

INVESTIGATIVE REQUEST FOR EMPLOYMENT DATA AND SUPERVISOR INFORMATION

U.S. GOVERNMENT USE ONLY

F
R
O
M

U.S. Department of the Treasury Bureau of the Fiscal Service 200 Third Street, Avery 4D Parkersburg, WV 26106
--

T
O

--

INSTRUCTIONS: YOUR NAME HAS BEEN PROVIDED BY THE PERSON IDENTIFIED BELOW TO ASSIST IN COMPLETING A BACKGROUND INVESTIGATION TO HELP US DETERMINE THIS PERSON'S SUITABILITY FOR EMPLOYMENT OR SECURITY CLEARANCE. TO HELP US MAKE THIS DETERMINATION, WE ASK THAT YOU COMPLETE ALL ITEMS ON THE BACK OF THIS FORM AND RETURN THE FORM IN THE ENCLOSED ENVELOPE. WE SEND A SEPARATE INQUIRY TO THE PERSONNEL OFFICE AND EACH SUPERVISOR SHOWN ON THE PERSON'S APPLICATION; THEREFORE PLEASE DO NOT FORWARD THIS FOR COMPLETION BY SOMEONE ELSE.

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

CERTIFICATION: THE PERSON WE ARE INVESTIGATING HAS GIVEN WRITTEN CONSENT FOR THIS INVESTIGATIVE INQUIRY. WE KEEP THAT CONSENT ON FILE. IF A COPY IS REQUIRED IN ORDER TO COMPLETE THIS FORM, OR YOU WOULD LIKE TO KEEP YOUR IDENTITY CONFIDENTIAL, PLEASE INDICATE THIS REQUIREMENT IN WRITING ON THE REVERSE.

COMPLETION OF THIS INVESTIGATION AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY PERFORM THEIR DUTIES IN A MORE TIMELY AND EFFICIENT MANNER.

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

PLEASE COMPLETE THE ITEMS SHOWN BELOW

IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS?

- a YES b NO (Please explain in item 6) c WE HAVE NO RECORD ON THIS PERSON

MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:

- | | |
|---|--|
| a <input type="radio"/> SUBJECT CURRENTLY EMPLOYED HERE | d <input type="radio"/> LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6) |
| b <input type="radio"/> LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE | e <input type="radio"/> DISCHARGED FOR UNFAVORABLE EMPLOYMENT OR CONDUCT |
| c <input type="radio"/> DISCHARGED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS | f <input type="radio"/> RESIGNED AFTER INFORMED OF POSSIBLE DISCHARGE (Explain in item 6) |
| | g <input type="radio"/> LEFT EMPLOYMENT BY MUTUAL AGREEMENT DUE TO SPECIFIC PROBLEMS (Please explain in item 6) |

IS THIS PERSON ELIGIBLE FOR REHIRE?

- a YES c NO – DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMENT d NO – FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)

DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?

- a NO c I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND
b YES (Please explain in item 6) d I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:

- | | | |
|---|---|---|
| YES NO | YES NO | YES NO |
| a <input type="radio"/> <input type="radio"/> VIOLATIONS OF THE LAW | c <input type="radio"/> <input type="radio"/> ABUSE OF ALCOHOL AND/OR DRUGS | e <input type="radio"/> <input type="radio"/> GENERAL BEHAVIOR OR CONDUCT |
| b <input type="radio"/> <input type="radio"/> FINANCIAL INTEGRITY | d <input type="radio"/> <input type="radio"/> MENTAL OR EMOTIONAL STABILITY | f <input type="radio"/> <input type="radio"/> OTHER MATTERS |

(If YES to any of these questions, please explain in item 6)

I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.

ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.

DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?

- a YES c I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION
b NO

PRINT NAME:

YOUR TITLE:

PLEASE SIGN THIS FORM HERE:

DATE:

DAYTIME TELEPHONE NUMBER: