#### **Questionnaire for National Security Positions**

Follow instructions fully or we cannot process your form. If you have any questions, contact the office that gave 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 currently employed by the federal government, failure to answer any questions fully and truthfully could result in an adverse personnel action against you including loss of employment.

#### Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for or retention in national security positions as defined in 5 CFR 732 and for positions requiring access to classified information under Executive Order 12968. 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 the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

All questions on this form must be answered completely and truthfully in order that the Government may make the determinations described above on a complete record.

Giving us 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 national security position. Any information that you provide is evaluated on the basis of its recency, 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 access to classified information or for a sensitive position, your ability to obtain or retain Federal or contract employment, or your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may 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 or determinations for eligibility for access to classified information or to hold a sensitive position, 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-86 questionnaires. 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 will delete personal identifiers such as name, social security number, and date and place of birth. It is imperative that the information provided be true and accurate to the best of your knowledge.

### **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, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, U.S. Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

### **The Investigative Process**

Background investigations for national security positions are conducted to gather information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer may be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want your current employer to be contacted. In addition to the questions on this form, inquiry also is made about your adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal. Checks of Federal agency records may be made about your spouse or other cohabitant. After an eligibility determination has been made, you may also be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

#### 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 helps to complete your investigation faster. It is important that the interview be conducted 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 asked to bring identification with your picture on it, such as a valid state driver's license. There are other documents you may be asked to bring to verify your identity as well. These may include documentation of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to bring documents about information you provided on the 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**

- 1. Follow the instructions given to you by the office that gave you this form and any other clarifying instructions furnished by that office to assist you in completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- 2. Type or legibly print your answers in ink (if the form is not legible, it will not be accepted).

You may also be asked to submit your form using the approved electronic format.

- 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A" unless otherwise noted.
- 4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify your response(s) with your consent.
- 5. You must use the Location codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- 6. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the U.S.
- 7. The 5-digit postal Zip Codes are needed to speed the processing of your investigation. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 8. For telephone numbers in the U.S., be sure to include the area code.
- 9. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by writing "APPROX." or "EST."
- 10. If you need additional space for explanation or to list your residences, employment/ self- employment/unemployment, or education, you should use a continuation sheet, SF 86A.

If additional space is needed to answer other items, use the Continuation Space on page 17 or a blank sheet(s) of paper. Each blank sheet of paper you use must contain your name and SSN

at the top of the page.

#### Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation. You will be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

#### **Penalties for Inaccurate or False Statements**

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to 5 years of imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, 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 or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give to us on this form and to make your comments part of the record.

#### **DISCLOSURE INFORMATION**

The information you give to us is for the purpose of investigating you for a national security position; we will protect it 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 on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

#### PRIVACY ACT ROUTINE USES

- 1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual

capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

- 3. Except as noted in Question 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
- 4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action. 6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
- 7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
- 8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
- 9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

- 10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.
- 11. To the Office of Management and Budget when necessary to the review of private relief legislation.

#### **LOCATION CODES**

Alabama AL, 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, Federated States of Micronesia FM, Guam GU, Marshall Islands MH.

Northern Mariana Islands MP, Puerto Rico PR, Palau PW, Virgin Islands of the U.S. VI

#### PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time or reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Investigating agency use only			Codes			Ca	Case number			
AGENCY USE	ONL.	Y								
INFORMATION PROVIDED ON	PRO	SERVICE INITIA DVIDED IN THE I S QUESTIONNAI LIRE TO OPM FOR	HIRING PROC RE, THOSE D	ESS A	APPEARS TO	D BE D	ISCR	EPAN	T WITH I	NFORMATION
A Type of B Extra coverage/ C Sensitivity D E Nature of F				F Date of						
investigation	Ac	Ivance results	level		Access/Eligibility ac			actio	n code	action
G Geographic location	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
K Location of Official Personnel FolderNoneNPRCAt SON Other address/Web address of e-OPFOPF				ZIP Code						
	M Location of security folderNoneAt SOI Other Address ZIP CodNPIOther			ZIP Code						
N IPAC		O TAS	P Obliga	bligating document number Q BETC						
R Accounting data and/or Agency case number S Investigative requirementInitialReinvestigation										
T Requesting official - Name Title Signature										
Email address			Telep	ohon	e number		Dat	е		
U Secondary requesting official – Name Title										
Email address Telephone number V Applicant affiliationFED CIVCONMILOther				MIL						
<b>W</b> Deployment	/PCS	location (if immir	nent)							30

# PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE FOREGOING INSTRUCTIONS.

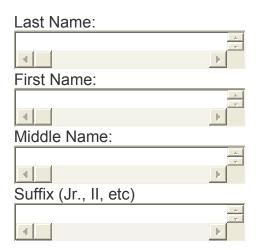
I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service.

□ Yes

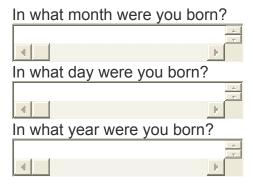
□ No

#### Section 1. Full Name

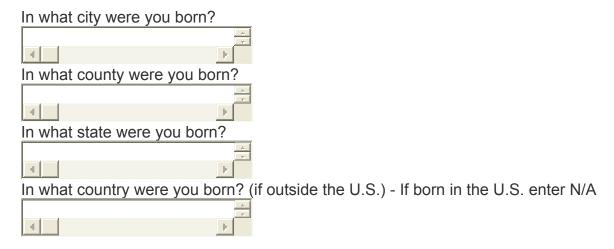
If you have only initials in your name, use them and enter (I/O) after the initial(s). If you have no middle name, enter "NMN." If you are a "Jr.," "Sr.," etc. enter this in the box after your middle name.



#### Section 2. Date of Birth



#### Section 3. Place of Birth



### **Section 4. Social Security Number**

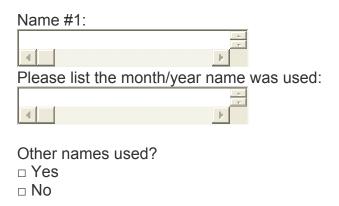
Please enter your Social Security Number (if you have one):

#### Section 5. Other Names Used

Have you used any other names?

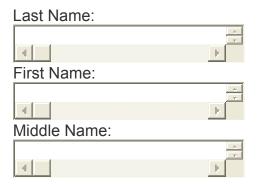
□ Yes
□ No

List other names used and the period of time you used them [for example: your maiden name(s) by a former marriage, former name(s), alias(es), or nickname(s). If the other name is your maiden name, put "maiden" in front of it.

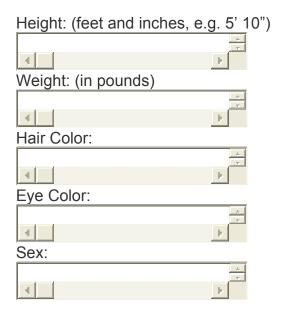


#### Section 6. Mother's Maiden Name

If your mother only has initials in her name, use them and enter (I/O) after the initial(s). If she has no middle name, enter "NMN."



Section 7. Your Identifying Information



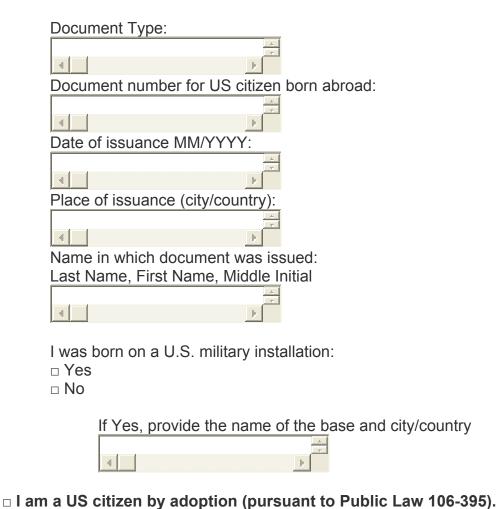
**Section 8. Your Contact Information** 



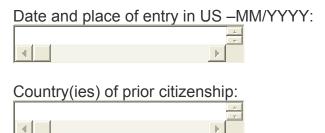


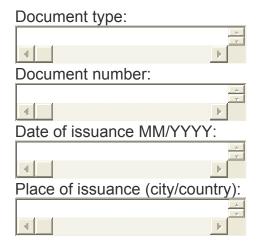
### Section 9. Citizenship

- □ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.
- □ I am a US citizen or national by birth, born to US parents in a foreign country.



i a oo omzen by adoption (parsadin to r abile East 100 000).





□ I am a naturalized U.S. citizen.

Date and place of entry in US -MM/YYYY:
A.
<b>4</b>
Country(ies) of prior citizenship:
, , , , , , , , , , , , , , , , , , ,
<u> </u>
December
Document type:
<u> </u>
Document number:
× ×
<b>4</b> ►
Date of issuance MM/YYYY:
<b>→</b>
Place of issuance issued (city and court):
± v
<b>★</b>
Name in which certificate was issued:
Last Name, First Name, Middle Initial
_ A_ 
4 D

Under what legal authority did you enter the U.S.?

□ I am not a U.S. citizen.

Are you a legal permanent resident of the US?

□ Yes

If you indicated you are not a legal permanent resident of the US, please explain your residence status:
<b>4</b>
If you indicated you are a legal permanent resident of the US, answer the following:  Date and place of entry in US –DD/MM/YYYY:
Alien Registration Number:  Name in which your Alien Registration Number was issued:  Last Name, First Name, Middle Initial
Type of documentation issued:  Date documentation issued DD/MM/YYYY:  Expiration date of visa DD/MM/YYYY:
<ul><li>b. Do you possess a US Passport (current or expired passport)?</li><li>□ Yes</li><li>□ No</li></ul>
If yes, answer the following for the most recent passport you currently possess:  US Passport number:  Date Issued DD/MM/YYYY:  Name in which passport was first issued:

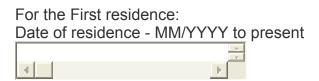
	Last Name, First Name, Middle Initial  Expiration date of passport DD/MM/YYYY:
	n 10. Dual/Multiple Citizenship Information now hold or have you EVER held dual/multiple citizenship?
	Country of citizenship:
	During what period of time did you hold citizenship with this country? From (MM/YYYY to MM/YYYY/Present)
	How did you acquire any any non-US citizenship you now have or previously had?
	If applicable, how did you lose any non-US citizenship you previously nad?  Please explain.
k C	Have you ever been issued a passport (or foreign identity card for travel) by a country other than the US? □ Yes □ No
	If yes, answer the following:
	Country in which passport (or identity card) was issued  Date and place issued DD/MM/YYYY

4 P
Name in which passport (or foreign identity card) was issued: Last
Name, First Name, Middle Initial
Decement Number
Passport Number
Expiration Date? DD/MM/YYYY
Expiration Bate: BB/WW/FFFF
A D
Have you ever used this passport (or identity card) for foreign travel?  ☐ Yes ☐ No  List the countries to which you traveled on this passport (or identity card) and the dates (MM/YYYY) involved with each.
identity cardy and the dates (wiw) 1111 / involved with each.
<b>I</b>
Do you have any other foreign passports to report?
□ Yes
□ No

### Section 11. Where you have lived

List the places where you have lived beginning with your present residence and working back 7 years. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences.

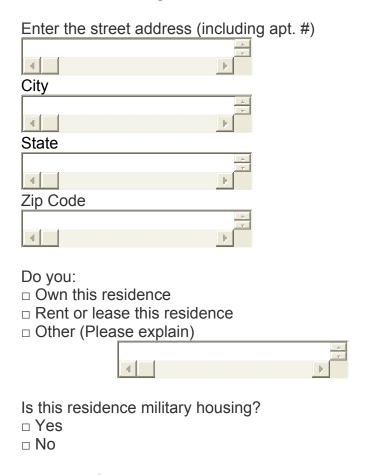
Residence Information and Point of Contact for that Period of Residence



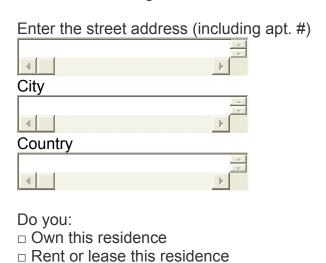
Is this address in the United States?

□ Yes

If yes, answer the following:



If no, answer the following:



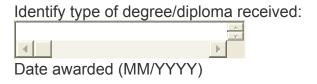
Is this residence military housing?

	□ Yes □ No
	Do you have an APO/FPO address for this residence?  □ Yes □ No
	If yes, Enter the APO/FPO address, including zip code
	name of a neighbor or other person who knows you at this address - First Name, Middle Initial
Date of Last	Contact (MM/YYYY)
Is this person  ☐ Yes  ☐ No	n's current address in the United States?
If yes	answer the following:
	Enter the street, address (including apt. #)  City
	State Zip Code
	Enter the following contact information for this person: Enter evening phone number for this person:  Enter daytime phone number for this person:

Enter cell phone number for this person (Enter 'Unk' if unknown):
Enter e-mail address for this person (if unknown, enter N/A):
If no, answer the following:
Enter the street address (including apt. #)  City  Country
Does this person also have an APO/FPO address for this residence?  Yes No  If yes, Enter the APO/FPO address, including zip code
Enter the following contact information for this person: Enter evening phone number for this person:  Enter daytime phone number for this person:  Enter cell phone number for this person (Enter 'Unk' if unknown):  Enter e-mail address for this person (if unknown, enter N/A):

Provide your relationship to this person (check all that apply)  Neighbor Friend Landlord Business Associate Other (Please explain)
Do you have an additional residence to enter?  □ Yes □ No
Section 12. Where You Went to School List all schools you have attended, beginning with the most recent (#1) working back 7 years. List college or university degrees and the dates they were received. If you received your most recent degree or diploma more than 7 years ago, list it below no matter when you received it. In the Code block, show the most appropriate code to describe your school.
<ul> <li>1 - High School</li> <li>2 - College/University/Military College</li> <li>3 - Vocational/Technical/Trade School</li> <li>4 - Correspondence/Distance/Extension/Online School</li> <li>For Correspondence/Distance/Extension/Online School, provide the address where the records are maintained.</li> </ul>
For schools you attended in the last 3 years, list a person who knew you at school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago.
Please enter the dates of attendance - MM/YYYY to MM/YYYY
* ×
Code:
4 ×
Name of School
* * * * * * * * * * * * * * * * * * *
Did you receive a degree/diploma?  □ Yes

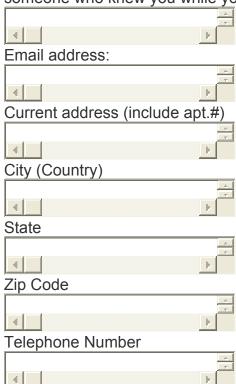
□ No



Street address and City (Country) of school

State	
1	Þ
Zip Code	
	, ÷
1	Þ.

Name of person who knows/knew you at school (for Code 4 schools, list someone who knew you while you received this education):



Other schools attended?

□ Yes

□ No

**Section 13a. Employment Activities** 

List all of your employment activities, including unemployment and selfemployment, beginning with the present (#1) and working back 7 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station.

of military duty station.
Employment Activity Information
For the First Employment, provide dates for the FIRST employment activity period. (MM/YYYY to MM/YYYYPresent)
What is your most recent position title during this employment activity period?
Provide the reason for leaving the employment activity. (If the employment activity period listed is your current employment, answer "None.")
Please select employment activity code  1 - Active military duty station 2 - National Guard/Reserve 3 - USPHS Commissioned Corps 4 - Other Federal Employment 5 - State Government (Non-Federal employment) 6 - Self-employment 7 - Unemployment 8 - Federal Contractor 9 - Non-government employment (excluding self-employment) 10-Other (Please explain)
If you selected Code 1, 2, or 3, answer the following:
What is your most recent rank during this period?
Select the employment status for this position:

□ Full time
□ Part-time

What is your assigned duty station during this period?
Street Address of Duty Station
4 ×
City
State
Country
Talanhana Musahan
Telephone Number
4 <b>&gt;</b>
Do you have an APO/FPO address at this location?  □ Yes □ No
□ INO
If yes, list the APO/FPO address, including zip code.
If yes, list the APO/FPO address, including zip code.
If yes, list the APO/FPO address, including zip code.  List the name of your supervisor. (Last name, First name)
If yes, list the APO/FPO address, including zip code.
If yes, list the APO/FPO address, including zip code.  List the name of your supervisor. (Last name, First name)
List the name of your supervisor. (Last name, First name)  Email address of your supervisor.
List the name of your supervisor. (Last name, First name)  Email address of your supervisor.
List the name of your supervisor. (Last name, First name)  Email address of your supervisor.  List the rank of your supervisor.
List the name of your supervisor. (Last name, First name)  Email address of your supervisor.  List the rank of your supervisor.  List the physical work location of your supervisor.
List the name of your supervisor. (Last name, First name)  Email address of your supervisor.  List the rank of your supervisor.
List the name of your supervisor. (Last name, First name)  Email address of your supervisor.  List the rank of your supervisor.  List the physical work location of your supervisor.
List the name of your supervisor. (Last name, First name)  Email address of your supervisor.  List the rank of your supervisor.  List the physical work location of your supervisor.
List the name of your supervisor. (Last name, First name)  Email address of your supervisor.  List the rank of your supervisor.  List the physical work location of your supervisor.  Street Address
List the name of your supervisor. (Last name, First name)  Email address of your supervisor.  List the rank of your supervisor.  List the physical work location of your supervisor.  Street Address

× v
4 <b></b>
Country
Provide supervisor's Telephone Number:
× v
4 D
Does your supervisor have an APO/FPO address at this location?  □ Yes □ No
If yes, list the APO/FPO address, including zip code.
Do you have another employment to list? □ Yes
□ No
If you selected Code 4, 5, 8, 9, or 10, answer the following:
What is your most recent position title during this period?
<u> </u>
Select the employment status for this position:  □ Full time □ Part-time
What is the name of your employer during this period?
What is the name of your employer during this period?
<b>→</b>
What is the address of this employer? Street Address
T T
City
4
State
Country

4
Provide employer Telephone Number:
4 P
Is your physical work address different than your employer's address?  Yes  No  If yes, list the work address where you are physically located. (Include Street Address, City, State (if US), Country)
(include Street Address, City, State (ii OO), Codifity)
List telephone number for this address
List telephone number for this address
Do you have an APO/FPO address for your location?  □ Yes □ No
If yes, list the APO/FPO address, including zip code.
4 P
List the name of your supervisor. (Last name, First Name)
Email address of your supervisor.
List the position title of your supervisor.
4 P
List the physical work location of your supervisor (Include Street Address, City, State (if US), Country)
4 P
Provide the telephone number for this supervisor.
4
Does your supervisor have an APO/FPO address at this location?  □ Yes □ No

If yes, list the APO/FPO address, including zip code.			
Do you have another employment to list?  □ Yes □ No			
If you selected Code 6, answer the following:			
What is your most recent position title during this period?			
Select the employment status for this position:  □ Full time □ Part-time			
What is the name of your employment during this period?			
What is the address of this employment? Street Address			
City			
State			
Country  Zip Code			
Provide employment Telephone Number:			
Is your physical work address different than your employment address?  □ Yes □ No			

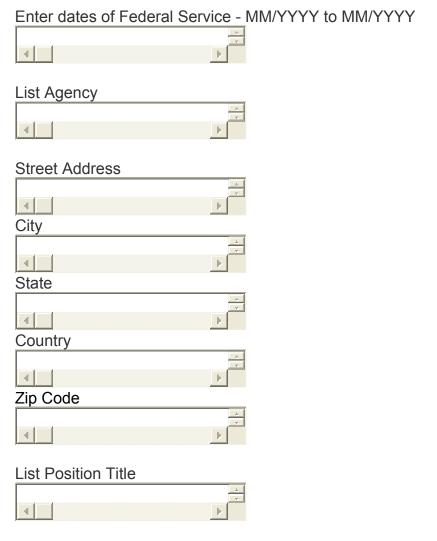
If yes, list the work address where you are physically located. (Include Street Address, City, State (if US), Country)
List telephone number for this address
Do you have an APO/FPO address for your location?
□ No  If yes, list the APO/FPO address, including zip code.
List the name of someone who can verify your self-employment (Last name, First name)
List the address of this verifier. Street Address
City
State
Country
List the telephone number for this person.
List the telephone number for this person.
Does the verifier have an APO/FPO address?  □ Yes
If yes, list the APO/FPO address, including zip code.

Do you have another employment to list?

□ Yes

□ No				
If you selected Code 7, answer the following:				
List the name of someone who can verify your unemployment activities and means of support. (Last name, First name)				
List the address of this verifier. Street Address				
City				
State				
Country				
Zip Code				
4 ×				
List the telephone number for this person.				
Does the verifier have an APO/FPO address?  □ Yes □ No				
If yes, list the APO/FPO address, including zip code.				
Do you have another employment to list?  □ Yes □ No				

Section 13b. Former Federal Service, excluding military service NOT indicated previously (list if applicable)



### Section 13c. Employment Record

Has any of the following happened to you in the last 7 years? (If Yes, begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested)

Fired from a job?

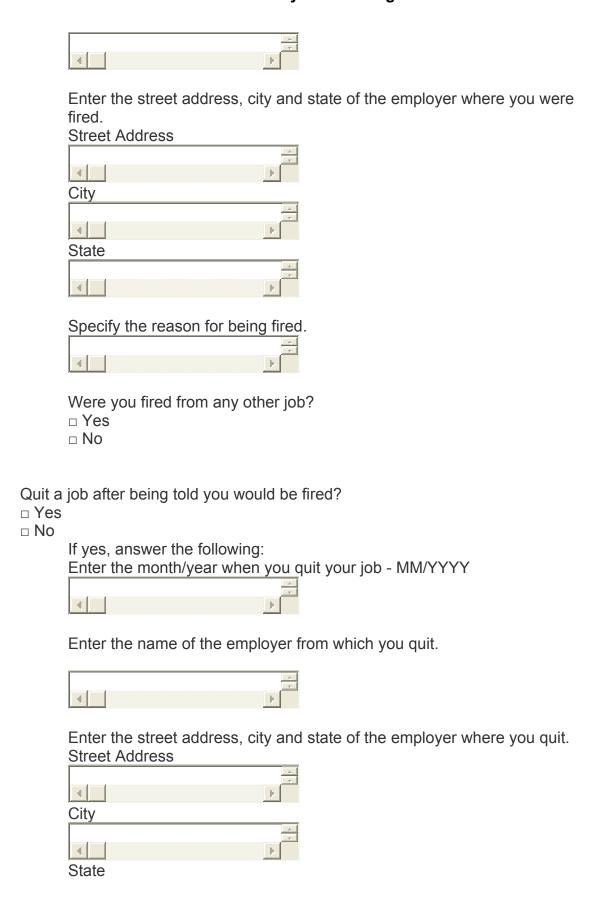
□ Yes

□ No

If yes, answer the following:

Enter the month/year you were fired. - MM/YYYY

Enter the name of the employer from which you were fired.



	4
	Specify the reason for quitting.
	Have you quit any other job after being told you would be fired? □ Yes □ No
misco	you left a job by mutual agreement following charges or allegations of nduct?
□ No	If yes, answer the following:
	Enter the month/year that you left a job - MM/YYYY
	Enter the name of the employer from which you left.
	Enter the address, city, and state of the employer which you left. Street Address
	City
	State
	4
	Specify the allegations of misconduct.
	Have you left any other job by mutual agreement following charges or allegation of misconduct?  □ Yes □ No

Left a jol □ Yes □ No	b by mutual agreement following notice of unsatisfactory performance?					
	If yes, answer the following:					
	Enter the month/year for the <first, nth="" second,=""> time you left a job - MM/YYYY</first,>					
E	inter the name of the employer from which you left.					
	inter the street address, city, and state of the employer which you left.					
C	ity					
S	state					
S	Specify the reason(s) for unsatisfactory performance.					
p	Have you left any other job following notice of unsatisfactory performance?  □ Yes □ No					
Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, to include violation of a security policy?  — Yes						
□ No If	o If yes, answer the following:					
	Enter the month/year you were warned, reprimanded, suspended or disciplined - MM/YYYY					
	4 P					

suspended or disciplined.

Enter the name of the employer where you were warned, reprimanded,

warne	Enter the street address, city, and state of the employer where you were warned, reprimanded, suspended or disciplined. Street Address				
4	A   A   A   A   A   A   A   A   A   A				
City					
State	▶ The state of th				
4					
Speci discip	fy the reason(s) for being warned, reprimanded, suspended or lined.				
4					
Did you receive a written warning, official reprimand, been suspended or disciplined for misconduct at any other employer?  □ Yes □ No					
Section 14.	Selective Service Record				
Are you a ma □ Yes □ No	ale born after December 31, 1959?				
Have □ Yes □ No	you registered with the Selective Service System (SSS)?				
	If no, explain.				
	If yes, Please provide registration number. (The Selective Service website, www.sss.gov, can help provide the registration number for persons who have registered)				

### **Section 15. Military History**

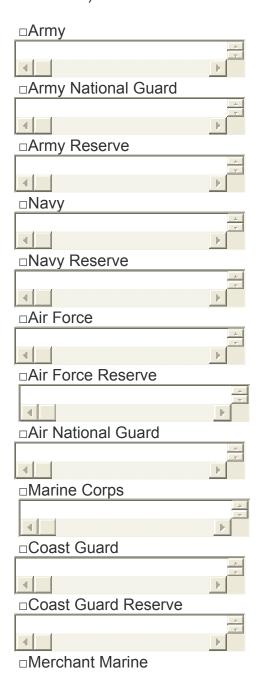
Have you ever served in the U.S. Military or the U.S. Merchant Marine?

□ Yes

□ No

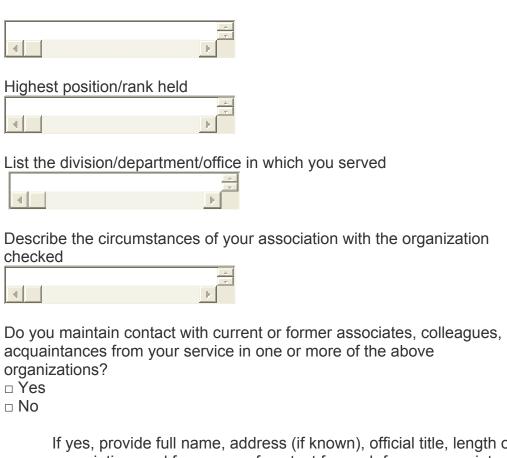
If yes, answer the following:

In which branch of service did you serve? Please check all that apply and indicate your start and end date with each service (MM/YYYY to MM/YYYY)



4			
	you discharged from U.S. military service, to include Reserves, nal Guard, or U.S. Merchant Marine?		
	If yes, answer the following:		
	Select the type of discharge you received  Honorable  Dishonorable  Other than Honorable  General (Under honorable conditions)  Bad Conduct  Other (please explain)		
From what branch of service were you discharged?			
	□Army National Guard □Army Reserve □Navy □Navy Reserve □Air Force □Air Force Reserve □Air National Guard □Marine Corps □Coast Guard □Coast Guard Reserve □Merchant Marine		
	Enter the date of discharge listed above - MM/YYYY		
	Enter the reason(s) for the above discharge except for "Honorable."		
discip	last 7 years, have you been subject to court martial or other linary procedure under the Uniform Code of Military Justice? ding all Article 15's, Captain's mast, and Article 135 Court of Inquiry).  If yes, answer the following:		

Enter the date(s) of the court martial or other disciplinary proced-MM/YYYY				
Des	cribe the UCMJ offense(	s) for which you were charged.		
1		<b>&gt;</b>		
you	•	military court or other authority in which ourt or convening authority, address, to ntry if overseas.)		
proc		court martial or other military (guilty, not guilty, Article 15, fine, ent, etc.)		
4				
_		tary member, in a foreign country's militia, or other defense forces?		
During your Foreign Service, which organizations were you serving under: (Check all that apply)				
□Military (Specify Army, Navy, Air Force, Marines, etc) □Intelligence Service □Diplomatic Service □Security Forces □Merchant Marine □Militia				
<ul><li>□Other Defense Forces (Please Specify)</li><li>□Other Government Agency (Please Specify)</li><li>□None</li></ul>				
Period of se	ervice: From <mm td="" yyyy<=""><td>/&gt; To <mm yyyy=""></mm></td></mm>	/> To <mm yyyy=""></mm>		
Name of Co	ountry			

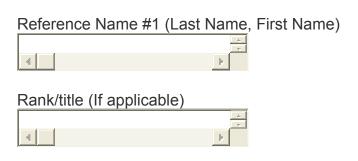


If yes, provide full name, address (if known), official title, length of association, and frequency of contact for each former associate, colleague or acquaintance with whom you maintain contact.



#### Section 16. People Who Know you Well

List three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of the workplace, school, or neighborhoods and whose combined association with you covers at least the last 5 years. Do not list your spouse, former spouse (s), other relatives, or anyone listed elsewhere on this form.



Dates Known (From MM/YYYY to MM/YYYY)

4
Relationship to you: (Check all that apply)  □ Neighbor  □ Friend  □ Work Associate  □ Schoolmate
□ Other (provide explanation)
Enter evening phone number for this person:  Enter daytime phone number for this person:
Enter cell phone number for this person:
<b>★</b>
Enter e-mail address (if known) for this person:
<b>4</b>
Please provide home or work address for this reference. Street Address
**************************************
City (Country)
State
<u> </u>
Zip Code
4 b
List another person who knew you well?

**Section 17a. Marital Status** 

□ No

Mark one box to show your current marital status and provide information about your spouse or cohabitant. If there is not a middle name, enter "NMN."

Current Marital Status  Never married  Married  Separated  Annulled  Divorced  Widowed
If you answered "Never married," proceed to Section 18.
If you answered "Married" or "Separated," provide the following information:
Complete the following about your current spouse only. If your current spouse was born outside of the U.S., provide citizenship information. Last name
First name
Middle name
4 <b>P</b>
Date of Birth (DD/MM/YYYY)  Place of birth (include country if outside the U.S.)
Social Security Number
Maiden name
Other names used (specify other names, names by other marriages, etc and show dates used for each name)  Last name, First Name, Middle name /Dates

Country(ies) of citizenship
Date married (DD/MM/YYYY)
Place married (City, include Country if outside the U.S.)
State
A   Y   P   P   P   P   P   P   P   P   P
Zip code
Current address of your spouse, if different than your current address (Street, City, include Country if outside the U.S.)
4
State
Zip code
Telephone number
Email address
Was your spouse born in the United States?  □ Yes □ No
If yes, indicate one type of documentation that he or she possesses and the document numbers.
<ul><li>□ FS 240 or 545</li><li>□ DS 1350</li><li>□ Citizenship certificate</li></ul>
□ U.S. Passport (current or most recent)

	<ul><li>□ Alien registration</li><li>□ Naturalization certif</li><li>□ Other (please expla</li></ul>	
	Document number	× v
If sepa	arated, date of separat	ion (MM/DD/YYYY)
If legal	lly separated, where is	s the record located?

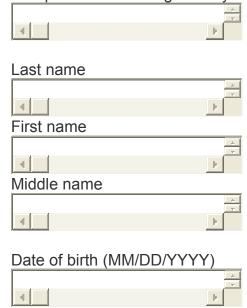
City (Country)

State

Zip code

If you answered "Widowed," "Divorced," or "Annulled" provide the following information:

Complete the following about your former spouse.



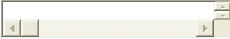
Place of birth (include Country if outside the U.S.)  Country(ies) of citizenship
Date married(DD/MM/YYYY)  Place married (City, include Country if outside the U.S.)  State
Date Divorced, Annulled or Widowed (MM/DD/YYYY)
If divorced/annulled, where is the record located?
City (Country)  State  Zip code
If divorced/annulled, provide last known address of former spouse (Street, City, include Country if outside the U.S.)  State  Zip code  Telephone number

Draft SF 86 for 30-day Federal Register i	votice
4	
Do you have another former spouse to report? □ Yes □ No	
Section 17 b. Cohabitant A cohabitant is a person with whom you share bonds of affeother commitment as in a spouse-like relationship, as oppowhom you live with for reasons of convenience (e.g. a room complete the following about your cohabitant. If your cohabithe U.S., provide citizenship information.	sed to a person with mate)]. If applicable,
Do you presently reside with a person, other than a spouse share bonds of affection, obligation, or other commitment,	

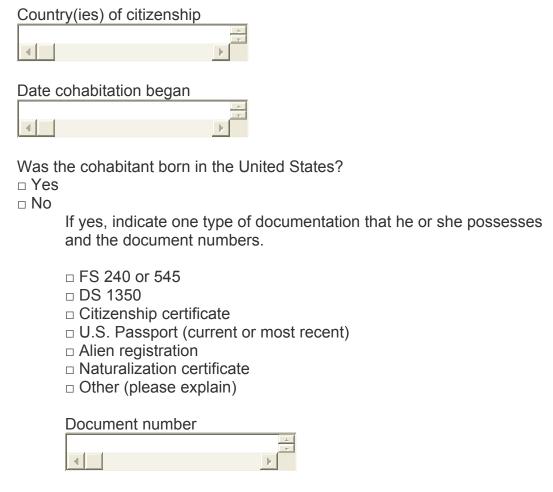
Do you whom you osed to a share person with whom you live for reasons of convenience (a roommate)?

If yes, provide the following information: Last name First name Middle name Date of Birth (DD/MM/YYYY) Place of birth (include Country if outside the U.S.) Social Security Number

Other names used (specifically maiden names, names by other marriages, etc., and show dates used for each name)



□ Yes □ No



#### Section 18. Relatives

For each of your relatives listed below check all that apply and provide all requested information whether or not they are living or deceased:

□Mother
□Father
□Stepmother
□Stepfather
□Foster parent
□Child (including adopted/foster)
□Stepchild
□Brother
□Sister
□Stepbrother
□Stepsister
□Half-brother
□Half-sister
□Father-in-law



If no, Is this person deceased?

□ Yes □ No		
	f no, ∣ ⊐ Yes ⊐ No	Is this person a U.S. citizen?
		If yes, indicate one type of documentation that he or she possesses and provide the document number below:
		<ul> <li>□ FS 240 or 545</li> <li>□ DS 1350</li> <li>□ U.S. Citizenship certificate</li> <li>□ U.S. Naturalization certificate</li> <li>□ U.S. Passport</li> <li>□ Other (please explain)</li> </ul>
		Document Number
		If no, list country of citizenship
		Indicate type of documentation he or she possesses to support U.S. residence:
		<ul><li>□ Alien Registration</li><li>□ Visa</li><li>□ Other (Explain</li></ul>
		Document Number
Do you □ Yes □ No	have	another relative to list?
Saction	n 19	Foreign Activities: Foreign Contacts

#### Section 19. Foreign Activities: Foreign Contacts

Do you have, or have you had, close and continuing contact with a foreign national (i.e., a person who is not a citizen or national of the US) within the last 7 years with whom you or your spouse, or your cohabitant are bound by affection, common interests, and/or obligation? Include associates, as well as relatives, not already listed previously.

□ Yes □ No	
	If yes, answer the following: Last name, First name, Middle name (if known) of foreign contact
	Provide other names, nicknames, as appropriate
	Country of citizenship
	Date and place of birth (if known)
	Current address (if known) Street Address and City  Country
	4 D
	Name and address of current employer (if known)
	Approximate date first met - MM/YYYY
	Approximate date of last contact - MM/YYYY  Methods of contact (check all that apply)
	<ul> <li>□ In person</li> <li>□ Telephone</li> <li>□ Electronic (e.g. e-mail, chat room)</li> <li>□ Written correspondence</li> </ul>

Approximate frequency of contact  Daily  Weekly  Monthly  Quarterly  Annually  Other (please explain)
Nature of relationship (check all that apply)  □ Professional  □ Personal  □ Other (please explain)
Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?  □ Yes □ No □ Don't know
If yes, describe the organization with which this foreign national is affiliated.
Do you have or have you had close and/or continuing contact with any other foreign nationals?  □ Yes □ No

### Section 20a. Foreign Activities: Foreign Financial Interests

For Section 20a and 20b, "Immediate Family" means your spouse, parents, stepparents, siblings, half- and step-siblings, children, step-children, and cohabitant.

Have you, your spouse or children EVER had any foreign financial interests (include stocks, property, investments, bank accounts, ownership of corporate entities) in which you (and/or your spouse/children) have direct control or direct ownership? (Exclude US-based fund managers and accounts.)

Yes
No

If yes, answer the following:
Specify: (check all that apply)  □ Yourself  □ Spouse  □ Children
Type of financial interest
Date acquired - DD/MM/YYYY  How acquired (purchase, gift, etc.)  Cost in US dollars at time of acquisition  Current value in US dollars
Are there any co-owners?  Yes  No  If yes, provide the name, address, citizenship, and relationship of the co-owner(s).  Do you have any other foreign financial interests (as described above) to report?
you (and/or your spouse or children) EVER had any foreign financial sts that someone controlled on your behalf?
Specify: (check all that apply)  □ Yourself  □ Spouse  □ Children

	Type of financial interest
	Who controls it on your behalf (last name, first name, relationship)
	Date acquired - DD/MM/YYYY
	X   Y   Y   Y   Y   Y   Y   Y   Y   Y
	How acquired (purchase, gift, etc.)
	Cost in US dollars at time of acquisition
	Current value in US dollars
	Are there any co-owners?  Yes  No  If yes, please provide the name, address, citizenship, and relationship of the co-owner(s).
	Do you have any other foreign financial interests (as described above) to report?  ☐ Yes  ☐ No
owning	you (and/or your spouse or children) EVER owned, or do you anticipate g, or plan to purchase real estate in a foreign country?
□ No	If yes, answer the following:
	Specify: (check all that apply)

□ Yourself □ Spouse □ Children
Type of real estate property (home, business, etc.)
Location/address of property (City, Country)  Date acquired - DD/MM/YYYY  Date sold (if appropriate) MM/YYYY  How acquired (purchase, gift, etc.)  Cost in US dollars at time of acquisition  Current value in US dollars
Are there any co-owners?  Yes  No  If yes, provide the name, address, citizenship, and relationship of the co-owner(s).
Do you own, or expect to inherit, any other real estate in a foreign country (as described above)?  □ Yes □ No

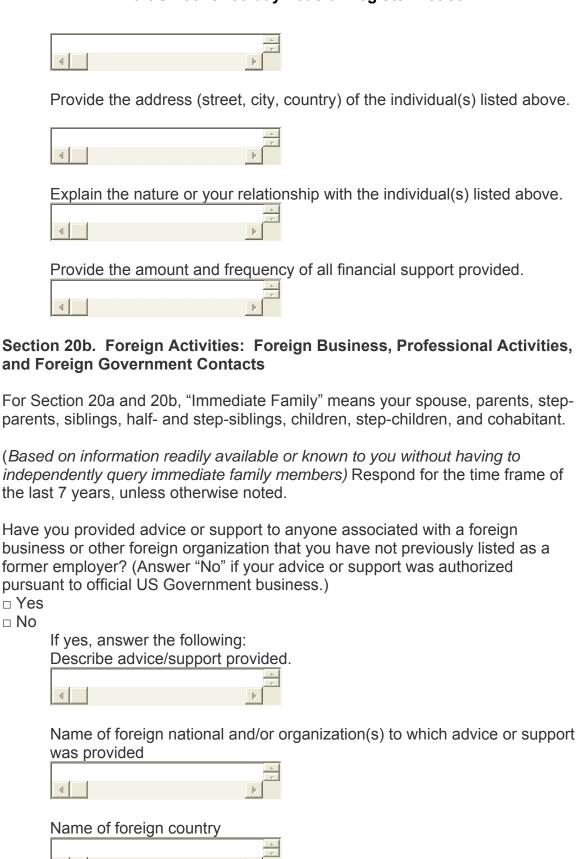
Have you (and/or your spouse or children) ever received, or are eligible to receive in the future any educational, medical, retirement, social welfare, or other such benefit from a foreign country?

□ Yes

□ No

	If yes, answer the following: Specify: (check all that apply)
	□ Yourself □ Spouse □ Children
	Type of benefit
	Dates benefits received or will become eligible MM/YYYY  The value of any benefit you now receive, have received or anticipate receiving (total one-time payment, annual, monthly, weekly, etc.) in US dollars  Reason
educa	any immediate family member (other than your spouse or children) receive tional, medical, retirement, social welfare, or other such benefit from a country?
	If yes, answer the following: Provide the name of the immediate family member and their relationship to you.
	Describe the nature, frequency and amount of the benefits received by this immediate family member.
Do yo □ Yes □ No	u provide financial support for any foreign national?
_ 110	If yes, answer the following:

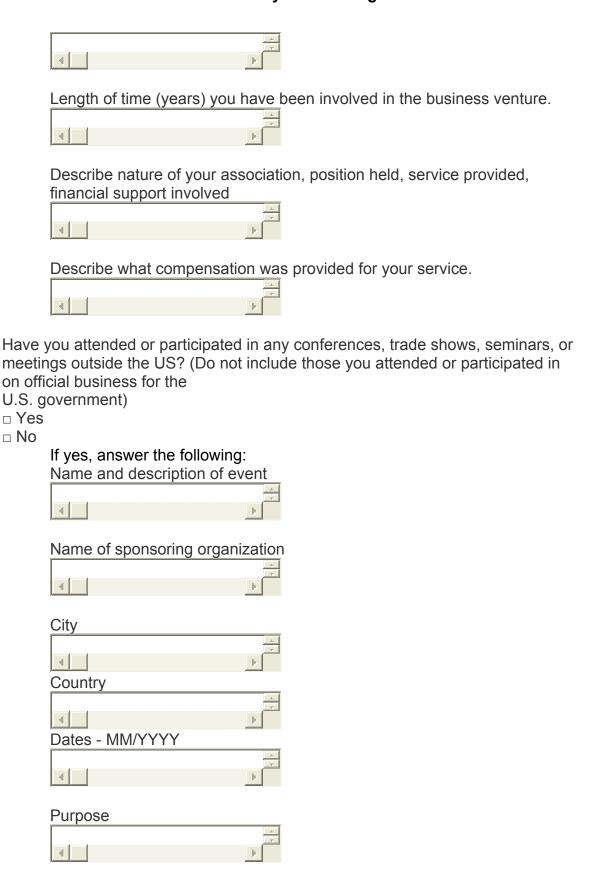
Provide the name(s) of the foreign national(s) you support financially.



	Date(s) involved From MM/YYYY To MM/YYYY
	Describe what compensation, if any, was provided for your service.
ا	
or serv agency	you or any member of your immediate family been asked to provide advice as a consultant, even informally, by any foreign government official or y? (Answer "No" if your advice or support was authorized pursuant to US Government business.)
	If yes, answer the following:
	Provide the name of the requesting person/organization and country.
	Date of the request MM/YYYY
	A   P   P   P   P   P   P   P   P   P
	What are the circumstances of the request,? to include City, Country
	Country of Request
	ny foreign national offered you a job, asked you to work as a consultant, or er employment with them?
	If yes, answer the following: Provide the name of the person who made the offer (last/first/middle).
	Describe the position offered.

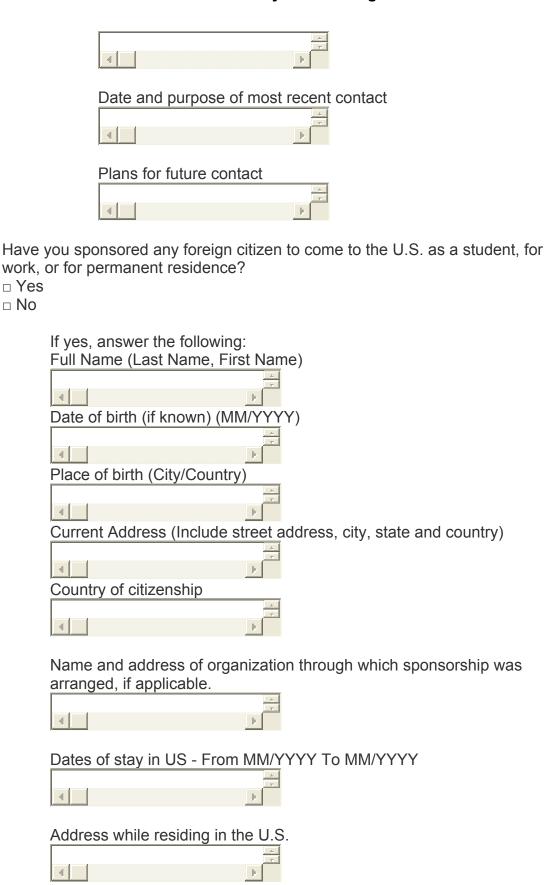
[	When did this occur? - MM/YYYY
	Where did this occur? City  Country
[	Did you accept the offer? □ Yes □ No
	Provide explanation.
nationa	ou been involved in any other type of business venture with a foreign all not described above (own, co-own, serve as business consultant, e financial support, etc.)?
	enswer the following:  Provide full name of this person. (Last Name, First Name)
[	Provide the full address of this person. (Street address, city, country)
	Provide citizenship of this person.
	Provide description of business venture.

What is your relationship to this person?

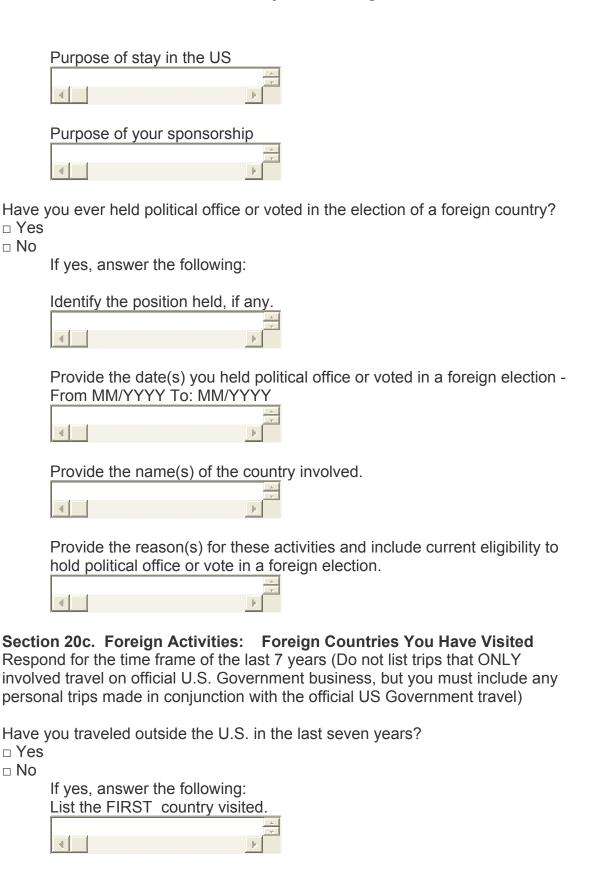


the event?

Was there any subsequent contact with any foreign nationals as a result of



□ Yes □ No



List dates of travel beginning with the most recent and working backwards (From MM/YYYY To MM/YYYY)
List the total number of days involved in the visit.  □ 1-5 □ 6-10 □ 11-20 □ 21-30 □ >30
List the purpose of the travel to this country (Check all that apply)  □ Business/professional  □ Volunteer activities  □ Education  □ Tourism  □ Trade shows  □ Visit family or friends  □ Other
While traveling to, or in this country, were you: (check all that apply)  Questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving a country?  Involved in any encounter with the police?  In contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?  Involved in any counterintelligence or security issues not reported?
Explain
Have you traveled to any other foreign countries?  □ Yes □ No

#### **Section 21. Mental and Emotional Health**

Mental health counseling in and of itself is not a reason to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain

contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems

an emotional or mental health condition or were you hospitalized for such a condition? Answer "No" if the counseling was for any of the following reasons and was not court-ordered:
- strictly marital, family, grief not related to violence by you; or - strictly related to adjustments from service in a military combat environment. □ Yes □ No
If yes, answer the following:  Name of counselor or treatment provider:
Street address of counseling/ treatment provider:  City  State
Telephone Number
Name of agency/organization where counseling/treatment was provided
Is the address the same as above?  □ Yes □ No
Please provide the street address, city, state, and zip code.
Date counseling or treatment began? - MM/YYYY

Date counseling or treatment ended? - MIM/ Y Y Y Y
Were you admitted as an inpatient to the agency/organization where counseling/treatment was provided?  □ Yes □ No
If yes, was the admission voluntary or involuntary? □ Voluntary □ Involuntary
Please explain.
Has a court or administrative agency ever declared you mentally incompetent?  □ Yes □ No
If yes, answer the following: Which court or administrative agency declared you mentally incompetent? Provide the name and address.
When did this occur? - MM/YYYY
Was this matter appealed to a higher court?  □ Yes □ No
Provide the name and address of the court.
What was the final disposition?

In the last 7 years, have you consulted with another health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition you would like report?  □ Yes □ No
Section 22. Police Record For this item report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.
In the past 7 years, have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?  □ Yes □ No
If yes, answer the following: Did any of the charges related to this arrest involve the commission of a felony or misdemeanor in the jurisdiction in which it occurred?  □ Yes □ No
Describe the specific nature of the offense(s)/charge(s) for which you were arrested.
Enter the month and year you were arrested? - MM/YYYY  Enter the city/county where the arrest took place.  Select the state where the arrest took place.  Enter the Country where the arrest took place (if outside the US).  What is the name of the law enforcement agency that arrested you?

	Did any of the charges related to this arrest involve firearms or explosives? □ Yes □ No
	Did any of the charges related to this arrest involve alcohol or drugs? □ Yes □ No
	What was the disposition of this offense?
	In the last 7 years, have you been arrested for any other offense? □ Yes □ No
	you ever been convicted in any court of the United States of a crime for you were sentenced to imprisonment for a term exceeding one year?
	If yes, answer the following: Provide the name and address (street, city, state) of the court which convicted you.
	<b>▼</b>
	Provide the date(s) of your conviction MM/YYYY
	Were you imprisoned as a result of that sentence for more than one year? □ Yes □ No
	If yes, provide the length of the sentence that you served. From MM/YYYY to MM/YYYY
	Do you have any other convictions to report? □ Yes □ No
Are you □ Yes	u now or have you been on probation or parole?

□ No If yes, provide explanation. In the past 7 years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Answer NO if the citation involved a traffic infraction where the fine was less than \$300) □ Yes □ No If yes, answer the following: Enter the month and year of the offense? - MM/YYYY Enter the city where the offense took place. Select the state where the offense took place. What is the name of the law enforcement agency that cited you? Did any of the offenses involve firearms or explosives? □ Yes □ No Did the offenses involve alcohol or drugs? □ Yes □ No Describe the specific nature of the offense/charge for which you were cited and the disposition. 4 Are there any other offenses for which you have been cited, ticketed, or issued a summons or notice to appear before a court by any police officer, sheriff or any other type of law enforcement officer? (Answer NO if the

citation involved a traffic infraction where the fine was less than \$300)

□ Yes □ No

Are you on trial or awaiting a trial on criminal charges?  □ Yes □ No
Please explain.
Are you currently awaiting sentencing for a criminal offense?  □ Yes □ No
Please explain.
Have you ever been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?  □ Yes □ No
If yes, please explain.
Is there currently a domestic violence protective order issued against you?  □ Yes □ No
If yes, please explain.

### **Section 23. Illegal Use of Drugs or Drug Activity**

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

In the last 7 years, have you illegally used any controlled substances? Use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.  □ Yes □ No
In the last seven years, have you illegally used any controlled substances listed below? Use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance. (Check all that apply)
<ul> <li>□ Cocaine, crack cocaine</li> <li>□ THC (marijuana, hashish, etc)</li> <li>□ Ketamine</li> <li>□ Narcotics (opium, morphine, codeine, heroin, etc)</li> <li>□ Stimulants (amphetamines, speed, crystal methamphetamine, Ecstasy, etc.)</li> <li>□ Depressants (barbiturates, methaqualone, tranquilizers, etc)</li> <li>□ Hallucinogenic (LSD, PCP, etc)</li> <li>□ Steroids</li> <li>□ Inhalants (toluene, amyl nitrate, etc)</li> <li>□ Other</li> </ul>
If yes, answer the following for each marked box: Estimate the month and year of first use MM/YYYY
Estimate the month and year of most recent use MM/YYYY
Estimate the number of times you have used this drug.
Do you intend on using this drug in the future?  □ Yes □ No
Please explain.

Have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of drugs?

□ Yes

□ No If yes, answer the following: Provide the name of the first treatment provider (Last Name, First Name) Provide the address for this person (street address, city, state). Provide a phone number for the treatment provider. Beginning date of treatment - MM/YYYY Ending date of treatment - MM/YYYY Did you successfully complete the treatment? □ Yes □ No Please explain Do you have another treatment provider to enter? □ Yes □ No In the last seven years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any controlled substance? □ Yes □ No Please check all the drugs that apply. □ Cocaine, crack cocaine

□ THC (marijuana, hashish, etc)

□ Narcotics (opium ,morphine, codeine, heroin, etc),

□ Ketamine

ketamir  Depr  Hallu  Stere	lants (toluene, amyl nitrate, etc),
	If yes, answer the following for each marked box: For the first drug selected, provide the following information
	Estimate the month and year of first involvement? - MM/YYYY
[	Estimate the month and year of most recent involvement? - MM/YYYY
	Why did you engage in the activity?
	Do you intend to engage in this activity in the future? □ Yes □ No
	ou EVER illegally used or otherwise been involved with a controlled nce while possessing a security clearance?
	If yes, answer the following:  Describe your involvement.
[ [	Provide the dates of involvement or use (From MM/YYYY To MM/YYYY)  Estimate the number of times you used and/or were involved with this drug while possessing a security clearance:

Have you EVER illegally used or otherwise been involved with a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety? □ Yes □ No If yes, answer the following: Describe the drugs used and your involvement. Provide the dates of involvement or use. (From MM/YYYY To MM/YYYY) Estimate the number of times you used and/or were involved this drug while employed in this capacity: 4 In the last seven years have you intentionally engaged in the misuse of prescription drugs (to include giving or selling prescription drugs to someone else), regardless of whether or not the drugs were prescribed for you or someone else? □ Yes □ No If yes, answer the following: Provide the names of the prescription drug(s) that you misused. List the dates involved in the above. - MM/YYYY Provide the reason for the misuse of the prescription drug(s).

Section 24. Use of Alcohol (Respond for the time frame of the last 7 years)

Has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, or your finances, or resulted in intervention by law enforcement/public safety personnel?

□ Yes

□ No

If yes, answer the following.

Provide the month/year when this negative impact occurred. 
MM/YYYY



Explain the circumstances and the negative impact.



Provide the dates of involvement or use. (From MM/YYYY To MM/YYYY)



Has the use of alcohol had other negative impacts on your work performance, your professional or personal relationships, or your finances, or resulted in intervention by law enforcement/public safety personnel?

- $\square$  Yes
- □ No

Have you ever sought counseling or treatment as a result of your use of alcohol?

- □ Yes
- □ No

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol. Please check every category that applies.

□ an employer, military commander, or employee assistance program
 □ a medical professional
 □ a mental health professional
 □ a court official / judge
 □ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.



Did you ir □ Yes	fact take action to seek counseling or treatment?
□ No	
	o, explain the reasons for not taking action to seek counseling or atment
4	
If y	es, answer the following:
Da	te counseling or treatment began - MM/YYYY
Da	te counseling or treatment ended - MM/YYYY
4	D P
Na	me of individual counselor or treatment provider:
4	
Str	eet address of counseling/treatment provider:
4	
Cit	y of counseling/treatment provider:
Sta	ate of counseling/treatment provider:
Tel	ephone Number
4	д. У
Dic	I you successfully complete the treatment program?
□ Y □ N	'es lo
	4 <u>&gt;</u>
	eceived counseling or treatment as a result of your use of alcohol at you listed above?
in addition to Wil	at you noted above:

□ Yes

If yes, answer the following:  Name of individual counselor or treatment provider:
Street address of counseling/ treatment provider:  City of counseling/treatment provider:  State of counseling/treatment provider:
Name of agency/organization where counseling/treatment was provided:
Address of agency/organization where counseling/treatment was provided:  □ Same as above  □ Other (Please include street address, city, state
Date counseling or treatment began - MM/YYYY  Date counseling or treatment ended - MM/YYYYY
Did you successfully complete your counseling or treatment?  Yes No Please explain.
Did you receive alcohol-related counseling or treatment another time?  □ Yes □ No

# **Section 25. Investigations and Clearance Record**

backg	e US Government (or a foreign government) ever investigated your round and/or granted you a security clearance/access? (Begin with the ecent and work backwards)
	If yes, answer the following: Investigating agency: Defense Department U.S. Department of State U.S. Office of Personnel Management Federal Bureau of Investigation Treasury Department Department of Homeland Security
	<ul><li>□ Foreign Government, Provide Name of Government</li><li>□ Unknown</li><li>□ Other (Explain)</li></ul>
	Date the investigation was completed (if known) - MM/YYYY
	Name of agency that issued the clearance/access if different from the investigating agency
	Date clearance/access was granted (if known) - MM/YYYY
	4 <b>b</b>
	Level of clearance/access granted  None Confidential Secret SCI Q L Unknown

	□ Issued by foreign country □ Other (please explain)
	Is there another investigation, clearance/access you would like to list?  □ Yes □ No
revoke	you EVER had a clearance or access authorization denied, suspended, or ed? (Note: An administrative downgrade or termination of a security nce is not a revocation)
	If yes, answer the following:
	Date clearance or access authorization was denied, suspended or revoked? -MM/YYYY
	<b>↓</b>
	Provide the name of the agency or activity that took the action?
	Provide the address of the agency or activity that took the action?
	Explain the circumstances of the denial, suspension or revocation action?
Have y □ Yes □ No	ou ever been debarred from government employment?
	Provide details of debarment to include the date, reasons for the action, and the agency taking the action.

## Section 26. Financial Record

For the following, answer for the last **7** years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor.

Have you filed a petition under any chapter of the bankruptcy code?

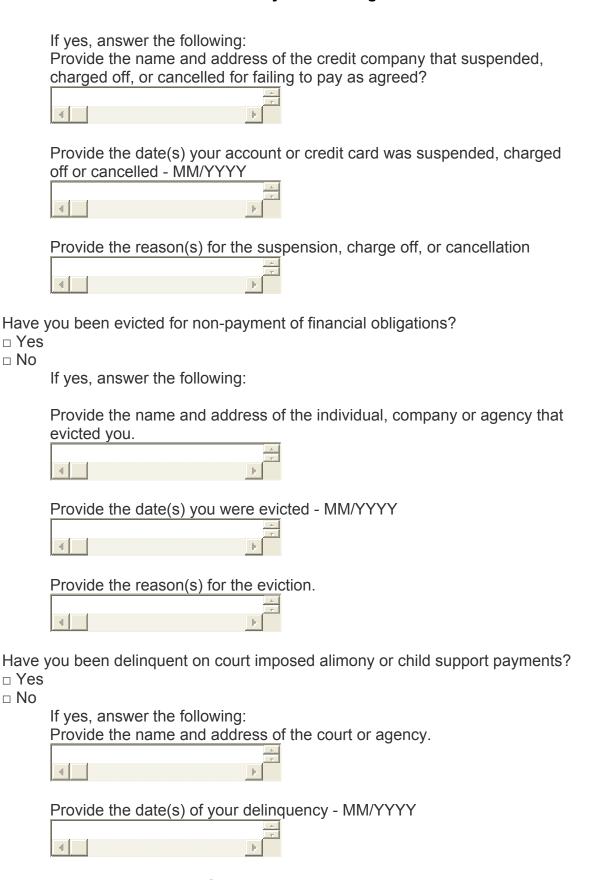
□ Yes □ No	
	If yes, answer the following: Check all that apply to the bankruptcy petition: Chapter 7 Chapter 11 Chapter 13
	Provide the name and address of the court involved in handling your bankruptcy
	Were you discharged of all debts claimed in the bankruptcy?  □ Yes □ No
	Provide explanation.
	Did you have any other bankruptcy? □ Yes □ No
	you had any possessions or property voluntarily or involuntarily sessed or foreclosed?
	If yes, answer the following: Identify/describe the type of property or possessions that were repossessed or foreclosed.
	Provide the date(s) you had any possessions or property repossessed or foreclosed - MM/YYYY
	Provide the reason(s) for the repossession or foreclosure.

-	you failed to pay Federal, state, or other taxes or to file a tax return, when ed by law or ordinance?
	If yes, answer the following: Provide the year(s) you failed to file your Federal, state or other tax return(s) - YYYY
	4
	Provide the reason(s) for your failure to file required tax returns.
	Identify the Federal, state or other agency where you failed to file a tax return
Have y debts?   Yes  No	you had a lien placed against your property for failing to pay taxes or other
	If yes, answer the following: Provide the date(s) you had any liens placed against your property - MM/YYYY
	Provide the reason(s) for the lien(s)
Have y □ Yes □ No	ou had a judgment entered against you?
	If yes, answer the following:  Provide the date(s) you had a judgment entered against you - MM/YYYY
	Provide the reason(s) for the judgment

Provide the name of the lender or court that had a judgmer against you.	nt entered
Have you defaulted on any type of loan? □ Yes □ No	
If yes, answer the following:  Provide the name of the lender who held the loan	
Provide the date(s) you defaulted on any type of loan MM/New Provide the reason(s) for the default.	/YYY
Have you had bills or debts turned over to a collection agency?  ☐ Yes ☐ No ☐ If yes, answer the following:	
Provide the name of the collection agency.	
Provide the date(s) you had bills or debts turned over to a dagency - MM/YYYY	collection
Provide the reason(s) that the bill or debt(s) was turned over collection agency.	er to a

Have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?

□ Yes
□ No



Provide the reason(s) for the delinquency



 $\square$  No

Have you had your wages, benefits, or assets garnished or attached for any reason?  □ Yes
If yes, answer the following: Provide the name and address of the court or agency that had your wages, benefits, or assets garnished or attached for any reason.
Provide the date(s) of the garnishment(s)
Provide the reason(s) for the garnishment(s).
Have you been counseled, warned, or disciplined for violating terms of agreement for a travel or credit card provided by your employer?  □ Yes □ No
If yes, answer the following:
Provide the name and address of the company or agency that counseled, warned, or disciplined for violating terms of agreement for a travel or credit card provide by your employer.
Provide the date(s) of your counseling, warning, or disciplinary action - MM/YYYY
Provide the reason(s) for the counseling, warning or disciplinary action.
Have you been over 120 days delinquent on any debt(s)?  □ Yes

If yes, answer the following:
Enter the loan/account number involved:
Provide the date(s) of your delinquency - MM/YYYY  Provide the reason(s) for the delinquency.
Are you currently over 120 days delinquent on any debt(s)?
If yes, answer the following:
Enter details of the loan/account number involved:
Provide the date(s) of your delinquency - MM/YYYY
Provide the reason(s) for the delinquency.
Are you currently involved with, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?  □ Yes □ No
If yes, provide explanation
Have you ever experienced financial problems due to gambling?  □ Yes □ No
If yes, answer the following:  Provide the date(s) of your financial problems - MM/YYYY

Es	timate the amount of gar	nbling losses incurred.
1		<b>b</b>
De	escribe the reason(s) for t	the financial problems.
Are you c □ Yes □ No	currently delinquent on ar	ny Federal debt?
	ves, answer the following ovide the date(s) of your	: delinquency - MM/YYYY
Pro	ovide the reason(s) for yo	our delinquency.
En	ter the loan/account num	ber involved:
The follov Informatio firmware,	on technology systems in	your use of information technology systems. clude all related computer hardware, software mmunication, transmission, processing,
do so cou you.  Neit	ald be grounds for an adv ther your truthful respons s will be used as evidenc	restions fully and truthfully, and your failure to rerse employment decision or action against es nor information derived from your se against you in any subsequent criminal
	last 7 years, have you ille nformation technology sy	egally or without proper authorization entered estem?
Lis	ves, answer the following at the date of the incident M/YYYY	

	4	× × × × × × × × × × × × × × × × × × ×
	Describe the nature of the inc	cident or offense
	4	>
	Provide the location where the	ne incident took place.
	Street address	
	4	* v
	City	
	State	>
	4	•
	Describe the action (administration this incident, if any.	trative, criminal or other) taken as a result of
	1 L	· ·
	Are there any other incidents  ☐ Yes ☐ No	s to report?
destro	oyed, manipulated, or denied on attion technology system?	gally or without authorization, modified, others access to information residing on an
	If yes, answer the following: List the date(s) of the inciden MM/YYYY	nt(s)
	4	×
	Describe the nature of the inc	cident or offense

Provide the location where the incident took place. Street address 4 City 4 State 4 Describe the action (administrative, criminal or other) taken as a result of this incident, if any. Are there any other incidents to report? c. In the last 7 years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations? □ Yes □ No If yes, answer the following: List the date(s) of the incident(s) MM/YYYY Describe the nature of the incident or offense Provide the location where the incident took place. Street address City

State

Describe the action (administrative, criminal or other) taken as a result of this incident, if any.  Are there any other incidents to report?  Yes  No
Section 28, Involvement in Non-Criminal Court Actions In the last 7 years, have you been a party to any public record civil court action(s) not listed elsewhere on this form?  Yes No
If yes, answer the following:
Provide the date of the civil action MM/YYYY
Provide the name and address of the court involved in the civil action Court Name
A
Street Address
City
State
Provide details of the nature of the action(s)
Describe the results of the action(s)

Provide the name(s) of the principal parties involved in the court action
Are there any other civil court actions to report?  □ Yes □ No
Section 29, Association Record The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping. To the extent required by the Fifth Amendment to the United States Constitution, neither your truthful response nor information derived from your response to this question will be used as evidence against you in any subsequent criminal proceeding.
Have you ever been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?  ☐ Yes ☐ No
If yes, answer the following:
Provide the full name of the organization.
Provide the address/location of the organization. Street Address  City  State  Country

	4
	Provide the dates of your involvement with the organization - From MM/YYYY To MM/YYYY
	4
	List all positions held in the organization, if any.
	List all contributions made to the organization, if any.
	Describe the nature of and reasons for your involvement with the organization.
	4
□ Yes	you ever knowingly engaged in any acts of terrorism?
□ No	If yes, answer the following:
	Provide the reasons for such activities.
	Provide the dates for any such activities - MM/YYYY
	you ever advocated any acts of terrorism or activities designed to nrow the U.S. Government by force?
	If yes, answer the following: Provide the reasons for such activities.

Provide the dates of such activities - MM/YYYY



Have you ever been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end, either with an awareness of the organization's dedication to that end or with the specific intent to further such activities?

□ Yes □ No

If yes, answer the following:	
Provide the full name of the	organization
	-

Provide the address/location of the organization.

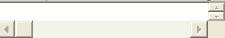
Street Address



Provide the dates of your involvement with the organization - From MM/YYYY To MM/YYYY



List all positions held in the organization, if any.



List all contributions made to the organization, if any.



Describe the nature of and reasons for your involvement with the organization.

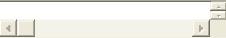


Have you ever been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?

Yes
No

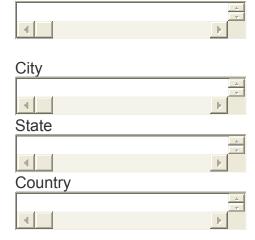
If yes, answer the following:

Provide the full name of the organization.



Provide the address/location of the organization.

Street Address



Provide the dates of your involvement with the organization - From MM/YYYY To MM/YYYY



List all positions held in the organization, if any.



List all contributions made to the organization, if any.



Describe the nature of and reasons for your involvement with the organization.



Have you ever knowingly engaged in activities designed to overthrow the U.S. Government by force?

□ Yes

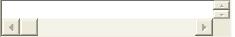
□ No

If yes, answer the following:

Provide the reasons for such activities.



Provide the dates of such activities - MM/YYYY



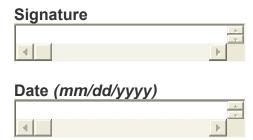
### **Continuation Space**



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, up to and including my removal and debarment from Federal service.



# QUESTIONNAIRE FOR NATIONAL SECURITY 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, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) 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 national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security 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 86, 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 personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization that show my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

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

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### **UNITED STATES OF AMERICA**

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

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

#### **Instructions for Completing this Release**

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

#### **Authorization**

I am seeking assignment to or retention in a national security position. As part of the clearance 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 86 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	or print le	gibly)	Date signed (mm/dd/yyyy)
Other names used				Social Security Number
Current street address Apt. #	City (Country)	State	ZIP Code	Home telephone number

For Use By Practitioner(s) Only
Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?
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?

Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)

# QUESTIONNAIRE FOR NATIONAL SECURITY 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) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. 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 U.S. Office of Personnel Management 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 national security 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)