

# Questionnaire for Public Trust Positions

OMB No. 3206-0258

Form: SF 85P

Interactive/Branching  
Electronic Questionnaire

*Questionnaire  
Content Guide*

**(DRAFT for 30 Day  
Notice)**

### v.3 DRAFT PRE-DECISIONAL DELIBERATIVE

#### 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.

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**OFFICE OF PERSONNEL MANAGEMENT**  
Questionnaire 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 positions.

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 questionnaires.

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, 13467,~~ 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 standards..

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](#).

**Your 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 with your spouse. Your spouse is not subject of the investigation.**

**The Investigative Process**

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 [fitness](#) determination is made, you may also be subject to [continuous vetting which may include](#) 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**

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 noted.
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.

**\*\*\*\*\*Instructions for Completing this Form (Paper Form Only)\*\*\*\*\***

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. Type or legibly print your answers in ink. If the form is not legible, it will not be accepted. You may also be asked to submit your form using the approved electronic format.

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3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A," unless otherwise noted.
  4. Any changes that you make to this form, after you sign it, must be initialed and dated by you. Under extremely limited circumstances, agencies may modify your response(s) with your consent.
  5. You must use the Location codes (abbreviations), listed on the back of this page, when you fill out this form. Do not abbreviate the names of cities or foreign countries.
  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 Codes.
  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 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.
  10. If additional space is required for an explanation or to list your residences, employment/self-employment/unemployment, or education, you should use a continuation sheet, SF 86A.
- 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.

**Office of Personnel Management (OPM) Routine Uses**  
The Privacy Act routine uses of agencies conducting or requesting investigations, or with authorized custody over your investigative information, commonly include some or all of the following:

- a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. 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.
- d. 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.
- e. 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 its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. 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.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. 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.
- i. To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.
- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- l. 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.
- m. To disclose information to the National Archives and Records Administration for use in records management inspections.
- n. To disclose information to the Department of Justice, or 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 official 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.
- o. 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.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. 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.

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r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.

s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.

t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.

u. To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.

v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.

w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.

x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.

y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.

z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.

aa. 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 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.

**\*\*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 GU, 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, 3206-0258, 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.

-----END OF INSTRUCTION PAGES -----

**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 Service.	YES	NO
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**Agency Use Block "AUB"**

<i>Investigating agency user only</i>	<i>Codes: (FIPC CODES)</i>	<i>Case Number:</i>
FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM 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 location
I – Position title	J – SON (Submitting Office Number)	H – Position code
K – Location of Official Personnel Folder _ None _ NPRC _ At SON _ e-OPF _ Other	Other address / web address of e-OPF	Zip Code
L – SOI (Security Office Identifier)		
M – Location of Security Folder _ None _ NPI _ At SOI _ e-OPF _ Other	Other address	Zip Code
N – IPAC	O – TAS	P – Obligating document number
Q – BETC	R – Accounting data and /or Agency case number	
S – Investigative requirement _Initial _Reinvestigation	T – Requesting Official: Name, Title, Signature, Email Address, Telephone, Date	
U – Secondary Requesting Official: Name, Title, Email Address, Telephone Number		
V – Applicant Affiliation _ FED CIV _ CON _ MIL _ Other		
W – Deployment/PCS (if Imminent): ( <i>Paper form not formatted just open block, Electronic Formatted collecting the below information</i> ) From-To Dates, <u>Estimated</u> , <u>Permanent Relocation</u> Reason(s) for temporary duty assignment, <u>or PCS</u> , point of contact at location, <u>Telephone (Include Ext)</u> address/unit/duty location ( <u>Include City or Post Name</u> )		
Agency Special Instructions for the Investigative Service Provider: <u>e-QIP Only – Used in place of a hardcopy cover memo</u> <u>Cage Code</u> <u>Contracting Number</u>		

**Beginning of Questionnaire**

**FOR REFERENCE ONLY, NOT A FORM FOR COMPLETION**

**Section 1 – Full Name**

Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Last	First	Middle	Suffix
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<b>Section 2 – Date of Birth</b>										
Provide your date of birth.					Date (Estimated)					
<b>Section 3 – Place of Birth</b>										
Provide your Place of birth.		City		County		State		Country		
<b>Section 4 – SSN</b>										
Provide your U.S. Social Security Number.					<input type="checkbox"/> Not applicable _____					
<b>Section 5 – Other Names Used</b>										
Provide your other names used and the period of time you used them (for example: your maiden name, name(s) by a former marriage (s), former name(s), alias (es), or nickname(s)).										
Have you used any other names?								YES	NO	
<b>Branch</b> If Yes to "Other Names"  (Multiple Entries Allowed)	Provide your other name used and the period of time you used it [for example: your maiden name, name by a former marriage, former name, alias, or nickname]. If you have only initials in your name, provide them and indicate "Initial only." If you do not have a middle name, indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.									
	Provide other name used.		Last	First	Middle	Suffix	Maiden name?		Yes	No
	Provide dates used.			From Date (Estimated)			To Date (Estimated/Present)			
	Provide the reason(s) why the name changed.				Reason: (Free Text)					
	Summary of other names used:									
Do you have additional names to enter?					Yes (Yes adds another entry)			No (Required to pass validation)		
<b>Section 6 – Your Identifying Information</b>										
Provide your Identifying Information		Height	(feet)	(inches)	Weight (in pounds)	Hair Color	Eye Color	Sex (M/F)		
<b>Section 7 – Your Contact Information</b>										
Provide <b>three contact numbers. At least one telephone number is required. Additional numbers provided may assist in completion of your background investigation. your contact information</b>		Home email address		Email (Free Text)		Work email address		Email (Free Text)		
Home telephone number <b>Extension Time: Day/Night Both</b> <b>Check box if International DSN</b>		Work telephone number <b>Extension Time: Day/Night Both</b> <b>Check box if International DSN</b>			Mobile/Cell telephone number <b>Extension Time: Day/Night Both</b> <b>Check box if International DSN</b>					
<b>Section 8 – U.S. Passport Information</b>										
Do you possess a U.S. passport (current or expired)?								YES	NO	
<b>Branch</b> If Yes to "passport"	Provide the following information for the most recent U.S. passport you currently possess:									
	Provide your passport number				Passport (Free Text)					
	Click <a href="http://travel.state.gov/passport">HERE</a> for U.S. State Department passport help. <a href="http://travel.state.gov/passport">http://travel.state.gov/passport</a>									
	Provide the issue date of passport.			Date (Estimated)		Provide the expiration date of passport.			Date (Estimated)	
	Provide the name in which passport was first issued.				Last	First	Middle	Suffix		
<b>Section 9 – Citizenship</b>										
Select the box that reflects your current citizenship status and click Save.										
Provide your current citizenship status: <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.										
<input type="checkbox"/> I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country. <input type="checkbox"/> I am a naturalized U.S. citizen. <input type="checkbox"/> <b>I am a derived U.S. citizen.</b> <input type="checkbox"/> I am not a U.S. citizen.										
<b>Branch</b>  Foreign Born to U.S. Parents in a Foreign Country	You answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country.									
	Provide type of documentation of U.S. citizen born abroad. <b>(FS) 240, DS 1350 FS545, Other (Provide explanation)</b>								Explanation	
	Provide document number for U.S. citizen born abroad:				Document Number (Free Text)					
	Provide the date the document was issued.				Date (Estimated)					
	<b>Provide the place of issuance.</b>				<b>City</b>		<b>State</b>		<b>Country</b>	
	Provide the name in which document was issued.				Last	First	Middle	Suffix		
	Provide your citizenship certificate number.				Certificate Number (Free Text)					
	Provide the place of issuance.				City		State		Court	
	Provide the date the certificate was issued.				Date (Estimated)					
	Provide the name in which the certificate was issued.				Last	First	Middle	Suffix		
Were you born on a U.S. military installation?										
<b>Branch</b> If Yes		You answered that you were born on a U.S. military installation.								
Provide the name of the base.				Name (Free Text)						
<b>Branch</b>  Citizenship Naturalized U.S. Citizen	You answered that you are a naturalized U.S. citizen.									
	Provide the date of entry into the U.S.					Date (Estimated)				
	Provide the location of entry into the U.S.					City		State		
	Provide country(ies) of prior citizenship.					Country (Allows for Multiples)				
	Do/did you have a U.S. alien registration number?								YES	NO
	<b>Branch</b> If Yes		Provide your U.S. alien registration number on <b>Certificate of Naturalization – utilize USCIS, CIS, or INS registration number, I-EE1, I-766.</b>			Alien Registration Number (Free Text)				
	<b>Provide your citizenship certificate number.</b>				<b>Citizenship Certificate Number (Free Text)</b>					
	<b>Provide the location of the court where the citizenship certificate was issued.</b>				<b>Court (Free Text)</b>					
	<b>Street</b>		<b>City</b>		<b>State</b>			<b>Zip</b>		
	<b>Provide the date the citizenship certificate was issued.</b>					<b>Date (Estimated)</b>				
<b>Provide the name in which the citizenship certificate was issued.</b>					Last	First	Middle	Suffix		
Provide your <b>naturalization</b> Certificate <b>Naturalization</b> number <b>(N550 or</b>				<b>Naturalization</b> Certificate <b>of Naturalization</b>						

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	<b>N570:</b>		Number (Free Text)			
	Provide the <b>name of location of the court that issued the Certificate of Naturalization certificate, where naturalization certificate was issued.</b>		Court (Free Text)			
	Provide the address of the court that issued the Certificate of Naturalization.					
	Street		City		State	Zip
	Provide the date the <b>Certificate of Naturalization naturalization certificate</b> was issued.		Date (Estimated)			
	Provide the name in which the <b>Certificate of Naturalization naturalization certificate</b> was issued.		Last	First	Middle	Suffix
	Provide the basis of naturalization. <i>- Based on my own individual naturalization application, - By operation of law through my U.S. citizen parent. - Other (Provide explanation)</i>		Explanation			
<b>Branch</b> <b>Citizenship</b> <b>Derived</b>	You answered that you are a derived U.S citizen					
	Provide your alien registration number (on Certificate of Citizenship—utilize USCIS, CIS or INS registration number).		Alien Registration number. (Free Text)			
	Provide your Permanent Resident Card number (I-551)		Permanent Resident Card number (I-551) (Free Text)			
	Provide your Certificate of Citizenship number (N560 or N561)		Certificate of Citizenship number (N560 or N561) (Free Text)			
	Provide the name in which the document was issued.		Last name:	First name:	Middle name:	Suffix:
	Provide the date document was issued		Estimate			
	Provide the basis of derived citizenship –By operational of law through my U.S citizen parent. Other (provide explanation)					
<b>Branch</b>  Citizenship Not a U.S. citizen	Not a U.S. Citizen					
	Provide your residence status.		Status (Free Text)	Provide the date of entry into the U.S.		Date (Estimated)
	Provide your country (ies) of citizenship. (allow multiple entries)		Provide your place of entry in the U.S.		City (Free Text)	State
	Provide your alien registration number. (I-151, I766)		Registration Number (Free Text)			
	Provide document expiration date (I766 ONLY)					
	Provide type of document issued. (I-94, U.S Visa – red foil number, I-20 DS-2019, etc.)		I-94, U.S. Visa (red foil number), I-20, DS-2019, Other (Provide explanation)			Explanation
	Provide document number:		Document Number (Free Text)			
	Provide the name in which the document was issued.		Last	First	Middle	Suffix
Provide the date document was issued.		Date (Estimated)	Provide the document expiration date of visa.		Date (Estimated)	

**Section 10 – Dual/Multiple Citizenship & Foreign Passport Information**

Do you now or have you <b>EVER</b> held dual/multiple citizenships?						YES	NO
<b>Branch</b>  Dual/Multiple Citizenship  (Multiple Entries Allowed)	You answered “Yes” to having <b>EVER</b> held dual/multiple citizenship						
	Provide country of citizenship		During what period of time did you hold citizenship with this country?				
	Provide the date range that you held this citizenship; beginning with the date it was acquired through its termination or “Present,” whichever is appropriate.			From Date (Estimated)	To Date (Estimated/Present)		
	How did you acquire this non-U.S. citizenship you now have or previously had?				How (Free Text)		
	<b>Branch</b> If Present/Current		Do you currently hold citizenship with this country?			YES	NO
Provide explanation:							
Summary of dual/multiple citizenships you have listed:							
Do you have an additional citizenship to provide?			YES (Yes adds another entry)	NO (Required to validate)			
Have you <b>EVER</b> been issued a passport (or identity card for travel) by a country other than the U.S.?						YES	NO
<b>Branch</b>  Foreign Passport (or Identity Card)  (Multiple Entries Allowed)	You responded “Yes” to having been issued a passport (or identity card for travel) by a country other than the U.S.						
	Provide the country in which the passport (or identity card) was issued.			Country:			
	Provide the date the passport (or identity card) was issued.			Date (Estimated)			
	Provide the place the passport (or identity card) was issued.			City	Country		
	Provide the name in which passport (or identity card) was issued:			Last	First	Middle	Suffix
	Provide the passport (or identity card) number.			Passport# (Free Text)			
	Provide the passport (or identity card) expiration date.			Date (Estimated)			
Have you <b>EVER</b> used this passport (or identity card) for foreign travel?						YES	NO
<b>Branch</b> (Multiple Entries Allowed)		Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each		Country	From Date (Estimated)	To Date (Est/Pres)	
Do you have an additional foreign passport (or identity card) to report?			YES (Yes adds another entry)	NO (Required to validate)			

**Section 11 – Where You Have Lived**

List the places where you have lived beginning with your present residence and working back **7 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for periods of residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier

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<b>for residence.</b>										
Enter residence information. (Multiple Entries Allowed)										
Provide dates of residence.					From Date (Estimated)			To Date (Estimated/Present)		
Is/was this residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other (Provide explanation) Explanation (Free Text)										
Provide the street address.					Street address and City			State and Zip Code or Country		
<b>Branch</b> Physical Location	You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data:									
	Street Address/Unit/Duty Location:						City or Post Name			
	Provide State for ports in United States, or Country location.						State and Zip Code or Country			
<b>Branch</b> APO/FPO Address	You have indicated an address outside of the U.S.									
	Do/did you have an APO/FPO address while at this location									
	<b>Branch</b> If Yes		Provide APO/FPO address:			Address	APO or FPO	APO/FPO State Code	Zip Code	Yes
<b>Branch</b>  Person Who Knew you  (if address dates within last 3 years)	Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.									
	Provide the full name: Last First Middle Suffix				Provide date of last contact:			Date (Estimated)		
	Provide your relationship to this person (check all that apply)					<input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Landlord <input type="checkbox"/> Business associate <input type="checkbox"/> Other (Provide explanation) Explanation (Free Text)				
	Provide the following contact information for this person :									
	Provide evening phone number for this person:				Number/Ext	Provide daytime phone number for this person:				Number/Ext
					<b>Check box if international I don't know</b>					<b>Check box if international I don't know</b>
	Provide cell/mobile phone number for this person:					Number/Ext <b>Check box if international I don't know</b>				
	Provide e-mail address for this person:					Email (Free Text)				
	Provide street address for this person (including apt number).					Street address and City		State and Zip Code or Country		
	<b>Branch</b> Physical Location	You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data:								
		Street Address/Unit/Duty Location:						City or Post Name		
		Provide State for ports in United States, or Country location.						State and Zip Code or Country		
<b>Branch</b> APO/FPO Address	You have indicated an address outside of the U.S.									
	Does the person who knew you have an APO/FPO address?									
	<b>Branch</b> If Yes		Provide APO/FPO address:			Address	APO or FPO	APO/FPO State Code	Zip Code	Yes
Do you have an additional residence to report?					YES (Yes adds another entry)			NO (Required to validate)		

**Section 12 – Where You Went to School**

Do not list education before your 18th birthday, unless to provide a minimum of two years education history. (Multiple Entries Allowed)											
Have you attended any schools in the last 7 years?											
								YES	NO		
Have you received a degree or diploma more than 7 years ago?								YES	NO		
<b>Branch</b>  If Yes to Attending Schools	<b>Branch</b>  If Yes to Receiving Degree	Provide the dates of attendance.			From Date (Estimated)		To Date (Estimated/Present)				
		Select the most appropriate box to describe your school. <input type="checkbox"/> High School <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School									
		Provide the name of the school:						Name (Free Text)			
		Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <a href="http://ope.ed.gov/accreditation/search.aspx">http://ope.ed.gov/accreditation/search.aspx</a>						Street address and City			
								State and Zip Code or Country			
		For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.									
		Provide the name of person who knows/knew you at school: <input type="checkbox"/> I don't know							Name (Free Text)		
		Provide current address for this person (including apartment number).									
		Street address and City						State and Zip Code or Country			
		Provide telephone number for this person.						Number/Ext <b>Check box if international I don't know</b>			
		Provide email address for this person: <input type="checkbox"/> I don't know						Email (Free Text)			
		Did you receive a degree/diploma?								YES	NO
<b>Branch</b> If Yes to Receiving Degree	Provide type of degrees(s)/diploma(s) received and date(s) awarded:										
	Degree/diploma			• High School Diploma			Other degree/diploma				
	• Associate's • Bachelor's • Master's • Doctorate			• Professional Degree (e.g. MD, DVM, JD) • Other			Other Degree (Free Text)				
Do you have additional education to enter (include education within the last 7 years, as well as degrees or diplomas more than 7 years ago)?						YES (Yes adds another entry)		NO (Required to validate)			

**Section 13a – Employment Activities – Employment & Unemployment Record**

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 7 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical address. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history. (Multiple Entries Allowed)									
Select your employment activity: <input type="checkbox"/> Active military duty station <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/> USPHS Commissioned Corps <input type="checkbox"/> Other Federal employment <input type="checkbox"/> State Government (Non-Federal employment) <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment									



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<input type="checkbox"/> Federal Contractor		<input type="checkbox"/> Non-government employment (excluding self-employment)		<input type="checkbox"/> Other (Provide explanation)		
Other Type Explanation (Free Text)		Provide dates of employment.		From Date (Estimated) To Date (Estimated/Present)		
<b>Branch</b>  If Employment Type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps	Active Duty, National Guard/Reserve, or USPHS Commissioned Corps					
	Select the employment status for this position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
	Provide your assigned duty station during this period.		Duty station (Free Text)	Provide your most recent rank/position title.		Rank/position (Free Text)
	Provide address of duty station.		Street address and City		State and Zip Code or Country	
	Telephone number		Number/Ext. <b>Time Day Night Both</b> Check box if international or DSN phone number			
	Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable <input type="checkbox"/> (Multiple Entries Allowed)					
	Dates of employment		From Date (Estimated)		To Date (Estimated/Present)	
	Position title		Position (Free Text)		Supervisor Supervisor (Free Text)	
	<b>Branch</b> Physical Location	You have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data:				
	Street Address/Unit/Duty Location:			City or Post Name:		
	Provide state for ports in the United States, or country location.			State and Zip Code or Country		
	<b>Branch</b> APO/FPO Address	You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location?				YES NO
	<b>Branch</b> If Yes	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Code
	Provide the name of your supervisor.		Supervisor name (Free Text)			
	Provide the rank/position title of your supervisor.		Supervisor rank/position (Free Text)			
	Provide the email address of your supervisor. <input type="checkbox"/> I don't know		Supervisor email (Free Text)			
	Provide the physical work location of your supervisor.		Street address and City		State and Zip Code or Country	
	Provide supervisor telephone number		Number/Ext. <b>Time Day Night Both</b> Check box if international or DSN phone number			
	<b>Branch</b> Physical Location	You have indicated an APO/FPO address for your supervisor; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data of your supervisor:				
	Street Address/Unit/Duty Location:			City or Post Name:		
Provide state for ports in the United States, or country location.			State and Zip Code or Country			
<b>Branch</b> APO/FPO Address	You have indicated an address outside of the United States. Did/does your supervisor have an APO/FPO address while at this location?				YES NO	
<b>Branch</b> If Yes	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Code	
<b>Branch</b>  If Employment Type is Other Federal employment, State Government, Federal Contractor, Non-government employment, or Other	Other Federal employment, State Government, Federal Contractor, Non-government employment, or Other					
	Provide most recent position title.				Position (Free Text)	
	Select the employment status for this position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
	Provide the name of your employer				Employer name (Free Text)	
	Provide the address of employer		Street address and City		State and Zip Code or Country	
	Provide telephone number		Number/Ext. <b>Time Day Night Both</b> Check box if international or DSN phone number			
	Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable <input type="checkbox"/> (Multiple Entries Allowed)					
	Dates of employment		From Date (Estimated)		To Date (Estimated/Present)	
	Position title		Position (Free Text)		Supervisor Supervisor (Free Text)	
	Is/was your physical work address different than your employer's address?					YES NO
	<b>Branch</b> Physical Location	Provide the work address where you are/were physically located.				
	Street address and City		State and Zip Code or Country			
	Provide telephone number:		Number/Ext. <b>Time Day Night Both</b> Check box if international or DSN phone number			
	<b>Branch</b> Physical Location	You have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data:				
	Street Address/Unit/Duty Location:			City or Post Name:		
	Provide state for ports in the United States, or country location.			State and Zip Code or Country		
	<b>Branch</b> APO/FPO Address	You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location?				YES NO
	<b>Branch</b> If Yes	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Code
	Provide the name of your supervisor.		Supervisor name (Free Text)			
	Provide the position title of your supervisor.		Supervisor position (Free Text)			
Provide the email address of your supervisor. <input type="checkbox"/> I don't know		Supervisor email (Free Text)				
Provide the physical work location of your supervisor.		Street address and City		State and Zip Code or Country		
Provide supervisor telephone number		Number/Ext.				
<b>Branch</b> Physical Location	You have indicated an APO/FPO address for your supervisor; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data of your supervisor:					

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		Street Address/Unit/Duty Location: Provide state for ports in the United States, or country location.				City or Post Name: State and Zip Code or Country		
<b>Branch</b> APO/FPO Address	You have indicated an address outside of the United States. Did/does your supervisor have an APO/FPO address while at this location?					YES	NO	
	<b>Branch</b> if Yes	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Code		
<b>Branch</b>  If Employment Type is Self-Employment	<b>Self-Employment</b>							
	Provide most recent position title.					Position (Free Text)		
	Select the employment status for this position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time							
	Provide the name of your employment					Employment name (Free Text)		
	Provide the address of employer			Street address and City		State and Zip Code or Country		
	Provide telephone number					Number/Ext. <u>Time Day Night</u> <u>Both</u> Check box if <u>international or DSN phone number</u>		
	Is your physical work address different than your employment address?					YES	NO	
	<b>Branch</b> Physical Location	Provide the work address where you are/were physically located.						
		Street address and City			State and Zip Code or Country			
	<b>Branch</b> Physical Location	Provide telephone number:					Number/Ext. <u>Time Day Night</u> <u>Both</u> Check box if <u>international or DSN phone number</u>	
		You have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data:						
	<b>Branch</b> Physical Location	Street Address/Unit/Duty Location:				City or Post Name:		
		Provide state for ports in the United States, or country location.				State and Zip Code or Country		
	<b>Branch</b> APO/FPO Address	You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location?					YES	NO
		<b>Branch</b> if Yes	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Code	
Provide the name of someone that can verify your self-employment.								
Provide the address of this verifier.			Street address and City		State and Zip Code or Country			
Provide the telephone number for this person			Number/Ext. <u>Time Day Night</u> <u>Both</u> Check box if <u>international or DSN phone number</u>					
<b>Branch</b> Verifier Physical Location	You have indicated an APO/FPO address for your self employment verifier; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data for this person							
	Street Address/Unit/Duty Location:				City or Post Name:			
<b>Branch</b> Verifier APO/FPO Address	Provide state for ports in the United States, or country location.				State and Zip Code or Country			
	You have indicated an address outside of the United States. Does your self employment verifier have an APO/FPO address?					YES	NO	
<b>Branch</b> Verifier APO/FPO Address	<b>Branch</b> if Yes	Provide APO/FPO address for this person:	Address	APO/FPO				
	APO/FPO State				Zip Code			
<b>Branch</b>  If Employment Type is Unemployment	<b>Unemployment</b>							
	Provide the name of someone who can verify your unemployment activities and means of support					Last	First	
	Provide the address of this verifier.			Street address and City		State and Zip Code or Country		
	Provide the telephone number for this person			Number/Ext.				
	<b>Branch</b> Verifier Physical Location	You have indicated an APO/FPO address for your unemployment verifier; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data for this person:						
		Street Address/Unit/Duty Location:				City or Post Name:		
	<b>Branch</b> Verifier APO/FPO Address	Provide state for ports in the United States, or country location.				State and Zip Code or Country		
		You have indicated an address outside of the United States. Does your unemployment verifier have an APO/FPO address?					YES	NO
	<b>Branch</b> Verifier APO/FPO Address	<b>Branch</b> if Yes	Provide APO/FPO address for this person:	Address	APO/FPO			
		APO/FPO State				Zip Code		
<b>Branch</b>  If Employment Type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, Unemployment,	Provide the reason for leaving the employment activity.					Reason (Free Text)		
	For this employment have any of the following happened to you <b>in the last seven (7) years</b> ? • Fired • Quit after being told you would be fired • Left by mutual agreement following charges or allegations of misconduct • Left by mutual agreement following notice of unsatisfactory performance					YES	NO	
	<b>Branch</b>  If Fired, Quit, Left by Mutual Agreement, or Left After Unsatisfactory Performance  (Multiple Entries Allowed)	Select the type of incident: • <i>Fired</i> • <i>Quit after being told you would be fired</i> • <i>Left by mutual agreement following charges or allegations of misconduct</i> • <i>Left by mutual agreement following notice of unsatisfactory performance</i>						
		<b>Branch</b> If Fired	Provide the reason for being fired.				Reason (Free Text)	
			Provide the date you were fired.				Date (Estimated)	
		<b>Branch</b> If Quit	Provide the reason for quitting.				Reason (Free Text)	
			Provide the date you quit after being told you would be fired.				Date (Estimated)	
		<b>Branch</b> If Left after Charges	Provide the charges or allegations of misconduct.				Charges (Free Text)	
			Provide the date you left following charges or allegations of misconduct.				Date (Estimated)	
		<b>Branch</b> If Left Unsatisfactory performance	Provide the reason(s) for unsatisfactory performance.				Reason (Free Text)	
	Provide the date you left by mutual agreement following a notice of unsatisfactory performance.				Date (Estimated)			
	<b>In the last seven (7) years</b> do you have another reason for leaving to					YES (Yes adds	NO (Required	

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or Other	report for this employment?		another entry	to validate		
	For this employment, <b>in the last seven (7) years</b> have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?			YES	NO	
	<b>Branch</b> If Disciplined, Warned, Reprimanded, or Suspended <b>(Multiple Entries Allowed)</b>	Officially reprimanded, suspended, or disciplined for misconduct.				
		Provide the month and year you were warned, reprimanded, suspended or disciplined.		Date (Estimated)		
		Provide the reason(s) for being warned, reprimanded, suspended or disciplined		Reason (Free Text)		
Do you have another instance of discipline or a warning to provide?		YES (Yes adds another entry)	NO (Required to validate)			
Do you have an additional employment activity to enter?			YES (Yes adds another entry)	NO (Required to validate)		
<b>Section 13b – Employment Activities – Former Federal Service</b>						
Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?				YES	NO	
<b>Branch</b> If Yes to Former Federal Service  <b>(Multiple Entries Allowed)</b>	Former Federal Service Detail					
	Provide dates of federal civilian employment.		From Date (Estimated)	To Date (Est/Present)		
	Provide the name of the federal agency for which you are/were employed.		Name			
	Provide your position title.				Position title (Free Text)	
	Provide the location of the agency	Street address and City		State and Zip Code or Country		
Do you have additional former federal civilian employment, excluding military service, NOT indicated previously, to report?		YES (Yes adds another entry)	NO (Required to validate)			
<b>Section 13c – Employment Record</b>						
Have any of the following happened to you <b>in the last seven (7) years</b> at employment activities that you have not previously listed? (If Yes, you will be required to add an additional employment in Section 13a) • Fired from a job? • Quit a job after being told you would be fired?						
• Have you left a job by mutual agreement following charges or allegations of misconduct?						
• Left a job by mutual agreement following notice of unsatisfactory performance?						
• Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?						
				YES	NO	
<b>Section 14 – Selective Service Record</b>						
Were you born a male after December 31, 1959?				YES	NO	
<b>Branch</b> If Yes to Born Male After 12/31/1959	Selective Service Registration					
	Have you registered with the Selective Service System (SSS)		I don't know	YES	NO	
	<b>Branch</b> If Yes	The Selective Service website, <a href="http://www.sss.gov">www.sss.gov</a> , can help provide the registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number				
		Provide registration number:	Registration number (Free Text)			
	<b>Branch</b> If No	You responded 'No' to having registered with the Selective Service System (SSS)				
Provide explanation		Explanation (Free Text)				
<b>Branch</b> If I Don't Know	You responded 'I don't know' to having registered with the Selective Service System (SSS)					
	Provide explanation	Explanation (Free Text)				
<b>Section 15 – Military History</b>						
Have you <b>EVER</b> served in the U.S. Military?				YES	NO	
<b>Branch</b> If Yes to Serving in the U.S. Military  <b>(Multiple Entries Allowed)</b>	You responded 'Yes' to having served in the U.S. Military:					
	Provide the branch of service you served in: <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Air National Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard		State if National Guard Provide your status <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve	Officer or enlisted: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Provide your service number. Number (Free Text)	
	Provide your dates of service		From Date (Estimated)	To Date (Estimated/Present)		
	Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?				YES	NO
	<b>Branch</b> If Yes to Discharged	You responded 'Yes' to being discharged from U.S. military service, to include Reserves or National Guard; answer the following:				
		Provide the type of discharge you received: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> General <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Other (provide type)				
		Provide other discharge type:	Discharge explanation (Free Text)			
	Provide the date of discharge listed above		Date (Estimated)			
	<b>Branch</b> If Discharge Not Honorable	Provide the reason(s) for the discharge.		Reason(s) (Free Text)		
	In the last 7 years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's mast, Article 135 Court of Inquiry, etc?				YES	NO
	<b>Branch</b> If Yes to Military Discipline	You responded 'Yes' to having been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's mast, Article 135 Court of Inquiry, etc in the last 7 years.				
		Provide the date of the court martial or other disciplinary procedure.		Date (Estimated)		
		Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.			Description (Free Text)	
		Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.			Name (Free Text)	
		Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).			Description (Free Text)	
Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.			Description (Free Text)			
In the last 7 years do you have an additional instance of military discipline to report?		YES (Yes adds another entry)	NO (Required to validate)			
Do you have additional military service to report?		YES (Yes adds another entry)	NO (Required to validate)			
Have you <b>EVER</b> served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces,				YES	NO	

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militia, other defense force, or government agency?			
<b>Branch</b> If Yes to Serving in a Foreign Military (Multiple Entries Allowed)	You responded 'Yes' to having <b>EVER</b> served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.		
	During your foreign service, which organization were you serving under: <input type="checkbox"/> Military (Army, Navy, Air Force, Marines, etc), Specify <input type="checkbox"/> Intelligence Service <input type="checkbox"/> Diplomatic Service <input type="checkbox"/> Security Forces <input type="checkbox"/> Militia <input type="checkbox"/> Other Defense Forces, Specify <input type="checkbox"/> Other Government Agency, Specify		
	Provide the name of the foreign organization.		Name (Free Text)
	Provide your period of service	From Date (Estimated)	To Date (Estimated/Present)
	Provide the name of the country	Provide your highest position/rank held	
	Provide the division/department/office in which you served.		Division (Free Text)
	Provide a description of the circumstances of your association with this organization.		Description (Free Text)
	Provide a description of the reason for leaving this service.		Description (Free Text)
Do you have an additional foreign military service to report? Yes (Yes adds another entry) No (required to validate)			

**Section 16 – People Who Know You Well**

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least **the last seven (7) years**. Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form.** (Multiple Entries Allowed)

Provide dates known	From Date (Est.)	To Date (Est./Present)	Provide full name	Last	First	Middle	Suffix
Provide rank/title <input type="checkbox"/> Not applicable	Rank/title (Free Text)	Provide relationship to you: (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Work associate <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other (Provide explanation)		Explanation (Free Text)			
Provide phone number for this person.	<input type="checkbox"/> I don't know						Telephone/Ext.
Provide mobile/cell phone number for this person.	<input type="checkbox"/> I don't know						Telephone/Ext.
Provide e-mail address for this person.	<input type="checkbox"/> I don't know						Email (Free Text)
Provide home or work address for this person.	Street address and City		State and Zip Code or Country				
Do you have an additional person who knows you well to list?	YES (Yes adds another entry)		NO (Required to validate)				

**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*

<b>Branch</b> If In A Marriage, Civil Union, or Domestic Partnership or Separated	You selected "Currently in a civil marriage," "currently in a legally recognized civil union or legally recognized domestic partnership" or "Separated." Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated.							
	Provide full name	Last	First	Middle	Suffix	Provide date of birth.	Date (Est.)	
	Provide place of birth	City			County	State or Country		
	<b>Branch</b> If the person is Foreign Born	If the person is foreign born, provide one type of documentation that he or she possesses and the document number. <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 <input type="checkbox"/> U.S. <b>Certificate of Citizenship certificate</b> <input type="checkbox"/> U.S. Passport (current or most recent) <input type="checkbox"/> Alien registration <input type="checkbox"/> U.S. <b>Certificate of Naturalization certificate</b> <input type="checkbox"/> None (Provide explanation) <input type="checkbox"/> Other (Provide explanation)						
	Explanation (Free Text)			Provide document number		Number (Free Text)		
	Provide U.S. Social Security Number.	<input type="checkbox"/> Not applicable						
	Provide other names used <b>by your spouse</b> (such as maiden names, names by other marriages, <b>civil marriages, legally recognized civil unions, or legally recognized domestic partnerships</b> , nicknames, etc. and provide dates used for each name). <input type="checkbox"/> Not applicable	Last	First	Middle	Suffix	<input type="checkbox"/> Maiden Name		
	Dates Used	From Date (Estimated)		To Date (Estimated/Present)				
	Provide country(ies) of Citizenship	Provide date when you entered into your civil marriage, civil union, or domestic partnership		Date (Estimated)				
	Provide location	City	County	State or Country				
	Provide current address, if different than your current address. <input type="checkbox"/> Use my current address.	Street address and City				State and Zip Code or Country		
	Provide telephone number.	<input type="checkbox"/> Use my current telephone number					Number/Ext	
	Provide email address	Email (Free Text)	Does the person have an APO/FPO address?		YES	NO		
	<b>Branch</b> APO/FPO	Address	APO/FPO		APO State Code	Zip		
	<b>Branch</b> Physical Location	You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter.						
	Provide physical location data:	Street Address/unit/duty location	City/Post Name	State	Zip	Country		
	Are you separated?						YES	NO
	<b>Branch</b> If Separated	Provide date of separation.		Date (Estimated)				
		If legally separated, provide the location of the record. <input type="checkbox"/> Not Applicable				City		
			State and Zip Code or Country					
Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report?								
YES								
NO								
<b>Branch</b> If Widowed,	Provide information about any person from whom you are divorced/dissolved, annulled, or widowed							
	Provide the full name.	Last	First	Middle	Suffix			
	Provide the date of birth.	Date (Estimated)						
	Provide the place of birth.	City	State	Country				
	Provide the country(ies) of citizenship.	Country						
Provide the date .	Date (Estimated)							

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Divorced/ Dissolved, or Annulled	Provide the location.	City	State or Country	Provide the date divorced/dissolved, annulled or widowed	Date (Estimated)	
	Provide the status			<input type="checkbox"/> Divorced/Dissolved <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled		
	<b>(Multiple Entries Allowed)</b>	<b>Branch</b>	Provide where the record of divorce/dissolution or annulment is located.		City	State and Zip Code or Country
		If Divorced or Annulled	Is this person deceased?		I don't know	YES NO
	<b>Branch</b> If Not Deceased	Provide last known address of the person from whom you are divorced/dissolved or annulled. <input type="checkbox"/> I don't know		Street and City State and Zip Code or Country		
	Do you have any additional person(s) from whom you are divorced/dissolved, annulled, or widowed to report?			YES (Yes adds another entry)	NO (Required to validate)	

Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate) ? If so, complete the following. If the person was born outside the U.S., provide citizenship information.

YES NO

<b>(Multiple Entries Allowed)</b>	You have indicated that you currently have a cohabitant					
	Provide the cohabitant full name.			Last	First	Middle Suffix
	Provide the cohabitant date of birth.		Date (Estimated)	Provide the cohabitant place of birth.		City State Country
	<b>Branch</b>	If Yes to Residing With a Cohabitant	For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number. <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 <input type="checkbox"/> U.S. Certificate of Citizenship <input type="checkbox"/> U.S. Passport (current or most recent)			
			<input type="checkbox"/> Alien registration <input type="checkbox"/> U.S. Certificate of Naturalization <input type="checkbox"/> None (Provide explanation) <input type="checkbox"/> Other (Provide explanation)			
	Explanation (Free Text)			Provide document number		Number (Free Text)
	Provide your cohabitant's U.S. Social Security Number. <input type="checkbox"/> Not applicable					
	Provide other names used by your cohabitant (such as maiden names, names by other marriage, etc., and provide dates each name was used) <input type="checkbox"/> Not applicable			Last Suffix	First	Middle Maiden Name
	Dates Used			From Date (Estimated)		To Date (Estimated/Present)
	Provide your cohabitant's country(ies) of Citizenship			Provide date cohabitation began.		Date (Estimated)
Do you have an additional cohabitant to report?			YES (Yes adds another entry)		NO (Required to validate)	

**Section 18 – Relatives**

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.) Check **all** that apply.  Mother  Father  Stepmother  Stepfather  Foster parent  Child (including adopted/foster)  Stepchild

Provide relative type. **(Multiple Entries Allowed)**

- Mother  Father  Stepmother  Stepfather  Foster parent  Child (including adopted/foster)  Stepchild  Brother  Sister  Stepbrother  Stepsister  Half-brother  Half-sister  Father-in-law  Mother-in-law  Guardian

Provide your relative's full name.		Last	First	Middle	Suffix	Provide your relative's date of birth.		Date (estimated)		
Provide your relative's place of birth		City	State	Country	Provide your relatives country(ies) of citizenship					
<b>Branch</b> - If Mother	Provide your mother's maiden name. ( <input type="checkbox"/> same as listed)			Last	First	Middle	Suffix			
Has this relative used any other names?										
<b>(Multiple Entries Allowed)</b>	<b>Branch</b>	If Other Names	Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname).							
			Last	First	Middle	Suffix	Maiden name?		YES NO	
			From Date (Estimated)		To Date (Estimated/Present)		Provide the reason(s) why the name changed			Reason (Free Text)
			Has this relative used any additional names?			YES (Yes adds another entry)		NO (Required to validate)		
Is your relative deceased?										
<b>(Multiple Entries Allowed)</b>	<b>Branch</b>	If not Deceased	Provide your relative's current address.			Street address and City		State and Zip Code or Country		
			Does this relative have an APO/FPO address?						I don't know	YES NO
			<b>Branch</b> If APO/FPO	Provide your relative's APO/FPO address		Address	APO/FPO	APO/FPO State	Zip	
Do you have an additional relative to enter?				YES (Yes adds another entry)		NO (Required to validate)				

**Section 19 – Foreign Countries You have Visited**

Have you traveled outside the U.S. in the last seven (7) years? YES NO

Has your travel in the last seven (7) years been solely for U.S. Government business on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)? YES NO

<b>(Multiple Entries Allowed)</b>	<b>Branch</b>	If Having Traveled Outside the U.S. on Other than Official Business	Your response indicates- you have- traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.					
			Provide the country visited		Provide the dates of your travel to this country.		From Date (Estimated)	To Date (Estimated)
			Provide the total number of days involved in the visit. <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Many short trips					
			Provide the purpose of the travel to this country (Check all that apply) <input type="checkbox"/> Business/professional <input type="checkbox"/> Volunteer activities <input type="checkbox"/> Education <input type="checkbox"/> Tourism <input type="checkbox"/> Trade shows, conferences, and seminars <input type="checkbox"/> Visit family or friends <input type="checkbox"/> Other					
			While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? If yes provide explanation.				Explanation (Free Text)	YES NO
			While traveling to or in this country, were you involved in any encounter with the police? If yes provide explanation.				Explanation (Free Text)	YES NO
			While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? If yes provide explanation.				Explanation (Free Text)	YES NO
			Do you have additional travel outside the U.S. in the last seven (7) years for other than solely U.S. Government business on official government orders?			YES (Yes adds another entry)		NO (Required to validate)

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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.)							
<ul style="list-style-type: none"> <li>• In the <b>past-last seven (7) years</b> 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.)</li> <li>• In the <b>past-last seven (7) years</b> have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?</li> <li>• In the <b>past-last seven (7) years</b> 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.)</li> <li>• In the <b>past-last seven (7) years</b> have you been or are you currently on probation or parole?</li> <li>• Are you currently on trial or awaiting a trial on criminal charges?</li> </ul>							
					YES	NO	
<b>Branch</b>  If Yes to the Above Happening  (Multiple Entries Allowed)	Provide the date of offense.		Date (Estimated)	Provide a description of the specific nature of the offense.	Description (Free Text)		
	Did this offense involve any of the following? (Check all that apply)						
	<input type="checkbox"/> Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, <b>or legally recognized civil union /domestic partner</b> former spouse <b>or legally recognized civil union/domestic partner</b> , or someone with whom you share a child in common?						
	<input type="checkbox"/> Involve firearms or explosives?						
	<input type="checkbox"/> Involve alcohol or drugs?						
						YES	NO
	Provide the location where the offense occurred.		Street address and city		State and Zip Code or Country		
	Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?					YES	NO
	<b>Branch</b>	Arresting/citing/summoning agency					
	If Yes to Being Arrested/Cited/Summoned	Provide the name of the law enforcement agency that arrested/cited/summoned you.			Name (free Text)		
		Provide the location of the law enforcement agency.		Street address and city	State and Zip Code or Country		
	As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?					YES	NO
	<b>Branch - If No to Charged or Convicted</b>	You responded 'No' to "As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?"					
		Provide Explanation			Explanation (Free Text)		
	<b>Branch</b>	Court information					
		Provide the name of the court.			Name of court (Free Text)		
		Provide the location of the court.		Street address and city	State and Zip Code or Country		
	Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.						
		Felony/Misdemeanor	<i>Felony, Misdemeanor, Other</i>	Charge	Charge (Free Text)		
		Outcome	Outcome (Free Text)		Date (Month/Year)	Date	
<b>Branch</b>	Were you sentenced as a result of this offense?						
	Conviction detail						
	Provide a description of the sentence.						
	Were you sentenced to imprisonment for a term exceeding 1 year?				YES	NO	
	Were you incarcerated as a result of that sentence for not less than 1 year?				YES	NO	
	If Yes to Being Sentenced	If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. (Not Applicable <input type="checkbox"/> )			From Date (Estimated)		
					To Date (Estimated/Present)		
	If Yes to Being Sentenced	If conviction resulted in probation or parole, provide the dates of probation or parole. (Not Applicable <input type="checkbox"/> )			From Date (Estimated)		
					To Date (Estimated/Present)		
<b>Branch</b>	Trial detail						
If No to Being Sentenced	Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?				YES	NO	
	Provide Explanation			Explanation (Free Text)			
Do you have any other offenses where any of the following has happened to you?					YES (Yes adds another entry)	NO (Required to validate)	
<ul style="list-style-type: none"> <li>• In the <b>past-last seven (7) years</b> have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not include citations involving traffic infractions where the fine was less than \$300 \$150 and did not include alcohol or drugs)</li> <li>• In the <b>past-last seven (7) years</b> have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?</li> <li>• In the <b>past-last seven (7) years</b> have you been charged <b>with</b>, convicted <b>of</b>, or sentenced <b>for</b> of a crime in any court? (Include all qualifying charges, convictions, or sentences in a Federal, state, local, military, or non-U.S. court even if previously listed on this form.)</li> <li>• In the <b>past-last seven (7) years</b> have you been or are you currently on probation or parole?</li> <li>• Are you currently on trial or awaiting a trial on criminal charges?</li> </ul>							
Other than those offenses already listed, have you <b>EVER</b> had the following happen to you?							
<ul style="list-style-type: none"> <li>• Have you <b>EVER</b> been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse <b>or legally recognized civil union/domestic partner</b>, former spouse <b>or legally recognized civil union/domestic partner</b>, or someone with whom you share a child in common?</li> </ul>							
					YES	NO	

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<b>Branch</b>  If Yes to the Above Happening  (Multiple Entries Allowed)	Provide the date of the offense.		Date (Estimated)			
	Provide a description of the specific nature of the offense.		Description of nature of offense (Free Text)			
	Did this offense involve any of the following? <input type="checkbox"/> Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse <b>or legally recognized civil union/domestic partner</b> , former spouse <b>or legally recognized civil union domestic/partner</b> , or someone with whom you share a child in common?				YES NO	
	Provide the name of the court.		Name of court (Free Text)			
	Provide the location of the court.		Street address and city	State and Zip Code or Country		
	Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.					
	Felony/Misdemeanor		<i>Felony, Misdemeanor, Other</i>	Charge	Charge (Free Text)	
	Outcome		Outcome (Free Text)		Date Month/Year	
	Were you sentenced as a result of these charges?				YES NO	
	<b>Branch</b> If Yes to Being Sentenced	Conviction Detail				
		Provide a description of the sentence.		Sentence description (Free Text)		
		Were you sentenced to imprisonment for a term exceeding 1 year?				YES NO
		Were you incarcerated as a result of that sentence for not less than 1 year?				YES NO
		If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. (Not Applicable <input type="checkbox"/> )		From Date (Estimated)		To Date (Estimated/Present)
	If the conviction resulted in probation or parole, provide the dates of probation or parole. (Not Applicable <input type="checkbox"/> )		From Date (Estimated)		To Date (Estimated/Present)	
<b>Branch</b> If No to Being Sentenced	Trial detail					
	Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?			YES NO		
Provide Explanation		Explanation (Free Text)				
Do you have any other offenses to list where the following has <b>EVER</b> happened to you? • Have you <b>EVER</b> been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse <b>or legally recognized civil union/domestic partner</b> , former spouse <b>or legally recognized civil union/domestic partner</b> , or someone with whom you share a child in common?				YES (Yes adds another entry)		
				NO (Required to validate)		
Is there currently a domestic violence protective order or restraining order issued against you?				YES NO		
<b>Branch</b> If Yes to Domestic Violence (Multiple Entries Allowed)	You responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you.					
	Provide explanation:		Explanation (Free Text)			
	Provide the date the order was issued.		Date (Estimated)			
	Provide the name of the court or agency that issued the order.		Name of court (Free Text)			
	Provide the location of the court or agency that issued the order.		Street address and city	State and Zip Code or Country		
Do you have another domestic violence protective order or restraining order currently issued against you to report?		YES (Yes adds another entry)		NO (Required to validate)		
<b>Section 21 – Illegal Use of Drugs and Drug Activity</b> You are required to answer the questions. We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity <b>not in accordance with Federal laws, even though permissible under state laws.</b>						
<b>In the last seven (7) years</b> , have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.				YES NO		
<b>Branch</b>  If Yes to Illegally Using Drugs or Controlled Substances  (Multiple Entries Allowed)	You answered 'Yes' to <b>in the last seven (7) years</b> having illegally used a drug or controlled substance.					
	Provide the type of drug or controlled substance.		Explanation if other (Free Text)			
	<input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) <input type="checkbox"/> Other (Provide explanation):					
	Provide an estimate of the month and year of first use.		Date (Estimated)	Provide an estimate of the month and year of most recent use.		
	Provide nature of use, frequency, and number of times used.		Nature of use (Free Text)			
	Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?				YES NO	
	Was your use while possessing a security clearance?				YES NO	
	Do you intend to use this drug or controlled substance in the future?				YES NO	
	Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.				Explanation (Free Text)	
	Do you have an additional instance(s) of illegal use of a drug or controlled substance to enter?		YES (Yes adds another entry)		NO (Required to validate)	
<b>In the last seven (7) years</b> , have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?				YES NO		
You answered 'Yes' to <b>in the last seven (7) years</b> having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.						
Provide the type of drug or controlled substance.		If other explanation (Free Text)				

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<b>Branch</b> If Yes to Illegal Drug Activity  (Multiple Entries Allowed)	<input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) <input type="checkbox"/> Other (Provide explanation):					
	Provide an estimate of the month and year of first involvement.	Date (Estimated)	Provide an estimate of the month and year of most recent involvement.	Date (Estimated)		
	Provide nature of and frequency of activity.		Nature of activity (Free Text)			
	Provide the reason(s) why you engaged in the activity.		Reason(s) (Free Text)			
	Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?			YES	NO	
	Was your involvement while possessing a security clearance?			YES	NO	
	Do you intend to engage in this activity in the future?			YES	NO	
	<b>Branch</b> If Yes to Future Activity	You have indicated that you plan to engage in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance in the future. Provide explanation.		Explanation (Free Text)		
	Do you have an additional instance(s) of having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance to enter?			YES (Yes adds another entry)	NO (Required to validate)	
	<b>In the last seven (7) years</b> , have you illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?				YES	NO
<b>Branch</b> If Yes to Use While in Law Enforcement  (Multiple Entries Allowed)	You responded 'Yes' to having <b>in the last seven (7) years</b> , illegally used, or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed.					
	Provide a description of the drugs or controlled substances used and your involvement.		Description (Free Text)			
	Provide the dates of involvement/use.	From Date (Estimated)	To Date (Estimated/Present)			
	Provide an estimate the number of times you used and/or were involved this drug or controlled substance while employed in this capacity.		Estimate (Free Text)			
	Do you have an additional instance(s) of illegal use or involvement with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety to enter?			YES (Yes adds another entry)	NO (Required to validate)	
<b>In the last seven (7) years</b> have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?				YES	NO	
<b>Branch</b> If Yes to Misuse of Prescription Drugs  (Multiple Entries Allowed)	You responded 'Yes' to in the last <b>seven (7) years</b> having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.					
	Provide the name of the prescription drug that you misused.		Drug names (Free Text)			
	Provide the dates of involvement in the above.	From Date (Estimated)	To Date (Estimated/Present)			
	Provide the reason(s) for and circumstances of the misuse of the prescription drug.		Reasons (Free Text)			
	Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?			YES	NO	
	Was your involvement while possessing a security clearance?			YES	NO	
	Do you have an additional instance(s) of intentionally engaging in the misuse of prescription drugs <b>in the last seven (7) years</b> to enter?		YES (Yes adds another entry)	NO (Required to validate)		
<b>In the last seven (7) years</b> , have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?				YES	NO	
<b>Branch</b> If Yes to Being Ordered Treatment for the Misuse of Drugs  (Multiple Entries Allowed)	You responded 'Yes' to having <b>in the last seven (7) years</b> , have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances					
	Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply)					
	<input type="checkbox"/> An employer, military commander, or employee assistance program <input type="checkbox"/> A medical professional <input type="checkbox"/> A mental health professional <input type="checkbox"/> A court official / judge <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.					
	Provide explanation	Explanation (Free Text)	Did you take action to receive counseling or treatment?	YES	NO	
	<b>Branch</b> If No to Action Taken	You have indicated that you did not receive treatment. Provide explanation.		Explanation (Free Text)		
	Provide the type of drug or controlled substance for which you were treated. <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) <input type="checkbox"/> Other (Provide explanation):					
	Explanation (Free Text)		Provide the name of the treatment provider. (Last name, First name)	Name (Free Text)		
	Provide the address for this treatment provider.		Street address and city	State and Zip Code or Country		
	Provide a phone number for the treatment provider.		Number/Ext. <b>Time Day Night</b> <b>Both Check box if International</b>			
	Provide the dates of treatment.		Date From (Estimated)	Date To (Estimated/Present)		
	Did you successfully complete the treatment?				YES	NO



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	<b>Branch</b> If No to Successful Treatment	You have indicated that you did not successfully complete the treatment. Provide explanation.	Explanation (Free Text)				
	Do you have another instance of having been ordered, advised, or asked to seek drug or controlled substance counseling or treatment to enter?	YES (Yes adds another entry)	NO (Required to validate)				
<b>In the last seven (7) years</b> , have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?			YES	NO			
<b>Branch</b> If Yes to Voluntarily Seeking Treatment for the Misuse of Drugs  (Multiple Entries Allowed)	<b>Voluntary treatment detail</b>						
	Provide the type of drug or controlled substance for which you were treated. <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) <input type="checkbox"/> Other (Provide explanation):						
	Provide the name of the treatment provider. (Last name, First name)		Name (Free Text)				
	Provide the address for this treatment provider.	Street address and city		State and Zip Code or Country			
	Provide a phone number for the treatment provider.		Number/Ext. Time Day Night Both Check box if International				
	Provide the dates of treatment.	Date From (Estimated)	Date To (Estimated/Present)				
	Did you successfully complete the treatment?			YES	NO		
	<b>Branch</b> If No to Successful Treatment	You have indicated that you did not successfully complete the treatment. Provide explanation.	Explanation (Free Text)				
	Do you have another instance of <b>EVER</b> voluntarily seeking counseling or treatment as a result of your use of a drug or controlled substance?	YES (Yes adds another entry)	NO (Required to validate)				
	<b>Section 22 – Use of Alcohol</b>						
<b>In the last seven (7) years</b> has your use of alcohol had a negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel?			YES	NO			
You responded ‘Yes’ to your alcohol use having had a negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel.							
Provide the month/year when this negative impact occurred.		Date (Estimated)					
Provide an explanation of the circumstances and the negative impact.		Provide circumstances (Free Text) Provide negative impact (Free Text)					
Provide dates of involvement or use		From Date (Estimated)	To Date (Estimated/Present)				
Has the use of alcohol had other negative impacts on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel?			YES (Yes adds another entry)	NO (Required to validate)			
In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?			YES	NO			
<b>Branch</b> If negative impact  (Multiple Entries Allowed)	<b>Branch</b> If Yes to having been ordered, advised, or asked to seek counseling  (Multiple Entries Allowed)	You responded ‘Yes’ to having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol.					
		Did you take action to seek counseling or treatment?			YES	NO	
		<b>Branch</b> If No Action Taken	You responded ‘No’ to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.		Explanation (Free Text)		
		<b>Branch</b> If Yes to Taking Action	You responded ‘Yes’ to having taken action to seek counseling or treatment.				
			Provide the dates of counseling or treatment	From Date (Estimated)	To Date (Estimated/Present)		
			Provide the name of the individual counselor or treatment provider		Counselor name (Free Text)		
			Provide the full address of the counseling/treatment provider.		Provide telephone number	Number/Ext. Time Day Night Both Check box if International	
			Street address and city		State and Zip Code or Country		
			Did you successfully complete the treatment program?			YES	NO
			<b>Branch</b> If No to Successful Completion	You responded ‘No’ to having successfully completed the treatment program. Provide explanation		Explanation (Free Text)	
Do you have additional instances of having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol to enter?			YES (Yes adds another entry)	NO (Required to validate)			
<b>In the last seven (7) years</b> , have you voluntarily sought counseling or treatment as a result of your use of alcohol?			YES	NO			
<b>Branch</b> If Yes to Seeking Counseling (Multiple Entries Allowed)	You responded ‘Yes’ to voluntarily seeking counseling or treatment.						
	Provide the dates of counseling or treatment	From Date (Estimated)	To Date (Estimated/Present)				
	Provide the name of the individual counselor or treatment provider.		Counselor name (Free Text)				
	Provide the full address of the counseling/treatment provider.		Street address and city	State and Zip Code or Country			
	Provide telephone number	Number/Ext. Time Day Night Both Check box if International	Did you successfully complete the treatment program?				
				YES	NO		

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	<b>Branch</b> If Unsuccessful	You answered 'No' to having successfully completed the treatment program. Provide explanation:	Explanation (Free Text)
	Do you have additional instances where you have voluntarily sought counseling or treatment as a result of your use of alcohol to enter?	YES (Yes adds another entry)	NO (Required to validate)

**Section 23 – Investigations and Clearance Record**

Has the U.S. Government (or a foreign government) <b>EVER</b> investigated your background and/or granted you a security clearance eligibility/access?		YES	NO	
<b>Branch</b> If Yes to Having Ever Been Investigated  (Multiple Entries Allowed)	You responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.			
	Provide the investigating agency:	<input type="checkbox"/> U.S. Department of Defense <input type="checkbox"/> U.S. Office of Personnel Management <input type="checkbox"/> U.S. Department of Treasury (provide name of bureau)	<input type="checkbox"/> U.S. Department of State <input type="checkbox"/> Federal Bureau of Investigation <input type="checkbox"/> U.S. Department of Homeland Security	
	Explanation or name of government <b>or bureau</b> (Free Text)	<input type="checkbox"/> Foreign government, (Provide name of government) <input type="checkbox"/> I don't know <input type="checkbox"/> Other (Provide explanation)		
	Date the investigation was completed.	<input type="checkbox"/> I don't know	Date (Estimated)	
	Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.	Name (Free Text)		
	Provide the date clearance eligibility/access was granted.	<input type="checkbox"/> I don't know	Date (Estimated)	
	Provide the level of clearance eligibility/access granted.	<input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Sensitive Compartmented Information (SCI) <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> I don't know		
	Explanation (Free Text)	<input type="checkbox"/> Issued by foreign country <input type="checkbox"/> Other (Provide explanation)		
	Do you have another investigation to enter?	YES (Yes adds another entry)	NO (Required to validate)	
	Have you <b>EVER</b> had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)			
<b>Branch</b> If Yes to Denied  (Multiple Entries Allowed)	You responded 'Yes' to having <b>EVER</b> had a security clearance eligibility/access authorization denied, suspended, or revoked.			
	Provide the date security clearance eligibility/access authorization was denied, suspended or revoked.	Date (Estimated)		
	Provide the name of the agency that took the action.	Name (Free Text)		
	Provide an explanation of the circumstances of the denial, suspension or revocation action.	Explanation (Free Text)		
	Do you have another denied, revoked or suspended security clearance eligibility/access authorization to enter?	YES (Yes adds another entry)	NO (Required to validate)	
Have you <b>EVER</b> been debarred from government employment?			YES   NO	
<b>Branch</b> If Yes to Debarment (Multiple Entries Allowed)	You responded 'Yes' to having <b>EVER</b> been debarred from government employment.			
	Provide the name of the government agency taking debarment action.	Agency name		
	Provide the date the debarment occurred.	Date (Estimated)		
	Provide an explanation of the circumstances of the debarment	Circumstances (Free text)		
	Do you have another Government debarment to enter?	YES (Yes adds another entry)	NO (Required to validate)	

**Section 24 – Financial Record**

In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?		YES	NO	
<b>Branch</b> If Yes to Having Filed Bankruptcy  (Multiple Entries Allowed)	You responded 'Yes' to having filed a petition under any chapter of the bankruptcy code.			
	Select the applicable bankruptcy petition type:	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13		
	Provide the bankruptcy court docket/account number.	Account Number (Free Text)		
	Provide the date bankruptcy was filed.	Date (Estimated)		
	Provide date of bankruptcy discharge.	<input type="checkbox"/> Not Applicable Date (Estimated)		
	Provide the total amount (in U.S. dollars) involved in the bankruptcy.	<input type="checkbox"/> Estimated Amount (Free Text)		
	Provide the name debt is recorded under.	Last	First	Middle   Suffix
	Provide the name of the court involved.	Court Name (Free Text)		
	Provide the address of the court involved.	Street address and City		State and Zip Code or Country
	<b>Branch</b> If Chapter 13 or Chapter 12	Provide the name of the trustee for this bankruptcy.	Name (Free Text)	
	Provide the address of the trustee for this bankruptcy.	State and Zip Code or Country		
	Street address and City	State and Zip Code or Country		
Were you discharged of all debts claimed in the bankruptcy? Provide Explanation		Explanation (Free Text)	YES   NO	
In the last seven (7) years, have you filed any additional petitions under any chapter of the bankruptcy code?		YES (Yes adds another entry)	NO (Required to validate)	
In the last seven (7) years have you failed to meet financial obligations due to gambling?			YES   NO	
<b>Branch</b> If Yes to Financial Problems Due to Gambling (Multiple Entries Allowed)	You responded 'Yes' to in the last seven (7) years have you experienced financial problems due to gambling.			
	Provide the date range of your financial problems due to gambling.	From Date (Estimated)	To Date (Estimated/Present)	
	Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.	Amount (Free Text)		
	Provide a description of your financial problems due to gambling.	Description (Free Text)		
	Provide a description of your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s) provide explanation.	Description (Free Text)		
	In the last seven (7) years have you failed to meet other financial obligations due to gambling?	YES (Yes adds another entry)	NO (Required to validate)	
In the past last seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?			YES   NO	
<b>Branch</b> If Yes to Failing to File/Pay Taxes	You responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.			
	Did you fail to file, pay as required, or both? <input type="checkbox"/> File <input type="checkbox"/> Pay <input type="checkbox"/> Both			
	Provide the year you failed to file or pay your Federal, state or other taxes.			
	Provide the reason(s) for your failure to file or pay required taxes.	Reasons (Free Text)		
	Provide the Federal, state or other agency to which you failed to file or pay taxes.	Agency (Free Text)		
	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).	Tax Type (Free Text)		

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<b>(Multiple Entries Allowed)</b>	Provide the amount (in U.S. dollars) of the taxes. <input type="checkbox"/> Estimated		Amount (Free Text)			
	Provide date satisfied. <input type="checkbox"/> Not applicable		Date (Estimated)			
	Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.			Description (Free Text)		
	Are there any other instances <b>in the pastlast seven (7) years</b> where you failed to file or pay Federal, state or other taxes when required by law or ordinance?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>		
<b>In the pastlast seven (7) years</b> have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer? <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>					YES	NO
YES	NO					
<b>Branch</b>	You responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer.					
	Provide the name of the agency or company.		Agency (Free Text)			
	Provide the address of the agency or company.		Street address and City			
	Provide the reason(s) for the counseling, warning or disciplinary action.		State and Zip Code or Country			
	Provide the amount (in U.S. dollars) of violation. <input type="checkbox"/> Estimated		Reasons (Free Text)			
	Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.		Amount (Free Text)			
<b>(Multiple Entries Allowed)</b>	Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.			Description (Free Text)		
	Are there any other instances <b>in the pastlast seven (7) years</b> where you have been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>		
Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve an inability to meet financial obligations?						
<table border="1" style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>					YES	NO
YES	NO					
<b>Branch</b>	You responded 'Yes' to currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve an inability to meet financial obligations.					
	Provide explanation (Free Text)		Provide the name of the credit counseling organization or resource.	Name (Free Text)		
	Provide the phone number of the credit counseling organization.		Number / Ext			
	Provide the location of the credit counseling organization.		City	State		
	As a result of this counseling provide a description of any action(s) you have taken to resolve your inability to meet financial obligations. If you have not taken any action(s) provide explanation.		Description (Free Text)			
	Are you currently utilizing, or seeking assistance from any other credit counseling service or other similar resource to resolve your inability to meet financial obligations?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>		
<p>Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below).</p> <ul style="list-style-type: none"> <li>You are currently delinquent on alimony or child support payments.</li> <li><b>In the pastlast seven (7) years</b>, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li><b>In the pastlast seven (7) years</b>, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li>You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).</li> </ul> <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>					YES	NO
YES	NO					
<b>Branch</b>	You answered 'Yes' to having experienced one or more of the previously stated financial issues.					
	Provide the name of agency/organization/individual to which debt is/was owed		Name (Free Text)			
	Did/does this financial issue include any of the following: (Check all that apply)					
	<input type="checkbox"/> You are currently delinquent on alimony or child support payments.					
	<input type="checkbox"/> <b>In the pastlast seven (7) years</b> , you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).					
	<input type="checkbox"/> <b>In the pastlast seven (7) years</b> , you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).					
	<input type="checkbox"/> You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).					
	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>				YES	NO
	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. <input type="checkbox"/> Estimated		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 the date the financial issue began.		Date (Estimated)			
	Provide date the financial issue was resolved. <input type="checkbox"/> Not resolved		Date (Estimated)			
Provide the name of the court involved.		Court name (Free Text)				
Provide the address of the court involved.		Street address and City				
		State and Zip Code or Country				
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any provide explanation.			Description (Free Text)			
<p>Other than previously listed, are there any other instances of the following occurrences?</p> <ul style="list-style-type: none"> <li>You are currently delinquent on alimony or child support payments.</li> <li><b>In the pastlast seven (7) years</b>, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li><b>In the pastlast seven (7) years</b>, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li>You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).</li> </ul> <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>YES <b>(Yes adds another entry)</b></td> <td>NO <b>(Required to validate)</b></td> </tr> </table>					YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>
YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>					

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Other than previously listed, have any of the following happened?			
<ul style="list-style-type: none"> <li>• In the <b>pastlast seven (7) years</b>, 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)</li> <li>• In the <b>pastlast seven (7) years</b>, 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)</li> <li>• In the <b>pastlast seven (7) years</b>, 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)</li> <li>• In the <b>pastlast seven (7) years</b>, 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)</li> <li>• In the <b>pastlast seven (7) years</b>, you were evicted for non-payment?</li> <li>• In the <b>pastlast seven (7) years</b>, you had your wages, benefits, or assets garnished or attached for any reason?</li> <li>• In the <b>pastlast seven (7) years</b>, 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)</li> <li>• 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)</li> </ul>			
		YES NO	
You answered 'Yes' to having experienced one or more of the previously stated financial issues.			
Provide the name of agency/organization/individual to which debt is/was owed.			
Did/does this financial issue include any of the following: (Check all that apply)			
<input type="checkbox"/> In the <b>pastlast seven (7) years</b> you had your 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).			
<input type="checkbox"/> In the <b>pastlast seven (7) years</b> 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).			
<input type="checkbox"/> In the <b>pastlast seven (7) years</b> 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).			
<input type="checkbox"/> In the <b>pastlast seven (7) years</b> you had an 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).			
<input type="checkbox"/> In the <b>pastlast seven (7) years</b> you were evicted for non-payment.			
<input type="checkbox"/> In the <b>pastlast seven (7) years</b> you had wages, benefits, or assets garnished or attached for any reason.			
<input type="checkbox"/> In the <b>pastlast seven (7) years</b> you were 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).			
<input type="checkbox"/> 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).			
		YES NO	
<b>Branch</b>  If Yes to Having Financial Issues Involving Routine Accounts  (Multiple Entries Allowed)	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. <input type="checkbox"/> Estimated		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. <input type="checkbox"/> 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 withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.		Description (Free Text)
	Other than previously listed, are there any other instances of the following occurrences?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• In the <b>pastlast seven (7) years</b>, 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).</li> <li>• In the <b>pastlast seven (7) years</b>, 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).</li> <li>• In the <b>pastlast seven (7) years</b>, 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).</li> <li>• In the <b>pastlast seven (7) years</b>, 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).</li> <li>• In the <b>pastlast seven (7) years</b>, you have been evicted for non-payment.</li> <li>• In the <b>pastlast seven (7) years</b>, you had your wages, benefits, or assets garnished or attached for any reason.</li> <li>• In the <b>pastlast seven (7) years</b>, 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).</li> <li>• 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).</li> </ul>		
		YES (Yes adds another entry) NO (Required to validate)	

**Section 25 – Use of Information Technology Systems**

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.		
In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system?		
		YES NO
<b>Branch</b> If Yes to Unauthorized Access	You responded 'Yes' to having in the last seven (7) years illegally or without proper authorization entered or attempted to enter into any information technology system.	
	Provide the date of the incident	Date (Estimated)
	Provide a description of the nature of the incident or offense.	Description of incident (Free Text)
	Provide the location where the incident took place.	Street address and City State and Zip Code or Country

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<b>(Multiple Entries Allowed)</b>	Provide a description of the action (administrative, criminal or other) taken as a result of this incident.		Description (Free Text)		
	Are there any other incidents to report?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>	
<b>In the last seven (7) years</b> have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?					
<b>Branch</b> If Yes to Manipulating Access		You responded 'Yes' to having <b>in the last seven (7) years</b> illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above.			
<b>(Multiple Entries Allowed)</b>	Provide the date of the incident		Date (Estimated)		
	Provide a description of the nature of the incident or offense.		Description of incident (Free Text)		
	Provide the location where the incident took place.		Street address and City	State and Zip Code or Country	
	Provide a description of the action (administrative, criminal or other) taken as a result of this incident.		Description (Free Text)		
	Are there any other incidents to report?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>	
<b>In the last seven (7) years</b> have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?					
<b>Branch</b> If Yes to Unlawful Use		You responded 'Yes' to having <b>in the last seven (7) years</b> introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above.			
<b>(Multiple Entries Allowed)</b>	Provide the date of the incident		Date (Estimated)		
	Provide a description of the nature of the incident or offense		Description (Free Text)		
	Provide the location where the incident took place.		Street address and City	State and Zip Code or Country	
	Provide a description of the action (administrative, criminal or other) taken as a result of this incident.		Description (Free Text)		
	Are there any other incidents to report?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>	
<b>Section 26 – Involvement in Non-Criminal Court Actions</b>					
<b>In the last seven (7) years</b> , have you been a <b>defendant in party to</b> any public record civil court action (s) <b>not listed elsewhere on this form? alleging fraud or intentional tortious conduct?</b>					
<b>Branch</b> If Yes to Having Non Criminal Court Actions		You responded 'Yes' to having been a <b>defendant in party to</b> any public record civil court action (s) <b>not listed elsewhere on this form alleging fraud or intentional tortious conduct in the last seven (7) years.</b>			
<b>(Multiple Entries Allowed)</b>	Provide the date of the civil action		Date (Estimated)	Provide the court name	Court name (Free Text)
	Provide the address of the court		Street address and City		State and Zip Code or Country
	Provide details of the nature of the action		Details (Free Text)		
	Provide a description of the results of the action		Results (Free Text)		
	Provide the name(s) of the principal parties involved in the court action.		Names (Free Text)		
Are there any other civil court actions in the last <b>seven (7) years</b> to report?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>		
<b>Section 27 – Association Record</b>					
The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment or, credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion or to affect the conduct of a government by mass destruction, assassination or kidnapping.					
Are you now or have you <b>EVER</b> been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?					
<b>Branch</b> If Yes to Being a Member of a Terrorist Organization		You responded 'Yes' to being or <b>EVER</b> having been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities.			
<b>(Multiple Entries Allowed)</b>	Provide the full name of the organization.		Organization name (Free Text)		
	Provide the address/location of the organization.		Street address and City	State and Zip Code or Country	
	Provide the dates of your involvement with the organization.		From Date (Estimated)	To Date (Estimated/Present)	
	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held		Positions (Free Text)		
	Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made		Contributions (Free Text)		
Provide a description of the nature of and reasons for your involvement with the organization.		Involvement (Free Text)			
Do you have any other instances of being a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities to report?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>		
Have you <b>EVER</b> knowingly engaged in any acts of terrorism?					
<b>Branch</b> If Yes Engaging in Terrorism		You responded 'Yes' to <b>EVER</b> having knowingly engaged in any acts of terrorism.			
<b>(Multiple Entries Allowed)</b>	Describe the nature and reasons for the activity.		Nature and reasons (Free Text)		
	Provide the dates for any such activities		From Date (Estimated)	To Date (Estimated/Present)	
	Do you have any other instances of knowingly engaging in acts of terrorism to report?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>	
Have you <b>EVER</b> advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?					
<b>Branch</b> If Yes to Advocating		You responded 'Yes' to having <b>EVER</b> advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force.			
<b>(Multiple Entries Allowed)</b>	Provide the reason(s) for advocating acts of terrorism.		Reasons (Free Text)		
	Provide the dates of advocating acts of terrorism		From Date (Estimated)	To Date (Estimated/Present)	
	Do you have any other instances of advocating acts of terrorism or activities designed to overthrow the U.S. Government by force to report?		YES <b>(Yes adds another entry)</b>	NO <b>(Required to validate)</b>	
Have you <b>EVER</b> been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?					
<b>Branch</b> If Yes to being Member of		You responded 'Yes' to having <b>EVER</b> been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.			
Provide the full name of the organization.		Organization name (Free Text)			

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Organization Using Violence to Overthrow the U.S. Govt.  <b>(Multiple Entries Allowed)</b>	Provide the address/location of the organization.	Street address and City	State and Zip Code or Country
	Provide the dates of your involvement with the organization	From Date (Estimated)	To Date (Estimated/Present)
	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held	Positions (Free Text)	
	Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made	Contributions (Free Text)	
	Provide a description of the nature of and reasons for your involvement with the organization.	Description (Free Text)	
	Do you have any other instances of being a member of an organization dedicated to the use of violence or force to overthrow the United States Government, which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities to report?	YES (Yes adds another entry)	NO (Required to validate)
Have you <b>EVER</b> been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?			YES   NO
<b>Branch</b> If Yes to Being a Member of Organization Using Violence  <b>(Multiple Entries Allowed)</b>	You responded 'Yes' to being or <b>EVER</b> having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action.		
	Provide the full name of the organization.	Organization Name (Free Text)	
	Provide the address/location of the organization.	Street address and City	State and Zip Code or Country
	Provide the dates of your involvement with the organization	From Date (Estimated)	To Date (Estimated/Present)
	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held	Positions (Free Text)	
	Provide all contributions (in U.S. dollars) made to the organization, if any. <input type="checkbox"/> No contributions made	Contributions (Free Text)	
	Provide a description of the nature of and reasons for your involvement with the organization.	Involvement (Free Text)	
	Do you have any other instances of being a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action to report?	YES (Yes adds another entry)	NO (Required to validate)
Have you <b>EVER</b> knowingly engaged in activities designed to overthrow the U.S. Government by force?			YES   NO
<b>Branch</b> If Yes to Activities to Overthrow  <b>(Multiple Entries Allowed)</b>	You responded 'Yes' to having <b>EVER</b> knowingly engaged in activities designed to overthrow the U.S. Government by force.		
	Describe the nature and reasons for the activity.		Reasons (Free Text)
	Provide the dates of such activities.	From Date (Estimated)	To Date Estimated/Present)
	Do you have any other instances of having knowingly engaged in activities designed to overthrow the U.S. Government by force to report?	YES (Yes adds another entry)	NO (Required to validate)
Have you <b>EVER</b> associated with anyone involved in activities to further terrorism?			YES   NO
<b>Branch</b> If Yes to Having Terrorism Association	Terrorism Association Detail		
	Provide Explanation	Explanation (Free Text)	

**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 further affirm that, to the best of my knowledge, I have not included any classified information herein. 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, or including classified information may have a negative effect on my, employment prospects, or job status, or my removal and debarment from Federal service.

Signature	Date (mm/dd/yyyy)
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v.3 DRAFT PRE-DECISIONAL DELIBERATIVE  
**QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date.

**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, **conduct and character** 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. This information may include, but is not limited to, **current and historic** my academic, residential, achievement, performance, attendance, disciplinary, employment **history**, criminal, **history record information, and** financial and credit information, **and publicly available social media information.** I authorize the Federal agency conducting my investigation, **or reinvestigation, or performing continuous vetting,** 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 Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.**

**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, a separate specific release 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 Homeland Security, and 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 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	Full name ( <i>Type or print legibly</i> )	Date signed ( <i>mm/dd/yyyy</i> )
Other names used	Date of birth	Social Security Number

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Current street address Apt. #	City ( <i>Country</i> )	State	ZIP Code	Home telephone number



v.3 DRAFT PRE-DECISIONAL DELIBERATIVE  
**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)**

If you answered “Yes” to Section 5 of the Standard Form 85P with the supplemental SF 85P-S, carefully read this authorization to release information about you, then sign and date.

This is an authorization for the investigator to ask your health practitioner (s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present risks, there may be times when such a condition can affect a person’s suitability for positions of public trust with the Federal government. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to your suitability determination. Your signature will allow the practitioner (s) to answer only those questions identified below.

**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, reinvestigation, and my health practitioner (s) to provide the information requested below, 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 my health care provider/entity, 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 authorization 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, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

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 legibly)		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

v.3 DRAFT PRE-DECISIONAL DELIBERATIVE

**For Use By Practitioner(s) Only**

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to perform a position of public trust?

YES  NO

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 ( <i>Sign in ink</i> )	Practitioner name	Date signed ( <i>mm/dd/yyyy</i> )
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v.3 DRAFT PRE-DECISIONAL DELIBERATIVE  
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 any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation and reinvestigation, or my eligibility for a public trust position, to request, and any consumer reporting agency to provide, 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 will may not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a public trust position. To avoid such delays, you should expeditiously respond to any request made to release the credit freeze for the purposes as described above. 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.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a public trust position.

Print name	Social Security Number
Signature	Date (mm/dd/yyyy)