

INVESTIGATIVE REQUEST FOR PERSONAL INFORMATION

U.S. GOVERNMENT USE ONLY

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

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INSTRUCTIONS: YOUR NAME HAS BEEN PROVIDED BY THE PERSON IDENTIFIED BELOW TO ASSIST IN COMPLETING A BACKGROUND INVESTIGATION TO HELP US DETERMINE THIS PERSON'S SUITABILITY FOR EMPLOYMENT OR SECURITY CLEARANCE. TO HELP US MAKE THIS DETERMINATION, WE ASK THAT YOU COMPLETE ALL ITEMS ON THE BACK OF THIS FORM AND RETURN THE FORM IN THE ENCLOSED ENVELOPE. YOU WERE LISTED AS:

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.

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| FULL NAME (LAST, FIRST, MIDDLE): |
| OTHER NAMES USED: |
| POSITION FOR WHICH INVESTIGATED: |
| THIS PERSON CLAIMED THE FOLLOWING: |

PLEASE COMPLETE THE ITEMS SHOWN BELOW

HOW LONG HAVE YOU KNOWN THIS PERSON?

a _____ YEARS _____ MONTHS b I DON'T KNOW THIS PERSON (don't complete other items)

MY ASSOCIATION WITH THIS PERSON IS/WAS AS A:

a COWORKER c FRIEND e FORMER SPOUSE g RELATIVE
b NEIGHBOR d SPOUSE f INSTRUCTOR h OTHER

ON THE AVERAGE, I ASSOCIATE(D) WITH THIS PERSON:

a DAILY c MONTHLY e ONCE EVERY YEAR OR 2
b WEEKLY d TWICE A YEAR f ONCE IN 3 OR MORE YEARS

I LAST ASSOCIATED WITH THIS PERSON:

a 0 TO 3 MONTHS AGO c 1 TO 3 YEARS AGO e MORE THAN 5 YEARS AGO
b 3 TO 12 MONTHS AGO d 3 TO 5 YEARS AGO

DOES THE INFORMATION ON THE FRONT OF THIS FORM CONCERNING THIS PERSON APPEAR TO BE CORRECT?

a YES b NO — IT APPEARS TO BE INCORRECT OR INCOMPLETE (SHOW CORRECT OR ADDITIONAL DATA IN ITEM 8)

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 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 |

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: