INV FORM 41 (Re 06)
U.S. OFFICE OF PERSONNEL
MANAGEMENT (5 CFR 736)

INVESTIGATIVE REQUEST FOR EMPLOYMENT DATA AND SUPERVISOR INFORMATION

U.S. GOVERNMENT USE ONLY

	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 determinatio 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.

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PUBLIC BURIDEN 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 Office, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7990. 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

INCORRECT MARKS:

CORRECT MARK:

RF REFERRED

RR RECORD

DN DISCREPANT

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

PLEASE COMPLETE THE ITEMS SHOWN BELOW 1 IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS BHOWN IN YOUR RECORDS? 2 WERE NO NO THE FRONT OF THIS FORM THE SAME AS BHOWN IN YOUR RECORDS? 2 MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT 3 SUBJECT CURRENTLY EMPLOYED HERE 4 DEFT EMPLOYMENT YOULNTARILY PERFOYED HERE 5 SUBJECT CURRENTLY EMPLOYED HERE 6 DEST EMPLOYMENT YOULNTARILY PERFOYED HERE 6 DEST EMPLOYMENT YOULNTARILY PERFOY ON THIS PERSON'S EMPLOYMENT 6 DEST EMPLOYMENT YOULNTARILY PERFOY ON THIS PERSON SENDED AT THE INFORMATION IN THE MARK 6 DEST EMPLOYMENT YOUNTARILY PERFOY ON THIS PERSON SENDED AT THIS PERSON WELL ENOUGH TO RESPOND NOT PERSON SENDED AT THIS PERSON SENDED AND THIS PERSON WELL ENOUGH TO RESPOND NOT PERSON SENDED AT THIS PERSON SENDED AND THIS PERSON WELL ENOUGH TO RESPOND NOT PERSON SENDED AND THIS PERSON SENDED AND THIS PERSON WELL ENOUGH TO RESPOND NOT PERSON SENDED AND THIS PERSON SENDED AND THIS PERSON WELL ENOUGH TO RESPOND NOT PERSON SENDED AND THIS PERSON WELL ENOUGH TO RESPOND NOT PERSON SENDED AND THE LAW OF A BUSINED AND ACCIONAL AND/ORD DRUGS. 9 DO YOU HAVE ANY DEVERSE INFORMATION ABOUT THIS PERSON SENDED AND THIS PERSON WELL ENOUGH TO RESPOND NOT PERSON SENDED AND THE LAW OF A BUSINED AND ACCIONAL AND/ORD DRUGS. 9 DO YOU HAVE ANY DEVERSE INFORMATION ABOUT THIS PERSON SENDED AND THIS PERSON SENDED AND THIS PERSON SENDED AND THIS PERSON WELL ENOUGH TO RESPOND THE LAW OF A BUSINED AND THIS PERSON SENDED AND THIS PERSON S	STHE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS? VES NO (Please explain in item 6) C WE HAVE NO RECORD ON THIS PERSON AMARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT A SUBJECT CURRENTLY EMPLOYMENT POT THIS PERSON'S EMPLOYMENT C SUBJECT CURRENTLY EMPLOYMENT ON THIS PERSON'S EMPLOYMENT A SUBJECT CURRENTLY EMPLOYMENT ON THIS PERSON'S EMPLOYMENT ON THIS PERSON WILL EMPLOYMENT VOLUNTARILY/EMPLOYMENT ON THIS PERSON'S EMPLOYMENT ON THIS PERSON WILL EMPLOYMENT OR EMPLOYMENT FOR CONTROL OF POSSIBLE OISCHARGE (Please explain in item 6)	1 IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS? 2 YES D NO (Please explain in his mid or 10 THIS PERSONS EMPLOYMENT) 3 SUBJECT CURRENTLY EMPLOYED FERTAINING TO THIS PERSONS EMPLOYMENT 4 SUBJECT CURRENTLY EMPLOYED YES PERSONS EMPLOYMENT 5 SUBJECT CURRENTLY EMPLOYED YES PERSONS EMPLOYMENT 6 EMPLOYMENT VOLUNTARILY EMPLOYMENT CONTROL THE PERSONS EMPLOYMENT TO EMPLOYMENT WOULD INTARILY EMPLOYMENT WOULD INTERILY EMPLOYMENT TO EMPLOYMENT WOULD INTERILY EMPLOYMENT ON EMPLOYMENT WOULD INTERILY EMPLOYMENT WOULD INT			DO NOT USE PENS WITH INK THE DO NOT MAKE ANY STRAY MAR				н. х 🗸 .	•
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