.											
Malliple Entries Moved				, or asked to seel	counseling or tre		,	0			
Allowerd) Provide the type of drug or controlled substance for which you were treated.	25111										
	Entries			ated that you did	l not receive treat	ment. Prov	vide explanation.	Ex	xplanatior	ı (Free T	ext)
Explanation (Free Text)	Allowed)	If Yes to Action	Provide the type of drug or controlled substance for which you were treated. Cocaine or crack cocaine (Such as rock, freebase, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) THC (Such as marijuana, weed, pot, hashish, etc.) Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) Ketamine (Such as special K, jet, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Steroids (Such as the clear, juice, etc.) Inhalants (Such as toluene, amyl nitrate, etc.)								
Provide the address for this treatment provider. Stret address and city State and Zip Code or Country		Taken			Provide the nan			Name (Free Text	:)	
Provide a phone number for the treatment provider. Date From (Estimated) Preservity Provide and the dates of treatment? Date From (Estimated) Preservity Provide and the dates of treatment? Date From (Estimated) Preservity Provide and the dates of treatment? Provide explanation. Preservity Preservity Provide explanation. Preservity Preservity Provide explanation. Preservity			D :1 d 1	1 6 41 4				C	17: 0	1 6	
Provide the dates of treatment. Date From (Estimated) Date To (Estimated) Date To (Estimated)							dress and city			ae or Co	untry
Branch If No to Successful Controlled substance counseling or treatment Provide explanation. Provide a phone number instance of the treatment Provide explanation. Provide the month/year when this negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel. Provide explanation (Free Text) Provide the month/year when this negative impact on your work performance, your professional relationships, or treatment as a result of your use of a drug or controlled validated to seek. Provide the same planation (Free Text) Provide the month/year when this negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel. Provide circumstance (Free Text) Provi					treatment provid		m (Estimated)			ed/Prese	nt)
to Successful Treatment Do you have another instance of having been ordered, advised, or asked to seek drug or controlled substance counseling or treatment to enter? Vesa dads another entry Vesa dads entry Vesa dads another entry Vesa dads another entry Vesa dads another entry Vesa dads another entry Vesa dads e											NO
The the last seven (7) years, have you voluntarily sought counseling or treatment to enter? Voluntary treatment detail Provide the type of drug or controlled substance for which you were treated. Coccine or crack cocaine (Such as rock, freebase, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) If Yes to Voluntarily Seeking or Treatment (Such as special K, jet, etc.) If Yes to Voluntary treatment detail Provide the type of drug or controlled substance for which you were treated. Coccine or crack cocaine (Such as rock, freebase, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) If Yes to Voluntarily Seeking or Treatment for the Misuse of Treatment for the Misuse of Drugs Provide the name of the treatment provider. Sterend Scale as the clear, juice, etc.) Inhalants (Such as special K, jet, etc.) Provide the address for this treatment provider. Street address and city State and Zip Code or Country Provide a phone number for the treatment provider. Street address and city State and Zip Code or Country Provide a phone number for the treatment provider. Street address and city State and Zip Code or Country Provide a phone number for the treatment provider. Street address and city State and Zip Code or Country Provide a phone number for the treatment provider. Date From (Estimated) Provide the address for this treatment provider. Date From (Estimated) Provide a phone number for the treatment provider. Street address and city State and Zip Code or Country Provide and the above the address for this treatment provider. Date From (Estimated) Provide a phone number for the treatment provider. Date From (Estimated) Provide a phone number for the treatment provider. Date From (Estimated) Provide a phone number for the treatment provider. Street address and city State and Zip Code or Country State and Zip Code or								Explana	ation (Fre	e Text)	
Seek drug or controlled substance counseling or treatment to enter? Yes adds another entry Required to validate)				Complete the	treatment. Frovio	ie expianat	11011.				
In the last seven (7) years, have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled. Voluntary treatment detail						ked to					
Voluntary treatment detail	In the last server					cult of you					
Provide the type of drug or controlled substance for which you were treated.		I (7) years, nave y	you volulitarily sou	giit counseiing o	i treatilient as a re	Suit of you	ii use oi a di ug oi	Controlle	:u	IES	INO
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Name (Free Text) Name (Free	Branch										
Seeking Treatment for the Misuse of Drugs (Multiple Entries Allowed) Foroide the name of the treatment provider. (Last name, First name) Provide the address for this treatment provider. (Last name, First name) Provide the address for this treatment provider. Street address and city Provide the dates of treatment provider. Date From (Estimated) Date To (Estimated/Present) Provide the dates of treatment Date From (Estimated) Date To (Estimated/Present) Provide the dates of treatment Provide explanation. Provide the dates of treatment Provide explanation Provide aphanation (Free Text) Provide reatment Provide explanation Provide explanation Provide explanation Provide aphanation Provide explanation Provide aphanation Provide explanation Provide aphanation Provide explanation Provide the dates of treatment Provide aphanation Provide explanation Provide aphanation Provide Provide aphanation Provide explanation Provide		□ Ketamine (Su	ıch as special K, jet	, etc.)	□ Narcot	ics (Such a	is opium, morphin	ie, codein			-, ,
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Provide the dates of treatment Date From (Estimated) Date To (Estimated)Present						and city					untry
Did you successfully complete the treatment? YES NO	Drugs	Provide a phone	e number for the tre	atment provider.		•		Number	r/Ext.		
Ranch If No to Successful Treatment Provide explanation. Provide substance? Provide explanation. Provide	(Multiple				Date From (Est	imated)		Date To	(Estimat		
Successful Treatment treatment. Provide explanation. Do you have another instance of EVER voluntarily seeking counseling or treatment as a result of your use of a drug or controlled substance? YES NO (Required to validate validate to validate validat					ou did not vou su	ccessfully (complete the	Evnlana	ation (Fre		NO
Section 22 – Use of Alcohol In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional realtionships, or resulted in intervention by law enforcement/public safety personnel? Provide the month/year when this negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel. Provide an explanation of the circumstances and the negative impact. Provide an explanation of the circumstances and the negative impact. Provide dates of involvement or use Has the use of alcohol had other negative impacts on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel. Provide an explanation of the circumstances and the negative impact. Provide an explanation of the circumstances and the negative impact. Provide an explanation of the circumstances and the negative impact. Provide negative impact (Free Text) Provide lates of involvement or use Has the use of alcohol had other negative impacts on your work performance, your year of alcohol had other negative impacts on your work performance, your year of exit in the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol. Branch If yes to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol. Provide dates of involvement or use Did you take action to seek counseling or treatment? YES NO NO Septimal data in intervention by law enforcement/public safety personnel? In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol. Provide circumstances (Free Text) Provide circumstances (Free T	Allowed)					ccessiuity (complete the	Laplane	11011 (1110	c reat)	
The last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel? You responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel. You responded 'Yes' to your alcohol use having had a negative impact or your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel. Provide the morth/year when this negative impact occurred. Provide circumstances (Free Text)						0			-		
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You responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel. Provide the month/year when this negative impact occurred. Provide the month/year when this negative impact occurred. Provide an explanation of the circumstances and the negative impact occurred. Provide negative impact (Free Text)											
You responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel. Provide the month/year when this negative impact occurred.						performar	nce, your profession	onal		YES	NO
or resulted in intervention by law enforcement/public safety personnel. Provide the month/year when this negative impact occurred. Provide an explanation of the circumstances and the negative impact. Provide negative impact (Free Text) Provide negative impact (Free Text) Provide negative impact (Free Text) Has the use of alcohol had other negative impacts on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel? (Multiple Entries Allowed) Branch If Yes to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol. Did you take action to seek counseling or treatment? YES NO wor use of alcohol. Did you take action to seek counseling or treatment as a result of your use of alcohol. Branch If No Action Taken or treatment. Explain the reasons for not taking action to seek counseling or treatment.	retationships, or					act on your	work performance	e, your p	rofession	al relatio	nships,
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Provide dates of involvement or use		Provide an expl	lanation of the circu	imstances and th	e negative impact						
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(Multiple Entries Allowed) The last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? Branch If Yes to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol. Did you take action to seek counseling or treatment?								YES		NO	
Multiple Entries Allowed) In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? Branch If Yes to having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol. Did you take action to seek counseling or treatment? YES NO Did you take action to seek counseling or treatment? YES NO YES NO YES NO Action Taken YES NO YES NO YES NO Treatment as a result of your use of alcohol. Did you take action to seek counseling or treatment? YES NO Treatment as a result of your use of alcohol. Did you take action to seek counseling or treatment? YES NO Treatment as a result of your use of alcohol? YES NO Treatment as a result of your use of alcohol?	шрасс		ationships, or resul	ted in intervention	on by law enforce	ment/public	c safety				
Entries Allowed) Branch If Yes to having been ordered, advised, or asked to seek counseling Branch If No Action Taken You responded 'Yes" to having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol. Did you take action to seek counseling or treatment? YES NO Action Taken Your responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.			n (7) years have voi	ı been ordered. a	dvised, or asked t	o seek cou	nseling or treatme				
Branch If Yes to having been ordered, advised, or asked to seek counseling Branch If No Action Taken Total responded Test to having been ordered, advised of asked to seek counseling or treatment? Did you take action to seek counseling or treatment? YES NO Action Taken You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.			ohol?								
ordered, advised, or asked to seek counseling Branch If No Action Taken You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.	Allowed)			es" to having be	en ordered, advis	ed or asked	d to seek counseli	ng or trea	tment as	a result o	of your
asked to seek counseling Action Taken Action Taken Action Taken Out responded To to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.		ordered,	Did you take action	on to seek counse	eling or treatment	?				YES	NO
coansening of treatment.		asked to seek		or treatment. E	Explain the reason				Explanatio	on (Free	Гехt)
						taken actio	n to seek counsel	ing or trea	atment.		

to Taking (Estimated) Action Provide the name of the individual counselor or treatment provide	(Estimated/Present))	
The state of the s			
	Text)		
Provide the full address of the Provide telephor	ne number Number/Ex	xt	
(Multiple. Counseling/treatment provider. Counseling/treatment			
Entries Street address and city State and Zip Co		NO	
Allowed) Branch If No to You responded "No" to having successful you have been been been been been been been be			
Successful completed the treatment program. Provid		1 (()	
Completion explanation			
Do you have additional instances of having been ordered, advised or asked YES (Very add a real part of the second of the secon	NO		
to seek counseling or treatment as a result of your use of alcohol to enter? (Yes adds another enter In the last seven (7) years, have you voluntarily sought counseling or treatment as a result of your use of alcohol to enter?		NO	
alcohol?	asc of TES	110	
You responded 'Yes' to voluntarily seeking counseling or treatment.			
	o Date (Estimated/Present		
	ounselor name (Free Text) tate and Zip Code or Coun		
Counseling counseling/treatment provider.	tate and Zip Code of Coun	шу	
(Multiple Provide Number/Ext Did you successfully complete the treatment pr	rogram? YES	NO	
Entries telephone			
Allowed) number			
Branch If Unsuccessful You answered 'No' to having successfully completed the treatment	xplanation (Free Text)		
program. Provide explanation:			
Do you have additional instances where you have voluntarily sought YES	NO		
counseling or treatment as a result of your use of alcohol to enter? (Yes adds another entry)	(Required to validate))	
Section 23 – Investigations and Clearance Record			
Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security eligibility/access?	y clearance YES	NO	
You responded 'Yes' to the U.S. Government (or a foreign government) having investigated your	r background and/or havin	ıg	
granted you a security clearance eligibility/access.	ouchground and or naving	8	
	partment of State		
agency: □ U.S. Office of Personnel Management □ Federal E □ U.S. Department of Treasury (provide name of bureau)	Bureau of Investigation		
U.S. Department of Treasury (provide finite of buleau)			
Branch Explanation or name of U.S. Department of Homeland Security			
If Yes to Having government (Free Text)	on't know		
If Yes to Having Ever Been Explanation or name of government of Homerand Security Government (Free Text) Foreign government, (Provide name of government) I don Other (Provide explanation)			
If Yes to Having Ever Been Investigated Explanation of name of government (Free Text) □ Foreign government, (Provide name of government) □ I dor □ Other (Provide explanation) □ I don't know □ I	Date (Estimated)		
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If Yes to Having Ever Been government (Free Text) Government (Free Text) Government (Provide name of government) I don't know Government (Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. Provide the date clearance eligibility/access was granted. I don't know Provide the level of clearance None Confidential Secret Top Secret Sensitive Compartment (Provide name of government) I don't know Provide the date clearance eligibility/access was granted. Top Secret Sensitive Compartment of Homerand Section o	Date (Estimated) Name (Free Text) Date (Estimated) L		
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Explanation of halfe of government, (Provide name of government) I don't know	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed.	
Explanation of halfe of government (Free Text)	Date (Estimated) Name (Free Text) Date (Estimated) L	NO Red. Xt)	
Explanation of halfe of government (Free Text)	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed.)	
If Yes to Having Ever Been Investigated (Multiple Entries Allowed) Date the investigation was completed.	Date (Estimated) Name (Free Text) Date (Estimated) L	NO Red. Xt)	
Explanation of halfe of government (Free Text)	Date (Estimated) Name (Free Text) Date (Estimated) L	NO Red. Xt)	
If Yes to Having Ever Been Investigated (Multiple Entries Allowed) Date the investigation was completed. Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. Provide the date clearance eligibility/access was granted. Explanation (Free Text) Do you have another investigation to enter? Provide the date security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? Provide the date security clearance eligibility/access authorization was denied, suspended or revoked? Provide the name of the agency that took the action. Provide an explanation of the circumstances of the denial, suspension or revocation action. Do you have another denied, revoked or suspended security clearance eligibility/access authorization to enter? Have you EVER been debarred from government employment? Branch If Yes to Debarment (Multiple Entries Provide the name of the government agency taking debarment action. Provide the date the debarment occurred. Provide the debarment occurred.	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed. NO NO set. NO no notation in the set of th	
If Yes to Having Ever Been Investigated (Multiple Entries Allowed) Date the investigation was completed.	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed. NO NO set. NO n	
If Yes to Having Ever Been Investigated (Multiple Entries Allowed) Date the investigation was completed. Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. Provide the date clearance eligibility/access was granted. Explanation (Free Text) Do you have another investigation to enter? Provide the date security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? (Note: An adr downgrade or administrative termination of a security clearance eligibility/access authorization was denied, suspended or revoked? Provide the date security clearance eligibility/access authorization was denied, suspended or revoked? Provide the name of the agency that took the action. Provide an explanation of the circumstances of the denial, suspension or revocation action. Do you have another denied, revoked or suspended security clearance eligibility/access authorization to enter? Have you EVER been debarred from government employment? Branch If Yes to Debarment (Multiple Entries Provide the name of the government agency taking debarment action. Provide the date the debarment occurred. Provide the debarment occurred.	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed. NO NO set. NO n	
If Yes to Having Ever Been Investigated (Multiple Entries Allowed) Date the investigation was completed. (Multiple Entries Allowed) Date the investigation was completed. Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. Provide the level of clearance eligibility/access was granted.	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed. NO NO set. NO n	
If Yes to Having Ever Been Investigated (Multiple Entries Allowed) Date the investigation was completed. (Multiple Entries Allowed) Date the investigation was completed. Date the investigation the investigation to enter? Date the date clearance eligibility/access was granted. Date the date clearance eligibility/access was granted. Date the date clearance eligibility/access authorization denter? Yes (Yes adds another entry) Yes date and yes another entry) Yes date and year another entry. Yes date another entry Yes date another entry Yes date another entry Yes (Yes adds another entry) Yes (Yes adds another	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed. NO NO ext) NO n	
If Yes to Having Ever Been Investigated Government (Free Text) Government (Provide name of government) I doubter (Provide explanation) Government (Provide explanation (Provide explanation) Government (Provide expla	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed. NO NO sett) NO sext) NO sext)	
If Yes to Having Ever Been Investigated Date the investigation was completed.	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed. NO NO sett) NO sett) NO sett)	
If Yes to Having Ever Been Investigated Date the investigation was completed.	Date (Estimated) Name (Free Text) Date (Estimated) L	NO sed. NO NO sett) NO sext) NO sext)	
If Yes to Having Ever Been Investigated Date the investigation was completed. Other (Provide explanation) Date the investigation was completed. I don't know Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. Provide the date clearance eligibility/access was granted. I don't know Provide the level of clearance None Confidential Secret Top Secret eligibility/access granted. Sensitive Compartmented Information (SCI) Q Explanation (Free Text) Issued by foreign country Other (Prov Do you have another investigation to enter? YES (Yes adds another entry)	Date (Estimated) Name (Free Text) Date (Estimated) Date (Estimated) Date (Estimated) NO (Required to valid diministrative YES Penied, suspended, or revok diked. Date (Estimated) Name (Free Text) Explanation (Free Text) Explanation (Free Text) Oricumstances (Free to NO) Agency name Date (Estimated) Circumstances (Free to NO) Circumstances (Free to NO) YES Chapter 12 Chapter 13 Ccount Number (Free Text) Date (Estimated) Circumstanced) Chapter 12 Chapter 13 Count Number (Free Text)	NO sed. NO NO sett) NO sett) NO sett)	
If Yes to Having Ever Been Investigated Date the investigation was completed. Groreign government, (Provide name of government) I doi Other (Provide explanation)	Date (Estimated) Name (Free Text) Date (Estimated) Date (Estimated) Date (Estimated) NO (Required to valid ministrative YES Penied, suspended, or revok ked. Date (Estimated) Name (Free Text) Explanation (Free Text) Explanation (Free Text) O(Required to validate) YES Agency name Date (Estimated) Circumstances (Free to NO (Required to validate) YES Agency name Date (Estimated) Circumstances (Free to NO (Required to validate) YES Chapter 12 Chapter 13 Count Number (Free Text) Cate (Estimated) Cate (Estima	NO sed. NO NO sett) NO sett) NO sett)	
If Yes to Having Ever Been Dotter (Provide explanation) Date the investigated Date the investigation was completed. Dotter (Provide explanation) Dotter (Provide explanation) Dotter (Provide explanation) Dotter (Provide explanation) Dotter (Provide the late clearance eligibility/access was granted. Dotter (Provide the late of clearance eligibility/access granted. Dotter (Provide Explanation (Free Text) Dissued by foreign country Dotter (Provide Dotter) Dotter (Provide Explanation (Free Text) Dissued by foreign country Dotter (Provide Dotter) Dotter (Provide Explanation (Provide Explanation of a security clearance is not a revocation.) You responded 'Yes' to having EVER had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An additional explanation) Provide the name of the agency that took the action. Provide the name of the agency that took the action. Provide the name of the agency that took the action. Provide the name of the agency that took the action. Provide the name of the government employment? YES (Yes adds another entry) YES (Yes adds another entry) Do you have another denied, revoked or suspended security YES (Yes adds another entry) YES (Yes adds another entry) Provide the name of the government employment? YES (Yes adds another entry) YES (Yes adds another entry) YES (Yes adds another entry) Provide the date the debarment occurred. Provide the date debarment occurred. Provide the bankruptcy of the date bankruptcy petition under any chapter of the bankruptcy	Date (Estimated) Name (Free Text) Date (Estimated) Date (Estimated) Date (Estimated) NO (Required to valid diministrative YES Penied, suspended, or revok (ked. Date (Estimated) Name (Free Text) Explanation (Free Text) Explanation (Free Text) O(Required to validate) YES Agency name Date (Estimated) Circumstances (Free to NO (Required to validate) YES Agency name Date (Estimated) Circumstances (Free to NO (Required to validate) YES Chapter 12 Chapter 13 Count Number (Free Text) Count (Estimated) Count (Free Text)	NO Red. NO NO Retxt) NO Retxt) date)	
If Yes to Having Ever Been Dote Charles	Date (Estimated) Name (Free Text) Date (Estimated) Date (Estimated) Date (Estimated) NO (Required to valid ministrative YES Penied, suspended, or revok ked. Date (Estimated) Name (Free Text) Explanation (Free Text) Explanation (Free Text) O(Required to validate) YES Agency name Date (Estimated) Circumstances (Free to NO (Required to validate) YES Agency name Date (Estimated) Circumstances (Free to NO (Required to validate) YES Chapter 12 Chapter 13 Count Number (Free Text) Cate (Estimated) Cate (Estima	NO Red. NO NO Retxt) NO Retxt) date)	

	Street address and City		te and Zip	_		
		ation (F	ree Text)		YES	NO
	In the last seven (7) years, have you filed any additional petitions under any YES		NO.	-		
	chapter of the bankruptcy code? (Yes adds and	other er	ıtry) (R	_	ed to va	
	(7) years have you failed to meet financial obligations due to gambling?				YES	NO
Branch	You responded 'Yes' to in the last seven (7) years have you experienced financial problems d					
If Yes to	Provide the date range of your financial problems due to gambling. From Date (Estimated		To Date (E			sent)
Financial	Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.		Amount	$\overline{}$	e Text)	
Problems Due	Provide a description of your financial problems due to gambling.		Description			
to Gambling (Multiple	If you have taken any action(s) to rectify your financial problems due to gambling, provide a	1	Description	n (Fre	e Text)	
Entries	description of your actions. If you have not taken any action(s) provide explanation.		NO (D	1.	11.1	
Allowed)	In the last seven (7) years have failed to meet other financial YES (Yes adds another ent	ry) I	NO (Requi	ired to) validat	.e)
,	obligations due to gambling?	udinana	202		YES	NO
in the past sever	(7) years have you failed to file or pay Federal, state, or other taxes when required by law or o				YES	NO
-	You responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required Did you fail to file, pay as required, or both? \Box File \Box Pay \Box Both	i by iaw	or oruma	nce.		
Branch						
	Provide the year you failed to file or pay your Federal, state or other taxes. Provide the reason(s) for your failure to file or pay required taxes.		Descent	. (Ew	oo Torrt)	
If Yes to			Reasons		ee Text)	
Failing to	Provide the Federal, state or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).		Agency Tax Typ	$\overline{}$		
File/Pay Taxes	Provide the amount (in U.S. dollars) of the taxes. Estimated Estimated		Amount			
	Provide date satisfied. Not applicable		Date (E			
(Multiple	Provide date satisfied. I not applicable Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings		Descrip			vt)
Entries	frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation		Descrip	tion (rice ie.	11)
Allowed)	Are there any other instances in the past seven (7) years where you failed to YES	1011.	NO	<u> </u>		
	file or pay Federal, state or other taxes when required by law or ordinance? (Yes adds and	other er		-	ed to val	lidate)
In the past sever	(7) years have you been counseled, warned, or disciplined for violating the terms of agreemen				YES	NO
	led by your employer?					
	You responded 'Yes' to having been counseled, warned, or disciplined for violating the terms	of agree	ement for	a trav	el or cre	dit
Branch	card provided by your employer.					
Tf 374-	Provide the name of the agency or company.	Age	ency (Free	Text)	
If Yes to Violation of	Provide the address of the agency or company. Street address and City	Sta	te and Zip	Code	or Cou	ntry
Credit/Travel	Provide the reason(s) for the counseling, warning or disciplinary action.		asons (Fre			
Card Terms	Provide the amount (in U.S. dollars) of violation. \Box Estimated	Am	nount (Fre	e Text	t)	
cura remis	Provide a description of any action(s) you have taken to rectify this situation. If you have not	Des	scription (Free T	Гext)	
(Multiple	taken any action(s) provide explanation.					
Entries	Are there any other instances in the past seven (7) years where you have been counseled,	YE			NO	
Allowed)	warned, or disciplined for violating the terms of agreement for a travel or credit card provided		es adds		(Requir	
Δ .1	by your employer?		other entry		validate	
meet financial ob	vutilizing, or seeking assistance from, a credit counseling service or other similar resource to resoligations?	soive ar	1 inability	to	YES	NO
	You responded 'Yes' to currently utilizing, or seeking assistance from, a credit counseling serv	vice or o	other simil	ar res	ource to)
Branch	resolve an inability to meet financial obligations.					
TC 37	Provide explanation (Free Text) Provide the name of the credit counseling organization of	or resou	irce.	Name	e (Free T	Гехt)
If Yes to	Provide the phone number of the credit counseling organization.	Numb	er / Ext			
Seeking Credit Counseling	Provide the location of the credit counseling organization.	City		State		
Counseiing	As a result of this counseling provide a description of any action(s) you have taken to	Descri	iption (Fre	e Tex	.t)	
(Multiple	resolve your inability to meet financial obligations. If you have not taken any action(s)					
Entries	provide explanation.					
Allowed)	Are you currently utilizing, or seeking assistance from any other credit counseling service		Yes adds		O (Requ	
<u> </u>	or other similar resource to resolve your inability to meet financial obligations?		er entry)		validate	
	ously listed, have any of the following happened to you? (You will be asked to provide details at	out eac	en financia	ıı obli	gation t	nat
	ms identified below). ly delinquent on alimony or child support payments.					
	ry definquent on allmony or child support payments. en (7) years, you had a judgment entered against you. (Include financial obligations for which y	/O11 14/O5	e the colo	debto	r as wo	ll as
	ou were a cosigner or guarantor).	ou well	c the sole	acoto	., as we	.1 03
	en (7) years, you had a lien placed against your property for failing to pay taxes or other debts.	(Include	e financial	oblig	ations f	or

- which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

 You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

		YES NO					
	You answered 'Yes' to having experienced one or more of the previously stated financial issu	es.					
	Provide the name of agency/organization/individual to which debt is/was owed Name (Free Text)						
	Did/does this financial issue include any of the following: (Check all that apply)						
	\square You are currently delinquent on alimony or child support payments.						
Branch	☐ In the past seven (7) years , you had a judgment entered against you. (Include financial obl	igations for which you were the sole					
	debtor, as well as those for which you were a cosigner or guarantor).						
If Yes to	☐ In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial						
Having	obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).						
Financial	\square You are currently delinquent on any Federal debt. (Include financial obligations for which y	ou are the sole debtor, as well as					
Issues	those for which you are a cosigner or guarantor).						
Involving		YES NO					
Enforcement	Provide the associated loan / account number(s) involved	Loan / account number (Free Text)					
as let 1	Identify/describe the type of property involved (if any).	Property type (Free Text)					
N 4	Multiple Provide the amount (in U.S. dollars) of the financial issue. □ Estimated Amount (Free Text)						
Entries	Provide the reason(s) for the financial issue. Reasons (Free Text)						
Allowed)	Provide the current status of the financial issue.	Status (Free Text)					

	Provide the date the financial issue began.	Date (Estimated)
	Provide date the financial issue was resolved. □ Not resolved Provide the name of the court involved.	Date (Estimated) Court name (Free Text)
	Provide the address of the court involved. Street address and City	State and Zip Code or Country
	Provide a description of any action(s) you have taken to satisfy this debt (such as withholding frequency and amount of payments, etc.). If you have not taken any provide explanation.	
	Other than previously listed, are there any other instances of the following occurrences?	
	• You are currently delinquent on alimony or child support payments.	
	 In the past seven (7) years, you had a judgment entered against you. (Include financial oblidebtor, as well as those for which you were a cosigner or guarantor). 	gations for which you were the sole
	• In the past seven (7) years , you had a lien placed against your property for failing to pay ta:	xes or other debts. (Include financial
	obligations for which you were the sole debtor, as well as those for which you were a cosigner	
	• You are currently delinquent on any Federal debt. (Include financial obligations for which yo	ou are the sole debtor, as well as those
	for which you are a cosigner or guarantor). YES (Yes adds another entry)	NO (Required to validate)
Other than previ	ously listed, have any of the following happened?	Tro (required to variance)
	en (7) years, you had any possessions or property voluntarily or involuntarily repossessed or fo	oreclosed? (Include financial
	thich you were the sole debtor, as well as those for which you were a cosigner or guarantor) ten (7) years, you defaulted on any type of loan? (Include financial obligations for which you w	vers the cole debter, as well as these
	ere a cosigner or guarantor)	ere the sore debtor, as well as those
• In the past sev	en (7) years, you had bills or debts turned over to a collection agency? (Include financial obligation)	ations for which you were the sole
	s those for which you were a cosigner or guarantor)	10 (7 1 1 6 1 1
	en (7) years, you had any account or credit card suspended, charged off, or cancelled for failing thich you were the sole debtor, as well as those for which you were a cosigner or guarantor)	to pay as agreed? (Include financial
	en (7) years, you were evicted for non-payment?	
• In the past sev	en (7) years, you had your wages, benefits, or assets garnished or attached for any reason?	
•	en (7) years, you have been over 120 days delinquent on any debt not previously entered? (Incl	ude financial obligations for which
	e debtor, as well as those for which you were a cosigner or guarantor) tly over 120 days delinquent on any debt? (Include financial obligations for which you are the s	ole debtor, as well as those for which
	gner or guarantor)	ore debtor, do were do drose for winer
you are a COSI	ner or guarantor)	YES NO
	You answered 'Yes' to having experienced one or more of the previously stated financial issu	es.
	Provide the name of agency/organization/individual to which debt is/was owed.	
	Did/does this financial issue include any of the following: (Check all that apply) In the past seven (7) years you had your possessions or property voluntarily or involuntari.	ly repossessed or foreslosed (Include
	financial obligations for which you were the sole debtor, as well as those for which you were	
	☐ In the past seven (7) years you defaulted on any type of loan. (Include financial obligation	
	as well as those for which you were a cosigner or guarantor).	1 6 1 11 11 11
	☐ In the past seven (7) years you had bills or debts turned over to a collection agency. (Incluwere the sole debtor, as well as those for which you were a cosigner or guarantor).	de financial obligations for which you
	☐ In the past seven (7) years you had an account or credit card suspended, charged off, or car	ncelled for failing to pay as agreed.
	(Include financial obligations for which you were the sole debtor, as well as those for which y	ou were a cosigner or guarantor).
	 ☐ In the past seven (7) years you were evicted for non-payment. ☐ In the past seven (7) years you had wages, benefits, or assets garnished or attached for any 	z roason
	☐ In the past seven (7) years you mad wages, benefits, of assets garmined of attached for any ☐ In the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past seven (7) years you were over 120 days delinquent on any debt not previously of the past years (7) years you were over 120 days delinquent on any debt not previously of the past years (7) years you were over 120 days delinquent on any debt not previously of the past years (7) years you were your years (7)	
	for which you were the sole debtor, as well as those for which you were a cosigner or guaranto	or).
	☐ You are currently over 120 days delinquent on any debt. (Include financial obligations for w	which you are the sole debtor, as well
	as those for which you are a cosigner or guarantor).	YES NO
Branch	Provide the associated loan / account number(s) involved.	Loan / account number (Free Text)
_	Identify/describe the type of property involved (if any).	Property type (Free Text)
If Yes to Having	Provide the amount (in U.S. dollars) of the financial issue. □ Estimated Provide the reason(s) for the financial issue.	Amount (Free Text) Reasons (Free Text)
Financial	Provide the reason(s) for the financial issue. Provide the current status of the financial issue.	Status (Free Text)
Issues	Provide date the financial issue was resolved. Not resolved	Date (Estimated)
Involving	Provide the date the financial issue began.	Date (Estimated)
Routine Accounts	Provide a description of any action(s) you have taken to satisfy this debt (such as withholding	
recounts	frequency and amount of payments, etc.). If you have not taken any action(s) provide explanate Other than previously listed, are there any other instances of the following occurrences?	don.
(Multiple	Yes \(\) No	
Entries Allowed)	• In the past seven (7) years, you had any possessions or property voluntarily or involuntarily	
Allowed)	financial obligations for which you were the sole debtor, as well as those for which you were a large that part seven (7) were you defaulted on any type of least (Include financial obligation)	
	 In the past seven (7) years, you defaulted on any type of loan, (Include financial obligation as well as those for which you were a cosigner or guarantor). 	s for which you were the sole debtor,
	• In the past seven (7) years, you had bills or debts turned over to a collection agency. (Include	de financial obligations for which you
	were the sole debtor, as well as those for which you were a cosigner or guarantor).	
	• In the past seven (7) years , you had any account or credit card suspended, charged off, or c (Include financial obligations for which you were the sole debtor, as well as those for which y	
	• In the past seven (7) years , you have been evicted for non-payment.	oa were a congner or gudrantor).
	• In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for	
	• In the past seven (7) years, you have been over 120 days delinquent on any debt not previous	
	obligations for which you were the sole debtor, as well as those for which you were a cosigner • You are currently over 120 days delinquent on any debt. (Include financial obligations for w	
	as those for which you are a cosigner or guarantor).	
	YES (Yes adds another en	try) NO (Required to validate)

Fodoral governme		tochnology exetome Informatic	on tochnology eyetom		
	nt. The following questions ask about your use of information nardware, software, firmware, and data used for the communica-				ction of
information.					
	(7) years have you illegally or without proper authorization according to the control of the con	essed or attempted to access ar	ny information	YES	NO
technology systen	n? You responded 'Yes' to having in the last seven (7) years ille	gally or without proper authori	zation entered or atte	mptod to a	ontor
Branch If Yes to	into any information technology system.	garry or without proper authori	zation entered or atte	inpled to 6	enter
Unauthorized	Provide the date of the incident		Date (Estimated)		
Access	Provide a description of the nature of the incident or offense.		Description of inci-	dent (Free	Text)
	Provide the location where the incident took place.	Street address and City	State and Zip Code		ry
(Multiple	Provide a description of the action (administrative, criminal or	other) taken as a result of	Description (Free 7	Text)	
Entries Allowed)	this incident.	VEC (V11	NO (Darre		
/	Are there any other incidents to report? (7) years have you illegally or without authorization, modified.	destroyed manipulated or des		YES	NO NO
	ng on an information technology system or attempted any of th		incu otners access to	I LS	110
Branch	You responded 'Yes' to having in the last seven (7) years ille		modified, destroyed,	manipula	ted, or
If Yes to	denied others access to information residing on an information		ed any of the above.		
Manipulating	Provide the date of the incident	Date (Estimated)	T. ()		
Access (Multiple	Provide a description of the nature of the incident or offense. Provide the location where the incident took place.	Description of incident (Free Street address and City	State and Zip Code	or Count	PK7
Entries	Provide a description of the action (administrative, criminal or			tion (Free	
Allowed)	Are there any other incidents to report?	YES (Yes adds another entr			
	(7) years have you introduced, removed, or used hardware, sof	ware, or media in connection v	with any information	YES	NO
	n without authorization, when specifically prohibited by rules, p	procedures, guidelines, or regul	ations or attempted		
any of the above?	You responded 'Yes' to having in the last seven (7) years into	androad removed or read hard	kunna aaftuunna an m	adia in	
Branch	connection with any information technology system without a				
If Yes to	guidelines, or regulations or attempted any of the above.	idiorization, when opecifically	promoned by raics, p	roccames	,
Unlawful Use	Provide the date of the incident		Date (Estimated		
(Multiple	Provide a description of the nature of the incident or offense	T	Description (Fre		
Entries	Provide the location where the incident took place.	Street address and City	State and Zip Co		_
Allowed)	Provide a description of the action (administrative, criminal or Are there any other incidents to report?	YES (Yes adds another entry		tion (Free	_
Section 26	Involvement in Non-Criminal Court Action	· · · · · · · · · · · · · · · · · · ·) 110 (Required to	varidate)	,
	(7) years, have you been a defendant in any public record civil		ntentional tortuous	YES	NO
conduct?	(r) y curs, have you been a desendant in any paone second erri	court action ancome made or r	memeranar tortagas	120	1.0
Branch	You responded 'Yes' to having been a defendant in any public	record civil court action allegi	ng fraud or intentiona	l tortious	
	conduct in the last cover (7) years				
If Yes to	conduct in the last seven (7) years. Provide the data of the civil action. Data (Estimated)	Dwayida the count name	Count name (Eve	a Tarrt)	
Having Non	Provide the date of the civil action Date (Estimated)	Provide the court name Street address and City	Court name (Fre		untry
Having Non Criminal		Provide the court name Street address and City	Court name (Free State and Zip Co	ode or Cou	untry
Having Non Criminal Court Actions	Provide the date of the civil action Date (Estimated) Provide the address of the court		State and Zip Co Details (Free Te Results (Free Te	ode or Cou xt) ext)	untry
Having Non Criminal	Provide the date of the civil action Date (Estimated) Provide the address of the court Provide details of the nature of the action Provide a description of the results of the action Provide the name(s) of the principal parties involved in the court	Street address and City	State and Zip Co Details (Free Te Results (Free Te Names (Free Te	ode or Cou xt) ext)	untry
Having Non Criminal Court Actions (Multiple	Provide the date of the civil action Date (Estimated) Provide the address of the court Provide details of the nature of the action Provide a description of the results of the action	Street address and City art action. rs to report? YES	State and Zip Co Details (Free Te Results (Free Te Names (Free Te NO	ode or Cou xt) ext) xt)	•
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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, or my removal and debarment from Federal service.

Signature (Sign in ink)	Date (mm/dd/yyyy)

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 or reinvestigation 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 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 United States 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, a separate specific release 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, 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 trust position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.
- **I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.
- **I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be disclosed by the Government only as authorized by law.
- **I Authorize** the information to be used to conduct officially sanctioned and approved suitability-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with 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 (Sign in ink)	Full name (T)	pe or pri	int legibly)	Date signed (mm/dd/yyyy)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (Country)	State	ZIP Code	Home telephone number

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) only the specific questions below concerning any mental health consultations of which the practitioner might be aware. Your signature will allow the practitioner(s) to answer only these questions. Should additional information be required from the health care practitioner, a separate specific release is needed, and you may be contacted for such a release at a later date.

If you are completing the SF 85P, this release will be required in the event information arises in an investigation that requires such further inquiry for resolution and only to resolve such issues.

If you are completing the SF 85P with the supplemental SF 85P-S, this release is required if you respond "yes" to the question regarding Your Medical Record.

Authorization

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

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

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

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

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

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to						
perform a position of public trust?						
YESNO						
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.						
What is the prognosis?						
Dates of treatment?						
ate signed (<i>mm/dd/yyyy</i>)						
16						

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

UNITED STATES OF AMERICA FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) <u>clearance-ability</u> to perform contractual service for the Federal government, and/or (3) eligibility for a public trust position.

The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a public trust position. To avoid such delays, you may want to consider requesting that the consumer reporting agencies lift the freeze in these instances.

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.

Print name	Social Security Number
Signature (Sign in ink)	Date (mm/dd/yyyy)