## **Questionnaire for Public Trust Positions**

OMB No. 3206–0258 Form: SF 85P

Interactive/Branching Electronic Questionnaire

Questionnaire Content Guide

(DRAFT for 60 Day Notice)

### General Electronic Form Notes/Notices (all Sections)

The questions/content captured in this document are intended to display what data will be captured from the subject and the questions to be presented based on the subject's responses during data capture.

Question numbering and "electronic form navigation notes" have been made throughout this form to help facilitate review and navigation. These items are subject to change based on the data collection or processing systems this form may be implemented in. Additionally numbering and electronic form notes are not to be considered part of the content of the form. Only the section numbers are applicable as the official numbering for this form.

Screens may vary based on html style formatting, java scripting, data capture formatting, system functionality, validation, and navigation. Systems that are used for the collection of the "Questionnaire for Public Trust Positions (SF 85P)" data for investigative purposes are subject to OMB review and approval.

Dropdown lists throughout this form (such as listings of countries, document types, etc.) are subject to change based on changes or requirements of federal information processing standards and other updates/changes to pertinent information collection, consistent with approved content,

#### OFFICE OF PERSONNEL MANAGEMENT

#### Ouestionnaire for Public Trust Positions, SF 85P

#### **Questionnaire for Public Trust Positions**

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered completely and truthfully in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. If you are a current civilian employee of the federal government: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 21, 25, and 27, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Note: If you complete the SF 85P, an Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) will be provided to you only in the event information arises in an investigation that requires further inquiry for resolution, and only to resolve such issues. This release authorizes an investigator to ask your health practitioner(s) only the questions specified on the release concerning mental health consultations of which the practitioner might be aware. If you are completing the SF 85P with the supplemental SF 85P-S, this release will be provided to you if you respond "yes" to the question regarding Your Medical Record. You may also be asked to complete a specific release if more detailed information is needed from your provider.

#### Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations, of persons under consideration for, or retention of, public trust positions as defined in 5 CFR 731. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when duties to be performed by an employee of a contractor are equivalent to the duties performed by an employee in a public trust position. For applicants, this form is to be used only after a conditional offer of employment has been made. This form is not to be used for National Security sensitive positons.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a public trust position or your ability to obtain or retain Federal or contract employment, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for a public trust position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF 85P

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, social security number, and date and place of birth.

#### Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10577, 13467, and 13488; sections 3301, 3302, 7301, and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 731, and 736 of title 5, Code of Federal Regulations (CFR), and Federal information processing

Your Social Security Number (SSN) is needed to identify records unique to you. 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, as amended by EO 13748.

our spouse's SSN is needed solely to allow the investigative service provider to make inquiries regarding whether there is relevant conduct on your part as a result of your relationship

Background investigations for public trust positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form and your Declaration for Federal Employment (OF 306) 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, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a public trust position or your ability to obtain Federal or contract employment. To avoid such delays, you must request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements your honesty and integrity, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal.

After a suitability determination is made, you may also be subject to periodic reinvestigations to ensure your continuing suitability for employment.

#### Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to-provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

#### **Instructions for Completing this Form (Electronic)**

- 1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with 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 by checking the associated "Not Applicable" box, unless otherwise
- 3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
- 4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
- 5. Do not abbreviate the names of cities or foreign countries.
- 6. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 7. For telephone numbers in the U.S., ensure that the area code is included.
- 8. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the dropdown lists to select the month and day. The year should be entered as a four character number (i.e., 1978 or 2001.), or selected from a dropdown list. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Est." box.

ded to you by the office that gave you this form a nd date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

r legibly print your answers in ink. If the form is not legible, it will not be accepted. You m

this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A," unless otherwise noted.

6. Whenever "City (Country)" is indicated in an address block, also provide the name of the country in that same block when the address is outside the U.S.

7. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Code 8. For telephone numbers in the U.S. ensure that the area code is included.

9. 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

10. If additional space is required for an explanation or to list your residences, employment/self- employment/unemployment, or education, you should use a continuation sheet, SF 864

If additional space is required to answer other items, use a continuation sheet or a blank sheet(s) of paper. Include your name and SSN at the top of each blank sheet (s) used

#### Final Determination on Your Suitability

Final determination on your suitability for a public trust position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity to explain, refute, or clarify any information before a final decision is made. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, and sexual orientation, when making determinations of suitability for a public trust position.

#### 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 **five (5)** years 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 provide on this form and to make your comments part of the record.

#### Disclosure Information

The information you provide is for the purpose of investigating you for a position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are 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 you provide 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, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

#### Privacy Act Routine Uses

- For Judicial/Administrative Proceedings—To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- For National Archives and Records Administration—To disclose information to the National Archives and Records Administration for use in records management inspections.
- Within OPM for Statistical/Analytical Studies—By OPM in the production of summary descriptive statistics and analytical studies in support of the function for which the
  records are collected and maintained, or for related workforce studies. While published studies do not contain individual identifiers, in some instances the selection of
  elements of data included in the study may be structured in such a way as to make the data individually identifiable by inference.
- For Litigation—To disclose information to the Department of Justice, or an OPM agency representative in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when: (1) OPM, or any component thereof; or (2) Any employee of OPM in his or her individual capacity; or (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation provided, however, that the disclosure is compatible with the purpose for which records were collected.
- For the Merit Systems Protection Board—To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- For the Equal Employment Opportunity Commission—To disclose information to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, compliance by Federal agencies with the Uniform Guidelines on Employee Selection Procedures or other functions vested in the Commission and to otherwise ensure compliance with the provisions of 5 U.S.C. 7201.
- For the Federal Labor Relations Authority—To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government having a need to evaluate qualifications, suitability, and loyalty to the United States Government and/or a security clearance or access determination.
- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, when such agency, office, or establishment conducts an investigation of the individual for purposes of granting a security clearance, or for the purpose of making a determination of qualifications, suitability, or loyalty to the United States Government, or access to classified information or restricted areas.
- To designated officers and employees of agencies, offices, and other establishments in the executive, judicial, or legislative branches of the Federal Government having
  the responsibility to grant clearances to make a determination regarding access to classified information or restricted areas, or to evaluate qualifications, suitability, or
  loyalty to the United States Government, in connection with the performance of a service to the Federal Government under a contract or other agreement.
- To the intelligence agencies of the Department of Defense, the National Security Agency, the Central Intelligence Agency, and the Federal Bureau of Investigation for use in intelligence activities
- To any source from which information is requested in the course of an investigation, 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.
- To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the
  hiring or retention of an employee, the issuance of a security clearance, the conducting of a security or suitability investigation of an individual, the classifying of jobs, the
  letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the
  requesting agency's decision on the matter.
- To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that
  individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement
  under 28 U.S.C. 1746 from the subject of the investigation.
- To the Office of Management and Budget at any stage in the legislative coordination and clearance process in connection with private relief legislation as set forth in OMB Circular No. A-19.
- To disclose information to contractors, grantees, experts, consultants, or volunteers performing or working on a contract, service, or job for the Federal Government.
- For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the
  adjudicative support.
- To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.

#### \*LOCATION CODES (PAPER FORM ONLY, Electronic forms to use dropdown lists)\*\*

Alabama AL, Alaska AK, Arizona AZ, Arkansas AR, California CA, Colorado CO, Connecticut CT, Delaware DE, District of Columbia DC, Florida FL, Georgia GA, Hawaii HI, Idaho ID, Illinois IL, Indiana IN, Iowa IA, Kansas KS, Kentucky KY, Louisiana LA, Maine ME, Maryland MD, Massachusetts MA, Michigan MI, Minnesota MN, Mississippi MS Missouri MO, Montana MT, Nebraska NE, Nevada NV, New Hampshire NH, New Jersey NJ, 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, South Dakota SD, Tennessee TN, Texas TX, Utah UT, Vermont VT, Virginia VA, Washington WA, West Virginia WV, Wisconsin WI, Wyoming WY, American Samoa AS, Guam GH, Northern Mariana Islands MP, Puerto Rico PR, Virgin Islands of the U.S. VI

#### Public Burden Information (Electronic

Public burden reporting for this collection of information is estimated to average 155 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. The OMB clearance number, 3206-XXXX, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

#### **Public Burden Information**

Public burden reporting for this collection of information is estimated to average 155 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-XXXX, is currently valid. OPM may not collect this information, and you are not required to respond unless this number; is displayed.

# PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS. I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), or removal and debarment from Federal YES Service.

## Agency Use Block "AUB"

Investigating agency user or	nly	Codes: (F	IPC CODES)	Case Nur	nber:	
FOR COMPETITIVE SERV	VICE INITIAL APPO	DINTMENTS ONLY	: WHEN THE OF 3	806, RESUME, ANI	O OTHER INFORMA	TION
PROVIDED IN THE HIRIN	NG PROCESS APPE	ARS TO BE DISCRI	EPANT WITH INFO	ORMATION PROV	IDED ON THIS QUE	ESTIONNAIRE,
THOSE DISCREPANT DO	CUMENTS MUST I	BE FORWARDED V	VITH THIS QUEST	TONNAIRE TO OF	PM FOR ACTION.	
A – Type of Investigation	B – Extra coverage	/ advanced results	C – Risk level			
E – Nature of action code	F – Date of action		G – Geographic lo	ocation	H – Position code	
I – Position title	J – SON (Submittir	ng Office Number)				
K – Location of Official Per	sonnel Folder _ Nor	ne _ NPRC _ At SON	V_e-OPF_Other	Other address / we	eb address of e-OPF	Zip Code
L – SOI (Security Office Ide	entifier)					
M – Location of Security Fo	older _ None _ NPI	_ At SOI _e-OPF _ C	Other	Other address		Zip Code
N – IPAC O – TAS	P – Obligating docu	ument number	Q - BETC	R – Accounting d	ata and /or Agency cas	se number
S – Investigative requiremen	nt _Initial _Reinvest	igation T - Requ	esting Official: Nan	ne, Title, Signature,	Email Address, Telep	hone, Date
U – Secondary Requesting (	Official: Name, Title	, Email Address, Tele	ephone Number			
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#### Beginning of Ouestionnaire

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Section 1 –				,						
Provide your ful	l name. If you have on	ly initials in	n your name, p	provide ther	n and indicate "Initi	al only". If you	Last	First	Middle	Suffix
	iddle name, indicate "N	o Middle l	Name". If you	are a "Jr.,"	"Sr.," etc. enter this	under Suffix.				
	Date of Birth									
Provide your dat		e	Est. 1							
	Place of Birth									
Provide your Pla		7		County	S	State		Coun	ıtry	
Section 4 –										
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	Other Names U									
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Have you used a	es), or nickname(s)).								YES	S NO
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	Provide dates used.				From Date (Estin		To I	Date (E	stimated/Pro	esent)
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		Е	stimated					Es	timated
	Provide the name in which pa	ssport was first i	ssued.	Last		First	Mid	ldle	Suffix
Section 9 –	Citizonshin								
	at reflects your current citizensl	nin etatue and cli	ck Sava						
Provide your cur	rent citizenship status:   I lizen or national by birth, born to	am a U.S. citize	n or national b					onwealth.	
□ I am not a U.S.									
	You answered that you are a	U.S. citizen or na	tional by birth	, born to U.	S. pare	ent(s) in a forei	gn countr	у.	
	Provide type of documentatio				•				Explanation
	(FS) 240, DS 1350 FS545, Ot								
Branch	Provide document number for		n abroad:			Document Nui			
	Provide the date the documen					Date		timated	Ct
Foreign Born to U.S. Parents	Provide the place of issuance.  Provide the name in which do		ad			City Last	State First	Middle	Country Suffix
in a Foreign	Provide your Citizenship Cert		eu.			Certificate Nui			Sullix
Country	Provide the place of issuance.					<del>City</del>	State		Court
J	Provide the date the certificate					Date		imated	
	Provide the name in which the	e certificate was	issued.		I	Last	First	Middle	Suffix
	Were you born on a U.S. mili								YES NO
	Branch If Yes	You answered t		orn on a U.	.S. mili	itary installatio	n.	1	
	1.	Provide the nan						Name (F	ree Text)
	You answered that you are a provide the date of entry into		citizen.			Data		Estimated	
	Provide the location of entry in					Date City		State	
	Provide country(ies) of prior					Country (A	llows for		
	Do/did you have a U.S. alien		ber?					1 /	YES NO
	Branch If Yes	Provide your U Certificate of N CIS, or INS reg	aturalization-u	tilize USCI	IS,	Alien Regis	tration N	umber (Free	Text)
	Provide your citizenship certi		istration nume	CI, I-LLI, I	<del>-700.</del>	Citizenshin	Certificat	e Number (I	Free Text)
	Provide the location of the co		izenship certifi	cate was iss	sued.	Court (Free		o i valito e i (i	rec renty
Branch	<del>Street</del>	<del>City</del>	•			State		<del>Zip</del>	
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Naturalized U.S. Citizen	Provide your naturalization C N570).	ertificate of Natu	<mark>ıralization</mark> nun	iber (N550	or	Number (Fr		icate <mark>of Natu</mark>	ralization
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	Provide the address of the cou	ırt <del>where natural</del>	ization certific	ate was issu	<del>ied</del>				
	that issued the Certificate of N	Naturalization.			,				
	Street	City				State		Zip	
	Provide the date the naturalization					Date		Estimated	
	Provide the name in which the issued.	e <del>naturanzation</del> (	Zertificate of N	laturanzatio	on was	Last	First	Midd	le Suffix
	Provide the basis of naturaliza	ation - Based	on my own ind	ividual natı	uralizat	tion application	n		Explanation
	-By operation of law through	<del>h my U.S. citizen</del>	<del>parent.</del> - Othe	er (Provide	explan	ation)	,		2p.m.m.ron
	You answered that you are a d								
	Provide your alien registration		rtificate of Citi	zenship —ι	utilize I	USCIS, CIS 01	INS regi	stration num	ber)
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Branch	Provide your Permanent Resident Card num								
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Derived	Certificate of Citizenship nun								
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	Provide the date document wa			nated 🗆					
	Provide the basis of derived c	itizenshipBy o	peration of law	through m	ıy U.S. (	citizen parent	Other (I	Provide explo	anation)
	Explanation  Not a U.S. Citizen								
	Provide your residence status.	Status	(Free Text)	Provide th	e date o	of entry into th	ne U.S.	Date	-
	Trovide your residence status	Status	(1100 10.10)	1101100 111	ie date .	or chirty miles u		Estimated	
Branch	Provide your country(ies) of c			Provide yo	our plac	ce of entry in t	he U.S.	City (Free	Text) State
brancii	Provide your alien registration				on Nun	nber (Free Tex			1
Citizenship	Provide document expiration			Date	T7: 4	Estimated		ng 2010	E1
Not a U.S.	Provide type of document issue		/isa –red			ed foil number	r), <i>I-20, D</i>	S-2019,	Explanation
citizen	foil number, I-20, DS-2019, e Provide document number:	u.)				xplanation) er (Free Text)			1
	Provide the name in which the	e document was	issued.		ast	ver (Free Text)	First	Midd	le Suffix
	Provide the date document wa		Date			the document			
			Estimated		ate. <del>of v</del>		-		nated
Section 10 -	- Dual/Multiple Citize	nship & Fo	reign Pass	sport Inf	form	ation			
	ave you EVER held dual/multi			1					YES NO
Branch	You answered "Yes" to havin		ıal/multiple cit						•
	Provide country of citizenship				d of tin	ne did you hole	d citizensl	nip with this	country?

Dual/Multiple		e date range tha							From Date			
Citizenship		nrough its termi ou acquire this							(Estimated	/	mated/Pr (Free Te	
(Multiple	110 11 414 9	ou uequire time	1011 010	· cruzeri	тр јос		previo	ously muc.		110	1100 10	
Entries												
Allowed)	Branch If Present	Cumant				old citizenship	with	this country?			YES	NO
		of dual/multiple		vide exp								
		ve an additional				istea.	П	YES (Yes adds ar	nother entry)	NO (Requ	ired to va	alidate)
Have you EVI	ER been issued	l a passport (or i	identity o	card for t	ravel) l					•	YES	NO
								d for travel) by a		than the U.S		
D1		e country in wh e date the passp					issued	1.	Country: Date	Fe	timated	1
Branch		e place the pass							City	L3	Coun	
Foreign		e name in which					1:		Last	First M		Suffix
Passport (or		e passport (or ic							Passport# (	,		
Identity Card)		e passport (or ic EVER used this					trovo	19	Date	Es	imated □ YES	NO
(Multiple	Branch	EVER used till				es to which yo			Country	From Date		Date
Entries		Entries Allowed						s involved with	Country	(Estimate		st/Pres)
Allowed)			eac									
	Do you ha report?	ve an additional	l foreign	passport	(or ide	ntity card) to		YES (Yes adds anot	her entry)	NO (Required	to valida	te)
G 4 14		X7 II	T . 1	1				(Tes adds allot	ner entry)	(Required	to vanda	110)
		You Have				'1 1	1.	1 1 7 D	· 1 C .	1 4' '	1 (1	
								back <b>7 years</b> . Res				
								during a time peri				
		irthday unless to							•			
You are not re	uired to list te	emporary locatio	ons of le	ss than 9	0 days	that did not se	rve as	your permanent o	or mailing add	dress.		
	•				•			•				
								vho preferably stil spouse, cohabitant				
periods of resi		completely out	side uns	s 3-year p	ciiou,	and do not nis	yours	spouse, conabitan	t of other rea	urves as the v	CHILCH TO	L
		(Multiple Entri	ies Allov	ved)								
Provide dates						From Date				ate (Estimate		
Is/was this resi Provide the str		ned by you □ R	ented or	leased b	y you	☐ Military hou Street add		Other (Provide of		Explanation and Zip Code		
Branch		indicated an AP	O/FPO a	address;	provide			ata with street add				
Physical		home port/flee							,, <sub>F</sub>	· · · · · · · · · · · · · · · · · · ·	,	
Location		lress/Unit/Duty			~					or Post Name		
Branch		ate for ports in indicated an add				y location.			State	and Zip Cod	e or Coun	itry
APO/FPO		u have an APO/				is location					Yes	No
Address	Branch If			FPO add			Addre	ess APO or FP	PO APO	FPO State C		p Code
	Provide th	e name of a neig						no knows you at th				
	Provide the	e full name:	Last	First	Midd	le Suffix	Pro	ovide date of last of	contact:	Date	 nated $\square$	
	Provide yo	our relationship	to this pe	erson (ch	neck all	that apply)	_ l	Neighbor   Frien	nd 🗆 Landlo			te
								Other (Provide exp				
		e following con							1 0	.1.*	Lar	1 75 .
Branch	Provide ev	ening phone nu	mber 101	r tnis per	son:	Number/Ext Check box	Pro	ovide daytime pho	one number 10	or this person		ber/Ext ck box
Branch						if					if	ck ook
Person Who						international						national
Knew you						_I don't know					_I do know	
(if address	Provide ce	ll/mobile phone	number	for this	person:		Nu	ımber/Ext C	heck box if in	nternational	I don't l	
dates within	Provide e-	mail address for	this per	son:			En	nail (Free Text)				
last 3 years)	Provide str	reet address for						eet address and C	,	and Zip Cod		
	Branch							ical location data v r. Provide physic			ost, emba	assy,
	Physical	Street Addre				on meet nead	quarter	1. Trovide physic		or Post Name		
	Location	Provide Stat	te for por	rts in Un	ited Sta	tes, or Counti		tion.		and Zip Cod		ıtry
	Branch					ide of the U.S						
	APO/FPO Address	Branch If Y				an APO/FPO address:	addre Addre		PO ADO/E	PO State Co	Yes	No p Code
Do you have a		sidence to repor		oviue Al	. U/1'PC	auuless.		(Yes adds another		NO (Requ		
				hool			_~	, and another		- (21091		
		You Went			vida a	ninimum of tr	VO MOC	rs education histor	ry (Multiple	Entries Aller	ved)	
		ols <b>in the last 7</b>		ss to pro	viue a I	minimum Of TV	vo year	is education misto	ry. (iviulupie	Enuies Allov	YES	NO
Branch			.,									_
	Have you rec	eived a degree o	or diplon	na more	than 5	years ago?					YES	NO
	Branch	Provide the dat	tes of att	endance.		Fı		ate (Estimated)		ate (Estimate	d/Present	)
If Yes to Attending			tes of att t approp	endance. riate box	to desc	Fribe your sch	ool.		□ College/U	niversity/Mil	d/Present	)

	Degree			ool. For corresponde			Street address an			
		For assistance de	schools, provide the termining the school accreditation/searc		records are mai	ntained.	State and Zip Co	de or	Countr	У
		For schools you	ttended in the last	3 years, list a person pleted more than 3						
		schools, list some	one who knew you	while you received	this education.	_				
				ows/knew you at sch ew you while you re					Name (Free T	ext)
		Provide current a	ddress for this pers	on (including apartn						ĺ
		Street address an Provide telephon	e number for this po	erson.			State and Zip Co Number/Ext	de or	Countr	у
		-					Time Day Night Check box if In phone number		ional o	r DSN
		Provide email ad	dress for this person	n: □ I don't know			<del>pnone number</del> Email (Free Text	)		
		Did you receive	degree/diploma?	6.1 ( ) / 1' 1	() 1	11. ()	1 1	,	YES	NO
			Degree/diplor	of degrees(s)/diplom	a(s) received ai h School Diploi		arded: Other degree/dip	loma		
		Branch If Yes to	• Associate's	• Bachelor's • Ma	ster's • Doctor	ate	Other Degree (Fr		xt)	
		Receiving Degre	• Professiona	l Degree (e.g. MD,	$DVM, JD) \bullet Ot$	ther	Month / Year	Date		
									– – — mated □	_
				enter (include educes more than 7 years			YES (Yes adds another entry)		O (Req	•
Coation 12	o Empl		•	•			• • • • • • • • • • • • • • • • • • • •	10	Vallua	ite)
				yment & Une nd self-employment,				k 7 ve	ars Th	he
entire period m each change of	ust be account military duty not list emplo	nted for without brown station. Provide s	eaks. If the employr eparate entries for e	ment activity was mi mployment activities as to provide a minir	litary duty, list s with the same	separate emp e employer bu	oloyment activity at having differer	perio	ds to sh	
	oloyment act	nt □ State Gov	ernment (Non-Fede		□ Self-		sioned Corps  □ Unemployme	ent		
□ Federal Cont				t (excluding self-em		-4-4\	Other (Provid			
Other Type Exp			Provide dates of ard/Reserve, or US	PHS Commissioned	om Date (Estim	ated)	To Date (Estir	nated/	Presen	(t)
	Select	the employment st	atus for this position	n: 🗆 Full-time 🗆 Pa	rt-time					
		e your assigned du during this period			ovide your most k/position title.		Rank/position	(Free	Text)	
		e address of duty s			eet address and		State and Zip	Code	or Cou	ntry
	Teleph	none number		Tir	, ,	oth _Check t	oox if Internation	al or l	DSN pl	hone
	Additi	onal Periods of Ac	ivity with this Emn	nur <del>loyer - Provide addi</del>	nber tional periods c	of activity if v	on worked for th	is em	nlover	on
	<del>more t</del>	<mark>han one occasion a</mark>	the same physical	location (for examp	<mark>le, if you worke</mark>	ed at XY Plur	<mark>nbing in Denver</mark>	CO,	during	<del>3</del>
				ormation concerning two previous period						<del>le</del>
	(Multi	ple Entries Allowe	th	two previous period	3 of employmen	it as citties o	сюму. Тчог гарр	ircaoic	<u>С</u> Ц	
		of employment	I no see	(E. T)	From Date (	Estimated)	To Date (Estir			ı <del>t)</del>
Branch	Positic			(Free Text) PO address; provide	Supervisor  physical location	on data with a	Supervisor (Fi			o.t
If Employment	Branc	h embassy u		ation or home port/f					ase, pos	sı,
Type is Active	Physic Location		ess/Unit/Duty Loca	tion:	•		City or Post N			
Duty, National		Provide sta		nited States, or cour			State and Zip			
Guard/Reserve, or USPHS	Branc APO/F		dicated an address le at this location?	outside of the Unite	d States. Do yo	u or did you	have an APO/FP	o	YES	NO
Commissioned	Addres			APO/FPO address:	Address	APO/FPO	APO/FPO Sta	te '	Zip Co	de
Corps		e the name of your		711 O/11 O address.		ame (Free Te		10 1	Zip Co	de
•			title of your superv	isor.		ank/position (				-
			of your supervisor			mail (Free Te				
			location of your su	ipervisor.	Street address		State and Zip	Code	or Cou	ntry
	Provid	e supervisor teleph	one number		Number/Ext Time Day N phone numb	ight Both _Cl	heck box if Inter	nation	nal or D	SN
	Branc Physic	h address, ba al data of you	se, post, embassy, u supervisor:	PO address for your nit, and country loca	supervisor; pro	vide physical	lquarter. Provide	physi		
	Location		ess/Unit/Duty Loca				City or Post N			
	D.			nited States, or cour		000 110334	State and Zip			
	Branc APO/F	Y ou have in	idicated an address iddress while at this	outside of the Unite	u States. Did/d	oes your supe	ivisor nave an		YES	NO
	APO/F Addres			APO/FPO address:	Address	APO/FPO	APO/FPO Sta	te '	Zip Co	de
D 1		Dianen II	1 10 viuc	O/11 O add1033.	4 100100					
Branch	Other	Federal employmen	t, State Governmen	nt, Federal Contract	or, Non-govern	ment employ	ment, or Other			
Branch	Provid	e most recent posit	ion title.		_	ment employ	ment, or Other Position (Free	Text)	)	
If Employment Type is Other	Provid Select	e most recent posit	ion title. atus for this position	nt, Federal Contract	_	ment employ				

Federal		address of employer		Street a	ddress and City	State and Zip Cod	le or Cou	ıntry				
employment, State	Provide tele	phone number				Number/Ext. Time Day Night I						
Government, Federal						box if Internationary	al or DS	N				
Contractor, Non-	Additional I	Periods of Activity wi	th this Employer - Provide addit	ional peri	ods of activity if y		employer	on				
government			ne physical location (for example									
employment, or			ld enter information concerning					de				
Other		ion titles, and supervis	ors for the two previous periods	of emplo	yment as entries b	elow). Not Applica	ble □					
	Dates of em		From Date (Estimated)	1	To Date (Estimat	ed/Present)						
	Position title	1 7	Position (Free Text)	+	Supervisor	Supervisor (I	Free Tex	t)				
	Is/was your	physical work addres	s different than your employer's	address?			YES	NO				
			ldress where you are/were physi	cally loca								
	Branch	Street address and C			State and Zip Coo	de or Country						
	Physical Location	Provide telephone r	number:		Number/Ext. Time Day Night DSN phone number	Both _Check box if	Internati	onal or				
	Branch		an APO/FPO address; provide p country location or home port/flo		ocation data with e	either street address,		st,				
	Physical Location	Street Address/Unit				City or Post Name						
	Location		rts in the United States, or count			State and Zip Cod	le or Cou	ıntry				
	Branch		an address outside of the United	l States. I	o you or did you	have an APO/FPO YES						
	APO/FPO Address	address while at thi  Branch if Yes	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Co	da				
		name of your supervis		Address	AFO/IFO	Supervisor name						
		position title of your s		Supervisor position								
	Provide the	email address of your		Supervisor email	(Free Te	xt)						
		physical work locatio		Street a	ddress and City	State and Zip Cod	le or Cou	ıntry				
	Provide sup	ervisor telephone nun	nber			Number/Ext.	D-41- Ch	1-				
				Time Day Night I box if International								
				phone number	ar or Do	· <u> </u>						
		You have indicated	; provide physical	location data with e	ither stre	et						
	Branch		me port/fleet head	quarter. Provide phy	ysical lo	cation						
	Physical	data of your superv										
	Location	Street Address/Unit	rts in the United States, or count	City or Post Name: State and Zip Code or Cour								
	Branch		an address outside of the United									
	APO/FPO		while at this location?									
	Address	<b>Branch</b> if Yes	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State Zip Code						
	Self-Employ					Position (Free Text)						
		st recent position title.  mployment status for		Part_time		Position (Free Text)						
		name of your employ		art time		Employment nam	e (Free 7	Text)				
	Provide the	address of employer		Street a	ddress and City	37 1 77						
	Provide tele	phone number				Number/Ext.  Time Day Night I box if Internationary phone number						
	Is your phys	sical work address diff	forant than your amployment ad									
		I D 11 1 1										
			ldress where you are/were physi		ted.		l	NO				
	Branch	Street address and C	ldress where you are/were physi City		ted.	State and Zip Cod	l					
	Branch Physical Location	Street address and G Provide telephone r	ldress where you are/were physi City number:	cally loca		Number/Ext. Time Day Night I box if Internation phone number	le or Cou Both _Ch al or DS	intry leck				
	Physical Location	Street address and G Provide telephone r  You have indicated	ldress where you are/were physi City number: an APO/FPO address; provide p	cally loca	ocation data with e	Number/Ext. Time Day Night I box if Internation phone number either street address,	le or Cou Both _Ch al or DSI base, po	intry leck N				
	Physical Location Branch	Street address and G Provide telephone r  You have indicated embassy, unit, and G	Idress where you are/were physi City number: an APO/FPO address; provide p country location or home port/fle	cally loca	ocation data with e	Number/Ext. Time Day Night I box if Internation phone number either street address, ysical location data:	Both _Chal or DSI	intry leck				
	Physical Location	Street address and G Provide telephone r  You have indicated embassy, unit, and G Street Address/Unit	Idress where you are/were physicity number:  an APO/FPO address; provide production or home port/fle/Duty Location:	cally loca	ocation data with entertain phase. Provide ph	Number/Ext. Time Day Night I box if Internation phone number either street address, ysical location data: City or Post Name	le or Cou Both _Ch al or DSI base, po e:	intry ieck N st,				
Branch	Physical Location  Branch Physical	You have indicated embassy, unit, and street Address/Unit Provide state for po	Idress where you are/were physicity number:  an APO/FPO address; provide pountry location or home port/fle//Duty Location: rts in the United States, or country location or home port/fle//Duty Location:	cally loca physical locet headqury location	ocation data with outlier. Provide phon.	Number/Ext. Time Day Night I box if Internations phone number either street address, ysical location data: City or Post Name State and Zip Cod	le or Cou Both _Ch al or DSI base, po e:	intry ieck N st,				
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If Employment Type is Self-	Branch Physical Location  Branch Physical Location  Branch APO/FPO Address Provide the	You have indicated embassy, unit, and Street Address/Unit Provide state for po You have indicated address while at thi Branch if Yes	an APO/FPO address; provide percountry location or home port/fle/Duty Location: rts in the United States, or count an address outside of the United s location? Provide APO/FPO address: t can verify your self-employme	ohysical leet headqury location I States. F	ocation data with cuarter. Provide phon.  Oo you or did you  APO/FPO Last	Number/Ext. Time Day Night I box if Internation phone number either street address, ysical location data: City or Post Name State and Zip Codhave an APO/FPO	Both _Ch al or DS base, po e: de or Cou YES Zip Co	intry  ieck N  st,  intry  NO				
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If Employment Type is Self-	Branch Physical Location  Branch Physical Location  Branch APO/FPO Address Provide the Provide the Provide the Provide the	You have indicated address while at this Branch if Yes name of someone that address of this verifie telephone number for You have indicated address of this verifie telephone number for You have indicated address of this verifie telephone number for You have indicated either street address physical location data	an APO/FPO address; provide pountry location or home port/fle//Duty Location: rts in the United States, or count an address outside of the United s location?  Provide APO/FPO address: t can verify your self-employme r. this person  an APO/FPO address for your self, base, post, embassy, unit, and that for this person	cally local left by sical left	ocation data with one carter. Provide phonon.  Oo you or did you  APO/FPO Last ddress and City //Ext. ay Night Both _Cumber oyment verifier; pr	Number/Ext. Time Day Night I box if Internations phone number either street address, ysical location data: City or Post Name State and Zip Codhave an APO/FPO APO/FPO State State and Zip Codhave and Zip Codh	base, po e: le or Cou YES Zip Co First le or Cou onal or I	nntry  seck  N  st,  nntry  NO  de  nntry  with				
Branch  If Employment Type is Self- Employment	Branch Physical Location  Branch Physical Location  Branch APO/FPO Address Provide the Provide the Provide the Provide the	Street address and G Provide telephone r  You have indicated embassy, unit, and of Street Address/Unit Provide state for poor You have indicated address while at this Branch if Yes name of someone that address of this verifie telephone number for You have indicated either street address physical location de Street Address/Unit Provide state for po	an APO/FPO address; provide pountry location or home port/fle/Duty Location:  rts in the United States, or count an address outside of the United s location?  Provide APO/FPO address: t can verify your self-employme r. this person  an APO/FPO address for your s s, base, post, embassy, unit, and tata for this person  /Duty Location: rts in the United States, or count	oblysical leet headquery location Street a Number Time Deplorement of the property location with the p	ocation data with charter. Provide phon.  Oo you or did you  APO/FPO Last ddress and City //Ext. ay Night Both _Cumber oyment verifier; procation or home poon.	Number/Ext. Time Day Night I box if Internations phone number either street address, ysical location data: City or Post Name State and Zip Codhave an APO/FPO  APO/FPO State  State and Zip Codheck box if International physical location ort/fleet headquarter.  City or Post Name State and Zip Codheck box if Internation ovide physical location ort/fleet headquarter.	Both _Chal or DSI base, po e: le or Cou YES Zip Co First le or Cou onal or I ion data Providee:	nntry  leck N  note the content of t				
If Employment Type is Self-	Branch Physical Location  Branch Physical Location  Branch APO/FPO Address Provide the Provide the Provide the Provide the	Street address and G Provide telephone r  You have indicated embassy, unit, and of Street Address/Unit Provide state for poor You have indicated address while at this Branch if Yes name of someone that address of this verifie telephone number for You have indicated either street address physical location de Street Address/Unit Provide state for po	an APO/FPO address; provide pountry location or home port/fle/Duty Location: rts in the United States, or count an address outside of the United s location? Provide APO/FPO address: t can verify your self-employme r. this person  an APO/FPO address for your s s, base, post, embassy, unit, and tat for this person/Duty Location: rts in the United States, or count an address outside of the United and address outside of the United and address outside of the United	oblysical leet headquery location Street a Number Time Deplorement of the property location with the p	ocation data with charter. Provide phon.  Oo you or did you  APO/FPO Last ddress and City //Ext. ay Night Both _Cumber oyment verifier; procation or home poon.	Number/Ext. Time Day Night I box if Internations phone number either street address, ysical location data: City or Post Name State and Zip Codhave an APO/FPO  APO/FPO State  State and Zip Codheck box if International physical location ort/fleet headquarter.  City or Post Name State and Zip Codheck box if Internation ovide physical location ort/fleet headquarter.	Both _Chal or DSI base, po e: le or Cou YES Zip Co First le or Cou onal or I ion data Providee:	nntry leck N Intry NO				

	Address	<u> </u>		APO/	FPO State			Zip Code			
	Unemployr		-C		: C		C		T		C:4
			ess of this verifier		ity your unemploy	ment activities and mean Street address and Cit		State and 2	Las		First
			hone number for		on	Number/Ext.	ıy	State and 2	zip Cod	le or Cot	muy
	1 Tovide the	telepi	ione number for	uns pers	OII	Time Day Night Both	_Checl	k box if Inte	rnation	al or DS	N
Branch						phone number					
If Employment	Branch					our unemployment verific					
Type is	Verifier		ner street address, ysical location da			and country location or h	ome po	rt/fleet head	quarter.	Provid	le
Unemployment	Physical		eet Address/Unit/					City or Pos	st Nam	e.	
	Location				United States, or o	country location.		State and 2			untry
	Branch	You	u have indicated	an addre	ss outside of the U	nited States. Does your u	nemplo			YES	NO
	Verifier	hav	e an APO/FPO a				1				
	APO/FPO Address	Bra	anch if Yes		de APO/FPO addre	ess for this person:		Address		APO/I	FPO
		reaso	n for leaving the		FPO State			Zip Code Reason (Fr	ree Tev	t)	
						you in the last seven (7)	years?	reason (1)	ice rex	YES	NO
	• Fired •	Quit a	after being told yo	ou would	be fired • Left	by mutual agreement follo	owing c				
	allegations	of mis	sconduct • Left b	y mutua	l agreement follow	ring notice of unsatisfacto	ory perfo	ormance			
Branch			Salact the type	of incid	ent: Fired • O	uit after being told you w	ould be	fired			
						rges or allegations of mis					
If Employment	Branch				nent following not	ice of unsatisfactory perfo					
Type is Active Duty, National	If Fired, Qu	ıit.	Branch			on for being fired.				n (Free T	
Guard/Reserve,	Left by Mu		If Fired		Provide the date					Estimate	
USPHS	Agreement		Branch		Provide the reas	on for quitting.  you quit after being told	VOII WO	uld be		n (Free T Estimate	
Commissioned	Left After		If Quit		fired.	you quit after being told	you wo	uid be	Date	Estillate	мп
Corps, Other Federal	Unsatisfact Performance		Branch			ges or allegations of mise			Charge	es (Free	Text)
employment,	Terrormane		If Left after Ch	harges		you left following charge	es or all	egations	Date	Estimat	ed □
State	(Multiple		Branch		of misconduct.	an(a) far unacticfactorum	aufaum a		Danas	n (Free T	Fort)
Government,	Entries		If Left Unsatis	factory	Provide the date	on(s) for unsatisfactory p you left by mutual agree	ment fo	llowing a		Estimat	
Federal Contractor, Non-	Allowed)		performance	nactory		factory performance.	mem 10	nowing u	Dute	Louina	<b>-</b>
government					ears do you have a	nother reason for leaving		YES (Yes add		NO (Req	
employment,	E 41.	1	report for this					nother entry	) t	o validat	
Self-						ceived a written warning, workplace, such as a vio			olicy?	YES	NO
Employment, Unemployment,	Branch	u, susp				disciplined for miscondu		r security po	nicy.		L
or Other	If Disciplin	ied,	Provide the	month a	nd year you were	warned, reprimanded, sus	pended	or	Date (	Estimate	:d)
	Warned,		disciplined.							- T	
	Reprimand Suspended					, reprimanded, suspended line or a warning to		YES (Yes ad		n (Free T NO (Req	
	(Multiple E			c unouic	i mistance of discip	or a warning to		nother entry		o validat	
D 1	Allowed)			0		37E0 /37 11	.1	. NO	<u> </u>	1. 1	
Do you have an ac	dditional emplo	ymen	t activity to enter	r? • • • • • • • • • • • • • • • • • • •	E. J 1 (	YES (Yes adds and	other en	try) NO (	Require	ed to val	idate)
					ner Federal S	indicated previously, to	mam aut?			YES	NO
Branch			leral Service Deta		mary service, NO1	ilidicated previously, to	report?			IES	NO
Branch			es of federal civil		loyment.	From Date (Estimated	(h	o Date (Est/	Present	t)	
If Yes to Former				eral agen	cy for which you a	re/were employed.		Vame			
Federal Service			r position title.		T ==			Position title			
(Multiple Entries			location of the a		Street address a	nd City nent, excluding military	S	tate and Zip ES (Yes add	Code o	or Count	
Allowed)			T indicated previ			ment, excluding minuary		nother entry		o validat	
Section 13c				, , , , ,	1						
				seven (7	) vears at employn	nent activities that you ha	ve not p	reviously lis	sted? (I	f Yes, yo	ou will
be required to add	an additional	employ	yment in Section	13a)	<ul> <li>Fired from a j</li> </ul>	ob? • Quit a job a					
					allegations of mis	conduct?					
Left a job by mu     Received a writt						ed for misconduct in the	worknla	ce such as i	violatio	n of a se	curity
policy?	en warning, be	CII OIII	retaily reprimate	ica, sasp	ended, or disciplin	ed for misconduct in the	workpia	cc, such as v	rioiatio	101 4 50	currey
1 ,										YES	NO
Section 14 –	Selective S	Serv	ice Record							·	·
Were you born a i									YI	ES N	10
	Selective Serv	vice Re	egistration								
	Have you regi	stered	with the Selectiv					on't know	YI		10
Branch	Branch					gov, can help provide the			for per	sons wh	o have
	If Yes		Provide registr			per is not your Social Sec		imber gistration nu	ımber (	Free Tex	st)
If Yes to Born	Branch					with the Selective Service				10/	/
Male After 12/31/1959	If No		Provide explan	nation			Ex	planation (F		it)	
12,01,1707	Branch				know' to having re	egistered with the Selective					
	If I Don't Kno	W	Provide explan	nation			Ex	planation (F	ree Tex	it)	

Section 15 – Military History  Have you EVER served in the U.S. Military?  YES NO											
Have you EV			11 1 77 0	200				YES	NO		
		nded 'Yes' to having ser e branch of service you s		Mılıtary: State if National Gua	and	Officer or en	listadı	Provide your serv	rico		
		Army National Guard	erved III.	Provide your status	ıru	□ Not Applic		number.	ice		
		Air Force □ Air Nationa	l Guard	$\Box$ Active Duty $\Box$ Act	ive Reserve	□ Officer	uoic	Number (Free Te	xt)		
		Corps 🗆 Coast Guard		□ Inactive Reserve		□ Enlisted			/		
		our dates of service		From Date (Estimate		To Date (Est					
	Were you	discharged from this inst						YES	NO		
	D	or National Guard		scharged from U.S. m	ilitary service	, to include Re	serves				
	Branch			u received:   Honora	hle □ Dishon	orable □ Unde	r Other	than Honorable			
Branch	If Yes to			d Conduct   Other				11011011011			
21	Discharge					Disc	harge ex	xplanation (Free Te	xt)		
If Yes to		Provide the date o					Estim				
Serving in		If Discharge Not Honora		the reason(s) for the				Free Text)	NO		
the U.S. Military		t 7 years, have you been y Justice (UCMJ), such a					Uniforn	n Code YES	NO		
wiiitary	Of Willian			been subject to court n			rocedur	e under the Uniforn	n Code		
(Multiple				as Article 15, Captai							
Entries		Provide the date of	f the court mar	tial or other disciplina	ry procedure.		Ι	Date (Estimated)			
Allowed)			ion of the Unif	form Code of Military	Justice (UCM	IJ) offense(s) for	or which				
	Branch	were charged.	of the dissiplin	nary procedure, such a	c Court Mortic	al Article 15 (	ontoin,	s mast. Name			
	If Yes to	Article 135 Court			s Court Martia	ai, Aiticle 13, C	aptam	(Free			
	Military			litary court or other a	uthority in wh	ich you were cl	narged (				
	Discipline			dress, to include city a				(Free '			
				al outcome of the disc		edure, such as f	ound gu				
		In the last 7 year		in rank, imprisonment	vec (Vec ex	dds another ent	err) N	(Free 7			
		instance of militar			1E3 (168 a)	dus alloulei elli	1y) 1	NO (Required to var	idate)		
	Do you ha	ve additional military ser			YES (Yes ac	dds another ent	ry) N	NO (Required to val	idate)		
	ER served,	as a civilian or military n	nember in a for	eign country's militar	y, intelligence	e, diplomatic, se	ecurity f	forces, YES	NO		
militia, other o		e, or government agency			1		***				
Branch	You respo	inded 'Yes' to having <b>EV</b> , security forces, militia,	ER served as a	a civilian or military i	nember in a fo	oreign country	s militai	ry, intelligence,			
	During vo	ur foreign service, which	organization v	were you serving under	er:   Military	(Army, Navy,	Air Ford	ce. Marines, etc). Si	necify		
If Yes to		ence Service   Diplomati									
Serving in a Foreign	Agency, S	pecify									
Military		e name of the foreign org	ganization.	E D. (E.	. 1			(Free Text)			
<b>3</b>		our period of service e name of the country		From Date (Estim		unk hold		te (Estimated/Preser on held (Free Text)	at)		
(Multiple		ne division/department/o	ffice in which y		est position/1a	ilik field		on (Free Text)			
Entries Allowed)		description of the circum			s organization			ption (Free Text)			
Allowed)	Provide a	description of the reason	for leaving th	is service.			_	ption (Free Text)			
	Do you ha	ve an additional foreign	military service	e to report? YE	S (Yes adds ar	nother entry)	NO (R	equired to validate)	ļ		
Section 16	6 – Peop	le Who Know Yo	u Well								
		know you well and who									
		ollectively aware of your									
(Multiple Entr		ne last seven (7) years. [	o not list your	spouse, former spous	e (s), other rel	atives, or anyo	ne liste	d elsewhere on this	s form.		
Provide dates		From Date (Est.)	To Date (Est.	/Present) F	rovide full na	me Last	Firs	t Middle S	Suffix		
Provide rank/t		Rank/title (Free Text)		ionship to you: (Chec							
□ Not applical	ole	·	□ Work assoc	ciate   Schoolmate				(Free Text)			
Provide phone	number for	this person.	□ I don't kn	ow				Telephone/I			
								Time Day N Both _Chec			
								if Internatio			
								DSN phone			
								number			
Provide mobil	e/cell phone	e number for this person.	□ I don't kn	ow				Telephone/I			
								Time Day No.			
								if Internatio			
								DSN phone			
								number			
Provide e-mai			□ I don't kn		City	Ctoto 17'	Co.1-	Email (Free	Text)		
		dress for this person.  I person who knows you	well to list?	Street address and YES (Yes adds ar		State and Zip NO (Require					
Do you have a	ıı addıtibild	i personi wno knows you	wen to not?	TES (TES AUGS AL	outer chiliy)	110 (Nequile	u io val	ruutt)			

**Section 17 – Marital/Relationship Status** 

Provide your current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership: 

| Never entered into a civil marriage, legally recognized civil union, or legally recognized domestic partnership | Currently in a civil marriage | Currently in a legally recognized domestic partnership or legally recognized civil union | Separated | Annulled | Divorced/Dissolved | Widowed

Branch			Complete the							egally re	cognized
If in a	Provide full na		ized domestic p		Middle	Suffix	Provide dat			I	Date (Est.)
Marriage,	Provide place						City	County		te or Co	
Civil	Branch		is foreign born								
Union, or Domestic	If the person	□ FS 240 or					ship <mark>certificate</mark>				
Partnership	is Foreign	recent)	□ Alien regi ovide explanatio		J.S. Certifica	ite of Natur	alization <mark>certif</mark>	<del>icate</del> 🗆 .	None (P	rovide ex	(planation)
or	Born	Explanation		)11)		Provid	e document nu	mber	Nun	nber (Fre	e Text)
Separated	Provide U.S. S			Not applicabl	e		e document na	moer	11411	ioer (Fre	e reat)
			<del>your spouse</del> (si			nes by othe	r Last	Fire	st	N	/Iiddle
			gally recognize				Suffix		Maiden	Name	
	domestic partn  □ Not applicab		ames, etc. and p	provide dates	used for eac	h name).					
	Dates Used	nc .				From Da	te (Estimated)	То	Date (E	stimated	Present)
	Provide countr	y(ies) of Citiz	enship			1	late when you		te (Estin		11000111)
			•				nto your civil				
							, civil union, o	r			
	Provide location	n .				City	partnership. County	Sta	te or Co	untry	
			ifferent than you	ır current ado	dress.	City	County			ess and C	City
	□ Use my curre	ent address.						Sta	te and Z	ip Code	or Country
	Provide telepho	one number.	□ Use my curi	ent telephon	e number						Day Night
										ck box if one num	International
	Provide email	address F	Email (Free Text	t) Does th	he person ha	ve an APO	FPO address?	OI I	DSN pile	1	YES NO
	Branch APO/I	FPO Addre	ess	/	Al	PO/FPO	Α	PO State		2	Zip
	Branch		dicated an APC				tion data with	street add	lress, ba	se, post,	embassy,
	Physical		untry location o				C' /D / /	т	C	7.	
	Location	data:	sical location	Street Ac	ldress/unit/d	uty location	City/Post 1	vame	State	Zip	Country
	Are you separa			<b> </b>						1	YES NO
	Branch	Provide date	e of separation.				Date (Estin	nated)		•	•
	If Separated		parated, provide	the location	of the record	d. □ Not A	Applicable				
	•	City	vhom you are d	ivorand/diaga	duad annull	ad ar wida	State and 2	Zip Code	or Coun		YES NO
			ny person from					owed.			IES NO
	Provide the ful		J 1	, , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Last	First	N	Middle	Suffix
Branch	Provide the day						Date (Estin				
Branch	Provide the pla		1.				City	State		Coun	
If	Provide the co		narriage, civil ur	nion or dome	estic nartners	hin was led	ally recognize	d		Coun	(Estimated)
Widowed,	Provide the loc			or Country			vorced/dissolv		lled or		(Estimated)
Divorced/ Dissolved,					widowe	ed					
or Annulled	Provide the sta		.1 1 (	. 1. / 1.	1		vorced/Dissolv		_		
	Branch	Provide whe	ere the record of	divorce/diss	solution or ar	inuiment is	located.	City	Coun	and Zip	Code or
(Multiple Entries	If Divorced	Is this perso	n deceased?					I don	't know		YES NO
Allowed)	or Annulled	Branch If I					m whom you		and Cit	~	•
	D 1	Deceased		rced/dissolve				State		Code or	Country
	-	,	person(s) from v , or widowed to	-	e	YES	adds another	entry)	NO (Regi	uired to v	validate)
Do you prese	ntly reside with a				ognized civil						YES NO
	ction, obligation,								ence (e.g	g. a	
roommate)?	If so, complete the		currently have a		de the U.S., p	provide citi	zenship inform	ation.			
	Provide the col			a Conaditant			Last	First		Middle	Suffix
Branch	Provide the col			(Estimated)	Provide	the cohabit	ant place of bi		ity	State	Country
	Branch If		eign born cohal								
If Yes to	Cohabitant		S 240 or 545 Alien registration								
Residing With a	is Foreign	(Provide exp		n 🗆 0.5. <mark>C</mark>	citificate of 1	vaturanzan	on certificate	i ivone (i	TOVIGE	лріанан	
Cohabitant	Born	Explanation	(Free Text)			Provi	de document n	umber	Nun	nber (Fre	e Text)
0.5.12.1			S. Social Secur		□ Not app			-			2011
(Multiple Entries			your cohabitan	*		-	Last Suffix	Fir	st Aaiden N	Tomas	Middle
Allowed)	Dates Used	, etc., and pro-	vide dates each	manie was us		Date (Esti					Present)
		ohabitant's co	untry(ies) of Ci	tizenship			abitation bega		te (Estin		11000111)
			ohabitant to repo				nother entry)			red to va	lidate)
Section 1	8 – Relative	es									
Select each ty	pe of relative ap	plicable to you									
each type.) C	heck all that app	oly.   Mother	□ Father □ Ste	epmother 🗆 S	Stepfather	Foster pare	ent 🗆 Child (in	cluding a	dopted/		
	Sister   Stepbrot			er □ Half-sis	ster 🗆 Father	·-in-law □ l	10ther-in-law	⊐ Guardi	<mark>an</mark>		
	ve type. (Multipl Father □ Stepmo			arent $\sqcap$ Chi	ld (includino	adonted/fo	ster) □ Stench	ild ⊓ Rr	other 🗆	Sister 🗆	Stepbrother
	<i>Half-brother</i> □									_,,,,,,,	spo.o

Provide your relative's	full name.	Last	First	Middle	Suffix	Provid	e your relative	e's date o	of birth.	Date (e	tima	ited)
Provide your relative's	s place of birth	City	State	Country	7	Provid	e your relative	es countr	y(ies) of c	itizenship		
Branch - If Mother	Provide your n	nother's ma	iden name.	(□ same a	is listed)	Last	First	t	Middle	e Si	ffix	
Has this relative used a	any other names	?								Y	ES	NO
Branch	Provide other r	names used	and the per	riod of tim	e that your rela	tive used	them (such as	s maiden	name <mark>, nar</mark>	<mark>ne</mark> by a for	mer	
	marriage, former name, alias, or nickname).											
If Other Names	Last	ast First Middle Suffix Maiden name?									ES	NO
	From Date (Es	timated)	To Date	(Estimated	d/Present)	Provid	e the reason(s	) why the	e name	R	asoı	1
(Multiple Entries						change	ed			(F	ree 7	Γext)
Allowed)	Has this relativ	e used any	additional	names?		YES (	Yes adds anoth	her entry	) NO (I	Required to	val	idate)
Is your relative deceas	ed?									Y	ES	NO
Branch	Provide your re	elative's cu	rrent addre	ss.		Street	address and C	ity S	tate and Z	ip Code or	Cou	ıntry
If not Deceased	Does this relative have an APO/FPO address?  I don't know								w Y	ES	NO	
II not Deceased	Branch If AP	O/FPO F	Provide you	ır relative'	s APO/FPO ado	dress	Address	APO/F	PO AF	PO/FPO St	ite	Zip
Do you have an additional relative to enter? YES (Yes adds another entry) NO (Required to validate)												

Section 19	9 – Foreign Countries You Have Visited				
Have you trav	eled outside the U.S. in the last seven (7) years?			YES	NO
Has your trave	el in the last seven (7) years been solely for U.S. Government business on officia	l government orders (i.	e., no personal	YES	NO
trips in conjun	ction with the official U.S. Government business)?		_	,	
	Your response indicates you have traveled outside the U.S. in the last seven (7)	•	2		
	on official government orders. Provide information about all such trips made ou		including person	nal trips i	made
	in conjunction with official U.S. Government business on official government of				
	Provide the country visited Provide the dates of your travel to this country			te (Estim	ıated)
	Provide the total number of days involved in the visit. $\Box$ 1-5 $\Box$ 6-10 $\Box$ 11-20 $\Box$				
			□ Volunteer act	vities	
	□ Education □ Tourism □ Trade shows, conferences, and seminars □ Vis		□ Other		
Branch	While traveling to, or in this country, were you questioned, searched, or otherwi		Explanation	YES	NO
If Having Traveled	than for normal customs requirements) by the local customs or security service of	officials when	(Free Text)	,	
Outside the	entering or leaving this country? If yes provide explanation.				
U.S. on	While traveling to or in this country, were you involved in any encounter with the	ne police? If yes	Explanation	YES	NO
Other than	provide explanation.		(Free Text)		
Official	While traveling to or in this country, were you contacted by, or in contact with a		Explanation	YES	NO
Business	suspected of being involved or associated with foreign intelligence, terrorist, sec	eurity, or military	(Free Text)		
Dusiness	organizations? If yes provide explanation.	******	110		
(Multiple	Do you have additional travel outside the U.S. in the last seven (7) years for	YES	NO		
Entries	other than solely U.S. Government business on official government orders?	(Yes adds another en	try) (Required	i to valid	ate)
Allowed)					

## **Section 20 – Police Record**

For this section 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.

Have any of the following happened? (If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- In the past last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.)
- In the past last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past last seven (7) years have you been or are you currently on probation or parole?

Are you current	tly on trial or awaiti	ng a trial or	criminal charges?			_		
							YES	NO
	Provide the date of	f offense.	Date (Estimated)	Provide a description of the	Description	(Free Tex	t)	
				specific nature of the offense.				
	Did this offense in	volve any	of the following? (Check	all that apply)				
	□ Domestic violer	nce or a crin	ne of violence (such as ba	attery or assault) against your child, dep	endent, cohab	itant, spo	use <mark>or l</mark> e	egally
				e or legally recognized civil union/dome	<mark>estic partner</mark> , o	or someon	e with	whom
	you share a child							
Branch	□ Involve firearm		ves?					
	□ Involve alcohol	or drugs?				г		
If Yes to the							YES	NO
Above			e offense occurred.	Street address and city	State and Zi			_
Happening				ve a ticket to appear as a result of this of	fense by any	police	YES	NO
			y other type of law enfor					
(Multiple	Branch		citing/summoning agenc	*		•		
Entries	If Yes to Being			ement agency that arrested/cited/summ	-	Name (		
Allowed)	Arrested/Cited/		ne location of the law	Street address and city	State and Zi	p Code oi	Counti	y
	Summoned		ent agency.					
				l, currently awaiting trial, and/or ordere	d to appear in	court	YES	NO
	in a criminal proc	0 0		0.11 00				1/
	Branch - If No			t of this offense were you charged, con	victed, current	ly awaitir	ng trial,	and/or
	to Charged or			ninal proceeding against you?"		Æ .		
	Convicted		xplanation		Explanation	(Free Te	xt)	
	Branch	Court info	ormation					

	****			e court.					of court (Free		
	If Yes to	Provide the l			address and				and Zip Code		
	Charged or Convicted			brought against you for t-guilty, charge droppe							
	Convicted			se, list separately both						or plead	ea
				Felony, Misdemean				er on		(Биол Тох	-+)
		Felony/Misd	emeanor	Outcome (Free Text		Cha		\	Charge	Free Tex	(1)
		Outcome	atamaad aa	,	,	Date	e (Month/Yea	ır)	Date	VEC	NO
		were you sei		a result of this offense	9.					YES	NO
				de a description of the	conton co						
						m o tom	m avasadina	1 ****	<b></b> ?	VEC	NO
		Branch If Yes to		you sentenced to impri						YES YES	NO NO
		Being		you incarcerated as a r conviction resulted in					From Date (E		
		Sentenced		ou actually were incard				_	To Date (Esti		
		Benteneed		viction resulted in prob					From Date (Esti		,
				of probation or parole.				_	To Date (Estin		
		Branch	Trial		(1 tot 1 ippii	cuore L	- <i>)</i>		To Date (Esti	matcu/11	csciit)
		If No to		ou currently on trial, av	vaiting a tri	al or a	waiting sente	encine	on criminal	YES	NO
		Being		es for this offense?	wariing a tri	ui, or c	warting sent	ciiciii	5 on criminar	1 LS	110
		Sentenced		de Explanation			Explanat	ion (I	Free Text)		
	Do you have any			of the following has h	appened to	vou?		YE		NO	
				ı been issued a summo			ket to		es adds	(Requir	red to
				gainst you? (Do not inc				and	other entry)	validate	
	traffic infractions	where the fine	was less t	han \$300 <del>\$150</del> and did	l not include	e alcoh	ol or drugs)		•		
	<ul> <li>In the last past</li> </ul>	seven (7) year	s have you	a been arrested by any	police office	er, she	riff,				
	marshal or any otl										
				a been charged with, co							
				fying charges, convicti							
				court even if previously							
				a been or are you curre rial on criminal charges		oation	or parole?				
Other than those				the following happen				1			
				mestic violence or a ci		ence (s	such as hatter	vora	assault) agains	st vour ch	ild
				on/domestic partner, fo							
	nom you share a chi			on domestre partirer, ro	Timer spouse	01 108	gairy ree og in.	200 01		restre par	, 01
	)										
										YES	NO
	Provide the date of						Date (Estim				
	Provide a descript	tion of the spec	ific nature	of the offense			Description	ofno	turns of offens		1 ()
Provide a description of the specific nature of the offense.  Did this offense involve any of the following? (Check all that apply)									iture or oriens	e (Free 1	ext)
	Did this offense in	nvolve any of the	he followi	ng? (Check all that app							
	Did this offense in  □ Domestic violen	nvolve any of the	he followi of violence	ng? (Check all that appet (such as battery or as	sault) again		r child, depen	ndent,	cohabitant, sp	ouse or	legally
	Did this offense in  Domestic violen  recognized civil u	nvolve any of the core or a crime of the core or a crime of the core of the co	he followi of violence	ng? (Check all that app	sault) again		r child, depen	ndent,	cohabitant, sp	ouse or	legally
	Did this offense in  □ Domestic violen	nvolve any of the core or a crime of the core or a crime of the core of the co	he followi of violence	ng? (Check all that appet (such as battery or as	sault) again		r child, depen	ndent,	cohabitant, sp	ouse or	legally
	Did this offense in  Domestic violen  recognized civil u	nvolve any of the core or a crime of the core or a crime of the core of the co	he followi of violence	ng? (Check all that appet (such as battery or as	sault) again		r child, depen	ndent,	cohabitant, sp	oouse or one with	<mark>legally</mark> whom
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If Yes to the Above Happening (Multiple Entries	Did this offense in  Domestic violer recognized civil u you share a child i  Provide the name Provide the location Provide all the chanot-guilty, or char original charge an Felony/Misdemea Outcome Were you sentence  Branch If Yes to Being Sentenced  Branch If No to Being Sentenced  Do you have any o Have you EVER	of the court. on of the court. on of the court. arges brought a rge dropped or dd the lesser off mor  Provide a des Were you set Were you inc. If the conviction actually were probation or Trial detail Are you curroffense? Provide Explother offenses of the convicted and the lesser offenses of the convicted actually were the conviction of the court.	gainst you "nolle pro ense separ Felony, I Outcome f these cha ceription on tenced to carcerated tion results incarcera tion results parole. (N ently on tr anation to list whe ded of an of	Ing? (Check all that apper (such as battery or as bormer spouse or legally o	ity the outcome und guilty of the Date More ovide the data awaiting se	e of each of or plant of the data of the d	Name of co State and Zi ch charged of leaded guilty  ar  ar? an 1 year? at you les of mation (Free you? rime of	real characteristic parameters and content of the c	cohabitant, sprtner, or some  Free Text) de or Country (such as foun esser offense, arge (Free Text) te  material of the content of the conte	yES  d guilty, list both  Xt)  YES  tion (Free YES YES Mated) ted/Prese mated) ted/Prese  YES	legally whom  NO  found the  NO  e Text)  NO  n
If Yes to the Above Happening (Multiple Entries	Did this offense in  Domestic violer recognized civil u you share a child i  Provide the name Provide the location Provide all the chanot-guilty, or chanoriginal charge an Felony/Misdemea Outcome Were you sentence  Branch If Yes to Being Sentenced  Branch If No to Being Sentenced  Do you have any of Have you EVER violence (such as	of the court. on of the court. on of the court. arges brought a rge dropped or d the lesser off mor  Provide a des Were you ser Were you inc If the conviction or Trial detail Are you curroffense? Provide Explother offenses	regainst you igainst you igain	Ing? (Check all that apple (such as battery or as bormer spouse or legally leg	ity the outcome and guilty of the outcome of the ou	e of eace of or planth/Ye less that the data the entencial Explaned to e or a c et t, spot	Name of co State and Z ch charged of leaded guilty  ar  ar? an 1 year? at you  tes of  nation (Free you? rime of lise or	real characteristic parameters and content of the c	cohabitant, sprtner, or some  Free Text) de or Country (such as foun esser offense, arge (Free Text) te  Intence descrip Date (Estima Date (Estima Date (Estima Date (Estima Date (Estima Compared or this ES es adds	yES  d guilty, list both   Xt)  YES  tion (Free YES YES Mated)   ted/Prese mated)   YES  NO (Required)	legally whom  NO  found the  NO  e Text)  NO  n
If Yes to the Above Happening (Multiple Entries	Did this offense in  Domestic violer recognized civil u you share a child i  Provide the name Provide the location Provide all the chanot-guilty, or chanoriginal charge an Felony/Misdemea Outcome Were you sentence  Branch If Yes to Being Sentenced  Branch If No to Being Sentenced  Do you have any Have you EVEN violence (such as legally recognized)	of the court. on of the court. on of the court. arges brought a rge dropped or d the lesser off mor  red as a result o  Conviction E  Provide a des  Were you ser  Were you inc  If the convict actually were If the convict actually were If the convict probation or  Trial detail Are you curr offense? Provide Expl other offenses of the convicte battery or assail	regainst you rense separ Felony, I Outcome f these cha recription of recription of recription of recription results recription results recription results recription results recription of recriptio	Ing? (Check all that apper (such as battery or as bormer spouse or legally o	ity the outcome und guilty of the outcome with the outcome of the	e of eace of or pilotopin or pi	Name of co State and Z ch charged of leaded guilty  ar  ar? an 1 year? at you  tes of  nation (Free you? rime of lise or	real characteristic parameters and content of the c	cohabitant, sprtner, or some  Free Text) de or Country (such as foun esser offense, arge (Free Text) te  Intence descrip Date (Estima Date (Estima Date (Estima Date (Estima Date (Estima Compared or this ES es adds	yES  d guilty, list both   Xt)  YES  tion (Free YES YES Mated)   ted/Prese mated)   YES  NO (Required)	legally whom  NO  found the  NO  e Text)  NO  n
If Yes to the Above Happening (Multiple Entries Allowed)	Did this offense in Domestic violer recognized civil us you share a child in Provide the name Provide the location Provide all the chance of the control of the chance of the control of the control of the chance of the chanc	of the court. on of the court. on of the court. on of the court. arges brought a rge dropped or dropped or dropped or ed as a result o  Conviction E  Provide a des  Were you ser  Were you inc  If the convict actually were If the convict probation or  Trial detail  Are you curr offense?  Provide Expl other offenses or battery or assard civil union/deartner, or some	regainst you result of these characteristic result of these characteristic result of the these characteristic results and the these characteristic results and the these characteristic results are the these characteristic results are the these characteristics and the these characteristics are the theorem and the theorem are the theorem are the theorem and the theorem are the t	I Street address and control of the sentence.  I street address and control of the sentence.  I for this offense, and to sentence.  I for the sentence.  I for the sentence.  I for the sentence.  I for the sentence.  I for a tentence of the sentence of the sentence of the sentence.  I for the sentence.  I for a tentence of the sentence of the sen	ity he outcome und guilty of Charge Date Mor  The exceeding ence for not rovide the data awaiting se  VER happe stic violence t, cohabitan legally recell in common	e of eace of or pilotopin or pi	Name of co State and Z ch charged of leaded guilty  ar  ar? an 1 year? at you  tes of  nation (Free you? rime of lise or	real characteristic parameters and content of the c	cohabitant, sprtner, or some  Free Text) de or Country (such as foun esser offense, arge (Free Text) te  Intence descrip Date (Estima Date (Estima Date (Estima Date (Estima Date (Estima Compared or this ES es adds	yES  d guilty, list both xtt)  YES  ttion (Free YES YES mated) ted/Prese mated) ted/Prese YES  YES  NO (Required yalida	legally whom  NO  found the  NO  e Text)  NO  n
If Yes to the Above Happening (Multiple Entries Allowed)	Did this offense in Domestic violente Cognized civil us you share a child in Provide the locatic Provide all the characteristic provide all the provide	of the court. on of the court. on of the court. on of the court. arges brought a rge dropped or dd the lesser off mor  ed as a result o  Conviction E  Provide a des  Were you ser  Were you inc  If the convict actually were If the convict probation or  Trial detail  Are you curro offense?  Provide Expl other offenses (  R been convicte battery or assand civil union/de artner, or some	igainst you igainst you igainst you igainst you igainst you incolle pro igainst you igainst you igainst you igainst you igainst you igainst ig	Street address and control of the sentence.  Imprisonment for a tentence of imprisonment for	ity he outcome und guilty of Charge Date Mor  The exceeding the control of the co	e of each of or planth/Ye less thates the date the date of or a c c or a c	Name of co State and Z ch charged of leaded guilty ar  ar? an 1 year? at you les of mg on crimina nation (Free you? rime of lise or d civil	wurt (Fip Coordinate of the part of the pa	cohabitant, sprtnet, or some  Free Text) de or Country (such as foun esser offense, arge (Free Text) te  The companies of the content of the	yES  d guilty, list both  YES  tion (Free YES YES YES)  YES  NO (Requ validated YES)	legally whom  NO  found the  NO  e Text)  NO  n
If Yes to the Above Happening (Multiple Entries Allowed)  Is there currently Branch	Did this offense in Domestic violente Cognized civil us you share a child in Provide the locatic Provide all the characteristic provide all the provide	of the court. on of the court. on of the court. on of the court. arges brought a rge dropped or dd the lesser off mor  ed as a result o  Conviction E  Provide a des  Were you ser  Were you inc  If the convict actually were If the convict probation or  Trial detail  Are you curro offense?  Provide Expl other offenses (  R been convicte battery or assand civil union/de artner, or some	igainst you igainst you igainst you igainst you igainst you incolle pro igainst you igainst you igainst you igainst you igainst you igainst ig	I Street address and control of the sentence.  I street address and control of the sentence.  I for this offense, and to sentence.  I for the sentence.  I for the sentence.  I for the sentence.  I for the sentence.  I for a tentence of the sentence of the sentence of the sentence.  I for the sentence.  I for a tentence of the sentence of the sen	ity he outcome und guilty of Charge Date Mor  The exceeding the control of the co	e of each of or planth/Ye less thates the date the date of or a c c or a c	Name of co State and Z ch charged of leaded guilty ar  ar? an 1 year? at you les of mg on crimina nation (Free you? rime of lise or d civil	wurt (Fip Coordinate of the part of the pa	cohabitant, sprtnet, or some  Free Text) de or Country (such as foun esser offense, arge (Free Text) te  The companies of the content of the	yES  d guilty, list both  YES  tion (Free YES YES YES)  YES  NO (Requ validated YES)	hegally whom  NO  found the  NO  e Text)  NO  not)  no
If Yes to the Above Happening  (Multiple Entries Allowed)  Is there currently Branch If Yes to	Did this offense in Domestic violentercognized civil us you share a child is Provide the name Provide the locatic Provide all the characteristic provide al	of the court. on of the court. on of the court. on of the court. arges brought a rge dropped or dd the lesser off mor  ed as a result o  Conviction E  Provide a des  Were you ser  Were you inc actually were If the convict actually were If the convict probation or  Trial detail  Are you curr offense? Provide Expl other offenses of a been convicte battery or assand civil union/de artner, or some of the protective or offers' to currently	igainst you igainst you igainst you igainst you igainst you incolle pro igainst you igainst you igainst you igainst you igainst you igainst ig	Street address and control of the sentence.  Imprisonment for a tentence of imprisonment for	ity he outcome und guilty of Charge Date Mor  The exceeding the control of the co	e of each of or plant of the data of the d	Name of co State and Z ch charged of leaded guilty  ar  ar? an 1 year? at you les of mg on crimina nation (Free you? rime of use or d civil	wurt (Fip Coordinate of the part of the pa	cohabitant, sprtnet, or some  Free Text) de or Country (such as foun esser offense, arge (Free Text) te  The companies of the content of the	yES  d guilty, list both  YES  tion (Free YES YES YES)  YES  NO (Requ validated YES)	hegally whom  NO  found the  NO  e Text)  NO  not)  no
If Yes to the Above Happening (Multiple Entries Allowed)  Is there currently Branch	Did this offense in Domestic violente Cognized civil us you share a child in Provide the locatic Provide all the characteristic provide all the provide	of the court. on of the court. on of the court. arges brought a rge dropped or dd the lesser off mor  Conviction E Provide a des Were you ser Were you in actually were actually were ff the convict probation or Trial detail Are you curr offenses to be been convicte battery or assard civil union/dc artner, or some te protective or fes' to currently	regainst you "nolle pro ense separ Felony, I Outcome of these chail scription on tenced to carcerated to incarcerated to incarcerate and the i	Street address and control of the sentence.  Imprisonment for a tentence of imprisonment for	ity he outcome und guilty of Charge Date Mor  The exceeding the control of the co	e of eacof or planth/Yee  and a less that the data  Explained to e or a c c or a c, t, spot on a consider on a c.	Name of co State and Z ch charged of leaded guilty ar  ar? an 1 year? at you les of mation (Free you? rime of lise or d civil estraining ord	wurt (Fip Coordinate of the part of the pa	cohabitant, sprtnet, or some  Free Text) de or Country (such as foun esser offense, arge (Free Text) te  The companies of the content of the	yES  d guilty, list both  YES  tion (Free YES YES YES)  YES  NO (Requ validated YES)	hegally whom  NO  found the  NO  e Text)  NO  not)  no

(Multiple			agency that issued the orde			of court (Free '					
Entries	Provide the locati	ion of the court	or agency that issued the o	order.	Street a	address and cit	y	State a	nd Zip Co	de or Co	untry
Allowed)	Do you have anot	ther domestic vi	olence protective order or		YES				NO		
			against you to report?		(Yes ac	dds another en	try)		(Require	d to vali	date)
G 4: 21											
			d Drug Activity								
			with reference to this secti								
			ice against you in a subsec								
			ederal government. The fo							ontrolled	
			n accordance with Federal								
In the last seven	(7) years, have yo	u illegally used	any drugs or controlled su	ıbstanc	es? Use of	a drug or contr	rolled s	ubstanc	e	YES	NO
includes injecting	g, snorting, inhaling	g, swallowing, e	xperimenting with or othe	rwise (	consuming a	any drug or co	ntrolle	d substa	nce.		
	You answered 'Y	es' to in the las	t seven (7) years having i	illegall	y used a dru	g or controlled	d subst	ance.			
	Provide the type of drug or controlled substance. Explanation if other (Free Text)										
	□ Cocaine or crack cocaine (Such as rock, freebase, etc.) □ Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)										
		No.				ıch as barbitur					
Branch	□ Ketamine (Such					n as opium, mo					5, 616.7
			PCP, mushrooms, etc.)			as the clear, ju			,	,,	
If Yes to	□ Inhalants (Such					explanation):		,			
Illegally Using	Provide an estima		Date (Estimated)			estimate of th		th D:	ate (Estim	ated)	
Drugs or	month and year o		Dute (Estimated)			f most recent u		ui Di	ate (Estim	atca)	
Controlled			and number of times used	1		use (Free Text		l			
Substances			ployed as a law enforcement					ficial o	r while	YES	NO
			ately affecting the public			a.o., or courti	JOIN OI	. i.c.iai, O	. *************************************	1100	110
(Multiple			security clearance?	surcty!						YES	NO
Entries				a fut	20.7					YES	NO
Allowed)			controlled substance in the intend or do not intend to u			ntrolled1	mas :-	the f-4	120		
	Provide explanati	on or wny you i	ntend or do not intend to t	use thi	s arug or co	ntrolled substa	ince in	tne rutt	ire.	Expla	
	Do 110 1	ddielo17	aa(a) af ill1 C 1	10 -	ontuc 11 - 1	YES			NO	(Free	rext)
			ce(s) of illegal use of a dru	ug or c	ontrolled		a				11.1
	substance to enter					(Yes adds an				ired to v	
			in the illegal purchase, m		ture, cultiva	ation, traffickii	ng, pro	duction	,	YES	NO
transfer, shipping			drug or controlled substa		1 11 1			0	1.1	<u> </u>	1
			t seven (7) years having b						ure, cultiv	ation,	
	trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.										
	Provide the type of drug or controlled substance. If other explanation (Free Text)										
		No.				h as amphetan					
						ıch as barbituı					rs, etc.)
	□ Ketamine (Such					n as opium, mo			ie, heroin,	, <i>etc</i> .)	
			PCP, mushrooms, etc.)			as the clear, ju		c.)			
Branch	□ Inhalants (Such	i as toluene, am	yl nitrate, etc.)	□ Otl	ier (Provide	e explanation):					
If Yes to	Provide an estima	ate of the month	Date (Estimated)	Prov	ide an estim	nate of the mor	nth and	D	ate (Estim	ated)	
Illegal Drug	and year of first in					ent involveme	nt.				
Activity	Provide nature of	and frequency	of activity.	Natu	re of activit	y (Free Text)					
0.5.11.1			gaged in the activity.		on(s) (Free						
(Multiple	Was your involve	ement while you	were employed as a law e	enforce	ment office	r, prosecutor,	or cou	troom o	official,	YES	NO
Entries	or while in a posi-	tion directly and	l immediately affecting the	e publi	c safety?						
Allowed)	Was your involve	ement while pos	sessing a security clearance	ce?						YES	NO
	Do you intend to	engage in this a	ctivity in the future?							YES	NO
	Branch		cated that you plan to eng	age in	the illegal p	urchase, manu	ıfacture	e	Explanati		
	If Yes to		afficking, production, trans						Ι		,
	Future Activity		ontrolled substance in the f				U				
			ce(s) of having been invol					YES		NO	
			ing, production, transfer, s					(Yes ac	lds		ired to
	of a drug or contr		~ ·	11.				another		valida	
In the last seven			or otherwise been involve	ed with	a drug or c	ontrolled subst				YES	NO
			om official; or while in a p							_	-
	previously listed?	,	. ,					و			
		Yes' to having in	n the last seven (7) years,	, illega	lly used, or	otherwise beer	n invol	ved wit	h a drug o	r control	led
Branch			w enforcement officer, pro								
If Yes to Use			safety other than previous					P		, ,	
While in Law			s or controlled substances			olvement.	Desci	ription (	Free Text	)	
Enforcement	Provide the dates				Estimated)				imated/Pr		
o.comont			of times you used and/or w			irug or		,	ee Text)		
(Multiple			yed in this capacity.	JIC 111	or, ou uno (		النادي	(110	ICAL)		
Entries			ce(s) of illegal use or invo	lveme	nt with a de	lg or controlle	d	YES	1	NO	
Allowed)			w enforcement officer, pro					(Yes ac	lde	(Requir	ed to
		1 *	nmediately affecting the p					another		validate	
In the last seven			ngaged in the misuse of pr							YES	NO
			ngageu in the misuse of pi	rescrip	non urugs, 1	regardiess of W	viietiiei	or not	uie	1123	NO
	ribed for you or sor		-t ( <b>7</b> )		11	1:1 1			1	11	C
Branch			st seven (7) years having i		onally engag	ged in the misu	ise of p	prescrip	non drugs	, regardl	ess of
If Yes to			d for you or someone else				Г.		Œ Œ		
Misuse of			ion drug that you misused		<b>D</b>				(Free Tex		
Prescription	Provide the dates				Estimated)				imated/Pr	esent)	
Drugs			umstances of the misuse of						e Text)		
			were employed as a law e			er, prosecutor,	or cou	troom o	official,	YES	NO
(Multiple	•	•	l immediately affecting the		c safety?						
Entries	Was your involvement while possessing a security clearance? YES NO										

Allowed)	*			ly engaging in the r	nisuse	YES	han anturi)	NO	ulmod to r	.a1; d.	oto)
In the last seve	n (7) years, have you	ugs <b>in the last sev</b> u been ordered, ac			or treatm	(Yes adds another as a result of			rired to v	NO	_
of drugs or cont	rolled substances?										
Branch				years, have you be controlled substance		ered, advised, or a	sked to see	ek couns	eling or		
f Yes to				d you to seek couns		treatment as a re-	sult of you	r illegal	use of di	rugs	or
Being Ordered	controlled substan	nces? (Check all th	nat apply)	-			•				
reatment for			er, or employee a	ssistance program		medical professi					
ne Misuse of	□ A mental health		1 14 1	1"		Court official / j	_				
Orugs	Provide explanation			Did you take ac				ent?	YES	NO	_
Multiple	Branch If No			not receive treatme					r (Free T		
ntries	to Action Taken	1 ou nave mare	ara aran you ara		110.	rae enplanation.	2.1	,	. (1100 1	0.11)	
Allowed)				rolled substance for		you were treated.					
		□ Cocaine or crack cocaine (Such as rock, freebase, etc.)									
		□ Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) □ THC (Such as marijuana, weed, pot, hashish, etc.)									
				rates, methaqualone		ulizers, etc.)					
		□ Ketamine (Su			, 1	,					
				rphine, codeine, he		:)					
	Downsk			PCP, mushrooms,	etc.)						
	Branch If Yes to Action	□ Steroids (Such									
	Taken		Inhalants (Such as toluene, amyl nitrate, etc.) Other (Provide explanation):								
		Explanation (Fr		Provide the name	of the tr	eatment	Name (F	ree Text	t)		
				provider. (Last na							
		Provide the address for this treatment provider. Street address and city  Provide a phone number for the treatment provider.					State and		de or Co	ountr	y
		Provide a phone	number for the	treatment provider.			Number/ Time Da		Both C	'heck	_
							box if In			HECK	<u> </u>
		Provide the date	es of treatment.	I	Date From	m (Estimated)	Date To	(Estima	ted/Prese	ent)	
		Did you success	fully complete t	he treatment?					YES	N	Ю
		Branch If No		icated that you did			Explanat	tion (Fre	e Text)		
		to Successful	to Successful complete the treatment. Provide explanation.  Treatment								
	Do you have anot		ving been ordere	ed, advised, or asked	d to	YES	I	NO			
	seek drug or contr	controlled substance counseling or treatment to enter? (Yes adds anot							iired to v	valida	ate
	n (7) years, have you	u voluntarily soug	ht counseling or	treatment as a resu	lt of you	r use of a drug or	controlled	l	YES	N	Ю
substance?	V-1										
	Provide the type of		ed substance for	which you were tre	ated						
				, etc.) 🗆 Stimulant		as amphetamines,	speed, cry	vstal mei	th, ecstas	sy, et	tc.)
Branch		narijuana, weed, p				h as barbiturates,				rs, e	tc.)
If Yes to		h as special K, jet,				as opium, morphii		e, heroin	, <i>etc</i> .)		
Voluntarily		e (Such as LSD, PC n as toluene, amyl				the clear, juice, ( xplanation):	etc.)				
Seeking	Provide the name				roviue e	хрійнийон).	Name (F	ree Text	.)		
Treatment for	Provide the address			Street address and	l city		State and			ountr	y
the Misuse of Drugs	Provide a telephor			der.	•		Number/				
Drugs							Time Da			heck	C
(Multiple	D	-£ ++		Data France (Fation	-4-4)		box if In			4)	
Entries	Provide the dates	ully complete the t	reatment?	Date From (Estim	iated)		Date To	(Estima	YES	N(	
Allowed)	Branch If No to			ou did not you succe	essfully	complete the	Explanat	tion (Fre		110	
	Successful Treatm		Provide explana			1	1	`			
				seeking counseling				NO			
	or treatment as a r	result of your use	of a drug or cont	rolled substance?	(Ye	es adds another er	itry)	(Require	ed to vali	idate	)
Section 22	<ul> <li>Use of Alcoh</li> </ul>	ıol									
	n (7) years has your			act on your work pe	erformar	nce, your professi	onal relatio	onships,	or Y	ES	N
	vention by law enfor										
Branch If negative				d a negative impact	on your	work performant	ce, your pr	ofession	al relatio	onshi	ps,
mpact	Provide the month	ention by law enfo			Date (	Estimated)					
inpuct		nation of the circui				le circumstances	(Free Text)	)			
Multiple						le negative impac	`				
Entries		nvolvement or use			From	Date (Estimated)			mated/Pr	esen	t)
Allowed)				n your work perforr			YES		N		
		ionships, or resulte	ed in interventio	n by law enforceme	nt/publi	c safety	(Yes add	ls anothe		Requi	
	personnel?						entry)		va	ılidat	ıe)
n the last seve	n (7) years have you	been ordered, ad	vised, or asked t	o seek counseling o	r treatm	ent as a result of	your use of	falcohol	? Y	ES	N
Branch				vised or asked to se						alco	hol
If Yes to											
having been	Did you take action	on to seek counsel	ing or treatment	?					Y	ES	N
ordered,	1 2.2 you take activ	to book counsel	or a comment	-					1 *		1 41

advised, or asked to seek	Branch If No Action Taken		onded 'No' to havin he reasons for not ta					Explanat	ion (Free	Text)	)
counseling	Branch If Yes to		onded 'Yes' to havi								
8	Taking Action		he dates of counseling			From Da		To Dat	e		
(Multiple.						(Estimate	ed)		ated/Pres		
Entries Allowed)		Provide t	he name of the indiv	vidual cour	iselor or trea	tment provider			elor name	(Free	e
7 mo wed)		Provide t	he full address of the	e counselir	ng/treatment	Provide tele	phone n	Text) umber	Numbe	r/Ext	
		provider.			ig treatment	110,140 1010	priorie ii	umoer	Time D		
									Both _C		
		Street add	dress and city			State and Zi	n Code	or Countr	Internat	ional	
			successfully complete	te the treat	ment prograi		p couc	Ji Counti	-	ES	NO
			If No to Successful	You r	esponded "N	lo" to having succe		Explan	ation (Fr	ee Te	xt)
		Completi	ion			tment program. Pr	ovide				
	Do you have additional	instances o	of having been order	explar		YES		NO			
	to seek counseling or tr					(Yes adds another	r entry)		red to val	lidate)	)
In the last sever	n (7) years, have you volu	ıntarily sou	ght counseling or tre	eatment as	a result of ye	our use of alcohol?			Y	ES	NO
	You responded 'Yes' to			g or treatm							
	Provide the dates of cou					Date (Estimated)		te (Estim			
Branch If Yes to	Provide the name of the Provide the full address					ddress and city		selor name and Zip C	,		
to Seeking	Provide telephone					mplete the treatmen				ES	NO
Counseling	number	Tim	ne Day Night	, , , , , , , , , , , , , , , , , , ,	,	1	1 0				
(Multiple			h _Check box								
Entries Allowed)	Branch If		nternational wered 'No' to having	r successfu	lly complete	d the treatment	Evnla	nation (Fr	ree Text)		
	Unsuccessful		Provide explanatio		my complete	d the treatment	Lapia	nation (11	ce rext)		
	Do you have additional							NO			
	counseling or treatment			nol to enter	? (Yes	adds another entry	7) (	(Required	to valida	ite)	
	– Investigations a										
Has the U.S. Go eligibility/access	vernment (or a foreign go	vernment)	EVER investigated	your backs	ground and/o	or granted you a sec	curity cle	arance	YES	N	О
engionity/access	You responded 'Yes	' to the U.S	S. Government (or a	foreign go	vernment) ha	aving investigated	your bac	kground	and/or ha	ving	
	granted you a securit	ty clearance	e eligibility/access.							Ü	
	Provide the investiga	ating	☐ U.S. Departmen					nent of St au of Inv			
	agency:		□ U.S. Departmen				iai buic	au oi iiiv	estigatioi	1	
Branch If Yes to Having	Explanation or name	of	□ U.S. Departmen	nt of Home	land Security	y					
Ever Been	government (Free Te	ext)	□ Foreign govern			government) $\square$	I don't k	inow			
Investigated	Date the investigation	n was comi	☐ Other (Provide		don't know		1	Date (Esti	imated)		
(Multiple Entrie	Provide the name of					ifferent from the		Name (Fro			
Allowed)	investigating agency		1.11.	4 1 T	1 2/1			D ( (E (	1		
	Provide the date clear Provide the level of o					et □ Ton Sec		Date (Esti	imatea)		
	eligibility/access gra		□ Sensitive Comp			(SCI) □ Q		ı L	□ I don'	t knov	W
	Explanation (Free Te	ext)	☐ Issued by foreig			□ Other (					
Have you <b>FVFI</b>	Do you have another had a security clearance					another entry)		NO (Requietrative	ired to v	_	
	lministrative termination					icvoked: (ivote. Al	ii adiiiiii	strative	I LS	111	O
Branch	You responded 'Yes										l.
If Yes to Denied	Provide the date secu				tion was den	ied, suspended or i			e (Estima	ted)	
	Provide the name of Provide an explanati	0 7			nension or re	vocation action		Name (Fro Explanation		Text)	
(Multiple Entrie	Do you have another					ES		NO	on (11cc	ΙΟΛί)	
Allowed)	clearance eligibility/	access auth	orization to enter?		C	Yes adds another er	ntry)	(Required			
	R been debarred from gov			1.0		1 .			YES	N	0
Branch If Yes to	You responded 'Yes Provide the name of					nployment.		Agency na	ame		
Debarment	Provide the date the			acourment	action.			Date (Esti			
(Multiple Entrie							(	Circumsta	ances (Fr		_
Allowed)	Do you have another	Governme	ent debarment to ent	er?	YES (Yes	adds another entry	<u>'</u> ) ]	NO (Requ	iired to v	alidat	e)
	– Financial Recor										
In the last seven	n (7) years have you filed					1			YES	No	0
Branch	You responded 'Yes' to Select the applicable ba			ny chapter	of the bankr		□ Cha	pter 12	Chants	r 12	
If Yes to	Provide the bankruptcy				□ Cnapter	/ 🗆 Chapter II		int Numb			
Having Filed	Provide the date bankru							Estimated			
Bankruptcy	Provide date of bankrup							Estimated			
(Multiple	Provide the total amoun	1	,	he bankrup			Amou Middl	nt (Free T		v	
Entries	Provide the name debt i				Last	First		e Name (Fi	Suffi: ree Text)		
Allowed)	Provide the address of t				Street add	ress and City		and Zip C			

	Branch	Provide the name of the trustee for this bankruptcy.	Na	ame (Free Tex	t)					
	If Chapter 13	Provide the address of the trustee for this bankruptcy.								
	•	Street address and City	Sta	ate and Zip Co		ıntry				
			ınation (I	Free Text)	YES	NO				
		en (7) years, have you filed any additional petitions under any YES		NO						
		pankruptcy code? (Yes adds a	inother e	ntry) (Requ	uired to va					
		you failed to meet financial obligations due to gambling?			YES	NO				
Branch		'Yes' to in the last seven (7) years have you experienced financial problems								
If Yes to		e range of your financial problems due to gambling. From Date (Estimate		To Date (Esti						
Financial		mate of the amount (in U.S. dollars) of gambling losses incurred.			ree Text)					
Problems Due		iption of your financial problems due to gambling.		Description (						
to Gambling (Multiple		en any action(s) to rectify your financial problems due to gambling, provide a		Description (I	ree Text)					
Entries		your actions. If you have not taken any action(s) provide explanation.  en (7) years have failed to meet other financial YES (Yes adds another e		NO (Dequire)	l to volido	ta)				
Allowed)	In the last seven (7) years have failed to filed officer filliancial [1 Lb] (1 cs adds afforder chirty) [1 NO (Neguried to validate)									
In the last past seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?  YES NO										
In the last past		'Yes' to having failed to file or pay Federal, state, or other taxes when require				110				
		file, pay as required, or both? $\square$ File $\square$ Pay $\square$ Both	ca by lav	v or ordinance	·-					
Branch		r you failed to file or pay your Federal, state or other taxes.								
Dranch		son(s) for your failure to file or pay required taxes.		Reasons (	Free Text	)				
If Yes to		leral, state or other agency to which you failed to file or pay taxes.			Free Text					
Failing to		e of taxes you failed to file or pay (such as property, income, sales, etc.).		Tax Type (						
File/Pay Taxes	Provide the am	ount (in U.S. dollars) of the taxes. □ Estimated		Amount (	Free Text	)				
	Provide date sa	tisfied.   Not applicable		Date (Estir	nated)					
(Multiple	Provide a descr	iption of any action(s) you have taken to satisfy this debt (such as withholding	gs,	Description	n (Free Te	xt)				
Entries		amount of payments, etc.). If you have not taken any action(s) provide explan	ation.							
Allowed)		ther instances in the last past seven (7) years where you  YES		NO						
	failed to file or pay Federal, state or other taxes when required by law or (Yes adds another entry) (Required to validate)									
- 19 -	ordinance?				1100	110				
		have you been counseled, warned, or disciplined for violating the terms of agr	eement fo	or a travel or	YES	NO				
credit card provided by your employer?  You responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit										
Branch			s of agre	ement for a tr	avei or cre	3011				
	card provided by your employer.  Provide the name of the agency or company.  Agency (Free Text)									
If Yes to	Provide the address of the agency or company.  Street address and City  State and Zip Code or Country									
Violation of		son(s) for the counseling, warning or disciplinary action.		easons (Free T		intry				
Credit/Travel		ount (in U.S. dollars) of violation.   Estimated		nount (Free T						
Card Terms		iption of any action(s) you have taken to rectify this situation. If you have not		escription (Fre						
(Multiple		n(s) provide explanation.								
(Multiple Entries		ther instances in the last past seven (7) years where you have been counsele	ed, YE	ES	NO					
Allowed)	warned, or disc	iplined for violating the terms of agreement for a travel or credit card provide	d (Y	es adds	(Requi	red to				
,	by your employ			other entry)	validat	e)				
		sking assistance from, a credit counseling service or other similar resource to	resolve a	n inability to	YES	NO				
meet financial of						<u> </u>				
Branch		'Yes' to currently utilizing, or seeking assistance from, a credit counseling se	ervice or	other similar	resource to	0				
Diane.		ility to meet financial obligations.		l NI	Œ	T ()				
If Yes to	_	ation (Free Text) Provide the name of the credit counseling organization			me (Free	Text)				
Seeking Credit		one number of the credit counseling organization.  ation of the credit counseling organization.	City	ber / Ext						
Counseling		nis counseling provide a description of any action(s) you have taken to		ription (Free T						
		ability to meet financial obligations. If you have not taken any action(s)	Desci	iption (Free 1	CAL)					
(Multiple	provide explana									
Entries Allowed)	Are you curren	tly utilizing, or seeking assistance from any other credit counseling service	YES (	(Yes adds	NO (Requ	uired				
,		resource to resolve your inability to meet financial obligations?		er entry)	to validate					
		any of the following happened to you? (You will be asked to provide details	about ea	ch financial o	bligation t	that				
	ems identified be									
		alimony or child support payments.								
		, you had a judgment entered against you. (Include financial obligations for w	hich you	were the sole	debtor, a	s well				
		igner or guarantor). , you had a lien placed against your property for failing to pay taxes or other (	dahta (In	aluda financi	al ablicati	one for				
		s well as those for which you were a cosigner or guarantor).	ieuts. (III	iciude illialici	ai obligatio	OHS TOI				
		any Federal debt. (Include financial obligations for which you are the sole de	btor as v	well as those f	or which	VOII				
are a cosigner or		y				,				
	,				YES	NO				
	You answered	'Yes' to having experienced one or more of the previously stated financial iss	ues.							
	Provide the nar	ne of agency/organization/individual to which debt is/was owed	Name	(Free Text)						
		nancial issue include any of the following: (Check all that apply)								
		ently delinquent on alimony or child support payments.								
Branch		ast seven (7) years, you had a judgment entered against you. (Include financi	al obliga	tions for which	h you wer	e the				
TCAZ		well as those for which you were a cosigner or guarantor).		41 1 1 1	4- (T. 1 1	1-				
If Yes to		ast seven (7) years, you had a lien placed against your property for failing to attions for which you were the sole debtor, as well as those for which you were				C				
Having Financial		ently delinquent on any Federal debt. (Include financial obligations for which				as				
Issues		i you are a cosigner or guarantor).	Jou are t	5010 40010	i, as well a	ao				
Involving	most for which	J == == = = = = = = = = = = = = = = = =			YES	NO				
Enforcement	Provide the ass	ociated loan / account number(s) involved	Loan	/ account num						

Property type (Free Text)

Identify/describe the type of property involved (if any).

(Multiple	Provide the amount (in U.S. dollars) of the financial issue. □ Estimated	Amount (Free Text)
Entries	Provide the reason(s) for the financial issue.	Reasons (Free Text)
Allowed)	Provide the current status of the financial issue.	Status (Free Text)
	Provide the date the financial issue began.	Date (Estimated)
	Provide date the financial issue was resolved. □ Not resolved	Date (Estimated)
	Provide the name of the court involved.	Court name (Free Text)
	Provide the address of the court involved. Street address and City	
	Provide a description of any action(s) you have taken to satisfy this debt (such a	as withholdings, Description (Free Te
	frequency and amount of payments, etc.). If you have not taken any provide exp	planation.
	Other than previously listed, are there any other instances of the following occur	irrences?
	You are currently delinquent on alimony or child support payments.	
	• In the last past seven (7) years, you had a judgment entered against you. (Inc	clude financial obligations for which you were t
	sole debtor, as well as those for which you were a cosigner or guarantor).	
	• In the last past seven (7) years, you had a lien placed against your property for	
	financial obligations for which you were the sole debtor, as well as those for wh  • You are currently delinquent on any Federal debt. (Include financial obligation	
	those for which you are a cosigner or guarantor).	ils for which you are the sole debtor, as well as
	YES (Yes adds an	nother entry) NO (Required to validate)
Other than pr	reviously listed, have any of the following happened?	notice entry)   100 (required to variate)
In the last; tole debtor, a In the last; which you we You are cur	ch you were a cosigner or guarantor)  past seven (7) years, you had bills or debts turned over to a collection agency? (Inclus well as those for which you were a cosigner or guarantor)  past seven (7) years, you had any account or credit card suspended, charged off, or c gations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor?  past seven (7) years, you were evicted for non-payment?  past seven (7) years, you had your wages, benefits, or assets garnished or attached for past seven (7) years, you have been over 120 days delinquent on any debt not previous ere the sole debtor, as well as those for which you were a cosigner or guarantor)  trently over 120 days delinquent on any debt? (Include financial obligations for which igner or guarantor)	cancelled for failing to pay as agreed? (Include signer or guarantor) or any reason? ously entered? (Include financial obligations for h you are the sole debtor, as well as those for where the sole debtor is the sole debtor.
	You answered 'Yes' to having experienced one or more of the previously stated	d financial issues.
	Provide the name of agency/organization/individual to which debt is/was owed.	
	Did/does this financial issue include any of the following: (Check all that apply)	
	☐ In the last past seven (7) years you had your possessions or property volunta	arily or involuntarily repossessed or foreclosed
	(Include financial obligations for which you were the sole debtor, as well as tho	ose for which you were a cosigner or guarantor).
	(Include financial obligations for which you were the sole debtor, as well as tho   In the last past seven (7) years you defaulted on any type of loan. (Include fi	ose for which you were a cosigner or guarantor).
	(Include financial obligations for which you were the sole debtor, as well as tho   In the last past seven (7) years you defaulted on any type of loan. (Include findebtor, as well as those for which you were a cosigner or guarantor).	ose for which you were a cosigner or guarantor). Financial obligations for which you were the sole
	(Include financial obligations for which you were the sole debtor, as well as tho  ☐ In the last past seven (7) years you defaulted on any type of loan. (Include fi debtor, as well as those for which you were a cosigner or guarantor).  ☐ In the last past seven (7) years you had bills or debts turned over to a collect	ose for which you were a cosigner or guarantor). Financial obligations for which you were the sole tion agency. (Include financial obligations for
	(Include financial obligations for which you were the sole debtor, as well as tho  ☐ In the last past seven (7) years you defaulted on any type of loan. (Include fi debtor, as well as those for which you were a cosigner or guarantor).  ☐ In the last past seven (7) years you had bills or debts turned over to a collect which you were the sole debtor, as well as those for which you were a cosigner	ose for which you were a cosigner or guarantor). financial obligations for which you were the sole tion agency. (Include financial obligations for or guarantor).
	(Include financial obligations for which you were the sole debtor, as well as tho  ☐ In the last past seven (7) years you defaulted on any type of loan. (Include fi debtor, as well as those for which you were a cosigner or guarantor).  ☐ In the last past seven (7) years you had bills or debts turned over to a collect which you were the sole debtor, as well as those for which you were a cosigner  ☐ In the last past seven (7) years you had an account or credit card suspended,	ose for which you were a cosigner or guarantor). Financial obligations for which you were the sole attion agency. (Include financial obligations for or guarantor).  To charged off, or cancelled for failing to pay as
	(Include financial obligations for which you were the sole debtor, as well as tho  ☐ In the last past seven (7) years you defaulted on any type of loan. (Include fi debtor, as well as those for which you were a cosigner or guarantor).  ☐ In the last past seven (7) years you had bills or debts turned over to a collect which you were the sole debtor, as well as those for which you were a cosigner  ☐ In the last past seven (7) years you had an account or credit card suspended, agreed. (Include financial obligations for which you were the sole debtor, as we	ose for which you were a cosigner or guarantor). Financial obligations for which you were the sole attion agency. (Include financial obligations for or guarantor).  To charged off, or cancelled for failing to pay as
	(Include financial obligations for which you were the sole debtor, as well as tho  □ In the last past seven (7) years you defaulted on any type of loan. (Include fi debtor, as well as those for which you were a cosigner or guarantor).  □ In the last past seven (7) years you had bills or debts turned over to a collect which you were the sole debtor, as well as those for which you were a cosigner □ In the last past seven (7) years you had an account or credit card suspended, agreed. (Include financial obligations for which you were the sole debtor, as wel guarantor).	ose for which you were a cosigner or guarantor). Financial obligations for which you were the sole attion agency. (Include financial obligations for or guarantor).  To charged off, or cancelled for failing to pay as
	(Include financial obligations for which you were the sole debtor, as well as tho  □ In the last past seven (7) years you defaulted on any type of loan. (Include fi debtor, as well as those for which you were a cosigner or guarantor).  □ In the last past seven (7) years you had bills or debts turned over to a collect which you were the sole debtor, as well as those for which you were a cosigner □ In the last past seven (7) years you had an account or credit card suspended, agreed. (Include financial obligations for which you were the sole debtor, as we guarantor).  □ In the last-past seven (7) years you were evicted for non-payment.	ose for which you were a cosigner or guarantor). Financial obligations for which you were the sole attion agency. (Include financial obligations for or guarantor).  The charged off, or cancelled for failing to pay as a sell as those for which you were a cosigner or
	(Include financial obligations for which you were the sole debtor, as well as tho  ☐ In the last past seven (7) years you defaulted on any type of loan. (Include fi debtor, as well as those for which you were a cosigner or guarantor).  ☐ In the last past seven (7) years you had bills or debts turned over to a collect which you were the sole debtor, as well as those for which you were a cosigner  ☐ In the last past seven (7) years you had an account or credit card suspended, agreed. (Include financial obligations for which you were the sole debtor, as we guarantor).  ☐ In the last past seven (7) years you were evicted for non-payment.  ☐ In the last past seven (7) years you had wages, benefits, or assets garnished.	ose for which you were a cosigner or guarantor). Financial obligations for which you were the sole tion agency. (Include financial obligations for or guarantor).  , charged off, or cancelled for failing to pay as lell as those for which you were a cosigner or or attached for any reason.
	(Include financial obligations for which you were the sole debtor, as well as tho  □ In the last past seven (7) years you defaulted on any type of loan. (Include fi debtor, as well as those for which you were a cosigner or guarantor).  □ In the last past seven (7) years you had bills or debts turned over to a collect which you were the sole debtor, as well as those for which you were a cosigner □ In the last past seven (7) years you had an account or credit card suspended, agreed. (Include financial obligations for which you were the sole debtor, as we guarantor).  □ In the last-past seven (7) years you were evicted for non-payment.	ose for which you were a cosigner or guarantor). Financial obligations for which you were the sole action agency. (Include financial obligations for or guarantor).  The charged off, or cancelled for failing to pay as sell as those for which you were a cosigner or or attached for any reason.  The charged off is a content of the charged off is a cosigner or or attached for any reason.

## Branch

If Yes to Having Financial Issues Involving Routine Accounts

(Multiple Entries Allowed)

	YES NO			
Provide the associated loan / account number(s) involved.	Loan / account number (Free Text)			
Identify/describe the type of property involved (if any).	Property type (Free Text)			
Provide the amount (in U.S. dollars) of the financial issue.	Amount (Free Text)			
Provide the reason(s) for the financial issue.	Reasons (Free Text)			
Provide the current status of the financial issue.	Status (Free Text)			
Provide date the financial issue was resolved. □ Not resolved	Date (Estimated)			
Provide the date the financial issue began.	Date (Estimated)			
Provide a description of any action(s) you have taken to satisfy this debt (such as withholding	s, Description (Free Text)			

Other than previously listed, are there any other instances of the following occurrences?

frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

- In the last past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed. (include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last past seven (7) years, you defaulted on any type of loan, (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last past seven (7) years, you had bills or debts turned over to a collection agency. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last past seven (7) years, you have been evicted for non-payment.

as those for which you are a cosigner or guarantor).

- In the last past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason.
- In the last past seven (7) years, you have been over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well

	as those for which you are a cosigner or guarantor).							
_		ATEG (AT			110	(D. 1.1)		
		YES (Yes a	dds another ent	try)	NO	(Required to	valida	te)
Section 25 –	Use of Information Technology Systems							
	Gerence to this section, that neither your truthful responses nor inf	formation derive	d from your re	sponse	es to	this section v	will be	used
	ast you in a subsequent criminal proceeding. As to this particular							
the Federal gover	rnment. The following questions ask about your use of informati	on technology s	ystems. Inform	ation	techr	ology systen	ns incl	ude all
related computer	hardware, software, firmware, and data used for the communicat	tion, transmissio	n, processing,	manip	ulatio	on, storage or	r protec	ction
of information.								
	(7) years have you illegally or without proper authorization according	essed or attempt	ed to access an	y info	rmati	ion	YES	NO
technology system								
Branch	You responded 'Yes' to having in the last seven (7) years illeg	gally or without	proper authoriz	zation	enter	ed or attemp	ted to	enter
If Yes to	into any information technology system.		1					
Unauthorized	Provide the date of the incident					imated)		-
Access	Provide a description of the nature of the incident or offense.	G: 11	1.0%			on of inciden		
0.6.10.1	Provide the location where the incident took place.	Street address	•			Zip Code or		ry
(Multiple Entries	Provide a description of the action (administrative, criminal or	other) taken as a	result of	Desc	eripti	on (Free Tex	t)	
Allowed)	this incident.  Are there any other incidents to report?	YES (Yes add	414	\		IO (Di	1 4 1	: 4-4-1
,	(7) <b>years</b> have you illegally or without authorization, modified,		<u> </u>			NO (Required	YES	NO
	ing on an information technology system or attempted any of the		pulated, or den	nea ou	ners	access to	I ES	NO
Branch	You responded 'Yes' to having in the last seven (7) years illeg		authorization 1	modifi	ied d	estroyed ma	ninula	ted or
If Yes to	denied others access to information residing on an information						прига	.cu, or
Manipulating	Provide the date of the incident	Date (Estimate						
Access	Provide a description of the nature of the incident or offense.	,	incident (Free	Text)				
(Multiple	Provide the location where the incident took place.	Street address				Zip Code or	Count	ry
Entries	Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Description (Free Text)							
Allowed)								
In the last seven	(7) years have you introduced, removed, or used hardware, soft	ware, or media i	n connection w	vith an	y inf	ormation	YES	NO
technology system	m without authorization, when specifically prohibited by rules, pro-	rocedures, guide	elines, or regula	ations	or att	tempted		
any of the above?								
Branch	You responded 'Yes' to having in the last seven (7) years intro							
If Yes to	connection with any information technology system without au guidelines, or regulations or attempted any of the above.	tnorization, whe	n specifically p	pronib	itea t	by rules, proc	eaures	,
Unlawful Use	Provide the date of the incident			l D	loto (	Estimated)		
-	Provide the date of the incident  Provide a description of the nature of the incident or offense				_	ption (Free T	Cevt)	
(Multiple	Provide the location where the incident took place.	Street address	and City			and Zip Code		untry
Entries	Provide a description of the action (administrative, criminal or					Description		
Allowed)	Are there any other incidents to report?		s another entry			equired to va	,	
Section 26		`	s another entry	, 11	0 (10	equired to vi	maate)	
	Involvement in Non-Criminal Court Action						******	110
	(7) <b>years</b> , have you been a party to defendant in any public reco	rd civil court ac	tion(s) not liste	ed else	wher	e on this	YES	NO
form? alleging fra	aud or intentional tortuous conduct?		.::1	(-)	-4-11-	4-1-1	41-	·
Branch	You responded 'Yes' to having been a party to defendant in an alleging fraud or intentional tortious conduct in the last seven		ervir court actio	)II(8) II	ot IIs	ted elsewher	e on th	IS TOTHI
If Yes to	Provide the date of the civil action Date (Estimated)	Provide the	court name	С	ourt	name (Free T	Cext)	
Having Non	Provide the address of the court	Street addre				and Zip Code		untry
Criminal	Provide details of the nature of the action	Street addre	33 and City			s (Free Text)		and y
Court Actions	Provide a description of the results of the action			_		s (Free Text)		
(Multiple	Provide the name(s) of the principal parties involved in the cour	rt action				(Free Text)		
Entries	Are there any other civil court actions in the last seven (7) year		YES	1,	unio	NO		
Allowed)	The there any other ervir court actions in the tast seven (1) year	is to report.	(Yes adds an	other	entry		ed to v	alidate)
			(200 0000 00			, (		
Section 27 –	- Association Record							
The following per	rtain to your associations. You are required to answer the question	ons fully and tru	thfully, and you	ur failı	ure to	do so could	be gro	unds
	aployment, or credentialing decision. For the purpose of this ques							
	to human life and appear to be intended to intimidate or coerce a				polic	y of a govern	ment b	y
	percion or to affect the conduct of a government by mass destruct							
	ave you EVER been a member of an organization dedicated to t		with an awarer	ness of	î the		YES	NO
	dication to that end, or with the specific intent to further such act				—			
Branch	You responded 'Yes' to being or <b>EVER</b> having been a mem						th an	
ICM . F :	awareness of the organization's dedication to that end, or wit	ui the specific in	nent to further	_			(Enc - '	Toyt)
If Yes to Being a	Provide the full name of the organization.	Ctmant - 11	on and Cit-	_	_	ization name		
Member of a Terrorist	Provide the address/location of the organization.  Provide the dates of your involvement with the organization.	Street addre	•	51		nd Zip Code Date (Estima		
Organization	- U	No positions he				itions (Free T		sent)
Organizadon	Provide all positions held in the organization, if any.  Provide all contributions made to the organization, if any.					tributions (F		vt)
(Multiple Entries				on		olvement (Fr		

Allowed)	Do you have any other instances of being a member of an orga		YES	NO .
	terrorism, either with an awareness of the organization's dedicapecific intent to further such activities to report?	ation to that end, or with the	(Yes adds another entry)	(Required to validate)
Have you <b>EVER</b> k	nowingly engaged in any acts of terrorism?		another entry)	YES NO
Branch If Yes	You responded 'Yes' to <b>EVER</b> having knowingly engaged in	any acts of terrorism		TES NO
Engaging in	Describe the nature and reasons for the activity.	Nature and reasons (Free Tex	t)	
Terrorism	Provide the dates for any such activities	From Date (Estimated)	To Date (Estin	nated/Present)
(Multiple Entries	Do you have any other instances of knowingly engaging in act		NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Allowed)	terrorism to report?	(Yes adds another	entry) (Requ	ired to validate)
Have you EVER ac	lvocated any acts of terrorism or activities designed to overthrow			YES NO
Branch	You responded 'Yes' to having EVER advocated any acts of t	errorism or activities designed	to overthrow the U	S. Government
If Yes to	by force.			
Advocating		Reasons (Free Text)		
Of R. L. P. C.	- U	From Date (Estimated)	To Date (Estin	
(Multiple Entries	Do you have any other instances of advocating acts of terrorism		*	O (Required to
Allowed)	designed to overthrow the U.S. Government by force to report			lidate)
	een a member of an organization dedicated to the use of violence			YES NO
	hich engaged in activities to that end with an awareness of the or ther such activities?	rganization's dedication to that	end of with the	
specific intent to ru.	You responded 'Yes' to having <b>EVER</b> been a member of an o	rganization dedicated to the use	of violence or for	ce to overthrow
Branch	the United States Government, and which engaged in activities			
Dianch	that end or with the specific intent to further such activities.	to that one with all awareness	or the organization	i s dedication to
If Yes to being	Provide the full name of the organization.	Organization name (Free Tex	xt)	
Member of	Provide the address/location of the organization.	Street address and City	State and Zip Co	de or Country
Organization	Provide the dates of your involvement with the organization	From Date (Estimated)	To Date (Estima	ted/Present)
Using Violence	Provide all positions held in the organization, if any. $\Box$ N	o positions held	Positions (Fre	e Text)
to Overthrow the	Provide all contributions made to the organization, if any. $\square$ N	o contributions made	Contributions	
U.S. Govt.	Provide a description of the nature of and reasons for your invo			Free Text)
OM IC 1 P. C.	Do you have any other instances of being a member of an orga	nization dedicated to the use	YES	NO
(Multiple Entries	of violence or force to overthrow the United States Governmen		(Yes adds	(Required to
Allowed)	activities to that end with an awareness of the organization's de	edication to that end or with	another entry)	validate)
Have you FVFD b	the specific intent to further such activities to report? een a member of an organization that advocates or practices com	mission of sats of force or viole	anga to	YES NO
	om exercising their rights under the U.S. Constitution or any sta			ILS NO
further such action?		te of the Chited States with the	specific intent to	
	You responded 'Yes' to being or EVER having been a member	er of an organization that advoc	ates or practices co	ommission of
	acts of force or violence to discourage others from exercising t			
	U.S. with the specific intent to further such action.			
Branch	Provide the full name of the organization.	Organization Name (Free Te		
If Yes to Being a	Provide the address/location of the organization.	Street address and City	State and Zip Co	
Member of	Provide the dates of your involvement with the organization	From Date (Estimated)	To Date (Estima	
Organization		o positions held	Positions (	,
Using Violence	Provide all contributions (in U.S. dollars) made to the organization	ition, if any. □ No contributions	S Contribution	ons (Free Text)
(Multiple Entries	made	1	T	-t (E Tt)
Allowed)	Provide a description of the nature of and reasons for your invo			nt (Free Text) NO
11110 (104)	Do you have any other instances of being a member of an orga practices commission of acts of force or violence to discourage		Yes adds	(Required to
	their rights under the U.S. Constitution or any state of the Unit		nother entry)	validate)
	intent to further such action to report?	a states with the specific	nounci chu y)	, arrance)
Have you EVER ki	nowingly engaged in activities designed to overthrow the U.S. G	overnment by force?		YES NO
Branch If Yes to	You responded 'Yes' to having EVER knowingly engaged in		v the U.S. Governr	nent by force.
Activities to	Describe the nature and reasons for the activity.		Reasons (Free	
Overthrow	Provide the dates of such activities.	From Date (Estimated)	To Date Estin	nated/Present)
(Multiple Entries	Do you have any other instances of having knowingly engaged		NO	
Allowed)	designed to overthrow the U.S. Government by force to report	? (Yes adds anot	her entry) (Requ	uired to validate)
•	sociated with anyone involved in activities to further terrorism?			YES NO
Branch If Yes to	Terrorism Association Detail			
Having Terrorism	Provide Explanation	Explanation (Free Text)		
Association				

## Additional Comments

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

#### 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, or my removal and debarment from Federal service.

Signature (Sign in ink)	Date (mm/dd/yyyy)

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## AUTHORIZATION FOR RELEASE OF INFORMATION

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 or reinvestigation 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, such as publicly available electronic information, including public posts on social media. 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 public trust 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 United States 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 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 eligibility for assignment to, or retention in, a public trust position, in accordance with 5 U.S.C. 9101. 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 other sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be disclosed by the Government only as authorized by law.

**I Authorize** the information to be used to conduct officially sanctioned and approved suitability-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization is valid for five (5) 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 (T)	/pe or pr	int legibly)	Date signed (mm/dd/yyyy)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (Country)	State	ZIP Code	Telephone number

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

# UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

#### **Instructions for Completing this Release**

This is a release for the investigator to ask your health practitioner(s) only the specific questions below concerning any mental health consultations of which the practitioner might be aware. Your signature will allow the practitioner(s) to answer only these questions. Should additional information be required from the health care practitioner, a separate specific release is needed, and you may be contacted for such a release at a later date.

If you are completing the SF 85P, this release will be required in the event information arises in an investigation that requires such further inquiry for resolution and only to resolve such issues.

If you are completing the SF 85P with the supplemental SF 85P-S, this release is required if you respond "yes" to the question regarding Your Medical Record.

#### Authorization

I am seeking assignment to or retention in a public trust position. As part of the investigation process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full name (Type	or print l	Date signed (mm/dd/yyyy)		
Other names used			Date of birth	Social Security Number	
Current street address Apt. #	City (Country)	State	ZIP Code	Home telephone number	

### For Use By Practitioner(s) Only

For Ose by Fractitioner(s) Only			
1	ve a condition that could impair his or he	r judgment, reliability, or ability to	
perform a position of public trust?			
VIEG NO			
YESNO			
If so describe the nature of the condition and the extent and duration of the impairment or treatment			
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.			
What is the prognosis?			
Dates of treatment?			
Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)	

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

# UNITED STATES OF AMERICA FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

#### **Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

## **Purpose**

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) ability to perform contractual service for the Federal government, and/or (3) eligibility for a public trust position. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

## Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a public trust position. To avoid such delays, you should may want to consider requesting that the consumer reporting agencies lift the freeze in these instances.

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, as amended by EO 13748.

Print name	Social Security Number
Signature (Sign in ink)	Date ( <i>mm/dd/yyyy</i> )