PD F 5521 E Department of the Treasury Bureau of the Public Debt

## INVESTIGATIVE REQUEST FOR EMPLOYMENT DATA AND SUPERVISOR INFORMATION

OMB No. 1535-0141

**U.S. GOVERNMENT USE ONLY** 

F R O M	U.S. Department of the Treasury Bureau of the Public Debt 200 Third Street, Avery 4D Parkersburg, WV 26106	
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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, WE 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.

**NOTICE UNDER THE PRIVACY ACT:** Title 5, Section 301 and Title 31, Section 321, of the U.S. Code authorizes collection of this information. The purpose for collecting this information is to enable the Bureau of the Public Debt (Public Debt) to make a determination about an individual's suitability for employment or a security clearance. The information you provide may be disclosed to the person being investigated and to other federal agencies. Furnishing the information on this form is voluntary, but without this information, Public Debt may be unable to make a determination about the individual's suitability for employment or a security clearance.

**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.

FULL NAME (LAST, FIRST, MIDDLE):						
OTHER NAMES USED:						
DATE OF BIRTH		SOCIAL SECURITY NUMBER	PLACE OF BIRTH			
POSITION FOR WHICH INVESTIGATED:						
CLAIMED EMPLOYMENT						
FROM	то	POSITION	NAME OF SUPERVISOR			
ACTUAL JOB LOCATION (IF DIFFERENT THAN ABOVE ADDRESS)						

## PLEASE COMPLETE THE ITEMS SHOWN BELOW

a YES b NO (Please explain in item 6) c WE HA	AS SHOWN IN YOUR RECORDS? VE NO RECORD ON THIS PERSON			
MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:				
a O SUBJECT CURRENTLY EMPLOYED HERE	d C LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6)			
b C LEFT EMPLOYMENT VOLUNTARILY/ EMPLOYMENT ENTIRELY FAVORABLE	e O DISCHARGED FOR UNFAVORABLE EMPLOYMENT OR CONDUCT			
c O DISCHARGED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS	f RESIGNED AFTER INFORMED OF POSSIBLE DISCHARGE (Explain in item 6)			
	g CLEFT EMPLOYMENT BY MUTUAL AGREEMENT DUE TO SPECIFIC PROBLEMS (Please explain in item 6)			
IS THIS PERSON ELIGIBLE FOR REHIRE?				
a O YES c O NO – DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOY	c ONO - FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)			
DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONI	ESTY OR TRUSTWORTHINESS?			
a ○ NO c ○ I DO NOT KN	OW THIS PERSON WELL ENOUGH TO RESPOND			
b YES (Please explain in item 6) d I WISH TO DI	SCUSS THE ADVERSE INFORMATION I HAVE			
DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSO	N'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:			
YES NO YES NO	YES NO			
a O O VIOLATIONS OF THE LAW c O O ABUSE OF ALC	OHOL AND/OR DRUGS e C C GENERAL BEHAVIOR OR CONDUCT			
b O O FINANCIAL INTEGRITY d O O MENTAL OR EM	OTIONAL STABILITY f C C OTHER MATTERS			
(If YES to any of these q	uestions, please explain in item 6)			
	HE ADVERSE INFORMATION I HAVE			
	BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT AY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.			
DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECUR				
	ITY CLEARANCE OR EMPLOYMENT? OW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION			
a ○ YES c ○ I DON'T KN b ○ NO				
a ○ YES c ○ I DON'T KN b ○ NO	OW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION			
a ○ YES c ○ I DON'T KN b ○ NO	OW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION			