INV FORM 42 (Rev. 6/05)
U.S. OFFICE OF PERSONNEL
MANAGEMENT (5 CFR 736)

INVESTIGATIVE REQUEST FOR PERSONAL INFORMATION

GEMENT (5 CFR 736)	U.S. GOVERNMENT USE ONLY

F UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIONS PROCESSING CENTER

O PO BOX 618

M BOYERS, PA 16018-0618

Т 0

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

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

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



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

CASE NUMBER:

CASE TYPE:

ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)

OTHER NAMES USED



POSITION FOR WHICH INVESTIGATED

THIS PERSON CLAIMED THE FOLLOWING:

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3208-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this

MARKING INSTRUCTIONS CORRECT MARK: • USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY. • DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER. • DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

PLEASE COMPLETE THE ITEMS SHOWN BELOW

- 54		IC DEDCOMO			
1	HOW LONG HAVE YOU KNOWN TH		L C L DON'T MION'T	TINO DEDOON	
_ 1		ONTHS	b I DON'T KNOW	THIS PERSON (D	ON'T COMPLETE OTHER ITEMS)
2	MY ASSOCIATION WITH THIS PERS				
	a COWORKER c		ORMER SPOUSE		LATIVE
- [b NEIGHBOR d		NSTRUCTOR	h OT	HER (PLEASE EXPLAIN IN ITEM 8)
3	ON THE AVERAGE, I ASSOCIATE(D	And the second s			
	a DAILY	c MONTHLY	e 🔾	ONCE EVERY Y	EAR OR 2
	b WEEKLY	d TWICE A YEAR	f 🔾	ONCE IN 3 OR N	MORE YEARS
4	I LAST ASSOCIATED WITH THIS PE	RSON:			
	a 0 TO 3 MONTHS AGO	c 1 TO 3 YEARS AGO	e 🔾	MORE THAN 5 Y	EARS AGO
- 1	b 3 TO 12 MONTHS AGO	d 3 TO 5 YEARS AGO			
5	DOES THE INFORMATION ON THE	FRONT OF THIS FORM CONCER	NING THIS PERSON AP	PEAR TO BE CO	PRRECT?
	a YES b NO—IT APPE	ARS TO BE INCORRECT OR INC	OMPLETE (SHOW CORRECT OR	ADDITIONAL DATA IN ITE	M 8)
6	DO YOU HAVE ANY REASON TO QU	JESTION THIS PERSON'S HONE	STY OR TRUSTWORTH	INESS?	
	a NO	c O L	DO NOT KNOW THIS PE	RSON WELL EN	OUGH TO RESPOND
	b YES (PLEASE EXPLAIN IN IT	EM 8) d 🔾 1	WISH TO DISCUSS THE	ADVERSE INFO	RMATION I HAVE
7	DO YOU HAVE ANY ADVERSE INFO	RMATION ABOUT THIS PERSON	N'S EMPLOYMENT, RESI	IDENCE OR ACT	IVITIES CONCERNING:
	YES NO	YES NO	У	YES NO	
	a O V IONS OF THE LAW	C ABUSÉ OF ALCOHOL	LAND/OR DRUGS e	GENERAL	BEHAVIOR OR CONDUCT
	b FINANCIAL INTEGRITY	d - MENTAL OR EMOTIC	ONAL STABILITY f	OTHER M	ATTERS
				(IF YES, F	LEASE EXPLAIN IN ITEM 8)
		I WISH TO DISCUSS THE ADVI	ERSE INFORMATION I H.	AVE	•
	INFORMATION.				
9	DO YOU RECOMMEND THIS PERSON		FY CLEARANCE OR EMP DON'T KNOW THIS PERS		JGH TO MAKE
9	DO YOU RECOMMEND THIS PERSO	c 🔾 [[JGH TO MAKE
	DO YOU RECOMMEND THIS PERSO a YES	c 🔾 [[DON'T KNOW THIS PERS		JGH TO MAKE
	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE	c 🔾 [[DON'T KNOW THIS PERS		JGH TO MAKE
PF	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE	c 🔾 [[DON'T KNOW THIS PERS		
PF	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE INT NAME:	c 🔾 [[DON'T KNOW THIS PERS	SON WELL ENO	
PE	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE INT NAME:	c 🔾 [[DON'T KNOW THIS PERS	DAT	E TIME TELEPHONE NUMBER
PE	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE INT NAME: EASE SIGN THIS FORM HERE:	c II	DON'T KNOW THIS PERS	DAT	Еним исламичени и перед
PE	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE INT NAME: EASE SIGN THIS FORM HERE:	c 🔾 [[DON'T KNOW THIS PERS	DAT	E TIME TELEPHONE NUMBER
PE	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE INT NAME: EASE SIGN THIS FORM HERE:	C	DON'T KNOW THIS PERS RECOMMENDATION JSE ONLY	DAT	E TIME TELEPHONE NUMBER
PE	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE INT NAME: EASE SIGN THIS FORM HERE:	C	DON'T KNOW THIS PERS RECOMMENDATION JSE ONLY	DAT DAY (INGLUE)	E TIME TELEPHONE NUMBER
PE	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE INT NAME: EASE SIGN THIS FORM HERE: UR TITLE:	FOR OPM U	JSE ONLY	DAT DAY (INCLUDE) GUES/CHARACE E) N	E TIME TELEPHONE NUMBER EAREA CODE:) TERIZATION
PE	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE INT NAME: EASE SIGN THIS FORM HERE: UR TITLE: RESULTAGE ACCEPTABLE	FOR OPM L	JSE ONLY ISS 1 0 A B C D	DAT DAY (NOCUDE BUES/CHARACE N E) N	TIME TELEPHONE NUMBER AREA CODE: TERIZATION 9 0 A B C D E N
PE	DO YOU RECOMMEND THIS PERSO a YES b NO (PLEASE EXPLAIN IN ITE INT NAME: EASE SIGN THIS FORM HERE: UR TITLE: RESULT AC ACCEPTABLE AA ACCEPTABLE/ATTACHED	FOR OPM L	JSE ONLY ISS 1 0 A B C D 2 0 A B C D	DAT DAY (INCLUDE) GUES/CHARACE E N E N	TIME TELEPHONE NUMBER AREA CODE) TERIZATION 9 0 A B C D E N 10 0 A B C D E N
PE	DO YOU RECOMMEND THIS PERSON A YES b NO (PLEASE EXPLAIN IN ITE INT NAME: EASE SIGN THIS FORM HERE: UR TITLE: RESULT AC ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE/ATTACHED PA CONFIDENTIAL/ACCEPTABLE	FOR OPM L TS IS ISSUES P CONFIDENTIAL/ISSUES R RECORD INCONCLUSIVE	JSE ONLY ISS 1 0 A B C D 2 0 A B C D 3 0 A B C D	DAT DAY (MCLUB GUES/CHARAC E N E N E N	TIME TELEPHONE NUMBER AREA CODE) TERIZATION 9 0 A B C D E N 10 0 A B C D E N 11 0 A B C D E N
PE	DO YOU RECOMMEND THIS PERSON a YES b NO (PLEASE EXPLAIN IN ITEINT NAME: EASE SIGN THIS FORM HERE: UR TITLE: RESULT AC ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE/ATTACHED PA CONFIDENTIAL/ACCEPTABLE NI NO PERTINENT INFORMATION NR NO RECORD	FOR OPM L FOR OPM L IS ISSUES P CONFIDENTIAL/ISSUES R RECORD INCONCLUSIVE FR FEE REQUIRED	JSE ONLY ISS 1 0 A B C D 2 0 A B C D 4 0 A B C D	DAT DAY (INCLUDE) BUES/CHARACE E N E N E N E N	TIME TELEPHONE NUMBER FAREACODE) TERIZATION 9 0 A B C D E N 10 0 A B C D E N 11 0 A B C D E N 12 0 A B C D E N
PL	DO YOU RECOMMEND THIS PERSON a YES b NO (PLEASE EXPLAIN IN ITEINT NAME: EASE SIGN THIS FORM HERE: UR TITLE: RESULT AC ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE/ATTACHED PA CONFIDENTIAL/ACCEPTABLE NI NO PERTINENT INFORMATION NR NO RECORD NL NOT LOCATED	FOR OPM I FOR OPM I TS IS ISSUES P) CONFIDENTIAL/ISSUES R) RECORD INCONCLUSIVE FR FEE REQUIRED RD RELEASE REQUIRED SK SUBJECT UNKNOWN	JSE ONLY ISS 1 0 A B C D 2 0 A B C D 3 0 A B C D 4 0 A B C D 5 0 A B C D	DAT DAY (INGLUE) (INGLU	TIME TELEPHONE NUMBER EAREACODE: TERIZATION 9 0 A B C D E N 10 0 A B C D E N 11 0 A B C D E N 12 0 A B C D E N 13 0 A B C D E N
PE	DO YOU RECOMMEND THIS PERSON a YES b NO (PLEASE EXPLAIN IN ITEINT NAME: EASE SIGN THIS FORM HERE: UR TITLE: RESULT AC ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE/ATTACHED PA CONFIDENTIAL/ACCEPTABLE NI NO PERTINENT INFORMATION NR NO RECORD	FOR OPM I S ISSUES P CONFIDENTIAL/ISSUES RECORD INCONCLUSIVE FR FEE REQUIRED RU RELEASE REQUIRED	JSE ONLY ISS 1 0 A B C D 2 0 A B C D 3 0 A B C D 4 0 A B C D 6 0 A B C D	DAT DAY (INCLUDE BUES/CHARACE E N E N E N E N E N E N	TIME TELEPHONE NUMBER EAREACODE: TERIZATION 9 0 A B C D E N 10 0 A B C D E N 11 0 A B C D E N 12 0 A B C D E N 13 0 A B C D E N