



**DEPARTMENT OF DEFENSE  
PENTAGON FORCE PROTECTION AGENCY  
9000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-9000  
APPLICANT STATUS REQUEST**

OMB No. xxxx-xxxx  
OMB approval expires  
XXXXX XX XXXX

The public reporting burden for this collection of information, xxxx-xxxx, is estimated to average 5 minutes per response, including the 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 burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

**PRIVACY ACT NOTICE**

Pentagon Force Protection Agency will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or 5 U.S. Code 552a for routine uses (i.e., information verifying an applicant's employment status may be disclosed to a prospective Agency that require information obtained in the completion of this form to help in the determination as to the individual's fitness for federal employment in the field of law enforcement) as identified in the system of records notice at OPM/GOVT-5 system of records at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570737/opmgovt-5/>. Your obligation to respond is voluntary, but failure to provide requested information could impede processing.

*Request information on the below listed who is applying for a position with the Pentagon Force Protection Agency. The applicant informed us they applied with your agency for a law enforcement position. It would be beneficial to our investigation if you would complete and return this questionnaire. An "Authorization for Release of Information" form is attached. If you have any questions please contact the PFPA Recruitment Branch at (703) 571-8000.*

**1. Applicant**

a. Name:	b. Date of Birth:
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**2. Applicant Information**

a. When did the applicant apply to your agency?

b. What is the applicant's current status?

c. Did the applicant make any drug statements?  
If yes, what admission?

**3. Please check which portions(s) of your selection process that the applicant completed with your department and the results.**

a. Written Test	Satisfactory	Unsatisfactory
b. Physical Performance Test	Satisfactory	Unsatisfactory
c. Oral Board Interview	Satisfactory	Unsatisfactory
d. Polygraph	Satisfactory	Unsatisfactory
e. Background Investigation	Satisfactory	Unsatisfactory
f. Psychological Investigation	Satisfactory	Unsatisfactory

**4. Comments:**

**5. Employer Certification**

a. Name:	b. Phone:	c. Date:
d. Signature:	e. Title:	