## **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, SE

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			
V – Applicant Affiliation	_ FED CIV _ CON .	_ MIL _ Other				
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From-To Dates, Estimated,	Permanent Relocation	<mark>n,</mark> Reason(s) for temp	orary duty assignme	ent <mark>or PCS</mark> , point of	contact at location, To	elephone number
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Agency Special Instructions	for the Investigative	Service Provider: e-	QIP Only Used in	place of a hardcopy	<mark>y cover memo</mark> Cage C	ode Contracting
Number Number						

#### Beginning of Ouestionnaire

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Section 1 –												
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	iddle name, indicate "N	No Middle	Name". If	you ar	e a "Jr.,"	"Sr.," etc. e	nter this ur	nder Suffix.				
	Date of Birth											
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Section 3 –	Place of Birth											
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Section 4 –	SSN											
Provide your U.S	S. Social Security Num	nber. 🗆	Not applic	able								
Section 5 –	Other Names U	Jsed										
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Entries	Summary of other na						<u> </u>					
Allowed)	Do you have addition	nal names t	to enter?			Yes (Yes	adds anoth	ner entry)	No	(Require	ed to pass va	alidation)
Section 6 –	Your Identifying	ng Infor	mation									
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Section 7 –	Your Contact I	nforma	tion									
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background inve								-				
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	Estimated   Estim									
	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		
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	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		
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	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	
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o.s. Citizen	Provide the name of the court certificate.	that issued the C	Certificate of N	aturalizatio	<mark>on</mark>	Court (Free				
	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									
Citizenship	Provide your Certificate of Ci			<mark>61)</mark>						
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		Date	/D	
Citizenship		nrough its termi ou acquire this							(Estimated	/	timated w (Free		
(Multiple	110 11 414 3	ou dequire time	11011 0110	· creations	mp jou	110 Пате от р	7101100	isiy maa'i		110	., (1100	10/10	<u>.,                                      </u>
Entries													
Allowed)	Branch If Present	/Cumant				ld citizenship	with th	nis country?			YI	ES	NO
		of dual/multiple		vide exp									
		ve an additional				ica.	Y	ES (Yes adds ar	nother entry)	NO (Rec	uired to	o vali	idate)
Have you EVI	ER been issued	l a passport (or i	identity (	card for t	ravel) b				•		Yl	ES	NO
								for travel) by a		r than the U.	S.		
D1		e country in wh e date the passp					ssued.		Country: Date	Г	stimate	d	
Branch		e place the pass							City			u 🗆 ountr	v
Foreign		e name in which							Last	First	Middle		uffix
Passport (or		e passport (or ic	-							(Free Text)			
Identity Card)		e passport (or ic					tuorro16	)	Date	E	stimate	d □ ES	NO
(Multiple	Branch	EVER used this				es to which you			Country	From Da		To I	
Entries		Entries Allowed				card) and the			Country	(Estimat			/Pres)
Allowed)			eac										
	Do you ha	ve an additional	l foreign	passport	(or ider	ntity card) to		YES (Yes adds anot	har antry)	NO (Require	d to val	idata	۵
G 4 14		<b>X</b> 7 <b>XY</b>						(Tes adds allot	ner entry)	(Require	u to vai	iuate	)
		You Have				1 1	1' 1	1.7 D	· 1 . C .	1		. 1	
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								uring a time peri					ot list
		rthday unless to							•				
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periods of resi		completely out	side tills	s 3-year p	criod, a	nd do not nst ;	your sp	odse, conaonam	t of other rea	atives as the	VCITICI	101	
		(Multiple Entri	ies Allov	wed)									
Provide dates						From Date				ate (Estimat			
Is/was this resi Provide the str		ied by you □ R	ented or	leased b	y you $\square$	Street addre		Other (Provide e		Explanate and Zip Co			
Branch		indicated an AP	O/FPO a	address;	provide			ta with street add					
Physical		home port/flee							,, <sub>F</sub>	,,	,,		
Location		ress/Unit/Duty			~					or Post Nam			
Branch		ate for ports in indicated an add				location.			State	and Zip Co	de or Co	ountr	У
APO/FPO		ı have an APO/				s location					Ye	es	No
Address	Branch If			FPO add			Addres	s APO or FP	PO APO	/FPO State 0			Code
	Provide the	e name of a neig						knows you at th					
	Provide the	e full name:	Last	First	Middl	e Suffix	Prov	vide date of last of	contact:	Date	e mated [		
	Provide yo	our relationship	to this p	erson (ch	eck all t	that apply)	□ N	eighbor   Frien	nd 🗆 Landlo				
								ther (Provide exp					
		e following con					- P		1 0		1 27		/ID
Branch	Provide ev	ening phone nu	mber Io	r tnis per		Number/Ext Check box	Prov	vide daytime pho	one number i	or this perso			er/Ext k box
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Person Who						international							tional
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dates within	Provide e-	mail address for	this per	rson:			Ema	ail (Free Text)			_		i .
last 3 years)	Provide str	reet address for						et address and C	,	and Zip Co			
	Branch							al location data v Provide physic			post, er	nbas	sy,
	Physical	Street Addre				or officer fleating	uai tei.	1 Tovide physic		or Post Nam	ie		
	Location	Provide Stat	te for po	rts in Un	ited Stat	es, or Country	locati	on.		and Zip Co		ountr	у
	Branch					de of the U.S.					1		
	APO/FPO Address	Branch If Y				an APO/FPO address:	addres Addres		O ADO/I	FPO State Co	Ye		No Code
Do you have a		sidence to repor		oviue Al	U/IPU			Yes adds another		NO (Rec			
				hool			( .		· J/	(2.00			
		You Went			vida a m	inimum of tree	0 1/00#0	s education histor	ry (Multiple	Entries All	wed)		
Have you atter				ss to bro.	viue d III	iiiiiiiiiiiiiii OI tW	o years	s cuucation msto	ry. (withinple	Entitles All		ES	NO
Branch		ns m me iasi /	vears?										
		eived a degree o		na more	than 5 y	ears ago?						ES	NO
		eived a degree of Provide the date	or diplon tes of att	endance.		Fro		e (Estimated)		ate (Estimat	Y] ed/Pres	ES ent)	
If Yes to Attending	Have you rec	eived a degree o	or diplor tes of att t approp	endance. riate box	to desci	Fro	ol. 🗆		□ College/U	niversity/M	Y] ed/Pres	ES ent)	

	Degree		ddress of the school. For corresp				Street address ar			
			thools, provide the address wher		ecords are main	tained.	State and Zip Co	ode o	or Countr	у
			rmining the school address, refe ccreditation/search.aspx	r to						
	-		ended in the last 3 years, list a p	erson	who knew you a	at the school	l (instructor, stu	dent.	etc.). Do	o not
		list people for educ	ation periods completed more th	nan 3 y	ears ago. For c					
	-		ne who knew you while you rec			1/1:			Name	
			of person who knows/knew you someone who knew you while y						(Free T	'ext)
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		Street address and 0	· ·				State and Zip Co	ode c	or Countr	у
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							Check box if Ir			r DSN
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	-		ess for this person:   I don't known the server of the ser	OW			Email (Free Tex	t)	MEC	NO
	-	Did you receive a d	Provide type of degrees(s)/d:	inloma	(s) received and	l date(s) aw	arded:		YES	NO
		D I			School Diplom		Other degree/dip	olom	ıa	
		Branch If Yes to	• Associate's • Bachelor's			te	Other Degree (F			
		Receiving Degree	• Professional Degree (e.g.	MD, L	$OVM, JD) \bullet Oth$	er	Month / Year		ate	
									 timated [	_
	-	Do you have addition	onal education to enter (include	educa	tion within the l	ast 7	YES (Yes adds		NO (Red	
		years, as well as de	grees or diplomas more than 7 y	ears a	go)?		another entry)		to valida	ite)
Section 13a	ı – Empl	oyment Activit	ties – Employment &	Unei	mployment	Record				
			unemployment and self-employ							
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			8th birthday unless to provide a					пі рі	nysicai	
(Multiple Entrie	s Allowed)	•	•		·		•			
Select your emp  ☐ Other Federal			tary duty station				sioned Corps  Unemploym	4		
□ Federal Contr			ment employment (excluding se			шрюушеш	□ Other (Provi		xplanatio	on)
Other Type Exp			Provide dates of employment.		m Date (Estimat	ed)	To Date (Esti			
			rd/Reserve, or USPHS Commiss							
			us for this position:  □ Full-time			acont	Rank/position	(Er	oo Toyt)	
		e your assigned duty during this period.	Duty station (Free Text)		vide your most r x/position title.	ecent	Kank/position	I (FI	ee Text)	
	Provide	e address of duty stat	ion.		et address and C	City	State and Zip	Cod	le or Cou	ntry
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If Employment Type is Active Duty, National Guard/Reserve, or USPHS Commissioned	Brancl Provide	reperiods of time, your subject the name of your subject the mail address while the email address of the physical work letter the supervisor telephon the physical work letter	Position (Free Text) icated an APO/FPO address; protected an address outside of the at this location? es Provide APO/FPO address; or the original of the at this location? es Provide APO/FPO address; or the original of the at this location? es Provide APO/FPO address; or the original of the at this location? es Provide APO/FPO address; or the original o	ovide port/fld	From Date (Example vision or home poor to be the address and the supervisor of the supervisor; provided the supervisor of the supervisor o	as entries bestimated) In data with a Provide pherovide pherovide pherovide pherovide (Free Teak/position) and (Free Teah/position) and (Free Teah) and (Free Teah) and (Free Teah) are the first physical artiflect physical artif	To Date (Esti Supervisor (Feither street addrysical location of City or Post N State and Zip have an APO/FI APO/FPO State and Zip State and Zip heck box if Intervisor (Free Text) ext)  City or Post N State and Zip heck box if Intervisor (Free Text) ext)  City or Post N State and Zip heck box if Intervisor (Providence No. 1) State and Zip State and Zi	mate  Cod  Cod  Cod  Cod  Name  Cod  Name	ble	ntry NO de
If Employment Type is Active Duty, National Guard/Reserve, or USPHS Commissioned	Branch Provide	reperiods of time, your subject the name of your subject the mail address of the employment of the emp	Position (Free Text) icated an APO/FPO address; protected an address outside of the at this location?  Brown Supervisor.  Brown	ovide port/fld r count Unitect ress:  w  your s your s count count unitect volume volu	From Date (Example vision of employment)  From Date (Example vision of the location of the loc	as entries bestimated) In data with a Provide pherovide pherovide pherovide pherovide (Free Teach/position and City and City and City and City and City art/fleet headers when the physical phys	To Date (Esti Supervisor (Feither street addrysical location of City or Post N State and Zip have an APO/FI APO/FPO State and Zip State and Zip heck box if Intervisor development of the City or Post N State and Zip heck box if Intervisor development of the City or Post N State and Zip Previsor have an APO/FI State and Zip heck box if Intervisor have an APO/FI State and Zip Previsor have an APO/FI State APO/FI	cod	ble or Cou  Country Co	nntry NO ode et eation entry NO
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Federal		address of employer		Street a	address an	d City	State and Zip Cod	le or Co	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 wit	h this Employer - Provide addi	tional per	iods of ac	tivity if y		mployer	on		
government			e physical location (for examp								
employment, or Other			ld enter information concerning						de		
Other		on titles, and supervisentries Allowed)	ors for the two previous periods	s or emplo	oyment as	entries b	elow). Not Applica	bie 🗆			
	Dates of em		From Date (Estimated)		To Date	(Estimate	ed/Present)				
	Position title		Position (Free Text)		Supervis	or	Supervisor (I		t)		
	Is/was your		different than your employer's					YES	NO		
	Branch	Street address and C	dress where you are/were phys	ically loc		1 Zin Coo	le or Country				
	Physical	Provide telephone n			Number		e or country				
	Location					y Night lone numb	Both _Check box if	Internati	<mark>onal or</mark>		
	Branch				location d	ata with e	either street address, base, post,				
	Physical		country location or home port/fl	leet heado	uarter. P	ovide ph					
	Location	Street Address/Unit	rts in the United States, or coun	itry locati	on		City or Post Name State and Zip Cod		intry		
	Branch		an address outside of the Unite			did you l		YES	NO		
	APO/FPO	address while at this	s location?								
	Address	Branch if Yes	Provide APO/FPO address:	Addres	s AF	O/FPO	APO/FPO State	Zip Co			
		name of your supervision title of your s					Supervisor name				
		email address of your		Supervisor email							
	Provide the	physical work location	d City	State and Zip Cod							
	Provide sup	ervisor telephone num		Number/Ext.	) d C	1					
							Time Day Night I box if International				
				phone number	ui oi Do	- 1					
		You have indicated									
	Branch	address, base, post,	leet head	quarter. Provide phy	ysical lo	cation					
	Physical Location	data of your supervi			City or Post Name	e.					
	200411011	Provide state for por		State and Zip Cod		ıntry					
	Branch		an address outside of the Unite	d States.	Did/does y	our supe					
	APO/FPO Address	APO/FPO address v	while at this location?  Provide APO/FPO address:	Addres	a AT	O/FPO	APO/FPO State Zip Code				
	Self-Employ		Trovide Ar O/11 O address.	Addres	S AI	0/110	Al O/11 O State	Zip Ci	Jue		
	Provide mos	st recent position title.					Position (Free Text)				
		mployment status for t		Part-time			1				
		name of your employed address of employer	nent	Street	address an	d City	Employment nam				
	D 11 . 1	phone number		Bucci	iddi Coo un	u enj	State and Zip Code or Country Number/Ext.				
			Time Day Night Both _Check box if International or DSN								
	Is your phys	sical work address diff	erent than your employment ad	ldress?				YES	NO		
			dress where you are/were phys	ically loc	ated.						
	Branch	Street address and C Provide telephone n					State and Zip Cod Number/Ext.	le or Co	ıntry		
	Physical	1 Tovide telephone ii	umber.				Time Day Night I	Both _Cl	neck		
	Location						box if Internationa				
		Vou have indicated	an APO/FPO address; provide	physical i	location d	ato with o	phone number	hose no	of.		
	Branch		country location or home port/fl						ist,		
	Physical Location	Street Address/Unit					City or Post Name				
Branch		Provide state for po	rts in the United States, or coun	try locati	on.	11.1 1	State and Zip Cod		1		
	Branch APO/FPO	address while at this	an address outside of the Unite	d States.	Do you or	did you l	nave an APO/FPO	YES	NO		
If Employment Type is Self-	Address	Branch if Yes	Provide APO/FPO address:	Addres	s AF	O/FPO	APO/FPO State	Zip Co	ode		
Employment			can verify your self-employme		La			First			
		address of this verifier			address an	d City	State and Zip Cod	le or Co	ıntry		
	Provide the	telephone number for	this person		oay Night	Both _Cl	neck box if Internati	onal or l	OSN		
		You have indicated	an APO/FPO address for your		<mark>number</mark> ovment ve	rifier: pr	ovide physical locat	ion data	with		
	Branch Verifier	either street address	, base, post, embassy, unit, and								
	Physical	physical location data for this person					C' P : M				
	Location	Street Address/Unit	Duty Location: rts in the United States, or coun	itry locati	on		City or Post Name State and Zip Cod		ıntrv		
	Branch		an address outside of the Unite			self emp		YES	NO		
	Verifier	have an APO/FPO a	ddress?			P					
	APO/FPO	Branch if Yes	Provide APO/FPO address f				Address	APO/I			

	Address			APO/J	FPO State		Zip	Code			
	Unemployr		-f		: C		- C		T		7:4
			ess of this verifier		iry your unemploy	ment activities and means Street address and City		te and Zip	Last		First
			hone number for		on	Number/Ext.	Stat	e and Zij	) Code	or Cot	шиу
	1 Tovide the	, telepi	ione number for	uns pers	OII	Time Day Night Both	Check box	if Intern	ational	or DS	N
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If Employment	Branch					our unemployment verifie					
Type is	Verifier		ner street address, ysical location da			and country location or ho	ome port/flee	t headqu	arter.	Provid	ie
Unemployment	Physical		eet Address/Unit/				City	y or Post	Name:		
	Location				United States, or o	country location.		te and Zip			intry
	Branch	You	u have indicated	an addre	ss outside of the U	nited States. Does your ur				YES	NO
	Verifier	hav	e an APO/FPO a								
	APO/FPO Address	Bra	anch if Yes		de APO/FPO addre FPO State	ss for this person:		dress Code		APO/I	-PO
		reaso	n for leaving the	_				son (Free	e Text)	)	
						you in the last seven (7) y		5011 (1100	10110)	YES	NO
	• Fired •	Quit a	after being told yo	ou would	be fired • Left	by mutual agreement follo	wing charge				
	allegations	of mis	sconduct • Left b	y mutua	l agreement follow	ing notice of unsatisfactor	y performar	ice	$\perp$		
Branch			Select the type	e of incid	ent: • Fired • O	uit after being told you wo	ould be fired				
						rges or allegations of miss					
If Employment	Branch				nent following not	ce of unsatisfactory perfo					
Type is Active Duty, National	If Fired, Qu	nit	Branch			on for being fired.				(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 y	you would b			(Free T	
Commissioned	Left After		If Quit		fired.	you quit after being told	you would b	5 L	rate 1	Suman	Дυ
Corps, Other Federal	Unsatisfact Performance		Branch			ges or allegations of misc			harges	s (Free	Text)
employment,	Terrormand		If Left after Ch	harges		you left following charge	s or allegation	ons D	ate I	Estimat	ed 🗆
State	(Multiple				of misconduct.	(-) f	C	D		(Free T	C4)
Government,	Entries		Branch If Left Unsatis	efactory	Provide the date	on(s) for unsatisfactory pe you left by mutual agreer	nent followi			Estimat	
Federal Contractor, Non-	Allowed)		performance	ractory		factory performance.	nem ronown	ing ti	·utc 1	Dottillat	cu 🗆
government					ears do you have a	nother reason for leaving		Yes adds		O (Req	
employment,	E 411	1	report for this			. 1		er entry)	to	validat	
Self-						ceived a written warning, workplace, such as a viol			cv?	YES	NO
Employment, Unemployment,	Branch	a, susp				disciplined for misconduc		arty pone	<i>.</i>		L
or Other	If Disciplin	ied,	Provide the	month a	nd year you were	varned, reprimanded, susp	ended or	D	ate (E	stimate	(d)
	Warned,		disciplined.								
	Reprimand Suspended					, reprimanded, suspended line or a warning to		Yes adds		(Free T	
	(Multiple E			c unounc	i mistance of discip	anie of a warming to		er entry)		validat	
D 1	Allowed)			0		AVEC (AV. 11	a	LNO (D	<u> </u>	1. 1	
Do you have an ac	dditional emplo	oymen	t activity to enter	<u> </u>	F. J 1 6	YES (Yes adds ano	ther entry)	NO (R	equire	d to val	idate)
					ner Federal S	indicated previously, to r	om out?			YES	NO
Branch			leral Service Deta		mary service, NO1	indicated previously, to r	eport?			IES	NO
Branch			es of federal civil		loyment.	From Date (Estimated	) To Da	te (Est/Pr	resent)		
If Yes to Former				ral agen	cy for which you a	re/were employed.	Name				
Federal Service			ir position title.		T ==			on title (F			
(Multiple Entries			location of the a		Street address an	nent, excluding military	State a	and Zip C Yes adds	ode or	Counti O (Regi	
Allowed)			T indicated previ			nent, excluding inintary		r entry)		validat	
Section 13c -					1						
				seven (7	vears at employn	nent activities that you have	e not previo	usly liste	ed? (If	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 af					
					allegations of mise	conduct?					
Left a job by mu     Received a writt						ed for misconduct in the w	orknlace su	ich as vic	alation	of a se	curity
policy?	cii wariiiig, oc	CII 0111	iciany reprimana	ica, suspi	ended, or disciplin	ed for misconduct in the w	orkprace, se	icii as vic	nation	or a sco	Juilty
1 ,										YES	NO
Section 14 –	Selective !	Serv	ice Record								
Were you born a i									YES	S N	10
,	Selective Serv										
	Have you regi	stered	with the Selectiv				I don't k		YES		Ю
Branch	Branch					gov, can help provide the			or pers	ons wh	o have
	If Yes		Provide registr			per is not your Social Secu		r ation num	her (E	ree Tox	(t)
If Yes to Born	Branch					with the Selective Service			ioci (F	100 1 CX	)
Male After 12/31/1959	If No		Provide explan		5 B			ition (Fre	e Text	)	
12/31/1939	Branch				know' to having re	gistered with the Selective	e Service Sy	stem (SS	SS)		
	If I Don't Kno	ow	Provide explan	nation			Explana	tion (Fre	e Text	)	

Section 15 – Military History  Have you EVER served in the U.S. Military?  YES NO										
Have you EV			1: 1 110	3.672				YES NO		
		onded 'Yes' to having ser		Mılıtary: State if National Gua	d	Officer or en	listadı	Provide your service		
		ie branch of service you s Army National Guard	erved III.	Provide your status	II U	□ Not Applic		number.		
		Air Force □ Air Nationa	l Guard	$\Box$ Active Duty $\Box$ Act	ive Reserve	□ Officer	uoic	Number (Free Text)		
		Corps 🗆 Coast Guard		□ Inactive Reserve		□ Enlisted		()		
		our dates of service		From Date (Estimate		To Date (Est				
	Were you	discharged from this inst						YES NO		
	n	You responded 'Y or National Guard		scharged from U.S. m	ilitary service	, to include Res	serves			
	Branch			u received:   Honora	hle □ Dishon	orable □ Unde	r Other	than Honorable		
Branch	If Yes to			d Conduct   Other			a other	than Honorabic		
Dranen	Discharge				<u> </u>		harge ex	xplanation (Free Text)		
If Yes to		Provide the date of					Estim			
Serving in		If Discharge Not Honora		the reason(s) for the				Free Text)		
the U.S. Military		t 7 years, have you been					Uniforn	m Code YES NO		
Willitary	or williar	y Justice (UCMJ), such a					rocedur	re under the Uniform Code		
(Multiple								ry, etc in the last 7 years.		
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.	C.1. 1' ' 1'	1 1	Q . 116	1 4 2 1 15 6		(Free Text)		
	If Yes to	Article 135 Court		nary procedure, such a	s Court Martia	al, Article 15, C	Captain	s mast, Name (Free Text)		
	Military			litary court or other a	ıthority in wh	ich vou were cl	narged (			
	Discipline			dress, to include city a				(Free Text)		
		Provide the descri	ption of the fin	al outcome of the disc	ciplinary proce					
				in rank, imprisonment	, etc.			(Free Text)		
		In the last 7 year instance of militar			YES (Yes a	dds another ent	ry) N	NO (Required to validate)		
	Do you ha	ive additional military ser			YES (Yes a	dds another ent	rv) N	NO (Required to validate)		
Have you EV	ER served,	as a civilian or military n	nember in a for	reign country's militar						
	defense forc	e, or government agency	?		_	_	-			
Branch	You respo	onded 'Yes' to having EV	ER served as	a civilian or military r	nember in a fo	oreign country's	s militai	ry, intelligence,		
Dranen	During vo	c, security forces, militia,	organization	vere you serving under	agency.	(Army Navy	Air For	ce, Marines, etc), Specify		
If Yes to		ence Service   Diplomati								
Serving in a	Agency, S	pecify				, .,	, , , , ,			
Foreign Military		e name of the foreign org	ganization.	-				(Free Text)		
Willitary		our period of service		From Date (Estim				te (Estimated/Present)		
(Multiple		he name of the country he division/department/o	ffice in vyhiale v	Provide your high	est position/ra	ink held		on held (Free Text)		
Entries		description of the circum			organization			on (Free Text)		
Allowed)		description of the reasor			s organization			ption (Free Text)		
		ve an additional foreign			S (Yes adds ar	nother entry)	NO (R	equired to validate)		
Section 16	i _ Peon	le Who Know Yo	n Well							
		know you well and who		in the U.S. They show	ıld be friends.	neers colleag	ies. coll	lege roommates		
		ollectively aware of your								
			o not list your	spouse, former spous	e (s), other rel	atives, or anyo	ne liste	d elsewhere on this form		
(Multiple Entr			T. D. (F.)	/D () I	'1 C 11	T .	L.	. M. 111 C. CC		
Provide dates Provide rank/t		From Date (Est.) Rank/title (Free Text)	To Date (Est.	ionship to you: (Chec	rovide full na		Firs			
□ Not applical		Rank/title (Free Text)		ciate   Schoolmate				(Free Text)		
Provide phone	number for	r this person.	□ I don't kn		(2.20.1		,	Telephone/Ext.		
								Time Day Night		
								Both _Check box		
								if International or DSN phone		
								number		
Provide mobil	e/cell phone	e number for this person.	□ I don't kn	ow				Telephone/Ext.		
								Time Day Night		
								Both _Check box		
								if International or DSN phone		
								number		
Provide e-mai			□ I don't kn	IOW				Email (Free Text)		
		dress for this person.		Street address and		State and Zip				
Do you have a	ın additiona	l person who knows you	well to list?	YES (Yes adds ar	other entry)	NO (Require	d to val	idate)		

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 / 2	т	C	7.	
	Location	data:	sical location	Street Ac	ldress/unit/d	uty location	City/Post 1	vame	State	Zip	Country
	Are you separa									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	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	easoi	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 cur	rrent addre	ss.		Street	address and C	ity S	tate and Z	ip Code or	Cou	ıntry
If not Deceased	L Does this relative have an APO/EPO address?								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 persor	nal trips i	made
	in conjunction with official U.S. Government business on official government of		( 1) T. D.	(F. i	( 1)
	Provide the country visited Provide the dates of your travel to this country			te (Estim	iatea)
	Provide the total number of days involved in the visit.   1-5  6-10  11-20  11-				
			□ Volunteer acti	vities	
Branch	☐ Education ☐ Tourism ☐ Trade shows, conferences, and seminars ☐ Vis		□ Other		
	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	curity, or military	(Free Text)	,	
Dusiness	organizations? If yes provide explanation.		1		
(Multiple	Do you have additional travel outside the U.S. in the last seven (7) years for	YES	NO	<u></u> .	
Entries	other than solely U.S. Government business on official government orders?	(Yes adds another en	try) (Required	I to valid	late)
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	r criminal charges?	•				
						,	YES	NO
	Provide the date of	of offense.	Date (Estimated)	Provide a description of the	Description	(Free Text	:)	
				specific nature of the offense.				
	Did this offense in	volve any	of the following? (Check	all that apply)				
	□ Domestic violer	nce or a crir	ne of violence (such as ba	attery or assault) against your child, dep	endent, cohab	itant, spou	se <mark>or le</mark>	egally
				e or legally recognized civil union/dome	<mark>estic partner</mark> , o	or someone	with v	whom
	you share a child							
Branch	□ Involve firearm		ves?					
	☐ Involve alcohol	or drugs?				_		
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 (fi		
Allowed)	Arrested/Cited/		ne location of the law	Street address and city	State and Zi	p Code or	Count	y
	Summoned		ent agency.					
				l, currently awaiting trial, and/or ordere	d to appear in	court	YES	NO
	in a criminal proc		*					
	Branch - If No			t of this offense were you charged, con-	victed, current	ly awaiting	g trial,	and/or
	to Charged or			ninal proceeding against you?"				
	Convicted		Explanation		Explanation	(Free Text	t)	
	Branch	Court info	ormation					

	****	Provide the n							of court (Free		
	If Yes to	Provide the le			address and				and Zip Code		
	Charged or Convicted			brought against you for t-guilty, charge droppe							
	Convicted			se, list separately both						or pieau	ea
		Felony/Misd		Felony, Misdemean		Char		er on		(Гиол Тох	-+)
			emeanor	Outcome (Free Text				\		(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 avaaadina	1 ****	?	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.	1	· 1		_	To Date (Estin		
		Branch	Trial		(1 tot 1 ippii	cuore L	<u> </u>		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	twarting sent	one m	5 on criminar	1 LD	110
		Sentenced		de Explanation			Explanat	ion (I	Free Text)		l .
	Do you have any			of the following has h	appened to	vou?	1	YE		NO	
				ı been issued a summo			ket to	(Ye	es adds	(Requir	red to
				gainst you? (Do not inc				and	other entry)	validate	e)
	traffic infractions	where the fine	was less t	han \$300 <del>\$150</del> and did	l not include	e alcoh	ol or drugs)		•		
				a been arrested by any	police offic	er, she	riff,				
	marshal or any otl										
				a been charged with, co							
	-		-	fying charges, convicti							
				court even if previously							
				been or are you curre		bation	or parole?				
Other then these				rial on criminal charges I the following happen							
				mestic violence or a ci		ence (s	such as hatter	vors	ecault) agains	et vour ch	ild
				on/domestic partner, fo							
	nom you share a chi			, ro	Timer spouse	o or reg	Surry recogniti	Lou or	vii umon, uon	restre pur	ther, or
	)										
										YES	NO
	Provide the date of						Date (Estim				
		· C.1	: c:								
	Provide a descript						Description	of na	ture of offens	e (Free T	Cext)
	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, sj	pouse <mark>or</mark>	legally
	Did this offense in  Domestic violen  recognized civil u	nvolve any of the core or a crime of nion/domestic	he followi of violence	ng? (Check all that app	sault) again		r child, depen	ndent,	cohabitant, sj	pouse <mark>or</mark>	legally
	Did this offense in  □ Domestic violen	nvolve any of the core or a crime of nion/domestic	he followi of violence	ng? (Check all that appet (such as battery or as	sault) again		r child, depen	ndent,	cohabitant, sj	pouse <mark>or</mark>	legally
	Did this offense in  Domestic violen  recognized civil u	nvolve any of the core or a crime of nion/domestic	he followi of violence	ng? (Check all that appet (such as battery or as	sault) again		r child, depen	ndent,	cohabitant, sj	pouse <mark>or</mark> one with	<mark>legally</mark> whom
	Did this offense in Domestic violer recognized civil u you share a child	nvolve any of the cora crime of nion/domestic in common?	he followi of violence	ng? (Check all that appet (such as battery or as	sault) again		r child, depen union/domest	ident,	cohabitant, sp rtner, or some	pouse <mark>or</mark>	legally
	Did this offense in  Domestic violer recognized civil u you share a child  Provide the name	nvolve any of the correction of the court.	he followi of violence partner, fo	ng? (Check all that ap e (such as battery or as ormer spouse <mark>or legally</mark>	sault) again recognized	l civil	r child, depenunion/domest	ident,	cohabitant, sprtner, or some	pouse or one with	<mark>legally</mark> whom
	Did this offense in  Domestic violer recognized civil u you share a child  Provide the name Provide the locati	nvolve any of the ce or a crime of mion/domestic in common?  of the court.  on of the court.	he followi of violence partner, fo	ng? (Check all that apper (Such as battery or as bormer spouse or legally Street address and c	sault) again recognized	l civil	r child, deper union/domest Name of co State and Zi	ndent, tic par	cohabitant, sp rtner, or some Free Text) de or Country	pouse or one with	legally whom
	Did this offense in  Domestic violer recognized civil u you share a child  Provide the name Provide the locati Provide all the chi	nvolve any of the ce or a crime of mion/domestic in common?  of the court.  on of the court.  arges brought a	he following violence partner, for the partner, for the partner, for the partner partn	ng? (Check all that apper (such as battery or as bormer spouse or legally street address and control for this offense, and to	sault) again recognized ity	civil of eace	r child, deper union/domest Name of co State and Zi	urt (Fip Co	cohabitant, sprtner, or some  Free Text) de or Country (such as foun	yes  YES	legally whom NO
Branch	Did this offense in  Domestic violer recognized civil u you share a child  Provide the name Provide the locati Provide all the chi	nvolve any of the ce or a crime of mion/domestic in common?  of the court.  on of the court.  arges brought arge dropped or	he following violence partner, for the partner, for the partner, for the partner partner, for the partner part	ng? (Check all that apper (such as battery or as bormer spouse or legally street address and conforthis offense, and to s," etc). If you were fo	sault) again recognized ity	civil of eace	r child, deper union/domest Name of co State and Zi	urt (Fip Co	cohabitant, sprtner, or some  Free Text) de or Country (such as foun	yes  YES	legally whom NO
Branch	Did this offense in Domestic violer recognized civil u you share a child  Provide the name Provide the locati Provide all the chinot-guilty, or chain	of the court.  on of the court.  arges brought arge dropped or d the lesser off	he followi of violence partner, fo gainst you "nolle pro	ng? (Check all that apper (such as battery or as bormer spouse or legally street address and conforthis offense, and to s," etc). If you were fo	sault) again recognized  ity the outcome und guilty c	of eac	Name of co State and Z ch charged of leaded guilty	urt (Fip Confense to a l	cohabitant, sprtner, or some  Free Text) de or Country (such as foun	YES  dd guilty, list both	legally whom NO
<b>Branch</b> If Yes to the	Did this offense in  Domestic violer recognized civil u you share a child  Provide the name Provide the locati Provide all the chi not-guilty, or chai original charge an Felony/Misdemea Outcome	of the court.  on of the court.  arges brought arge dropped or dthe lesser off	he following violence partner, for a segment of the	ng? (Check all that apper (such as battery or as borner spouse or legally or	sault) again recognized ity the outcome und guilty o	of eac	Name of co State and Z ch charged of leaded guilty	urt (Fip Confense to a l	cohabitant, sprtner, or some  Free Text) de or Country (such as foun esser offense, arge (Free Tex	YES  d guilty, list both	whom NO found the
If Yes to the Above	Did this offense in Domestic violet recognized civil u you share a child  Provide the name Provide the locati Provide all the charten original charge an Felony/Misdemea	of the court.  on of the court.  arges brought a  ged dropped or  d the lesser off  mor	negainst you "nolle pro ense separ Felony, I Outcome f these chi	ng? (Check all that apper (such as battery or as borner spouse or legally or	sault) again recognized  ity the outcome und guilty c	of eac	Name of co State and Z ch charged of leaded guilty	urt (Fip Coeffense to a l	cohabitant, sprtner, or some  Free Text) de or Country (such as foun esser offense, arge (Free Tex	YES  dd guilty, list both	legally whom NO
If Yes to the	Did this offense in  Domestic violer recognized civil u you share a child  Provide the name Provide the locati Provide all the chi not-guilty, or chai original charge an Felony/Misdemea Outcome	of the court. on of the court. arges brought arge dropped or dthe lesser offinor ed as a result of Conviction E	he following violence partner, for a seguinst you "nolle pro ense separ Felony, I Outcome of these challes of these challes of the second petail	ng? (Check all that apper (such as battery or as battery or as bormer spouse or legally	sault) again recognized  ity the outcome und guilty c	of eac	Name of co State and Z ch charged of leaded guilty	urt (Fip Coeffense to a l	cohabitant, sprtner, or some Free Text) de or Country (such as foun esser offense, arge (Free Text)	yes  d guilty, list both	legally whom  NO  found the
If Yes to the Above Happening	Did this offense in  Domestic violer recognized civil u you share a child  Provide the name Provide the locati Provide all the chi not-guilty, or chai original charge an Felony/Misdemea Outcome	of the court. on of the court. arges brought arges brought arge dropped or d the lesser off inor  ed as a result of Provide a des	he following violence partner, for a seguinst you "nolle problemse separately."  Outcome of these characteristics of the security of the secur	ng? (Check all that apper (such as battery or as bormer spouse or legally or	ity the outcome und guilty c  Charge Date Mor	of each	Name of co State and Z ch charged of leaded guilty	urt (Fip Coeffense to a l	cohabitant, sprtner, or some  Free Text) de or Country (such as foun esser offense, arge (Free Tex	yES  d guilty, list both xt)  YES	legally whom  NO  found the  NO  e Text)
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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	of drug or contro	olled substance.		Explanation	on if other (Fre	e Text	)			
				□ Stin		h as amphetan			rvstal met	h ecstas	v. etc.)
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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	JUIII UI	. i.c.iai, O	. *************************************	1100	110
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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		
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			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, produ	ction, transfer, s	shipping, receiving, handli					ance.			
	Provide the type of					ion (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
			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 involve	ement while pos	sessing a security clearanc	ce?						YES	NO

Allowed)	*			lly engaging in the i	misuse	YES	han anturi)	NO	inad to s	olida	ata)					
In the last seve	n (7) years, have you	ugs <b>in the last seve</b> u been ordered, adv			or treatm	(Yes adds anot nent as a result of			ired to YES	NC	_					
of drugs or contr	rolled substances?										_					
Branch				y years, have you be controlled substance		red, advised, or a	sked to se	ek couns	eling or							
f Yes to Being Ordered Treatment for the Misuse of	Have any of the forcontrolled substar	ollowing ordered, ances? (Check all than ilitary commander	advised, or aske at apply)	ed you to seek couns	seling or	medical profess	ional	ır illegal	use of d	rugs	or					
rugs	☐ A mental health ☐ I have not been		or asked to seek	counseling or treat		court official / j	_									
	Provide explanation			Did you take a				nent?	YES	NC	5					
Multiple Entries	Branch If No to Action Taken	You have indicat	ted that you did	I not receive treatme	ent. Prov	vide explanation.	Ex	planatior	(Free T	ext)						
Allowed)	Branch If Yes to Action Taken	□ Cocaine or cre □ Stimulants (Su □ THC (Such as □ Depressants (Su □ Narcotics (Such □ Hallucinogeni □ Steroids (Such □ Inhalants (Such □ Inhalants (Free Provide the addred Provide a phone)  Provide the dates Did you successful	ack cocaine (Su sch as amphetan marijuana, wee Such as barbitu ch as special K, ch as opium, mo c (Such as LSD, as the clear, ju ch as toluene, ar e explanation):  ess for this trea number for the  s of treatment. fully complete t You have ind	Provide the name provider. Last na tment provider. I streatment provider.	e, etc.)  I meth, e  e, tranque e, tranque etc.)  of the tranque, First Street add  Date From not succ	eatment t name) dress and city  m (Estimated) essfully	State an Number Time Da box if Ir Date To	Free Text d Zip Co /Ext. ay Night nternation (Estimat	de or Co  Both _C  nal  ted/Prese  YES	heck						
		Treatment	-		•											
	Do you have anot	her instance of hav	ing been ordere	ed, advised, or aske	d to	YES	1	NO		11.1						
In the last seve	en (7) years, have you	rolled substance co	unseling or trea	r treatment as a resu	It of you	(Yes adds anot			YES	Vanda						
Branch If Yes to Voluntarily Seeking Treatment for	□ Cocaine or crac □ THC (Such as n □ Ketamine (Such □ Hallucinogenic □ Inhalants (Such Provide the name	of drug or controlle ck cocaine (Such as marijuana, weed, p h as special K, jet, e c (Such as LSD, PC h as toluene, amyl n of the treatment pi	s rock, freebase ot, hashish, etc. etc.) P, mushrooms, nitrate, etc.) rovider. (Last na	□ Narcotics etc.) □ Steroids □ Other (F ame, First name)	ts (Such o ents (Such s (Such a (Such as Provide e	as amphetamines, has barbiturates, is opium, morphin the clear, juice, xplanation):	methaquane, codein etc.)  Name (I	alone, tra e, heroin Free Text	inquilize , etc.)	rs, et	tc.)					
ne Misuse of Orugs		ess for this treatment one number for the t		Street address and der.	d city		Number Time Da	d Zip Co Ext. ay Night Iternation	Both _C							
Multiple Entries	Provide the dates			Date From (Estim	nated)		Date To	(Estimat								
Allowed)	Did you successfu  Branch If No to	ully complete the tr		ou did not you succe	oaaf11	20mm1st- +1	E1	tion (Fre	YES	NC	<u>)                                    </u>					
	Successful Treatm Do you have anot	nent treatment. In ther instance of EV	Provide explana ER voluntarily	ation.  seeking counseling	y YE	S	1	NO								
		result of your use o	t a drug or cont	trolled substance?	(Ye	es adds another er	ntry)	(Require	d to val	(date	)					
	<ul> <li>Use of Alcoh</li> </ul>															
	n (7) years has your vention by law enfor			oact on your work p	erformar	nce, your professi	onal relati	onships,	or Y	ES	1					
ranch	You responded 'Y	Yes' to your alcoho	ol use having ha	d a negative impact	on your	work performan	ce, your pi	rofession	al relatio	onshi	ps.					
negative npact		ention by law enfor h/year when this ne			Date (	Estimated)										
		il year when this he														
•	Provide an explan			e negative impact.	Provid	le circumstances	(Free Text	t)	Provide an explanation of the circumstances and the negative impact.  Provide circumstances (Free Text)  Provide negative impact (Free Text)							
Multiple	Provide an explan			e negative impact.			t (Free Te	xt)								
Multiple Entries	Provide dates of it	nation of the circum	nstances and the		Provid From	le negative impac Date (Estimated)	t (Free Te To D				t)					
Multiple Intries	Provide dates of it Has the use of alc	nation of the circum involvement or use cohol had other neg	nstances and the	e negative impact.  on your work perfore on by law enforceme	Provid From I	le negative impac Date (Estimated) our	t (Free Te To D YES	xt)	er (F		ire					
Multiple Intries Allowed)	Provide dates of it Has the use of alc professional relati personnel?	nation of the circum nvolvement or use cohol had other neg ionships, or resulte	ative impacts o	on your work perfori on by law enforceme	From I mance, yent/public	le negative impac Date (Estimated) our c safety	To D YES (Yes addentry)	ext) ate (Estin	er (F	O Requi	ired te)					
Multiple ntries llowed)	Provide dates of it Has the use of alc professional relati personnel?  n (7) years have you	nvolvement or use cohol had other neg ionships, or resulte	gative impacts of d in intervention	on your work perfori on by law enforceme	Provide From I mance, yent/public or treatment.	le negative impac Date (Estimated) our c safety ent as a result of	To D YES (Yes addentry) your use o	ext) ate (Estin	Per (F) Va	O Requi didat ES	ire te)					
(Multiple Entries Allowed)	Provide dates of it Has the use of alc professional relati personnel?  In (7) years have you You responded	nvolvement or use cohol had other neg ionships, or resulte	ative impacts o d in intervention vised, or asked to been ordered, ad	on your work perform on by law enforcements to seek counseling of dvised or asked to see	Provide From I mance, yent/public or treatment.	le negative impac Date (Estimated) our c safety ent as a result of	To D YES (Yes addentry) your use o	ext) ate (Estin	N (F V2) ? Y Y Ir use of	O Requi didat ES	ired te)					

advised, or asked to seek	Branch If No Action Taken		onded 'No' to hav he reasons for not					Explanat	tion (Free	Text)	)
counseling	Branch If Yes to		onded 'Yes' to ha								
8	Taking Action		he dates of counse			From		To Dat	ie		
(Multiple.						(Estim	ated)		ated/Pres		
Entries Allowed)		Provide the	he name of the inc	dividual cou	nselor or tre	atment provider		Counse Text)	elor name	(Free	Э
7 mo wed)		Provide t	he full address of	the counselin	ng/treatmen	t Provide t	elephone		Numbe	r/Ext	
		provider.			-8		F		Time D		
									Both _C		
		Street add	dress and city			State and	Zin Cod	e or Countr	Internat	ional	
			successfully comp	olete the treat	ment progra		Zip Cou	or Countr	-	ES	NO
			If No to Successfu	ıl Your	esponded "	No" to having suc		Explan	nation (Fr	ee Tex	xt)
		Completi	ion			atment program.	Provide				
	Do you have additional	instances c	of having been ord		nation d or asked	YES		NO			
	to seek counseling or tr					(Yes adds anot	her entry		red to val	lidate)	)
In the last seven	n (7) years, have you volu	intarily sou	ght counseling or	treatment as	a result of	your use of alcoho	ol?		Y	ES	NO
	You responded 'Yes' to			ing or treatm							
	Provide the dates of con					Date (Estimated)	_	Date (Estim			
Branch If Yes to	Provide the name of the Provide the full address					address and city		nselor nam e and Zip C	,		
to Seeking	Provide telephone		mber/Ext			omplete the treatr				ES	NO
Counseling	number		ne Day Night	,	,	1	1 0	,			
(Multiple Entries			th _Check box								
Allowed)	Branch If		nternational wered 'No' to havi	ing successfi	ılly complet	red the treatment	Exp	lanation (F	ree Text)		
	Unsuccessful	program.	Provide explanat	tion:	•		Znp				
	Do you have additional							NO	1. 1.1		
	counseling or treatment				:/ (Ye	es adds another er	itry)	(Required	to valida	ite)	_
	- Investigations a					/ 1	•.	1	T T T T	2.7	
eligibility/access	vernment (or a foreign go	vernment)	EVER investigate	ea your back	ground and	or granted you a	security (	learance	YES	NO	J
	You responded 'Yes	to the U.S	G. Government (or	a foreign go	vernment) l	naving investigate	ed your b	ackground	and/or ha	ving	
	granted you a securit					**	G D				
	Provide the investigate agency:	iting	☐ U.S. Departm ☐ U.S. Office of					rtment of St reau of Inv		1	
	agency.					e name of bureau)		read of fire	CStigution		
Branch If Yes to Having	Explanation or name		□ U.S. Departm								
Ever Been	government (Free Te	ext)	☐ Foreign gover☐ Other (Provid			of government)	□ I don'	know			
Investigated	Date the investigation	n was com			don't know	7		Date (Est	imated)		
(Multiple Entries	Provide the name of	agency that		ınce eligibilit	y/access if	different from the		Name (Fr	ee Text)		
Allowed)	investigating agency Provide the date clea		hility/agges was	arented = I	don't know	7		Date (Est	imated)		
	Provide the level of						Secret	Date (Est.	illiated)		
	eligibility/access gra		□ Sensitive Cor	npartmented		n (SCI) □ Q		$\Box$ L	□ I don'	t knov	W
	Explanation (Free To		□ Issued by fore				r (Provid	le explanati			
Have you EVE	Do you have another had a security clearance					s another entry)	An admi	NO (Require NO Inistrative	YES	_	
	lministrative termination					revoked: (rvote.	7 III ddiiii	mstrative	I LS	111	J
Branch	You responded 'Yes										i.
If Yes to Denied	Provide the date second Provide the name of				tion was de	nied, suspended o	or revoke		e (Estima	ted)	
	Provide an explanati	0 7			nension or i	revocation action		Name (Fr Explanati		Text)	
(Multiple Entries	Do you have another					YES		NO	on (Free	TCAt)	
Allowed)	clearance eligibility/			?		(Yes adds another	entry)	(Required			
	R been debarred from gov			amad faana aa	vioummont o	mm1armant			YES	NO	0
Branch If Yes to	You responded 'Yes Provide the name of					mpioyment.		Agency n	ame		
Debarment	Provide the date the			8				Date (Est			
(Multiple Entries								Circumsta	` `		_
Allowed)	Do you have another	: Governme	ent debarment to e	enter?	YES (Ye	es adds another en	try)	NO (Requ	ired to v	alidate	e)
	– Financial Recor										
In the last seven	(7) years have you filed								YES	N(	0
Branch	You responded 'Yes' to Select the applicable ba			r any chapter	of the bank		11 □ Ch	apter 12	□ Chante	r 13	
If Yes to	Provide the bankruptcy			r.	_ chapte			ount Numb			
Having Filed Bankruptcy	Provide the date bankru	ıptcy was fi	led.				Date	e (Estimate	d)		
Bankrupicy	Provide date of bankrup							(Estimate			
(Multiple	Provide the total amour Provide the name debt i	1		n the bankru	otcy. □ Est Last	First	Amo	ount (Free 7	Fext) Suffix	v	$\dashv$
Entries	Provide the name of the				Last	1 1181		rt Name (F			
Allowed)	Provide the address of t				Street add	dress and City		e and Zip C			y

	Branch	Provide the name of the trustee for this bankruptcy.		N	Name (Free Tex	κt)	
	If Chapter 13	Provide the address of the trustee for this bankruptcy.					
	•	Street address and City			State and Zip C		
		narged of all debts claimed in the bankruptcy? Provide Exp		anation	(Free Text)	YES	NO
		en (7) years, have you filed any additional petitions under a bankruptcy code?	any YES (Yes adds	another	NO (Reg	uired to va	alidate)
In the last sever		you failed to meet financial obligations due to gambling?	(1 cs adds	unomer	chiry) (Req	YES	NO
Branch		'Yes' to in the last seven (7) years have you experienced	financial problem	s due to	gambling.	1120	110
If Yes to			From Date (Estimat		To Date (Esti	imated/Pre	esent)
Financial		mate of the amount (in U.S. dollars) of gambling losses inco	curred.	,		Free Text)	
Problems Due		ription of your financial problems due to gambling.			Description (	Free Text)	)
to Gambling		en any action(s) to rectify your financial problems due to ga		a	Description (	Free Text)	)
(Multiple Entries		your actions. If you have not taken any action(s) provide ex			<del></del>		
Allowed)		` ' '	Yes adds another of	entry)	NO (Require	d to valida	ite)
	obligations due	nave you failed to file or pay Federal, state, or other taxes w	when required by I	aw or or	dinanca?	YES	NO
In the last past		'Yes' to having failed to file or pay Federal, state, or other					NO
		file, pay as required, or both? $\Box$ File $\Box$ Pay $\Box$ Both	taxes when requi	rea by n	2W Of Ordinanc	<u>.                                    </u>	
Branch		ar you failed to file or pay your Federal, state or other taxes.	š.				-
	Provide the rea	son(s) for your failure to file or pay required taxes.			Reasons	(Free Text	t)
If Yes to		leral, state or other agency to which you failed to file or pay				(Free Text	
Failing to		e of taxes you failed to file or pay (such as property, incom	ne, sales, etc.).		Tax Type		
File/Pay Taxes		ount (in U.S. dollars) of the taxes. □ Estimated			Amount	`	:)
(Multiple		tisfied.   Not applicable ription of any action(s) you have taken to satisfy this debt (s	anab as withhaldie		Date (Estin		
Entries		amount of payments, etc.). If you have not taken any action			Descriptio	II (Free Te	(XL)
Allowed)		other instances in the last past seven (7) years where you	YES	iation.	NO		
		pay Federal, state or other taxes when required by law or	(Yes adds	another		uired to va	alidate)
	ordinance?						
		nave you been counseled, warned, or disciplined for violating	ng the terms of ag	reement	for a travel or	YES	NO
credit card provi	ded by your emp						111
Branch		'Yes' to having been counseled, warned, or disciplined for by your employer.	r violating the tern	ns of agi	reement for a tr	ravel or cr	edit
		ne of the agency or company.		Δ	Agency (Free T	'ext)	
If Yes to			address and City		State and Zip C		untry
Violation of		son(s) for the counseling, warning or disciplinary action.	iddress and City		Reasons (Free T		untry
Credit/Travel		ount (in U.S. dollars) of violation. □ Estimated			Amount (Free T		
Card Terms	Provide a descr	ription of any action(s) you have taken to rectify this situation	ion. If you have no	ot E	Description (Fre	ee Text)	
(Multiple		n(s) provide explanation.					
Entries		other instances in the last past seven (7) years where you h			YES	NO	
Allowed)	by your employ	riplined for violating the terms of agreement for a travel or or	credit card provid		Yes adds mother entry)	(Requi	
Are you current!		eking assistance from, a credit counseling service or other si	similar resource to				NO
meet financial ol		ang assistance from, a credit counseling service of other si	minur resource to	1030110	an maointy to	1 LS	110
		'Yes' to currently utilizing, or seeking assistance from, a c	credit counseling s	ervice o	or other similar	resource t	0
Branch		ility to meet financial obligations.					
If Yes to	Provide explan	ation (Free Text) Provide the name of the credit coun	nseling organizatio	on or res	ource. No	ame (Free	Text)
Seeking Credit		one number of the credit counseling organization.		_	nber / Ext		
Counseling		ation of the credit counseling organization. his counseling provide a description of any action(s) you ha	4-1 4-	City	cription (Free 7	tate	
		ability to meet financial obligations. If you have not taken a		Desc	cription (Free	lext)	
(Multiple	provide explan	· · · · · · · · · · · · · · · · · · ·	any action(s)				
Entries Allowed)		tly utilizing, or seeking assistance from any other credit cou	unseling service	YES	S (Yes adds	NO (Req	uired
Allowed)		resource to resolve your inability to meet financial obligati		anot	ther entry)	to validat	te)
		e any of the following happened to you? (You will be asked	to provide details	s about e	each financial of	bligation	that
	ems identified be						
		alimony or child support payments. s, you had a judgment entered against you. (Include financia	al obligations for a	which w	ou were the sel	a dahtar s	ne rvo11
		signer or guarantor).	ai obligations for v	willeli ye	ou were the sor	e debioi, a	is well
		s, you had a lien placed against your property for failing to p	pay taxes or other	debts. (	Include financi	al obligati	ions for
which you were	the sole debtor, a	is well as those for which you were a cosigner or guarantor)	1).			_	
		any Federal debt. (Include financial obligations for which	you are the sole de	ebtor, as	well as those	for which	you
are a cosigner or	guarantor).					TITLE	NO
	Vou anarranad	'Voc' to having armanian and any an many of the marrianaly	stated financial is			YES	NO
		'Yes' to having experienced one or more of the previously me of agency/organization/individual to which debt is/was of			ne (Free Text)		
		inancial issue include any of the following: (Check all that a		Ivan	ic (Free Text)		
		ently delinquent on alimony or child support payments.	uppi))				
Branch		ast seven (7) years, you had a judgment entered against you	ou. (Include financ	ial oblig	gations for which	ch you we	re the
	sole debtor, as	well as those for which you were a cosigner or guarantor).				-	
If Yes to		ast seven (7) years, you had a lien placed against your prop					le
Having		ations for which you were the sole debtor, as well as those f					0.0
Financial Issues		ently delinquent on any Federal debt. (Include financial obling you are a cosigner or guarantor).	nganons for which	ı you are	s the sole debto	л, as well	as
Involving	anose for which	Jou are a congner of guarantor).				YES	NO
Enforcement	Provide the acc	ociated loan / account number(s) involved		Loat	n / account nun		

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 (F	ree Text)
	Provide the date the financial issue began.	Date (Es	timated)
	Provide date the financial issue was resolved. □ Not resolved	Date (Es	
	Provide the name of the court involved.	Court na	me (Free Text)
	Provide the address of the court involved. Street address and City		Zip Code or Country
	Provide a description of any action(s) you have taken to satisfy this debt (such as with	nholdings,	Description (Free Text
	frequency and amount of payments, etc.). If you have not taken any provide explanati	on.	
	Other than previously listed, are there any other instances of the following occurrence	es?	
	You are currently delinquent on alimony or child support payments.		
	• In the last past seven (7) years, you had a judgment entered against you. (Include f	financial obligation	s for which you were the
	sole debtor, as well as those for which you were a cosigner or guarantor).		.1 .11. 7 .1 .1
	• In the last past seven (7) years, you had a lien placed against your property for fail		
	financial obligations for which you were the sole debtor, as well as those for which you are currently delinquent on any Federal debt. (Include financial obligations for		
	those for which you are a cosigner or guarantor).	which you are the	sole debtor, as well as
	YES (Yes adds another	entry) NO (Rec	uired to validate)
Other than pr	eviously listed, have any of the following happened?	chay) 140 (Rec	uned to validate)
In the last pool to debtor, a In the last point	ch you were a cosigner or guarantor)  past seven (7) years, you had bills or debts turned over to a collection agency? (Include fir s 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 cancell gations for which you were the sole debtor, as well as those for which you were a cosigner 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 any past seven (7) years, you have been over 120 days delinquent on any debt not previously eare the sole debtor, as well as those for which you were a cosigner or guarantor)  rently over 120 days delinquent on any debt? (Include financial obligations for which you signer or guarantor)	led for failing to pa or guarantor) reason? entered? (Include fi are the sole debtor,	y as agreed? (Include nancial obligations for
	You answered 'Yes' to having experienced one or more of the previously stated finan	icial 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 voluntarily o		
	(Include financial obligations for which you were the sole debtor, as well as those for		
	☐ In the last past seven (7) years you defaulted on any type of loan. (Include financi	al obligations for v	which you were the sole
	debtor, as well as those for which you were a cosigner or guarantor).	(T 1 1 C	' 1 11' ' C
	□ In the last past seven (7) years you had bills or debts turned over to a collection ag	- • •	ancial obligations for
	which you were the sole debtor, as well as those for which you were a cosigner or gua In the last past seven (7) years you had an account or credit card suspended, charge		d for failing to pay as
	agreed. (Include financial obligations for which you were the sole debtor, as well as the		
	guarantor).	nose for which you	were a cosigner or
	guaranton).		
	In the last-past seven (7) years you were evicted for non-payment		
	☐ 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 or atta	ached for any reaso	n
	☐ In the last-past seven (7) years you had wages, benefits, or assets garnished or atta	•	
		t previously entered	d. (Include financial

## 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 accounts.	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,					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 i			Description		
Allowed)	Are there any other incidents to report?	YES (Yes add	ls another entry	7)	NO	(Required to	valida	ate)
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-	· - C
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)
O I gam Zadon	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 (D. 114
	terrorism, either with an awareness of the organization's dedic specific 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 overthrov			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.	- E	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. $\Box$ N	o contributions made	Contributions	
U.S. Govt.	Provide a description of the nature of and reasons for your invo			Free Text)
OM IC I F 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 d	edication to that end or with	another entry)	validate)
Have you <b>EVED</b> 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 inverse you have any other instances of being a marriage of a property of an arrange of the contract of the contra			nt (Free Text) NO
7 mo wed)	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> )