INV FORM 40 (Rev. 6/14) U.S. OFFICE OF PERSONNEL **MANAGEMENT (5 CFR 736)**

GENERAL REQUEST FOR INVESTIGATIVE INFORMATION U.S. GOVERNMENT USE ONLY

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INSTRUCTIONS: We are investigating the person identified below. Please search your records, indicating the results by marking one of the ovals on the reverse of this form. If any pertinent information is contained in your records, please send a photocopy as an attachment to this form. If a photocopy is not available, report the pertinent information in the "remarks" section. Please return the completed form, with any attachments to the Office of Personnel Management at the

PRIVACY ACT INFORMATION: This investigative inquiry is in protecting the civil rights of the person we are investigating. Information you provide, including your identity, will be disclosed to the person being investigated and other federal as at this person's request.

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, please indicate this requirement in writing on the

Componential on of this form as soon as possible will help this person and the agency perform their duties in a more timel of deficient manner.

CASE NUMBER:	CASE TYPE:	ITEM NUMBER:	
FULL NAME (LAST, FIRST, MIDDLE)			
OTHER NAMES USED			
DATE OF BIRTH	SOCIAL SECURITY N	UMBER	POSITION REQUIRING INVESTIGATION
PLACE OF BIRTH			
ADDITIONAL INFORMATION FOR YO	UR RECORD SEARCH		

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3/206-0165), Washington, DC 20415-7900. The OMB Number 3/206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this

MARKING **INSTRUCTIONS**

CORRECT MARK:

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

INCORRECT MARKS:

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

X





MARK THE OVAL CORRESPONDING TO THE RESULTS OF YOUR RECORD SEARCH

- A RECORD INFORMATION SHOWN BELOW
- B RECORD IS ATTACHED
- © NO PERTINENT INFORMATION

M REVIEW OVE INFORMATION VERIFIED

- F PREVIOUSLY FURNISHED (Explain in REMARKS section)
- **©** RECORD AT ANOTHER LOCATION (Enter address and ZIP code in REMARKS section)
- (H) NOT LOCATED (Explain in REMARKS section)
- NO RECORD

IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.	
REMARKS	
Sill you to the contract of	
PRINT NAME:	
SIGNATURE:	DATE
YOUR TITLE/ORGANIZATION:	DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)
	()

FOR OPM USE ONLY																	
RESULTS ISSUES/CHARACTERIZATION																	
AC ACCEPTABLE	IS ISSUES	1	0	A	B	C	D	E	N	9	0	(A)	B	C	(D)	E	N
AA ACCEPTABLE/ATTACHED	P CONFIDENTIAL/ISSUES	2	0	A	B	C	(D)	E	N	10	0	(A)	(B)	C	(D)	E	N
PA CONFIDENTIAL/ACCEPTABLE	RECORD INCONCLUSIVE	3	0	A	(B)	C	D	E	N	11	0	A	(B)	C	D	E	N
NO PERTINENT INFORMATION	FEE REQUIRED	4	0	A	B	C	D	E	N	12	0	(A)	(B)	C	D	E	N
NO RECORD	RD RELEASE REQUIRED	5	0	A	B	C	0	E	(N)	13	0	(A)	(B)	C	(D)	E	(N)
NOT LOCATED	SK SUBJECT UNKNOWN	6	0	A	(B)	C	0	E	N	14	0	(A)	B	C	D	(E)	N
UC UNABLE TO CONTACT	NOT AVAILABLE	7	0	A	B	C	D	E	N								
RE REFERRED	ON DISCREPANT	8	0	A	B	C	0	(E)	N								
RR RECORD																	

INV FORM 41 (Rev. 6/14) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

INVESTIGATIVE REQUEST FOR EMPLOYMENT DATA AND SUPERVISOR INFORMATION

U.S. GOVERNMENT USE ONLY

			OF PERSONNEL MANAGER IS PROCESSING CENTER			
	BOX 618					
M BOY	ERS, PA 160	18-0618				
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INSTRUCTIO	ONS: (fo)r na	me has b	een provided by the perso	n identified be	low to assist in completing a	
background	investigation	to help	us determine this perso	uitability	for employment or security	
	o neip us mai ne form in the			u co plete all i	items on the back of this form	
			•			
			personnel office and each s s for completion by someon		n on the person's application;	
•						
PRIVACY ACT	civil rights of	N: This inve	estigative inquiry is in full com	pliance with the F	Privacy Act of 1974 and other laws de, including your identity, will be	
disclosed to the	ne person being	g investigat	ted and other federal agencies,	at this person's i	request. In compliance with Title 5	
Code of Federa promise that y	al Regulations, our identity w	Part 736.10	02(c), if you have significant inf confidential, please indicate th	ormation which years in writing on t	ou feel unable to furnish without a he reverse and only provide your	
			al information on this form will			
CERTIFICATION	ON: The perso	n we are i	nvestigating has given writte	n consent for thi	is investigative inquiry. We keep	
that consent on the reverse		oy is requi	red in order to complete this	form, please ind	icate this requirement in writing	
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timely ar	fficient m	anner.	on as possible will help	tills person a	ind the agency perform their dutie	s III a IIIOI e
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OTHER NAME	S USED					
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PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this address.

MARKING **INSTRUCTIONS**

CORRECT MARK:

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

INCORRECT MARKS: 1

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.





PLEASE COMPLETE THE ITEMS SHOWN BELOW

1	IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOW	N IN YOUR RECORDS?	
	a YES b NO (Please explain in item 6)	c WE HAVE NO RECOR	RD ON THIS PERSON
2	MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOY	MENT:	
	a SUBJECT CURRENTLY EMPLOYED HERE	d LEFT EMPLOYMENT VOLUN ENTIRELY FAVORABLE (Plea	
	b LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE	FIRED FOR UNFAVORABLE CONDUCT (Please explain in	
	C SEPARATED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS	FIRING (Please explain in iter	
		g LEFT EMPLOYMENT BY MU TO SPECIFIC PROBLEMS (P	TUAL AGREEMENT DUE llease explain in item 6)
3	IS THIS PERSON ELIGIBLE FOR REHIRE?		
	a YES b NO – DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMEN		RELATING TO UNFAVORABLE se explain in item 6)
4	DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR	TRUSTWORTHINESS?	
	a	DO NOT KNOW THIS PERSON WELL !	ENOUGH TO RESPOND
	b YES (Please explain in item 6) d I	WISH TO DISCUSS THE ADVERSE INF	FORMATION I HAVE
5	DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPL	OYMENT, RESIDENCE OR ACTIVITIES	CONCERNING:
	YES NO YES NO	YES NO	
	a O VIOLATIONS OF THE LAW d O ABUSE FIRUGS	f O GE	ENERAL BEHAVIOR OR CONDUCT
	b FINANCES e MENTAL OR EMOTION	AL STABILITY g O OT	HER MATTERS
	c ABUSE OF ALCOHOL (If YES to any of these question	ons, please explain in item 6)	
	○ I WISH TO DISCUSS THE ADVERS	SE INFORMATION I HAVE	
6	FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEAR, DEROGATORY AS WELL AS POSITIVE INFORMATION, A CON AND/OR A COPY OF CONSENT REQUEST.	NFIDENT Y REQUEST,	
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INV FORM 42 (Rev. 6/14) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

INVESTIGATIVE REQUEST FOR PERSONAL INFORMATION U.S. GOVERNMENT USE ONLY

:	UNITED STATES OFFICE OF PERSONNEL MANAGEMENT FEDERAL INVESTIGATIONS PROCESSING CENTER
	PO BOX 618
1	BOYERS, PA 16018-0618
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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 it ability for employment or security clearance. To help us make this determination, we ask that you complete all items the back of this form and return the form in the enclosed envelope. You were listed as:

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. Information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request. In compliance with Title 5 Code of Federal Regulations, Part 736.102(c), if you have significant information which you feel unable to furnish without a promise that your identity will be kept confidential, please indicate this in writing on the reverse and only provide your contact information.

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, please indicate this requirement in writing on the reverse.

Cipletion of this form as soon as possible will help this person and the agency perform their duties in a more tipe and efficient manner.

CASE NUMBER:

CASE TYPE:

ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)

OTHER NAMES USED

POSITION REQUIRING INVESTIGATION

THIS PERSON CLAIMED THE FOLLOWING:

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3/206-0165), Washington, DC 20415-7900. The OMB Number 3/206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this artifriese.

MARKING INSTRUCTIONS

CORRECT MARK:

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

INCORRECT MARKS:

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

X Ø •

PLEASE COMPLETE THE ITEMS SHOWN BELOW

aYEARSMOI	NTHS	b O I DON'T KNOW THIS PE	RSON (DON'T COMPLETE OTHER ITEMS)
2 MY ASSOCIATION WITH THIS PERS	ON IS/WAS AS A:		
a COWORKER c	FRIEND	FORMER SPOUSE g	RELATIVE
b NEIGHBOR d	SPOUSE f	f O INSTRUCTOR h	OTHER (PLEASE EXPLAIN IN ITEM 8)
ON THE AVERAGE, I ASSOCIATE(D)	WITH THIS PERSON:		
a O DAILY	c O MONTHLY	e ONCE E	VERY YEAR OR 2
b WEEKLY	d TWICE A YEAR	f ONCE IN	3 OR MORE YEARS
I LAST ASSOCIATED WITH THIS PE	RSON:		
a 0 TO 3 MONTHS AGO	c 1 TO 3 YEARS AG	e MORET	HAN 5 YEARS AGO
	d 3 TO 5 YEARS AG		
		ONCERNING THIS PERSON APPEAR TO	O BE CORRECT?
		OR INCOMPLETE (SHOW CORRECT OR ADDITIONAL	
		HONESTY OR TRUSTWORTHINESS?	EDATA IN TERM O
a NO		DO NOT KNOW THIS PERSON W	VELL ENOUGH TO RESPOND
		UNISH TO DISCUSS THE ADVERS	
b YES (PLEASE EXPLAIN IN ITE			
		ERSON'S EMPLOYMENT, RESIDENCE	OR ACTIVITIES CONCERNING:
YES NO	YES NO	YES NO	ENERAL RELIANGE OF CONTRICT
a O VIOLATIONS OF THE LAW			ENERAL BEHAVIOR OR CONDUCT
b FINANCES	e OO MENTAL OR E		THER MATTERS
c ABUSE OF ALCOHOL		(II	F YES, PLEASE EXPLAIN IN ITEM 8)
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INV FORM 43 (Rev. 6/14) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

INVESTIGATIVE REQUEST FOR EDUCATIONAL RECORD DATA

U.S. GOVERNMENT USE ONLY

2 1	UNITED STATES OFFICE OF PERSONNEL MANAGEMENT FEDERAL INVESTIGATIONS PROCESSING CENTER PO BOX 618 BOYERS, PA 16018-0618

a background investigation to help us determine this person's subtability 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.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. Information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

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, please indicate this requirement in writing on the reverse.

Cipletion of this form as soon as possible will help this person and the agency perform their duties in a more and efficient manner.

	NUN	

CASE TYPE:

ITEM NUMBER:

FULL NAME (LAST	T, FIRST, MIDDLE)		
OTHER NAMES US	SED		
DATE OF BIRT	Н	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION
PLACE OF BIRTH	1		
THIS PERSON CI	LAIMED ATTENDA	NCE AS FOLLOWS	
FROM (MO/YR)	TO (MO/YR)	SCHOOL NAME AND ADDRESS	
DEGREE AND D	DATE (MO/YR)		
LAST CLAIMED F	RESIDENCE DURI	NG PERIOD OF ATTENDANCE	

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this address.

	MARKIN INSTRUCTI		
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TO THE BEST OF YOUR KNOWLED			
RECORDS?	,		
a YES	b NO (List disc	crepancies in REMARKS section)	
	c WE HAVE N	O RECORD ON THIS PERSON	
DO YOUR RECORDS CONTAIN ANY	ADVERSE INFORMATION RELEVAN	NT TO THIS PERSON?	
a ONO	b YES (Explain	n in REMARKS section)	
IF ADDITIONAL REMARKS ARE PR	ROVIDED RELOW YOU MUST FILL	IN THIS MARK	
EMARKS	iovided becom, rod moor rice	IN THIS MARK	
INT NAME:			
GNATURE:			DATE
OUR TITLE/ORGANIZATION:			(INCLUDE AREA CODE)
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NO PERTINENT INFORMATION	FR FEE REQUIRED	4 O A B C D E N	12 0 A B C D E N
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RR RECORD

INV FORM 44 (Rev. 6/14) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

INVESTIGATIVE REQUEST FOR LAW ENFORCEMENT DATA

U.S. GOVERNMENT USE ONLY

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eligibil	lity for federal employment of	ng a background investigation on the pe or access to classified information. To his form and return the form in the encle	help make th	is determination, we all at you
PRIVA	CY ACT INFORMATION: Thi	is investigative inquiry is in full complia	ance with the D	Privacy Act of 1974 and other laws
protect	ting the civil rights of the pe	erson we are investigating. nforma	ation you provi	de, including your identity, will be
disclos	sed to the person being inves	stigated and other federal ages, at t	his person's re	quest.
CERTI	FICATION: The person we a	are investigating has given written cons	sent for this in	vestigative inquiry. We keep that
conser	nt on file. If a copy is requi	ired in order to complete this form, ple	ease indicate t	his requirement in writing on the
reverse	e.			
The U.	S. Office of Personnel Man	nagement's Federal Investigations Prog	gram is an aut	horized law enforcement activity
require	ed by Statute, Presidential Ex	xecutive Order and Federal Regulations	to make this in	vestigative inquiry.
		Security Clearance Information Act (I		
	Request not covered by	the Security Clearance Information A	ct	
Co	etion of this form as and efficient manne	s soon as possible will help ther.	is person a	nd the agency perform their duties in a more
CASE	NUMBER:	CASE TYPE:	ITEM NUMBER	R:
FULL	NAME (LAST, FIRST, MIDE	DLE)		
		,		
OTH	ER NAMES USED			
D	ATE OF BIRTH	SOCIAL SECURITY NUMBE	R	POSITION REQUIRING INVESTIGATION
PLAC	CE OF BIRTH			
PLAC	CE OF BIRTH			
	CE OF BIRTH RENT RESIDENCE			
CURI	RENT RESIDENCE	HE FOLLOWING CRIMINAL HI	STORY RE	CORD AT YOUR LOCATION
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THIS	RENT RESIDENCE	HE FOLLOWING CRIMINAL HI		D/YR)
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		MARKING INSTRUCTIONS		
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	PLEASE	COMPLETE THE ITEMS	SHOWN BE	LOW
1 MARK THE	E FOLLOWING AS APPLICA	BLE:		
a O WE F	HAVE NO RECORD ON THIS	PERSON. b RECORD INFORMATION	ON SHOWN BELOW.	\bigcirc
IF OUTSTA	ANDING WARRANT(S) EXIS	NING CRIMINAL HISTORY RECORD AND/OF T, LIST THE NATURE OF THE ORIGINAL CH OF THE CHARGE - DO NOT USE CODES OF	ARGE.	RRANT(S).
DATE	OFFENSE	DISPOSITION AND DATE	LOCATIO	N OF DISPOSITION (COURT & CITY)
REMARK	S. ADDITIONAL INFORM	S PROVIDED BELOW, YOU MUST FILL IN TH MATION THAT MAY HAVE A BEARING SSIFIED INFORMATION OR ASSIGNME	ON THIS PERSO	N'S ELIGIBILITY FOR FEDERAL NATIONAL SECURITY DUTIES.
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NZ NOT AVAILABLE

DN DISCREPANT

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REFERRED

RR RECORD

UC UNABLE TO CONTACT