

Draft for 30-day Federal Register Notice

Standard Form 85 Revised July 2008 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

Form approved: OMB No. 3206 0005 NSN 7540-00 634-4036 86-111

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. If you have any questions, contact the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation.

Giving us this information is voluntary. However, we will not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may adversely affect your placement or employment prospects. 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.

Authority to Request this Information

Depending upon the purpose of your investigation, the United States Government is authorized to ask for this information under Executive Order 10450, sections 3301 and 3302 of title 5, United States Code; and parts 2, 5, 731, 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 non-sensitive positions are conducted to gather information to show whether you are reliable, trustworthy, of

DRAFT

Draft for 30-day Federal Register Notice

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.

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. 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.
3. You must use the Location codes (abbreviations) listed below when you fill out this form. Do not abbreviate the names of cities or foreign countries.
4. 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.
5. 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.
6. For telephone numbers in the U.S., be sure to include the area code.
7. 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

DRAFT

Draft for 30-day Federal Register Notice

date to the best of your ability and indicate this by writing "APPROX." or "EST."

8. If you need additional space for explanations or continuations of other items, use the Continuation Space 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 Suitability

Final determination on your suitability for a non-sensitive position is the responsibility of the Federal agency that requested your investigation. You may 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 or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you 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 determining your suitability for Federal and Federal contract employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is 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.

DRAFT

Draft for 30-day Federal Register Notice

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. 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

DRAFT

Draft for 30-day Federal Register Notice

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.

DRAFT

Draft for 30-day Federal Register Notice

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 American Samoa AS Federated States of
Micronesia FM Hawaii HI Idaho ID Illinois IL Indiana IN Iowa IA
Kansas KS Kentucky KY Louisiana LA Maine ME Maryland MD
Guam GU Marshall Islands MH Massachusetts MA Michigan MI
Minnesota MN Mississippi MS Missouri MO Montana MT Nebraska
NE Nevada NV New Hampshire NH New Jersey NJ Northern
Mariana Islands MP Puerto Rico PR 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 Palau PW
Virgin Islands of the U.S. VI South Dakota SD Tennessee TN Texas
TX Utah UT Vermont VT Virginia VA Washington WA West Virginia
WV Wisconsin WI Wyoming WY

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 100 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

DRAFT

Draft for 30-day Federal Register Notice

Investigating agency use only		Codes	Case number
AGENCY USE ONLY			
FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.			
A Type of investigation	B Extra coverage/ Advance results	C Sensitivity level	D Access/Eligibility
		E Nature of action code	F Date of action
G Geographic location	H Position code	I Position title	
			J SON
K Location of Official Personnel Folder __None __NPRC __At SON __e-OPF __Other		Other address/Web address of e-OPF	ZIP Code
L SOI	M Location of security folder __None __At SOI __NPI __Other	Other Address	ZIP Code
N IPAC	O TAS	P Obligating document number	Q BETC
R Accounting data and/or Agency case number		S Investigative requirement __Initial __Reinvestigation	
T Requesting official - Name		Title	Signature
Email address		Telephone number	Date
U Secondary requesting official – Name		Title	
Email address	Telephone number	V Applicant affiliation __FED CIV __CON __MIL __Other	
W Deployment/PCS location (if imminent)			

DRAFT

Draft for 30-day Federal Register Notice

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 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.

- 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.

Last Name:

First Name:

Middle Name:

Suffix (Jr., II, etc)

Section 2. Date of Birth

In what month were you born?

In what day were you born?

In what year were you born?

Section 3. Place of Birth

In what city were you born?

DRAFT

Draft for 30-day Federal Register Notice

In what county were you born?

In what state were you born?

In what country were you born? (if outside the U.S.) - If born in the U.S. enter N/A

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

If yes, 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.

Name #1:

Please list the month/year name was used:

Do you have other names used to report?

- Yes
 No

Section 6a. 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"

Last Name:

DRAFT

Draft for 30-day Federal Register Notice

First Name:

Middle Name:

Section 6b. Father's Full Name

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

Last Name:

First Name:

Middle Name:

Section 7. Your Identifying Information

Height: (feet and inches, e.g. 5' 10")

Weight: (in pounds)

Hair Color:

Eye Color:

Sex:

Section 8. Your Contact Information

Home e-mail address:

DRAFT

Draft for 30-day Federal Register Notice

Work e-mail address:

Home Telephone Number (International, if applicable):

Work Telephone Number (International, if applicable):

Cell Telephone Number (International, if applicable):

Section 9. Citizenship

a. Mark the appropriate selection to describe your citizenship status:

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.

Document Type:

Document number for US citizen born abroad:

Date of issuance MM/YYYY:

Place of issuance (city/country):

Name in which document was issued:

Last Name, First Name, Middle Initial

I was born on a U.S. military installation:

Yes

DRAFT

Draft for 30-day Federal Register Notice

No

If Yes, provide the name of the installation

Location of military installation (city/country)

I am a US citizen by adoption (pursuant to Public Law 106-395).

Date and place of entry in US –MM/YYYY:

Country(ies) of prior citizenship:

Document type:

Document number:

Date of issuance MM/YYYY:

Place of issuance (city/country):

I am a naturalized U.S. citizen.

Date and place of entry in US –MM/YYYY:

Country(ies) of prior citizenship:

Document type:

DRAFT

Draft for 30-day Federal Register Notice

Document number:

Date of issuance MM/YYYY:

Place of issuance issued (city and court):

Name in which certificate was issued:

Last Name, First Name, Middle Initial

I am not a U.S. citizen.

Are you a legal permanent resident of the US?

Yes

No

If no, please explain your residence status:

If yes, 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:

DRAFT

Draft for 30-day Federal Register Notice

b. Do you possess a US Passport (current or most recent passport)?

- Yes
- No

If yes, answer the following:

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:

Section 10. Dual/Multiple Citizenship Information

Do you now hold or have you EVER held dual/multiple citizenship?

- Yes
- No

If yes, answer the following:

Country of citizenship:

During what period of time did you hold citizenship with this country? From (MM/YYYY to MM/YYYY/Present)

What is the reason that you hold, or held, non-US citizenship?

Have you ever exercised the rights or privileges of a foreign country after obtaining U.S. citizenship (e.g. voting in a foreign election; use of a foreign passport)?

- Yes
- No

DRAFT

Draft for 30-day Federal Register Notice

If yes, provide explanation.

Have you renounced or attempted to renounce your citizenship with this/these non-US country(ies)?

- Yes
 No

If yes, provide explanation.

Section 11. Where you have lived

List the places where you have lived beginning with your present residence and working back 5 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.

For the First residence:

Date of residence - MM/YYYY to present

Is this address in the United States?

- Yes
 No

Enter the street address (including apt. #)

City

State

Zip Code

Do you:

DRAFT

Draft for 30-day Federal Register Notice

- Own this residence
- Rent or lease this residence
- Other (Provide explanation)

Is this residence military housing?

- Yes
- No

Provide the name of a neighbor or other person who knows you at this address -
Last Name, First Name, Middle Initial

Date of Last Contact (MM/YYYY)

Is this person's current address in the United States?

- Yes
- No

Information regarding the person who knows you at this address
Enter the street, address (including apt. #), City, State, Zip Code

Enter evening phone number for this person:

Enter daytime phone number for this person:

Enter cell phone number for this person (if unknown, enter 'Unk'):

Enter e-mail address for this person (if unknown, enter 'Unk'):

Provide your relationship to this person

- Neighbor
- Friend
- Landlord
- Tenant
- Business Associate

DRAFT

Draft for 30-day Federal Register Notice

- Other (Provide explanation)

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 5 years. List college or university degrees and the dates they were received. If you received your most recent degree or diploma more than 5 years ago, list it below no matter when you received it. In the Code block, show the most appropriate code to describe your school.

- 1 - High School
- 2 - College/University/Military College
- 3 - Vocational/Technical/Trade School
- 4 - Correspondence/Distance/Extension/Online School

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:

Name of School

Did you receive a degree/diploma?

- Yes
 No

If yes, identify type of degree/diploma received:

Date awarded (MM/YYYY)

DRAFT

Draft for 30-day Federal Register Notice

Street address of school (for Code 4 schools, provide the address where the records are maintained):

City (Country)

State

Zip Code

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

Email address:

Current address (include apt.#)

City (Country)

State

Zip Code

Telephone Number

Other schools attended?

- Yes
 No

Section 13a. Employment Activities

DRAFT

Draft for 30-day Federal Register Notice

List all of your employment activities, including unemployment and self-employment, beginning with the present (#1) and working back 5 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. Employment Activity Information

Provide dates for the FIRST employment activity period. (MM/YYYY to Present)

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 (Provide explanation)

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

DRAFT

Draft for 30-day Federal Register Notice

City

State

Country

Telephone Number

Do you have an APO/FPO address at this location?

Yes

No

If yes, list the APO/FPO address, including zip code.

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

City

State

Country

DRAFT

Draft for 30-day Federal Register Notice

Provide supervisor's Telephone Number:

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?

Select the employment status for this position:

- Full time
 Part-time

What is the name of your employer during this period?

What is the address of this employer?

Street Address

City

State

Country

Provide employer Telephone Number:

DRAFT

Draft for 30-day Federal Register Notice

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)

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.

List the name of your supervisor. (Last name, First Name)

Email address of your supervisor.

List the position title of your supervisor.

List the physical work location of your supervisor (Include Street Address, City, State (if US), Country)

Provide the telephone number for this supervisor.

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?

DRAFT

Draft for 30-day Federal Register Notice

- 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

DRAFT

Draft for 30-day Federal Register Notice

Do you have an APO/FPO address for your location?

- Yes
 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.

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

If you selected Code 7, answer the following:

DRAFT

Draft for 30-day Federal Register Notice

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

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)

Enter dates of Federal Service - MM/YYYY to MM/YYYY

DRAFT

Draft for 30-day Federal Register Notice

Street Address

City

State

Country

Zip Code

List Position Title

Section 13c. Employment Record

Has any of the following happened to you in the last 5 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.

Enter the street address, city and state of the employer where you were fired.

Street Address

City

DRAFT

Draft for 30-day Federal Register Notice

State

Specify the reason for being fired.

Were you fired from any other job?

- Yes
 No

Quit a job after being told you would be fired?

- Yes
 No

If yes, answer the following:

Enter the month/year when you quit your job - MM/YYYY

Enter the name of the employer from which you quit.

Enter the street address, city and state of the employer where you quit.

Street Address

City

State

Specify the reason for quitting.

Have you quit any other job after being told you would be fired?

- Yes

DRAFT

Draft for 30-day Federal Register Notice

No

Have you left a job by mutual agreement following charges or allegations of misconduct?

Yes

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

Specify the allegations of misconduct.

Have you left any other job by mutual agreement following charges or allegation of misconduct?

Yes

No

Left a job by mutual agreement following notice of unsatisfactory performance?

Yes

No

If yes, answer the following:

Enter the month/year for the <first, second, nth> time you left a job - MM/YYYY

DRAFT

Draft for 30-day Federal Register Notice

Enter the name of the employer from which you left.

Enter the street address, city, and state of the employer which you left.

Street Address

City

State

Specify the reason(s) for unsatisfactory performance.

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 yes, answer the following:

Enter the month/year you were warned, reprimanded, suspended or disciplined - MM/YYYY

Enter the name of the employer where you were warned, reprimanded, suspended or disciplined.

Enter the street address, city, and state of the employer where you were warned, reprimanded, suspended or disciplined.

Street Address

DRAFT

Draft for 30-day Federal Register Notice

City

State

Specify the reason(s) for being warned, reprimanded, suspended or disciplined.

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

Were you born a male after December 31, 1959?

- Yes
- No

If yes, have you registered with the Selective Service System (SSS)?

- Yes
- No

If no, provide explanation.

If yes, 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:

DRAFT

Draft for 30-day Federal Register Notice

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)

Army

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

Were you discharged from U.S. military service, to include Reserves, National Guard, or U.S. Merchant Marine?

Yes

No

DRAFT

Draft for 30-day Federal Register Notice

If yes, answer the following:

Select the type of discharge you received

- Honorable
- Dishonorable
- Other than Honorable
- General (Under honorable conditions)
- Bad Conduct
- Other (provide explanation)

From what branch of service were you discharged?

- Army
- 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."

In the last 5 years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice? (Including all Article 15's, Captain's mast, and Article 135 Court of Inquiry).

- Yes
- No

If yes, answer the following:

Enter the date(s) of the court martial or other disciplinary procedure - MM/YYYY

Describe the UCMJ offense(s) for which you were charged.

DRAFT

Draft for 30-day Federal Register Notice

Enter the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas.)

Describe the outcome of the court martial or other military procedure under the UCMJ (guilty, not guilty, Article 15, fine, reduction in rank, imprisonment, etc.)

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.

Reference Name #1 (Last Name, First Name)

Rank/title (If applicable)

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

Relationship to you: (Check all that apply)

- Neighbor
- Friend
- Work Associate
- Schoolmate
- Other (provide explanation)

Enter evening phone number for this person:

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Enter daytime phone number for this person:

Enter cell phone number for this person:

Enter e-mail address (if known) for this person:

Please provide home or work address for this reference.

Street Address

City (Country)

State

Zip Code

List another person who knew you well?

- Yes
- No

Section 17. 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 5 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:

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Were you charged with a felony or misdemeanor in the jurisdiction in which the arrest 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 five years, have you ever been arrested for any other offense?

- Yes
- No

In the past 5 years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Answer NO if you were fined less than \$300 for a traffic offense that did not involve alcohol or drugs.)

- Yes

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Draft for 30-day Federal Register Notice

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 the offense involve firearms or explosives?

- Yes
 No

Did the offense involve alcohol or drugs?

- Yes
 No

Describe the specific nature of the offense/charge for which you were cited and the disposition.

In the last five years, 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 you were fined less than \$300 for a traffic offense that did not involve alcohol or drugs.)

- Yes
 No

Are you on trial or awaiting a trial on criminal charges?

- Yes
 No

Please explain.

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Are you currently awaiting sentencing for a criminal offense?

- Yes
- No

Please explain.

Section 18. Illegal Use of Drugs or Drug Activity

In the last 5 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 5 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)

- Cocaine, crack cocaine
- THC (marijuana, hashish, etc)
- Ketamine
- Narcotics (opium, morphine, codeine, heroin, etc)
- Stimulants (amphetamines, speed, crystal methamphetamine, Ecstasy, etc.)
- Depressants (barbiturates, methaqualone, tranquilizers, etc)
- Hallucinogens (LSD, PCP, etc)
- Steroids
- Inhalants (toluene, amyl nitrate, etc)
- Other

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.

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Do you intend on using this drug in the future?

- Yes
- No

Provide explanation.

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

Reason for treatment

Did you successfully complete the treatment?

- Yes
- No

If no, provide explanation.

Do you have another treatment provider to enter?

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- Yes
- No

In the last year, have you been involved in the 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)
- Ketamine
- Narcotics (opium ,morphine, codeine, heroin, etc),
- Stimulants (amphetamines, speed, crystal methamphetamine, Ecstasy, ketamine, etc.),
- Depressants (barbiturates, methaqualone, tranquilizers, etc),
- Hallucinogenics (LSD, PCP, etc),
- Steroids
- Inhalants (toluene, amyl nitrate, etc),
- Other

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

In the last 5 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

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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 19. Use of Alcohol (*Respond for the time frame of the last 5 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.

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

- Yes
- No

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

- Yes
- No

If yes, answer the following:

Who ordered, advised, or asked you to seek counseling or treatment?

- Employer, military commander, or employee assistance program

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- Medical professional
- Mental health professional
- Court official / judge
- Spouse or Cohabitant
- Other family member (e.g. Parent or legal guardian)
- Friend or acquaintance

Did you in fact receive counseling or treatment?

- Yes
- No

If no, provide explanation.

If yes, answer the following:

Date counseling or treatment began - MM/YYYY

Date counseling or treatment ended - MM/YYYY

Name of individual counselor or treatment provider:

Street address of counseling/treatment provider:

City of counseling/treatment provider:

State of counseling/treatment provider:

Telephone Number

Did you successfully complete the treatment program?

- Yes
- No

If no, provide explanation.

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Have you received counseling or treatment as a result of your use of alcohol in addition to what you listed above?

- Yes
 No

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/YYYY

Did you successfully complete your counseling or treatment?

- Yes
 No

If no, provide explanation.

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Did you receive alcohol-related counseling or treatment another time?

- Yes
- No

Have you sought assistance for alcohol abuse a recognized alcohol support group like Alcoholics Anonymous?

- Yes
- No

If yes, are you still participating in the support group?

- Yes
- No

If no, provide explanation.

Section 20. Investigations and Clearance Record

Has the US Government (or a foreign government) ever investigated your background? (Begin with the most recent and work backwards)

- Yes
- No

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
- Foreign Government, Provide Name of Government
- Unknown
- Other (Explain)

Date the investigation was completed (if known) - MM/YYYY

Name of agency that issued the clearance/access if different from the investigating agency

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Is there another investigation you would like to list?

- Yes
- No

Were you ever found unsuitable for Federal employment?

- Yes
- No

If yes, provide details of the action taken, including the agency taking the action, the reasons for the action, and, any debarment, including all relevant dates.

Section 21. Financial Record

Are you currently delinquent on any Federal debt?

- Yes
- No

If yes, answer the following:

Provide the date(s) of your delinquency - MM/YYYY

Provide a description of the type of federal debt(s) (e.g., federal income tax, federal student loan)

Provide the reason(s) for your delinquency.

Enter the loan/account number involved:

Section 22, Association Record

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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.

Have you ever been a member of an organization dedicated to terrorism?

- Yes
- No

Have you ever knowingly engaged in any acts of terrorism? Yes

- No

Have you ever advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

- Yes
- No

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?

- Yes
- No

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 the Constitution of any state of the United States?

- Yes
- No

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

- Yes
- No

Continuation Space

Use the space below to continue answers to all items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security number. Before each answer, identify the number of the item.

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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.

Signature

Date (mm/dd/yyyy)

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Standard Form 85 Revised July 2008 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Form approved: OMB No. 3206 0005 NSN 7540-00 634-4036 86-111

UNITED STATES OF AMERICA

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, 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 non-sensitive 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

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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 suitability for a non-sensitive position. 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 85, and that it may be disclosed by the Government only as authorized by law. Photocopies of this authorization that show my signature are valid. This authorization is valid for two (2) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature *(Sign in ink)*

Full name *(Type or print legibly)*

Date signed *(mm/dd/yyyy)*

Other names used

Date of birth

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Social Security Number

Current street address

Apt. #

City (*Country*)

State

ZIP Code

Home telephone number

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