

National Agency Check Questionnaire for Peace Corps Volunteer Background Investigation

Privacy Act Statement

The Privacy Act of 1974 (5 U.S.C. 552a) requires that all Federal agencies inform individuals from whom information is collected of: (a) the authority for collecting the information; (b) the purpose(s) for which the information will be used; (c) the routine use(s) of the information; and (d) the effect on the individual of not providing all or any part of the requested information.

(a) The collection of information requested on the attached form is authorized by provisions of the Peace Corps Act, as amended, (22 U.S.C. 2519) which requires the Director of the Peace Corps to insure that the assignment of Volunteers is consistent with the national interest in accordance with standards and procedures established by the President.

(b) The information requested will be used to determine your qualification to serve as a Peace Corps Volunteer. During the processing of your application, the information you provide will be sent to the Office of Personnel Management (OPM) to initiate a National Agency Check (NAC). The NAC is a check of the files at OPM, the Federal Bureau of Investigation and other agencies which might have pertinent records pertaining to your activities. Any data accumulated will be compared to your Peace Corps application, and any inconsistencies may be further investigated. Should investigations reveal that you have provided the Peace Corps with any information that is false, intentionally misleading, purposefully incomplete or otherwise indicative that your assignment may not be in the best interest of the United States, you may be disqualified or terminated from service.

(c) Information you furnish on the attached form may be routinely disclosed for the following reasons:

1. To officers or employees of the Peace Corps having a need for such record in the official performance of their duties;
2. To the Office of Personnel Management for a personnel investigation as part of the Peace Corps selection process;

3. To any person from whom information is requested in the course of an investigation to the extent necessary to identify you, to inform the person of the nature and purpose of the investigation, and to identify the type of information requested;
4. When required under the provisions of the Freedom of Information Act (5 U.S.C. 552) and Privacy Act of 1974 (5 U.S.C. 552a);
5. To either House of Congress or to a subcommittee or committee (joint or of either House) to the extent the subject matter falls within its jurisdiction;
6. To the Bureau of the Census for the uses pursuant to Title 13;
7. To the Comptroller General or any of his/her authorized representatives in the course of their performance of duties of the General Accounting Office;
8. To law enforcement agencies in connection with authorized law enforcement activity;
9. Pursuant to an order of a court of competent jurisdiction provided that any such record is disclosed under such compulsory legal process and subsequently made public by the court which issued it;
10. To a court magistrate or administrative tribunal or appropriate jurisdiction and to opposing counsel in the course of settlement negotiations;
11. To other Federal agencies having an interest in employing an applicant or volunteer after service for purposes of a security investigation;
12. To a Congressional office, constituent or otherwise, in response to an inquiry made at the request of an individual to whom the record pertains; and
13. To the National Archives and Records Administration in authorized records management inspection.

(d) The information requested on the attached form is necessary to conduct a background investigation. Disclosure of the requested information, including your social security number, is voluntary. Failure to provide sufficient information on which to conduct an investigation may result in the rejection of your application for Peace Corps service.

Instructions

All responses must be printed in black ink. The completed form will be photocopied and clarity is essential. If the form is not clearly written, it will have to be resubmitted and this may delay your placement. Print all responses with care. Make corrections neatly. Do not extend any response beyond the edge of the space provided within the answer box.

If you need more space for an answer, continue on a separate sheet of paper, the same size as this page (8.5" x 11"). At the top of each continuation sheet print your name, social security number and the words "Peace Corps NAC Questionnaire Continuation." Be sure and indicate the number(s) of the questions to which you are responding. Sign and date each continuation sheet. Attach three (3) copies of each continuation sheet behind the last page of the questionnaire.

Item 1: Print your full name in the following order – LAST, FIRST, MIDDLE, if you are a "Sr.", "Jr.", "III", etc., skip one space after your middle name and enter the appropriate designation. If you have initials only, enter each initial in the appropriate block and print (IO) after the initial for INITIAL ONLY. If you have no middle name, enter NMN in the block under "Middle".

Examples:

Normal Entry

| | | | |
|---------------------|------|-------|----------|
| 1. Applicant's Name | Last | First | Middle |
| | DOE | JOHN | CARR Sr. |

Initials Only

| | | | |
|---------------------|------|--------|--------|
| 1. Applicant's Name | Last | First | Middle |
| | DOE | A (IO) | C (IO) |

No Middle Name

| | | | |
|---------------------|------|-------|--------|
| 1. Applicant's Name | Last | First | Middle |
| | DOE | JOHN | NMN |

Item 2: Print your social security number (SSN).

Item 3: Print your date of birth (DOB) using numbers, for example, December 5, 1948, should be printed:

| | | |
|----|----|----|
| 12 | 05 | 48 |
|----|----|----|

Item 4: Print other names you have used and the dates (month and year) the names were used, such as maiden names, names by former marriages, aliases, nicknames, or former names changed legally or otherwise. Print "NEE" before maiden names.

Item 5: Print your place of birth. Enter the city/town and county. If you were not born in the U.S.A. or its territories, print the name of the foreign country where you were born. If you were born in the U.S.A. or its territories, fill in the box marked "State" with the appropriate abbreviation from the list below:

Coding for States, District of Columbia, and U.S. Territories (Item5)

| | | | | |
|------------------------|-----------------------|-----------------------|----------------------|----------------------|
| AlabamaAL | HawaiiHI | Massachusetts .MA | New Mexico . . .NM | South Dakota . .SD |
| AlaskaAK | IdahoID | MichiganMI | New YorkNY | TennesseeTN |
| ArkansasAR | IllinoisIL | MinnesotaMN | North Carolina .NC | TexasTX |
| ArizonaAZ | IndianaIN | MississippiMS | North Dakota . .ND | UtahUT |
| CaliforniaCA | IowaIA | MissouriMO | OhioOH | VermontVT |
| ColoradoCO | KansasKS | MontanaMT | OklahomaOK | VirginiaVA |
| ConnecticutCT | KentuckyKY | NebraskaNE | OregonOR | Washington . . .WA |
| DelawareDE | LouisianaLA | NevadaNV | Pennsylvania . . .PA | West Virginia . .WV |
| FloridaFL | MaineME | New Hampshire .NH | Rhode Island . . .RI | WisconsinWI |
| GeorgiaGA | MarylandMD | New JerseyNJ | South Carolina .SC | WyomingWY |

American Samoa – AS District of Columbia – DC Guam – GU Northern Mariana Islands – CM
 Puerto Rico – PR Trust Territory – TT Virgin Islands – Vi

Item 6: Print an X in the appropriate box.

Item 7: Read the certification. Sign and date page 1 (OPM copy). Be sure to sign and date all continuation sheets.

When you have completed all items, including signature and date, carefully detach the last copy (Applicant's Copy) and return pages 1 through 3 to the Peace Corps. Keep "Applicant's Copy" for your records.

National Agency Check Questionnaire for Peace Corps Volunteer Background Investigation

(Washington, D.C. 20526)

RESPONSES MUST BE IN BLACK INK - SEE INSTRUCTIONS

| | | | | | | | | | |
|---|--------------------------|--|-------------------|--------|---|--------|--------------------------|------|--------------------------|
| Peace Corps Form 5 | | | | | OPM Use Only | | | | |
| 1. Applicant's Name | | Last | First | Middle | 2. Social Security Number | | | | |
| | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table> | | | | |
| | | | | | | | | | |
| 3. Date of Birth | | 4. Other (Full) Name(s) Used and Dates Used | | | | | | | |
| | | | | | | | | | |
| 5. Place of Birth | | City | County | State | Country | | | | |
| | | | | | | | | | |
| | | | | | 6. Sex | | | | |
| | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Female</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Male</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> | Female | <input type="checkbox"/> | Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | | | | | | | | |
| Male | <input type="checkbox"/> | | | | | | | | |
| Office Use Only | | | | | | | | | |
| Program Name/Training Class Number/Desk | | | Changes, Comments | | | | | | |
| | | | | | | | | | |
| Initial: | | Date: | | | | | | | |
| | | | | | | | | | |
| 7. | | | | | | | | | |
| <p style="text-align: center;">I certify that all information given by me in this form is true and complete to the best of my knowledge and belief and is made in good faith.</p> | | | | | | | | | |
| <p>CERTIFICATION</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 80%;"/> <p>Date</p> </div> <div style="text-align: center;"> <hr style="width: 80%;"/> <p>Signature</p> </div> </div> | | | | | | | | | |

OPM COPY

National Agency Check Questionnaire for Peace Corps Volunteer Background Investigation

(Washington, D.C. 20526)

RESPONSES MUST BE IN BLACK INK - SEE INSTRUCTIONS

| | | |
|--|-------|---|
| Peace Corps Form 5 | | OPM Use Only |
| 1. Applicant's Name | | 2. Social Security Number |
| Last | First | Middle |
| 3. Date of Birth | | 4. Other (Full) Name(s) Used and Dates Used |
| 5. Place of Birth | City | County |
| | State | Country |
| | | 6. Sex |
| | | Female <input type="checkbox"/> |
| | | Male <input type="checkbox"/> |
| Office Use Only | | |
| Program Name/Training Class Number/Desk | | Changes, Comments |
| Initial: | Date: | |
| 7. I certify that all information given by me in this form is true and complete to the best of my knowledge and belief and is made in good faith. | | |
| CERTIFICATION | | |
| _____ | | _____ |
| Date | | Signature |

NAC FILE

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|--|--|---------------------------------|
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| 1. Applicant's Name | | |
| Last | First | Middle |
| 2. Social Security Number | | |
| 3. Date of Birth | 4. Other (Full) Name(s) Used and Dates Used | |
| | | |
| 5. Place of Birth | | 6. Sex |
| City | County | State |
| | | Country |
| | | Female <input type="checkbox"/> |
| | | Male <input type="checkbox"/> |
| Office Use Only | | |
| Program Name/Training Class Number/Desk | | Changes, Comments |
| Initial: _____ Date: _____ | | |
| 7. | | |
| <p style="text-align: center;">I certify that all information given by me in this form is true and complete to the best of my knowledge and belief and is made in good faith.</p> <p>CERTIFICATION</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p> | | |

APPLICANT FOLDER

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(Washington, D.C. 20526)

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| | | | | | |
|--|--|--|-------------------|--------|----------------------------------|
| Peace Corps Form 5 | | | | | OPM Use Only |
| 1. Applicant's Name | | Last | First | Middle | 2. Social Security Number |
| | | | | | |
| 3. Date of Birth | | 4. Other (Full) Name(s) Used and Dates Used | | | |
| | | | | | |
| 5. Place of Birth | | City | County | State | Country |
| | | | | | |
| Office Use Only | | | | | 6. Sex |
| Program Name/Training Class Number/Desk | | | Changes, Comments | | |
| Initial: _____ | | | Date: _____ | | |
| 7. | | | | | |
| <p style="text-align: center;">I certify that all information given by me in this form is true and complete to the best of my knowledge and belief and is made in good faith.</p> <p>CERTIFICATION</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p> | | | | | |

APPLICANT COPY