

INVESTIGATIVE REQUEST FOR EMPLOYMENT
DATA AND SUPERVISOR INFORMATION
U.S. GOVERNMENT USE ONLY

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UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIONS PROCESSING CENTER
PO BOX 618
BOYERS, PA 16018-0618

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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, ask that you complete all items on the back of this form and return the form in the enclosed envelope. We send a separate inquiry to the personnel office and each supervisor shown on the person's application; therefore please do not forward this for completion by someone else.

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, including 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			
DATE OF BIRTH		SOCIAL SECURITY NUMBER	
POSITION FOR WHICH INVESTIGATED			
PLACE OF BIRTH			
CLAIMED EMPLOYMENT			
FROM	TO	POSITION	NAME OF SUPERVISOR
ACTUAL JOB LOCATION (IF DIFFERENT THAN ABOVE ADDRESS)			

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 (3206-0165), 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 address.

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.

INCORRECT MARKS:



PLEASE COMPLETE THE ITEMS SHOWN BELOW

1 IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS?

a YES b NO (Please explain in item 6) c WE HAVE NO RECORD ON THIS PERSON

2 MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:

a SUBJECT CURRENTLY EMPLOYED HERE d LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6)

b LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE e DISCHARGED FOR UNFAVORABLE EMPLOYMENT OR CONDUCT (Please explain in item 6)

c DISCHARGED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS f RESIGNED AFTER INFORMED OF POSSIBLE DISCHARGE (Please explain in item 6)

g LEFT EMPLOYMENT BY MUTUAL AGREEMENT DUE TO SPECIFIC PROBLEMS (Please explain in item 6)

3 IS THIS PERSON ELIGIBLE FOR REHIRE?

a YES b NO – DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMENT c NO – FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)

4 DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?

a NO c I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND

b YES (Please explain in item 6) d I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

5 DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:

YES NO	YES NO	YES NO
a <input type="radio"/> VIOLATIONS OF THE LAW	c <input type="radio"/> ABUSE OF ALCOHOL AND/OR DRUGS	e <input type="radio"/> GENERAL BEHAVIOR OR CONDUCT
b <input type="radio"/> FINANCIAL INTEGRITY	d <input type="radio"/> MENTAL OR EMOTIONAL STABILITY	f <input type="radio"/> OTHER MATTERS

(If YES to any of these questions, please explain in item 6)

I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

6 IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.

7 DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?

a YES c I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION

b NO (Please explain in item 6)

PRINT NAME: _____

PLEASE SIGN THIS FORM HERE: _____ **DATE** _____

YOUR TITLE: _____ **DAYTIME TELEPHONE NUMBER** _____

(INCLUDE AREA CODE) ()

FOR OPM USE ONLY

RESULTS		ISSUES/CHARACTERIZATION	
AC ACCEPTABLE	IS ISSUES	1 O A B C D E N	9 O A B C D E N
AA ACCEPTABLE/ATTACHED	PI CONFIDENTIAL/ISSUES	2 O A B C D E N	10 O A B C D E N
PA CONFIDENTIAL/ACCEPTABLE	RI RECORD INCONCLUSIVE	3 O A B C D E N	11 O A B C D E N
NI NO PERTINENT INFORMATION	FR FEE REQUIRED	4 O A B C D E N	12 O A B C D E N
NR NO RECORD	RL RELEASE REQUIRED	5 O A B C D E N	13 O A B C D E N
NL NOT LOCATED	SK SUBJECT UNKNOWN	6 O A B C D E N	14 O A B C D E N
UC UNABLE TO CONTACT	NZ NOT AVAILABLE	7 O A B C D E N	
RF REFERRED	DN DISCREPANT	8 O A B C D E N	
RR RECORD			