*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. It is also used for determining fitness of individuals under consideration for, or retention in positions in the excepted service when the duties to be performed are equivalent in degree of trust reposed in the incumbent to a public trust position. 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 fit or 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, 13764, 10577, 13467, and 13488 as amended; sections 3301, 3302, 7301, and 9101 of title 5, United

States Code (U.S.C.); parts 2, 5, 6, 731, and 736 of title 5, Code of Federal Regulations (CFR), Homeland Security Presidential Directive (HSPD) 12, 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 13478.

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 documents; (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 drop down feature.
4. When entering a U.S. address or location, select the state or territory from the "States" drop down list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" drop down list and leave the "State" field blank.
5. 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.
6. For telephone numbers in the U.S., ensure that the area code is included.
7. 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 this by checking the “Estimate” box.

## 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, or 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. You will not receive prior notice of such disclosures under a routine use.

The Defense Counterintelligence and Security Agency, the Government’s primary investigative service provider, has published its routine uses in the Federal Register at the following address: https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records. If another agency is conducting your investigation, it will inform you of its routine uses.

## Public Burden Information

Public burden reporting for this collection of information is estimated toaverage155 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, Attn: OMB Number 3206-0258, 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.

**LOCATION CODES**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alabama | AL | Hawaii | HI | Massachusetts | MA | New Mexico | NM | South Dakota | SD |
| Alaska | AK | Idaho | ID | Michigan | MI | New York | NY | Tennessee | TN |
| Arizona | AZ | Illinois | IL | Minnesota | MN | North Carolina | NC | Texas | TX |
| Arkansas | AR | Indiana | IN | Mississippi | MS | North Dakota | ND | Utah | UT |
| California | CA | Iowa | IA | Missouri | MO | Ohio | OH | Vermont | VT |
| Colorado | CO | Kansas | KS | Montana | MT | Oklahoma | OK | Virginia | VA |
| Connecticut | CT | Kentucky | KY | Nebraska | NE | Oregon | OR | Washington | WA |
| Delaware | DE | Louisiana | LA | Nevada | NV | Pennsylvania | PA | West Virginia | WV |
| District of Columbia | DC | Maine | ME | New Hampshire | NH | Rhode Island | RI | Wisconsin | WI |
| Florida Georgia | FL GA | Maryland | MD | New Jersey | NJ | South Carolina | SC | Wyoming | WY |
| American Samoa | AS | Johnson Atoll | JQ | Midway Islands | MQ | Palmyra Atoll | LQ | Wake Island | WQ |
| Baker Island | FQ | Kingman Reef | KQ | Navassa Island | BQ | Puerto Rico | PR | APO/FPO America | AA |
| Guam | GU | Marshall Islands | MH | Northern Mariana Islands | MP | Virgin Islands, United | VI | APO/FPO Europe | AE |
| Howland Island Jarvis Island | HQ DQ | Micronesia, Federated  States | FM | Palau | PW | States |  | APO/FPO Pacific | AP |

|  |  |  |
| --- | --- | --- |
| **AGENCY USE BLOCK "AUB"** | | |
| Investigating agency user only | Codes: *(FIPC CODES)* | Case Number: |
| **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 **E** Nature of action code

**C** Risk level

**B** Extra coverage/Advanced results

**F** Date of action *(Month/Day/Year)* **J** SON *(Submitting Office Number)*

**I** Position title

**H** Position code

**G** Geographic location

1. Location of Official Personnel Folder
2. SOI *(Security Office Identifier)*

**M** Location of Security Folder

At SON e-OPF

Other At SOI

e-OPF

None

NPRC

Zip Code

Zip Code

Other address/Web address of e-OPF

Other address/Web address of e-OPF

**N** IPAC **Q** BETC

**P** Obligating document number

**O** TAS

Other

None

NPI

**R** Accounting data and/or Agency case number

**S** Investigative requirement

1. Requesting Official - Name Title Signature

Initial Reinvestigation

Email address

Telephone number *(Include Ext.)*

Date *(Month/Day/Year)*

1. Secondary Requesting Official - Name Title

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | |
| Email address | Telephone number *(Include Ext.)* | | **V** Applicant affiliation |  | FED CIV  MIL |  | CON  Other |
|  |  |

**W** Deployment/PCS *(if imminent)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From *(Month/Day/Year)* |  | Est. | To *(Month/Day/Year)* |  | Estimated  Permanent Relocation | Reason(s) for temporary duty assignment or PCS |
|  | | |  |

Point of contact at location

Telephone number *(Include Ext.)*

Address/Unit/Duty location *(Include City or Post Name)*

Agency Special Instructions for the Investigative Service Provider.

Commercial and Government Entity (CAGE) Code Contract Number

**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

##### 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 Name First Name Middle Name Suffix

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | |  | |  |
| **Section 2 - Date of Birth Section 3 - Place of Birth** | | | | | | | |
| Provide your date of birth. *(Month/Day/Year)*  Est. | Provide your place of birth.  City County State Country *(Required)* | | | | | | |
|  | |  |  | |  | |
| **Section 4** - **Social Security Number** | | | | | | | |

Provide your U.S. Social Security Number.

Not applicable

##### Section 5 - Other Names Used

Have you used any other names? YES NO *(If NO, proceed to Section 6)*

**Complete the following if you have responded 'Yes'** to having used other names.

Provide your other name(s) used and the period of time you used it/them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(es)]. If you have only initials in your name(s), provide them and indicate "Initial only." If you do not have a middle name (s), indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Provide other name used

**#1** Last name

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

First name

Middle name

Suffix

From *(Month/Year)*

To *(Month/Year)*

Present

Maiden name?

Provide the reason(s) why the name changed

|  |  |  |  |
| --- | --- | --- | --- |
| Est. | Est. | YES NO |  |

Provide other name used

**#2** Last name

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

First name

Middle name

Suffix

From *(Month/Year)* To *(Month/Year)*

Present

Maiden name?

Provide the reason(s) why the name changed

|  |  |  |  |
| --- | --- | --- | --- |
| Est. | Est. | YES NO |  |

Provide other name used

**#3** Last name

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

First name

Middle name

Suffix

From *(Month/Year)* To *(Month/Year)*

Present

Maiden name?

Provide the reason(s) why the name changed

|  |  |  |  |
| --- | --- | --- | --- |
| Est. | Est. | YES NO |  |

Provide other name used

**#4** Last name

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

First name

Middle name

Suffix

From *(Month/Year)* To *(Month/Year)*

Present

Maiden name?

Provide the reason(s) why the name changed

|  |  |  |  |
| --- | --- | --- | --- |
| Est. | Est. | YES NO |  |

##### Section 6 - Your Identifying Information

Provide your identifying information.

Height



*(feet)*

*(inches)*

Weight *(in pounds)* Hair color Eye color

Sex

Female Male

**Enter your Social Security Number before going to the next page**

**Section 7 - Your Contact Information**

Provide three contact numbers. At least one telephone number is required. Additional numbers provided may assist in the completion of your background investigation.

Home e-mail address Work e-mail address

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
| International or DSN phone number  Day  Home telephone number Extension  Night | | International or DSN phone number  Day  Work telephone number Extension  Night | | International or DSN phone number  Day  Mobile/Cell telephone number Extension  Night | |
|  | Both |  | Both |  | Both |

##### Section 8 - U.S. Passport Information

Do you possess a U.S. passport (current or expired)?  YES  NO *(If NO, proceed to Section 9)*

Provide the following information for the most recent U.S. passport you currently possess.

<http://travel.state.gov/passport>

Est.

Est.

Passport number

Issue date *(Month/Day/Year)*

Expiration date *(Month/Day/Year)*

Click [HERE](http://travel.state.gov/passport) for U.S. State Department passport help

Provide the name in which passport was first issued.

Last name First name

Middle name

Suffix

##### Section 9 - Citizenship

Select the box that reflects your current citizenship status.

 I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.

*(Proceed to Section 10)*

I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.

*(Complete 9.1)*

I am a naturalized U.S. citizen. *(Complete 9.2)*

 I am a derived U.S. citizen. *(Complete 9.3)*

I am not a U.S. citizen. *(Complete 9.4)*



Provide type of documentation of U.S. citizen born abroad.

FS 240 DS 1350 FS 545 Other (Provide explanation)

Provide document number for U.S. citizen born abroad.

Provide the date the document was issued. *(Month/Day/Year)*

Est.

Provide the name in which document was issued.

Last name First name

Middle name

Suffix

Provide your citizenship certificate number.

Provide the date the certificate was issued. *(Month/Day/Year)*

Est.

Provide the place of issuance.

City

State

Country

Provide the name in which the certificate was issued.

Last name First name

Middle name

Suffix

Were you born on a U.S. military installation? Provide the name of the base.

YES NO *(If NO, proceed to Section 10)*

**9.1** Complete the following if you answered that you are a **U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country**.



**Section 9 - Citizenship - *(Continued)***

* 1. Complete the following if you answered that you are a **naturalized U.S. citizen**.

Provide the date of entry into the U.S.

*(Month/Day/Year)*

Provide country(ies) of prior citizenship. #1 Country

Est.

Provide the location of entry into the U.S.

City

#2 Country

State

Do/did you have a U.S. alien registration number?

YES NO

Provide your U.S. alien registration number on Certificate of Naturalization - utilize USCIS, CIS, or INS registration, I-551, I-766.

Provide your Certificate of Naturalization number (N550 or N570).

Provide the date the Certificate of Naturalization was issued. *(Month/Day/Year)*

Est.

Provide the name of the court that issued the Provide the address of the court that issued the Certificate of Naturalization.

Certificate of Naturalization.

Street

City

State

Zip Code

Provide the name in which the Certificate of Naturalization was issued. Last name First name

Middle name

Suffix

Provide the basis of naturalization.

Based on my own individual naturalization application Other (Provide explanation)

* 1. Complete the following if 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)

Provide your Permanent Resident Card number (I-551)

Provide your Certificate of Citizenship number (N560 or N561)

Provide the name in which the document was issued.

Last name First name

Middle name

Suffix

Provide the date document was issued

*(Month/Day/Year)*

Est.

Provide the basis of derived citizenship.

By operation of law through my U.S. citizen parent Other (Provide explanation)

* 1. Complete the following if you answered that you are **not a U.S. citizen**.

Provide your residence status.

Provide your date of entry in the U.S. *(Month/Day/Year)*

Est.

Provide your country(ies) of citizenship.

#1 Country #2 Country

Provide your place of entry in the U.S.

Provide your alien registration

Provide document expiration

City

State

number (I-551, I-766)

date (I-766 ONLY)

*(Month/Day/Year)*

Est.

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)

Provide document number.

Provide the date document was issued

*(Month/Day/Year)*

Est.

Provide document expiration date.

*(Month/Day/Year)*

Est.

Provide the name in which the document was issued.

Last name First name

Middle name

Suffix



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

* 1. Do you now or have you **EVER** held dual/multiple citizenships? YES NO *(If NO, proceed to 10.2)*



**Entry #1**

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.)

How did you acquire this non-U.S. citizenship you now have or previously had? From Date *(Month/Year)* To Date *(Month/Year)*

Est.

Present

Est.

Do you currently hold citizenship with this country?

YES NO

Provide explanation:

**Entry #2**

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.)

How did you acquire this non-U.S. citizenship you now have or previously had? From Date *(Month/Year)* To Date *(Month/Year)*

Est.

Present

Est.

Do you currently hold citizenship with this country?

YES NO

Provide explanation:

Complete the following if you answered '**Yes**' to having EVER held dual/multiple citizenships.

* 1. Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.?

YES

NO *(If NO, proceed to Section 11)*



**Entry #1**

Provide the country in which the passport (or identity card) was issued.

Provide the date the passport (or identity card) was issued. *(Month/Day/Year)*

Est.

Provide the place the passport (or identity card) was issued.

City Country

Provide the name in which passport (or identity card) was issued.

Last name First name Middle name Suffix

Provide the passport (or identity card) number.

Provide the passport (or identity card) expiration date. *(Month/Day/Year)*

Est.

Have you **EVER** used this passport (or identity card) for foreign travel?

YES NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country

#1

#2

#3

#4

#5

#6

Present

Est.

Est.

Present

Est.

Est.

Present

Est.

Est.

Present

Est.

Est.

Present

Est.

Est.

Present

Est.

Est.

To date *(Month/Year)*

From date *(Month/Year)*

Complete the following if you answered '**Yes'** to having been issued a passport (or identity card for travel) by a country other than the U.S.



**Entry #2**

Provide the country in which the passport (or identity card) was issued.

Provide the date the passport (or identity card) was issued. *(Month/Day/Year)*

Est.

Provide the place the passport (or identity card) was issued.

City Country

Provide the name in which passport (or identity card) was issued.

Last name First name Middle name Suffix

Provide the passport (or identity card) number.

Provide the passport (or identity card) expiration date. *(Month/Day/Year)*

Est.

Have you **EVER** used this passport (or identity card) for foreign travel?

YES NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country

#1

#2

#3

#4

#5

#6

Present

Est.

Est.

Present

Est.

Est.

Present

Est.

Est.

Present

Est.

Est.

Present

Est.

Est.

Present

Est.

Est.

To date *(Month/Year)*

From date *(Month/Year)*

Complete the following if you answered '**Yes'** to having been issued a passport (or identity card for travel) by a country other than the U.S.

**Section 10 - Dual/Multiple Citizenship & Foreign Passport Information - *(Continued)***



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 for periods of residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for residence.

##### Enter residence information.



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entry #1** |  | | | |
| Provide dates of residence.  From *(Month/Year)* | To *(Month/Year)* | Present | Is/was this residence:  Owned by you | Rented or leased by you |
| Est. |  | Est. | Military housing | Other (Provide explanation) |

Provide the street address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

* + 1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

* + 1. Did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address. Provide date of last contact.

Last name First name

Provide your relationship to this person (Select all that apply).

Middle name

Suffix

*(Month/Year)*

Est.

Neighbor Friend Landlord Business associate Other (Provide explanation) Provide the following contact information for this person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I don't know |  | I don't know |  | I don't know |
| International or DSN phone number Evening telephone number | Extension | International or DSN phone number Daytime telephone number | Extension | International or DSN phone number Cell/mobile telephone number Extension |
| Provide e-mail address for this person. |  |  |  |  |

I don't know

Provide street address for this person (including apartment number). *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does the person who knew you have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

**Section 11 - Where You Have Lived**

### 



**Section 11 - Where You Have Lived - *(Continued)***

##### Enter residence information. Entry #2



Provide dates of residence. From *(Month/Year)*

Est.

To *(Month/Year)*

Present Est.

Is/was this residence: Owned by you Military housing

Rented or leased by you Other (Provide explanation)

Provide the street address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address. Provide date of last contact.

Last name First name

Provide your relationship to this person (Select all that apply).

Middle name

Suffix

*(Month/Year)*

Est.

Neighbor Friend Landlord Business associate Other (Provide explanation) Provide the following contact information for this person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I don't know |  | I don't know |  | I don't know |
| International or DSN phone number Evening telephone number | Extension | International or DSN phone number Daytime telephone number | Extension | International or DSN phone number Cell/mobile telephone number Extension |
| Provide e-mail address for this person. |  |  |  |  |

I don't know

Provide street address for this person (including apartment number). *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does the person who knew you have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



##### Enter residence information.



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entry #3** |  | | | |
| Provide dates of residence.  From *(Month/Year)* | To *(Month/Year)* | Present | Is/was this residence:  Owned by you | Rented or leased by you |
| Est. |  | Est. | Military housing | Other (Provide explanation) |

Provide the street address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address. Provide date of last contact.

Last name First name

Provide your relationship to this person (Select all that apply).

Middle name

Suffix

*(Month/Year)*

Est.

Neighbor Friend Landlord Business associate Other (Provide explanation) Provide the following contact information for this person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I don't know |  | I don't know |  | I don't know |
| International or DSN phone number Evening telephone number | Extension | International or DSN phone number Daytime telephone number | Extension | International or DSN phone number Cell/mobile telephone number Extension |
| Provide e-mail address for this person. |  |  |  |  |

I don't know

Provide street address for this person (including apartment number). *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does the person who knew you have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



##### Enter residence information.



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entry #4** |  | | | |
| Provide dates of residence.  From *(Month/Year)* | To *(Month/Year)* | Present | Is/was this residence:  Owned by you | Rented or leased by you |
| Est. |  | Est. | Military housing | Other (Provide explanation) |

Provide the street address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address. Provide date of last contact.

Last name First name

Provide your relationship to this person (Select all that apply).

Middle name

Suffix

*(Month/Year)*

Est.

Neighbor Friend Landlord Business associate Other (Provide explanation) Provide the following contact information for this person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I don't know |  | I don't know |  | I don't know |
| International or DSN phone number Evening telephone number | Extension | International or DSN phone number Daytime telephone number | Extension | International or DSN phone number Cell/mobile telephone number Extension |
| Provide e-mail address for this person. |  |  |  |  |

I don't know

Provide street address for this person (including apartment number). *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does the person who knew you have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



##### Section 12 - Where You Went to School



Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

1. Have you attended any schools in the **last 7 years**? YES NO

##### Entry #1

Provide the dates of attendance.

1. Have you received a degree or diploma more than **7 years ago**? YES NO *(If NO to 12(a) and 12(b), proceed to Section 13A)*

Select the most appropriate below to describe your school.

From Date *(Month/Year)*

Est.

To Date *(Month/Year)*

Present Est.

High School Vocational/Technical/Trade School College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

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 <http://ope.ed.gov/accreditation/search.aspx>*(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

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 the person who knows/knew you at school:

Last name First name

I don't know

Provide current address for this person (including apartment number). *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number for this person. I don't know Telephone number Extension International or DSN phone number

Day Night

Provide email address for this person.

I don't know

Did you receive a degree/diploma?

YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (• High School Diploma, • Associate's, • Bachelor's, • Master's,

* Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Other)

Other degree/diploma Date awarded

*(Month/Year)*

Est.



**Entry #2**

Provide the dates of attendance.

Select the most appropriate below to describe your school.

From Date *(Month/Year)* To Date *(Month/Year)*

Est.

Present

Est.

High School Vocational/Technical/Trade School

College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

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 <http://ope.ed.gov/accreditation/search.aspx>*(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code 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 the person who knows/knew you at school:

Last name First name

I don't know



**Entry #2 *(Continued)***

Provide current address for this person (including apartment number). *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code Country

Provide telephone number for this person.

Telephone number Extension

I don't know

International or DSN phone number Day Night

Did you receive a degree/diploma?

YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Est.

Date awarded

*(Month/Year)*

Other degree/diploma

Degree/diploma (• High School Diploma, • Associate's, • Bachelor's, • Master's,

* Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Other)

I don't know

Provide email address for this person.

##### Entry #3



Provide the dates of attendance. Select the most appropriate below to describe your school.

From Date *(Month/Year)*

Est.

To Date *(Month/Year)*

Present Est.

High School Vocational/Technical/Trade School College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

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 <http://ope.ed.gov/accreditation/search.aspx>*(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

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 the person who knows/knew you at school:

Last name First name

I don't know

Provide current address for this person (including apartment number). *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number for this person. I don't know Telephone number Extension International or DSN phone number

Day Night

Provide email address for this person.

I don't know

Did you receive a degree/diploma?

YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (• High School Diploma, • Associate's, • Bachelor's, • Master's,

* Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Other)

Other degree/diploma Date awarded

*(Month/Year)*

Est.

### 



##### Entry #4



Provide the dates of attendance. Select the most appropriate below to describe your school.

From Date *(Month/Year)*

Est.

To Date *(Month/Year)*

Present Est.

High School Vocational/Technical/Trade School College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

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 <http://ope.ed.gov/accreditation/search.aspx>*(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

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 the person who knows/knew you at school:

Last name First name

I don't know

Provide current address for this person (including apartment number). *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number for this person. I don't know Telephone number Extension International or DSN phone number

Day Night

Provide email address for this person.

I don't know

Did you receive a degree/diploma?

YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (• High School Diploma, • Associate's, • Bachelor's, • Master's,

* Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Other)

Other degree/diploma Date awarded

*(Month/Year)*

Est.

**Enter your Social Security Number before going to the next page**



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 addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

##### Entry #1

**Section 13A - Employment Activities**

Select your employment activity:

Active military duty station *(Complete 13A.1, 13A.5 and 13A.6)*

National Guard/Reserve *(Complete 13A.1, 13A.5 and 13A.6)*

USPHS Commissioned Corps *(Complete 13A.1, 13A.5 and 13A.6)*

Other Federal employment *(Complete 13A.2, 13A.5 and 13A.6)*

State Government (Non-Federal employment)

*(Complete 13A.2, 13A.5 and 13A.6)*

Self-employment *(Complete 13A.3, 13A.5 and 13A.6)*

 Unemployment *(Complete 13A.4)*

Federal Contractor *(Complete 13A.2, 13A.5 and 13A.6)*

Non-government employment (excluding self- employment) *(Complete 13A.2, 13A.5 and 13A.6)*

Other *(Provide explanation and complete 13A.2, 13A.5 and 13A.6)*

**13A.1** Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.



Provide dates of employment. Select the employment status for Provide your assigned duty station during this period.

**Entry #1**

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Part-time

Provide your most recent rank/position title.

Provide address of duty station. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Telephone number Extension International or DSN phone number Day Night Both

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Do you or did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of your supervisor. Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. I don't know

Provide supervisor's telephone number. Extension

International or DSN phone number

Day

Night

Both

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address for your supervisor, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Do/did your supervisor have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment. Select the employment status for Provide most recent position title.

**Entry #1**

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Provide the name of your employer. Part-time

Provide the address of employer. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number Extension International or DSN phone number

Day Night

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

From date *(Month/Year*) To date *(Month/Year*) Position Title Supervisor Est. Est.

Est. Est.

Est. Est.

Est. Est.

1. Is/was your physical work address different than your employer's address? YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number Extension International or DSN phone number Day Night

1. If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES

NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know

Provide supervisor's telephone number. Extension

International or DSN phone number

Day Night

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Did/does your supervisor have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code



**13A.3** Complete the following if employment type is self-employment



Provide dates of employment. Select the employment status for

**Entry #1**

Provide most recent position title.

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Provide the name of your employment. Part-time

Provide address of this employment. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number. Extension International or DSN phone number

Day Night

1. Is your physical work address different than your employment address? YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this address.

Telephone number Extension International or DSN phone number

Day Night

1. If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of someone that can verify your self-employment. Last name First name

Provide the address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this person.

Telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address for your self employment verifier, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does your self-employment verifier have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



**13A.4** Complete the following if employment type is unemployment. Provide dates of unemployment.

**Entry #1**

Provide the name of someone that can verify your unemployment activities and means of support.

From Date *(Month/Year)*

Est.

To Date*(Month/Year)*

Present Est.

Last name First name

Provide address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this person.

Verifier telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address for your unemployment verifier, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country*

*if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does your unemployment verifier have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

**13A.5** Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Provide the reason for leaving the employment activity.

**Entry #1**

For this employment have any of the following happened to you **in the last seven (7) years**?

* 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 *(If NO, proceed to 13A.6)*

Select your type of incident:

Fired

Reason:

Provide the reason for being fired.

Employment departure date

Provide the date you were fired. *(Month/Year)*

Est.

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

Provide the reason for quitting.

Provide the charges or allegations of misconduct.

Provide the reason(s) for unsatisfactory performance.

Provide the date you quit after being told you would be fired. *(Month/Year)*

Est.

Provide the date you left following charges or allegations of misconduct. *(Month/Year)*

Est.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. *(Month/Year)*

Est.

**13A.6** Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

**Entry #1**

YES NO

**#1** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

**#2** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: *(Month/Year)*

Date: *(Month/Year)*

Est.

Est.

**#3** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

**#4** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: *(Month/Year)*

Date: *(Month/Year)*

Est.

Est.



### 



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 addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

##### Entry #2

**Section 13A - Employment Activities**

Select your employment activity:

Active military duty station *(Complete 13A.1, 13A.5 and 13A.6)*

National Guard/Reserve *(Complete 13A.1, 13A.5 and 13A.6)*

USPHS Commissioned Corps *(Complete 13A.1, 13A.5 and 13A.6)*

Other Federal employment *(Complete 13A.2, 13A.5 and 13A.6)*

State Government (Non-Federal employment)

*(Complete 13A.2, 13A.5 and 13A.6)*

Self-employment *(Complete 13A.3, 13A.5 and 13A.6)*

 Unemployment *(Complete 13A.4)*

Federal Contractor *(Complete 13A.2, 13A.5 and 13A.6)*

Non-government employment (excluding self- employment) *(Complete 13A.2, 13A.5 and 13A.6)*

Other *(Provide explanation and complete 13A.2, 13A.5 and 13A.6)*

**13A.1** Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.



Provide dates of employment. Select the employment status for Provide your assigned duty station during this period.

**Entry #2**

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Part-time

Provide your most recent rank/position title.

Provide address of duty station. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Telephone number Extension International or DSN phone number Day Night Both

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Do you or did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of your supervisor. Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. I don't know

Provide supervisor's telephone number. Extension

International or DSN phone number

Day

Night

Both

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address for your supervisor, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Do/did your supervisor have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment. Select the employment status for Provide most recent position title.

**Entry #2**

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Provide the name of your employer. Part-time

Provide the address of employer. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number Extension International or DSN phone number

Day Night

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

From date *(Month/Year*) To date *(Month/Year*) Position Title Supervisor Est. Est.

Est. Est.

Est. Est.

Est. Est.

1. Is/was your physical work address different than your employer's address? YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number Extension International or DSN phone number Day Night

1. If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES

NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know

Provide supervisor's telephone number. Extension

International or DSN phone number

Day Night

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Did/does your supervisor have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code



**13A.3** Complete the following if employment type is self-employment



Provide dates of employment. Select the employment status for

**Entry #2**

Provide most recent position title.

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Provide the name of your employment. Part-time

Provide address of this employment. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number. Extension International or DSN phone number

Day Night

1. Is your physical work address different than your employment address? YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this address.

Telephone number Extension International or DSN phone number

Day Night

1. If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of someone that can verify your self-employment. Last name First name

Provide the address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this person.

Telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address for your self employment verifier, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does your self-employment verifier have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



**13A.4** Complete the following if employment type is unemployment. Provide dates of unemployment.

**Entry #2**

Provide the name of someone that can verify your unemployment activities and means of support.

From Date *(Month/Year)*

Est.

To Date*(Month/Year)*

Present Est.

Last name First name

Provide address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this person.

Verifier telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address for your unemployment verifier, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country*

*if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does your unemployment verifier have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

**13A.5** Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Provide the reason for leaving the employment activity.

**Entry #2**

For this employment have any of the following happened to you **in the last seven (7) years**?

* 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 *(If NO, proceed to 13A.6)*

Select your type of incident:

Fired

Reason:

Provide the reason for being fired.

Employment departure date

Provide the date you were fired. *(Month/Year)*

Est.

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

Provide the reason for quitting.

Provide the charges or allegations of misconduct.

Provide the reason(s) for unsatisfactory performance.

Provide the date you quit after being told you would be fired. *(Month/Year)*

Est.

Provide the date you left following charges or allegations of misconduct. *(Month/Year)*

Est.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. *(Month/Year)*

Est.

**13A.6** Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

**Entry #2**

YES NO

**#1** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

**#2** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: *(Month/Year)*

Date: *(Month/Year)*

Est.

Est.

**#3** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

**#4** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: *(Month/Year)*

Date: *(Month/Year)*

Est.

Est.



### 



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 addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

##### Entry #3

**Section 13A - Employment Activities**

Select your employment activity:

Active military duty station *(Complete 13A.1, 13A.5 and 13A.6)*

National Guard/Reserve *(Complete 13A.1, 13A.5 and 13A.6)*

USPHS Commissioned Corps *(Complete 13A.1, 13A.5 and 13A.6)*

Other Federal employment *(Complete 13A.2, 13A.5 and 13A.6)*

State Government (Non-Federal employment)

*(Complete 13A.2, 13A.5 and 13A.6)*

Self-employment *(Complete 13A.3, 13A.5 and 13A.6)*

 Unemployment *(Complete 13A.4)*

Federal Contractor *(Complete 13A.2, 13A.5 and 13A.6)*

Non-government employment (excluding self- employment) *(Complete 13A.2, 13A.5 and 13A.6)*

Other *(Provide explanation and complete 13A.2, 13A.5 and 13A.6)*

**13A.1** Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.



Provide dates of employment. Select the employment status for Provide your assigned duty station during this period.

**Entry #3**

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Part-time

Provide your most recent rank/position title.

Provide address of duty station. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Telephone number Extension International or DSN phone number Day Night Both

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Do you or did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of your supervisor. Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. I don't know

Provide supervisor's telephone number. Extension

International or DSN phone number

Day

Night

Both

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address for your supervisor, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Do/did your supervisor have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment. Select the employment status for Provide most recent position title.

**Entry #3**

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Provide the name of your employer. Part-time

Provide the address of employer. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number Extension International or DSN phone number

Day Night

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

From date *(Month/Year*) To date *(Month/Year*) Position Title Supervisor Est. Est.

Est. Est.

Est. Est.

Est. Est.

1. Is/was your physical work address different than your employer's address? YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number Extension International or DSN phone number Day Night

1. If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES

NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know

Provide supervisor's telephone number. Extension

International or DSN phone number

Day Night

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Did/does your supervisor have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code



**13A.3** Complete the following if employment type is self-employment



Provide dates of employment. Select the employment status for

**Entry #3**

Provide most recent position title.

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Provide the name of your employment. Part-time

Provide address of this employment. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number. Extension International or DSN phone number

Day Night

1. Is your physical work address different than your employment address? YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this address.

Telephone number Extension International or DSN phone number

Day Night

1. If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of someone that can verify your self-employment. Last name First name

Provide the address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this person.

Telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address for your self employment verifier, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does your self-employment verifier have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



**13A.4** Complete the following if employment type is unemployment. Provide dates of unemployment.

**Entry #3**

Provide the name of someone that can verify your unemployment activities and means of support.

From Date *(Month/Year)*

Est.

To Date*(Month/Year)*

Present Est.

Last name First name

Provide address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this person.

Verifier telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address for your unemployment verifier, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country*

*if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does your unemployment verifier have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

**13A.5** Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Provide the reason for leaving the employment activity.

**Entry #3**

For this employment have any of the following happened to you **in the last seven (7) years**?

* 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 *(If NO, proceed to 13A.6)*

Select your type of incident:

Fired

Reason:

Provide the reason for being fired.

Employment departure date

Provide the date you were fired. *(Month/Year)*

Est.

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

Provide the reason for quitting.

Provide the charges or allegations of misconduct.

Provide the reason(s) for unsatisfactory performance.

Provide the date you quit after being told you would be fired. *(Month/Year)*

Est.

Provide the date you left following charges or allegations of misconduct. *(Month/Year)*

Est.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. *(Month/Year)*

Est.

**13A.6** Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

**Entry #3**

YES NO

**#1** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

**#2** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: *(Month/Year)*

Date: *(Month/Year)*

Est.

Est.

**#3** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

**#4** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: *(Month/Year)*

Date: *(Month/Year)*

Est.

Est.



### 



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 addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

##### Entry #4

**Section 13A - Employment Activities**

Select your employment activity:

Active military duty station *(Complete 13A.1, 13A.5 and 13A.6)*

National Guard/Reserve *(Complete 13A.1, 13A.5 and 13A.6)*

USPHS Commissioned Corps *(Complete 13A.1, 13A.5 and 13A.6)*

Other Federal employment *(Complete 13A.2, 13A.5 and 13A.6)*

State Government (Non-Federal employment)

*(Complete 13A.2, 13A.5 and 13A.6)*

Self-employment *(Complete 13A.3, 13A.5 and 13A.6)*

 Unemployment *(Complete 13A.4)*

Federal Contractor *(Complete 13A.2, 13A.5 and 13A.6)*

Non-government employment (excluding self- employment) *(Complete 13A.2, 13A.5 and 13A.6)*

Other *(Provide explanation and complete 13A.2, 13A.5 and 13A.6)*

**13A.1** Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.



Provide dates of employment. Select the employment status for Provide your assigned duty station during this period.

**Entry #4**

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Part-time

Provide your most recent rank/position title.

Provide address of duty station. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Telephone number Extension International or DSN phone number Day Night Both

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Do you or did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of your supervisor. Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. I don't know

Provide supervisor's telephone number. Extension

International or DSN phone number

Day

Night

Both

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address for your supervisor, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Do/did your supervisor have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment. Select the employment status for Provide most recent position title.

**Entry #4**

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Provide the name of your employer. Part-time

Provide the address of employer. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number Extension International or DSN phone number

Day Night

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

From date *(Month/Year*) To date *(Month/Year*) Position Title Supervisor Est. Est.

Est. Est.

Est. Est.

Est. Est.

1. Is/was your physical work address different than your employer's address? YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number Extension International or DSN phone number Day Night

1. If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES

NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know

Provide supervisor's telephone number. Extension

International or DSN phone number

Day Night

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Did/does your supervisor have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code



**13A.3** Complete the following if employment type is self-employment



Provide dates of employment. Select the employment status for

**Entry #4**

Provide most recent position title.

From Date

*(Month/Year)*

Est.

To Date

*(Month/Year)*

Present Est.

this position:

Full-time Provide the name of your employment. Part-time

Provide address of this employment. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide telephone number. Extension International or DSN phone number

Day Night

1. Is your physical work address different than your employment address? YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this address.

Telephone number Extension International or DSN phone number

Day Night

1. If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

Provide the name of someone that can verify your self-employment. Last name First name

Provide the address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this person.

Telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address for your self employment verifier, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does your self-employment verifier have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

### 



**13A.4** Complete the following if employment type is unemployment. Provide dates of unemployment.

**Entry #4**

Provide the name of someone that can verify your unemployment activities and means of support.

From Date *(Month/Year)*

Est.

To Date*(Month/Year)*

Present Est.

Last name First name

Provide address of this verifier. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State

Zip Code

Country

Provide the telephone number for this person.

Verifier telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address for your unemployment verifier, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

1. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country*

*if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

1. Does your unemployment verifier have an APO/FPO address?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

**13A.5** Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Provide the reason for leaving the employment activity.

**Entry #4**

For this employment have any of the following happened to you **in the last seven (7) years**?

* 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 *(If NO, proceed to 13A.6)*

Select your type of incident:

Fired

Reason:

Provide the reason for being fired.

Employment departure date

Provide the date you were fired. *(Month/Year)*

Est.

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

Provide the reason for quitting.

Provide the charges or allegations of misconduct.

Provide the reason(s) for unsatisfactory performance.

Provide the date you quit after being told you would be fired. *(Month/Year)*

Est.

Provide the date you left following charges or allegations of misconduct. *(Month/Year)*

Est.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. *(Month/Year)*

Est.

**13A.6** Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

**Entry #4**

YES NO

**#1** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

**#2** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: *(Month/Year)*

Date: *(Month/Year)*

Est.

Est.

**#3** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.



**#4** Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: *(Month/Year)*

Date: *(Month/Year)*

Est.

Est.

**Section 13B - Employment Activities - Former Federal Service**

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?  YES  NO *(If NO, proceed to Section 13C)*

##### Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously. Entry #1

Provide dates of federal civilian employment. Provide the name of the federal agency for

From Date *(Month/Year)*

Est.

To Date *(Month/Year)* Present

Est.

which you are/were employed. Provide your position title.

Provide the location of the agency. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code Country

##### Entry #2

Provide dates of federal civilian employment.

Provide the name of the federal agency for

From Date *(Month/Year)*

Est.

To Date *(Month/Year)*

Present Est.

which you are/were employed.

Provide your position title.

Provide the location of the agency. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code Country

##### Entry #3

Provide dates of federal civilian employment.

Provide the name of the federal agency for

From Date *(Month/Year)*

Est.

To Date *(Month/Year)* Present

Est.

which you are/were employed. Provide your position title.

Provide the location of the agency. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code Country

##### Entry #4

Provide dates of federal civilian employment.

Provide the name of the federal agency for

From Date *(Month/Year)*

Est.

To Date *(Month/Year)* Present

Est.

which you are/were employed. Provide your position title.

Provide the location of the agency. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street City State Zip Code Country

##### Section 13C - Employment Record

Have any of the following happened to you **in the last seven (7) years** at employment activities that you have not previously listed?

* 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 *(If YES, you will be required to add an additional employment in Section 13A)*

NO *(If NO, proceed to Section 14)*

##### Section 14 - Selective Service Record

Were you born a male after December 31, 1959?

YES NO *(If NO, proceed to Section 15)*

Have you registered with the Selective Service System (SSS)? The Selective Service website, [www.sss.gov](http://www.sss.gov/), can help provide the

 Yes  No



I don't know



Provide registration number: Provide explanation: Provide explanation:

registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number.

### 





**Section 15 - Military History**

Have you **EVER** served in the U.S. Military?

YES NO *(If NO, proceed to 15.2)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **15.1(a)** Complete the following if you responded **'Yes'** to having served in the U.S. Military. | | | | | | | |
|  | **Entry #1** | | | | | | |
| Provide the branch of service you served in.  Army  Air National  Guard  Army National Marine Corps Guard  Navy  Coast Guard  Air Force | State of service, if National Guard | Officer or enlisted  Not Applicable  Officer  Enlisted | Provide your service number. | | | |
| Provide your status  Active Duty  Active Reserve  Inactive Reserve |
| Provide your dates of service.  From Date To Date  *(Month/Year) (Month/Year)* | | | Present |
| Est. | | Est. | |
| Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?  YES  NO | | | | | | |
| Provide the type of discharge you received:  Honorable  Under Other than  Bad Conduct Honorable Conditions  Dishonorable  General  Other (provide type) | | | | Provide the date of discharge listed *(Month/Year)* | | Est. |
| Provide the reason(s) for the discharge, if discharge is other than Honorable | | | | | | |
|  | **Entry #2** | | | | | | |
| Provide the branch of service you served in.  Army  Air National  Guard  Army National Marine Corps Guard  Navy  Coast Guard  Air Force | State of service, if National Guard | Officer or enlisted  Not Applicable  Officer  Enlisted | Provide your service number. | | | |
| Provide your status  Active Duty  Active Reserve  Inactive Reserve |
| Provide your dates of service.  From Date To Date  *(Month/Year) (Month/Year)* | | | Present |
| Est. | | Est. | |
| Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?  YES  NO | | | | | | |
| Provide the type of discharge you received:  Honorable  Under Other than  Bad Conduct Honorable Conditions  Dishonorable  General  Other (provide type) | | | | Provide the date of discharge listed *(Month/Year)* | | Est. |
| Provide the reason(s) for the discharge, if discharge is other than Honorable | | | | | | |



##### 15.1(b)

**In the last seven (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 *(If NO proceed to 15.2)*



|  |  |  |
| --- | --- | --- |
| Complete the following if you responded 'Yes' to In the last seven (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. | | |
|  | **Entry #1** | |
| Provide the date of the court martial or other disciplinary procedure. *(Month/Year)*  Est. | |
| Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged. | Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc. |
| 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). | Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc. |
| **Entry #2** | |
| Provide the date of the court martial or other disciplinary procedure. *(Month/Year)*  Est. | |
| Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged. | Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc. |
| 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). | Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc. |

**Enter your Social Security Number before going to the next page**



##### 15.2

Have you **EVER** served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?

YES NO *(If NO, proceed to Section 16)*

Complete the following if you responded '**Yes**' to having **EVER** served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

##### Entry #1

During your foreign service, which organization were you serving under?

Military (Army, Navy, Air Force, Marines, etc.), Specify



 Intelligence Service  Diplomatic Service

 Other Government Agency, Specify Other Defense Forces, Specify

Security Forces Militia

### 

Provide the name of the country. Provide your highest position/rank held. Provide division/department/office in which you served.

|  |  |  |
| --- | --- | --- |
| Provide the name of the foreign organization. | Provide your period of service.  From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| Est. | Est. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | |  |
| Provide a description of the circumstances of your association with this organization. | | | Provide a description of the reason for leaving this service. | |

##### Entry #2

During your foreign service, which organization were you serving under?

Military (Army, Navy, Air Force, Marines, etc.), Specify



 Intelligence Service  Diplomatic Service

 Other Government Agency, Specify Other Defense Forces, Specify

Security Forces Militia

### 

Provide the name of the country.

|  |  |  |
| --- | --- | --- |
| Provide the name of the foreign organization. | Provide your period of service.  From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| Est. | Est. |

Provide your highest position/rank held.

Provide division/department/office in which you served.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | |  |
| Provide a description of the circumstances of your association with this organization. | | | Provide a description of the reason for leaving this service. | |

#### Enter your Social Security Number before going to the next page



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**.

##### Entry #1

|  |  |  |
| --- | --- | --- |
| Provide dates known.  From Date *(Month/Year)* To Date *(Month/Year)* Present | | Provide relationship to you. (Select all that apply)  Neighbor Work associate Other (Provide explanation)  Friend Schoolmate |
| Est. | Est. |

Provide full name. Last name

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Provide e-mail address for this person.

First name

I don't know

Provide rank/title

Middle name

Suffix

Not applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
| Provide telephone number for this person. | I don't know Extension | International or DSN phone number | Provide mobile/cell telephone number for this person. | I don't know Extension | International or DSN phone number |
|  | Day Night | |  | Day Night | |

Provide home or work address for this person. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street

City

State

Zip Code

Country

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

##### Entry #2

|  |  |  |
| --- | --- | --- |
| Provide dates known.  From Date *(Month/Year)* To Date *(Month/Year)* Present | | Provide relationship to you. (Select all that apply)  Neighbor Work associate Other (Provide explanation)  Friend Schoolmate |
| Est. | Est. |

Provide full name. Last name

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Provide e-mail address for this person.

First name

I don't know

Provide rank/title

Middle name

Suffix

Not applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
| Provide telephone number for this person. | I don't know Extension | International or DSN phone number | Provide mobile/cell telephone number for this person. | I don't know Extension | International or DSN phone number |
|  | Day Night | |  | Day Night | |

Provide home or work address for this person. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street

City

State

Zip Code

Country

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

##### Entry #3

|  |  |  |
| --- | --- | --- |
| Provide dates known.  From Date *(Month/Year)* To Date *(Month/Year)* Present | | Provide relationship to you. (Select all that apply)  Neighbor Work associate Other (Provide explanation)  Friend Schoolmate |
| Est. | Est. |

Provide full name. Last name

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Provide e-mail address for this person.

First name

I don't know

Provide rank/title

Middle name

Suffix

Not applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
| Provide telephone number for this person. | I don't know Extension | International or DSN phone number | Provide mobile/cell telephone number for this person. | I don't know Extension | International or DSN phone number |
|  | Day Night | |  | Day Night | |

Provide home or work address for this person. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street

City

State

Zip Code

Country

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |



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

**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 in a civil marriage, legally recognized civil union, or legally recognized domestic partnership *(Complete 17.3)*

Currently in a civil marriage, legally recognized civil union, or legally recognized domestic partnership *(Complete 17.1 and 17.3)*

Separated *(Complete 17.1 and 17.3)*

Annulled *(Complete 17.2 and 17.3)*

Divorced/Dissolved *(Complete 17.2 and 17.3)*

Widowed *(Complete 17.2 and 17.3)*

**17.1** Complete the following if you selected currently in a civil marriage, 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 name First name

Provide place of birth.

Middle name Suffix

Provide the date of birth.

*(Month/Day/Year)*

Est.

City County State Country *(required)*

If the person is foreign born, provide one type of documentation that he or she possesses and the document number.

FS 240 or 545

U.S. Passport (current or most recent)

None (Provide explanation)

DS 1350

Alien Registration

Other (Provide explanation)

U.S. Certificate of Citizenship

U.S. Certificate of Naturalization

Provide document number.

Provide U.S. Social Security Number.

Not applicable

Provide other names used (such as maiden name, names by other marriages, civil marriages, legally recognized civil unions, or legally recognized domestic partnerships, nicknames, etc., and provide dates used for each name).

Not applicable

#1 Last name

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)*

To *(Month/Year)*

Present

#2 Last name

Est. Est.

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)* To *(Month/Year)*

Present

#3 Last name

Est. Est.

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)* To *(Month/Year)*

Present

#4 Last name

Est. Est.

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)* To *(Month/Year)*

Present

Provide country(ies) of citizenship. Country #1

Est. Est.

Country #2

Provide date when you entered into your civil

marriage, civil union, or domestic partnership. *(Month/Day/Year)*

Est.

### 



**17.1** Complete the following if you selected currently in a civil marriage, 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. *(Continued)*



Provide location. *(Provide City and Country if outside the United States; otherwise, provide City or County and State.)*

City County State Country

Provide current address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)* Use my current address

Street City State

Zip Code

Country

Provide telephone number. Extension

Day Night

Use my current telephone number International or DSN phone number

Provide email address.

Does the person have an APO/FPO address within the United States?

YES NO

Address APO or FPO APO/FPO State Code Zip Code

If 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 City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location City or Post Name State

Zip Code

Country

Are you separated?

Provide date of separation.

If legally separated, provide the location of the record.

(*Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Not Applicable

YES NO

*(Month/Day/Year)*

Est.

City State

Zip Code

Country

### 



Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report? YES NO



**Entry #1**

Provide the full name. Last name

First name

Middle name

Suffix

Provide the place of birth.

City

State

Zip Code

Country *(Required)*

Provide the country(ies) of citizenship.

Country #1

Country #2

Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. *(Month/Day/Year)*

Est.

Provide the location. *(Provide City and Country if outside the United States; otherwise, provide City, State and Country.)*

City State Country

Provide the status.

Divorced/Dissolved

Widowed

Annulled

Provide where the record of divorce/dissolution or annulment is located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

City State Zip Code Country

Is this person deceased?

YES NO *(If NO, complete* ***(a)****)* I don't know

**(a)** Provide last known address of the person from whom you are divorced/dissolved or annulled. (*Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

I don't know

Street City State Zip Code Country

Est.

Provide the date divorced/dissolved, annulled or widowed. *(Month/Day/Year)*

Est.

Provide the date of birth.

*(Month/Day/Year)*

**17.2** Complete the following if you selected divorced/dissolved, annulled, or widowed. Provide information about any person from whom you are divorced/ dissolved, annulled, or widowed.



Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report? YES NO



**Entry #2**

Provide the full name. Last name

First name

Middle name

Suffix

Provide the place of birth.

City

State

Zip Code

Country *(Required)*

Provide the country(ies) of citizenship.

Country #1

Country #2

Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. *(Month/Day/Year)*

Est.

Provide the location. *(Provide City and Country if outside the United States; otherwise, provide City, State and Country.)*

City State Country

Provide the status.

Divorced/Dissolved

Widowed

Annulled

Provide where the record of divorce/dissolution or annulment is located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

City State Zip Code Country

Is this person deceased?

YES NO *(If NO, complete* ***(a)****)* I don't know

**(a)** Provide last known address of the person from whom you are divorced/dissolved or annulled. (*Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

I don't know

Street City State Zip Code Country

Est.

Provide the date divorced/dissolved, annulled or widowed. *(Month/Day/Year)*

Est.

Provide the date of birth.

*(Month/Day/Year)*

**17.2** Complete the following if you selected **"divorced/dissolved"**, **"annulled"**, or **"widowed"**. Provide information about any person from whom you are divorced/dissolved, annulled, or widowed.



##### 17.3

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 *(If NO, proceed to Section 18)*

Complete the following if you presently reside with a cohabitant.

##### Entry #1

Provide the cohabitant full name.

Last name First name

Middle name

Suffix

Provide the cohabitant date of birth. Date *(Month/Day/Year)*

Provide the cohabitant place of birth.

City State Country *(Required)*

Est.

For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.

FS 240 or 545

U.S. Passport (current or most recent)

None (Provide explanation)

DS 1350

Alien Registration

Other (Provide explanation)

U.S. Certificate of Citizenship

U.S. Certificate of Naturalization

Provide document number.

Provide your cohabitant's U.S. Social Security Number.

Not applicable

Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used).

Not applicable

#1 Last name

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)*

To *(Month/Year)*

Present

#2 Last name

Est. Est.

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)* To *(Month/Year)*

Present

#3 Last name

Est. Est.

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)* To *(Month/Year)*

Present

#4 Last name

Est. Est.

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)* To *(Month/Year)*

Present

Est. Est.

Provide your cohabitant's country(ies) of citizenship.

Country #1 Country #2

Provide date cohabitation began.

*(Month/Day/Year)*

Est.

### 



##### 17.3

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 *(If NO, proceed to Section 18)*

Complete the following if you presently reside with a cohabitant.

##### Entry #2

Provide the cohabitant full name.

Last name First name

Middle name

Suffix

Provide the cohabitant date of birth. Date *(Month/Day/Year)*

Provide the cohabitant place of birth.

City State Country *(Required)*

Est.

For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.

FS 240 or 545

U.S. Passport (current or most recent)

None (Provide explanation)

DS 1350

Alien Registration

Other (Provide explanation)

U.S. Certificate of Citizenship

U.S. Certificate of Naturalization

Provide document number.

Provide your cohabitant's U.S. Social Security Number.

Not applicable

Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used).

Not applicable

#1 Last name

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)*

To *(Month/Year)*

Present

#2 Last name

Est. Est.

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)* To *(Month/Year)*

Present

#3 Last name

Est. Est.

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)* To *(Month/Year)*

Present

#4 Last name

Est. Est.

First name

Middle name

Suffix

Maiden name?

From *(Month/Year)* To *(Month/Year)*

Present

Est. Est.

Provide your cohabitant's country(ies) of citizenship.

Country #1 Country #2

Provide date cohabitation began.

*(Month/Day/Year)*

Est.

### 



##### Section 18 - Relativ*es*

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.) Select all that apply.

Mother

Foster parent

Sister

Half-sister

Father Child (including adopted/foster)

Stepbrother

Father-in-law

Stepmother

Stepchild

Stepsister

Mother-in-law

Stepfather Brother

##### Entry #1

Provide relative type.

Half-brother

Guardian

Provide your relative's full name. Last name

First name

Middle name

Suffix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | |  |  |
| Provide your relative's date of birth. Date *(Month/Year)*  Est. | Provide your relative's place of birth.  City State Country *(Required)* | | | | |
|  | |  |  | |

Provide your relative's country(ies) of citizenship.

Country #1 Country #2



**18.1** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

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).

Not applicable

#1 Last name First name Middle name Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES

#2 Last name

NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES

#3 Last name

NO

Est.

Present

Est.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES

#4 Last name

NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES NO

Est.

Present

Est.

**Entry #1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If **mother**, provide your mother's maiden name. Last name | Same as listed First name | I don't know | Middle name | Suffix |
| Has this relative used any other names?  YES NO |  |  |  |  |



**Section 18 - Relatives - *(Continued)***

Is your relative deceased? YES NO *(If NO, proceed to 18.2)*



Provide your relative's current address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Does this relative have an APO/FPO address?

YES NO

I don't know

Provide your relative's APO/FPO address.

Address

APO or FPO

APO/FPO State Code

Zip Code

**18.2** Complete the following if the relative listed is your **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** and is not deceased.

**Entry #1**



**Section 18 - Relativ*es - (Continued)***

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.) Select all that apply.

Mother

Foster parent

Sister

Half-sister

Father Child (including adopted/foster)

Stepbrother

Father-in-law

Stepmother

Stepchild

Stepsister

Mother-in-law

Stepfather Brother

##### Entry #2

Provide relative type.

Half-brother

Guardian

Provide your relative's full name. Last name

First name

Middle name

Suffix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | |  |  |
| Provide your relative's date of birth. Date *(Month/Year)*  Est. | Provide your relative's place of birth.  City State Country *(Required)* | | | | |
|  | |  |  | |

Provide your relative's country(ies) of citizenship.

Country #1 Country #2



If **mother**, provide your mother's maiden name.

Last name

Same as listed

First name

I don't know

Middle name

Suffix

Has this relative used any other names?

YES NO

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).

Not applicable

#1 Last name First name Middle name Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES

#2 Last name

NO

Est.

Present

Est.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES

#3 Last name

NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES

#4 Last name

NO

Est.

Present

Est.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

**18.1** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

**Entry #2**



Is your relative deceased? YES NO *(If NO, proceed to 18.2)*



Provide your relative's current address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Does this relative have an APO/FPO address?

YES NO

I don't know

Provide your relative's APO/FPO address.

Address

APO or FPO

APO/FPO State Code

Zip Code

**18.2** Complete the following if the relative listed is your **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** and is not deceased.

**Entry #2**



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.) Select all that apply.

Mother

Foster parent

Sister

Half-sister

Father Child (including adopted/foster)

Stepbrother

Father-in-law

Stepmother

Stepchild

Stepsister

Mother-in-law

Stepfather Brother

##### Entry #3

Provide relative type.

Half-brother

Guardian

Provide your relative's full name. Last name

First name

Middle name

Suffix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | |  |  |
| Provide your relative's date of birth. Date *(Month/Year)*  Est. | Provide your relative's place of birth.  City State Country *(Required)* | | | | |
|  | |  |  | |

Provide your relative's country(ies) of citizenship.

Country #1 Country #2



If **mother**, provide your mother's maiden name.

Last name

Same as listed

First name

I don't know

Middle name

Suffix

Has this relative used any other names?

YES NO

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).

Not applicable

#1 Last name First name Middle name Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES

#2 Last name

NO

Est.

Present

Est.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES

#3 Last name

NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES

#4 Last name

NO

Est.

Present

Est.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

**18.1** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

**Entry #3**



Is your relative deceased? YES NO *(If NO, proceed to 18.2)*



Provide your relative's current address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Does this relative have an APO/FPO address?

YES NO

I don't know

Provide your relative's APO/FPO address.

Address

APO or FPO

APO/FPO State Code

Zip Code

**18.2** Complete the following if the relative listed is your **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** and is not deceased.

**Entry #3**



**Section 18 - Relativ*es* - *(Continued)***

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.) Select all that apply.

Mother

Foster parent

Sister

Half-sister

Father Child (including adopted/foster)

Stepbrother

Father-in-law

Stepmother

Stepchild

Stepsister

Mother-in-law

Stepfather Brother

##### Entry #4

Provide relative type.

Half-brother

Guardian

Provide your relative's full name. Last name

First name

Middle name

Suffix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | |  |  |
| Provide your relative's date of birth. Date *(Month/Year)*  Est. | Provide your relative's place of birth.  City State Country *(Required)* | | | | |
|  | |  |  | |

Provide your relative's country(ies) of citizenship.

Country #1 Country #2



**18.1** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

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).

Not applicable

#1 Last name First name Middle name Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES

#2 Last name

NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES

#3 Last name

NO

Est.

Present

Est.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES

#4 Last name

NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES NO

Est.

Present

Est.

**Entry #4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If **mother**, provide your mother's maiden name. Last name | Same as listed First name | I don't know | Middle name | Suffix |
| Has this relative used any other names? |  |  |  |  |
| YES NO |  |  |  |  |

**Enter your Social Security Number before going to the next page**



**Section 18 - Relatives - *(Continued)***

Is your relative deceased? YES NO *(If NO, proceed to 18.2)*



Provide your relative's current address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Does this relative have an APO/FPO address?

YES NO

I don't know

Provide your relative's APO/FPO address.

Address

APO or FPO

APO/FPO State Code

Zip Code

**18.2** Complete the following if the relative listed is your **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** and is not deceased.

**Entry #4**



**Section 18 - Relativ*es* - *(Continued)***

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.) Select all that apply.

Mother

Foster parent

Sister

Half-sister

Father Child (including adopted/foster)

Stepbrother

Father-in-law

Stepmother

Stepchild

Stepsister

Mother-in-law

Stepfather Brother

##### Entry #5

Provide relative type.

Half-brother

Guardian

Provide your relative's full name. Last name

First name

Middle name

Suffix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | |  |  |
| Provide your relative's date of birth. Date *(Month/Year)*  Est. | Provide your relative's place of birth.  City State Country *(Required)* | | | | |
|  | |  |  | |

Provide your relative's country(ies) of citizenship.

Country #1 Country #2



**18.1** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

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).

Not applicable

#1 Last name First name Middle name Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES

#2 Last name

NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES

#3 Last name

NO

Est.

Present

Est.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES

#4 Last name

NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES NO

Est.

Present

Est.

**Entry #5**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If **mother**, provide your mother's maiden name. Last name | Same as listed First name | I don't know | Middle name | Suffix |
| Has this relative used any other names?  YES NO |  |  |  |  |



**Section 18 - Relatives - *(Continued)***

Is your relative deceased?

YES NO *(If NO, proceed to 18.2)*



Provide your relative's current address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Does this relative have an APO/FPO address?

YES NO

I don't know

Provide your relative's APO/FPO address.

Address

APO or FPO

APO/FPO State Code

Zip Code

**18.2** Complete the following if the relative listed is your **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** and is not deceased.

**Entry #5**

### 



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.) Select all that apply.

Mother

Foster parent

Sister

Half-sister

Father Child (including adopted/foster)

Stepbrother

Father-in-law

Stepmother

Stepchild

Stepsister

Mother-in-law

Stepfather Brother

##### Entry #6

Provide relative type.

Half-brother

Guardian

Provide your relative's full name. Last name

First name

Middle name

Suffix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | |  |  |
| Provide your relative's date of birth. Date *(Month/Year)*  Est. | Provide your relative's place of birth.  City State Country *(Required)* | | | | |
|  | |  |  | |

Provide your relative's country(ies) of citizenship.

Country #1 Country #2



If **mother**, provide your mother's maiden name.

Last name

Same as listed

First name

I don't know

Middle name

Suffix

Has this relative used any other names?

YES NO

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).

Not applicable

#1 Last name First name Middle name Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES

#2 Last name

NO

Est.

Present

Est.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES

#3 Last name

NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

Provide the reason(s) why the name changed.

YES

#4 Last name

NO

Est.

Present

Est.

First name

Middle name

Suffix

Maiden name? From *(Month/Year)*

To *(Month/Year)*

YES NO

Est.

Present

Est.

Provide the reason(s) why the name changed.

**18.1** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

**Entry #6**



Is your relative deceased?



Provide your relative's current address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Does this relative have an APO/FPO address?

YES NO

I don't know

Provide your relative's APO/FPO address.

Address

APO or FPO

APO/FPO State Code

Zip Code

**18.2** Complete the following if the relative listed is your **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** and is not deceased.

YES NO *(If NO, proceed to 18.2)*

**Entry #6**

### 



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

Have you traveled outside the U.S. **in the last seven (7) years**?

YES

NO *(If NO, proceed to Section 20)*

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

YES *(If YES, proceed to Section 20)* NO

Complete the following if you responded **'Yes'** to having 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.



##### Entry #1

Provide the country visited.

Provide the dates of your travel to this country.

Provide the total number of days involved in the visit.

From *(Month/Year)*

Est.

To *(Month/Year)*

Present Est.

1-5

6-10

11-20

21-30

More than 30 Many short trips

Provide the purpose of the travel to this country (Select all that apply).

Business/Professional Volunteer activities

Education Tourism

Trade shows, conferences, and seminars Visit family or friends

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?

YES NO

If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

YES NO

If yes, provide explanation.

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?

YES NO

If yes, provide explanation.

Complete the following if you responded **'Yes'** to having 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.

##### Entry #2

Provide the country visited.

Provide the dates of your travel to this country.

Provide the total number of days involved in the visit.

From *(Month/Year)*

Est.

To *(Month/Year)*

Present Est.

1-5

6-10

11-20

21-30

More than 30 Many short trips

Provide the purpose of the travel to this country (Select all that apply).

Business/Professional Volunteer activities

Education Tourism

Trade shows, conferences, and seminars Visit family or friends

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?

YES NO

If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

YES NO

If yes, provide explanation.

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?

YES NO

If yes, provide explanation.

### 



**Section 19 - Foreign Countries You have Visited *- Continued***

Complete the following if you responded **'Yes'** to having 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.



##### Entry #3

Provide the country visited.

Provide the dates of your travel to this country.

Provide the total number of days involved in the visit.

From *(Month/Year)*

Est.

To *(Month/Year)*

Present Est.

1-5

6-10

11-20

21-30

More than 30 Many short trips

Provide the purpose of the travel to this country (Select all that apply).

Business/Professional Volunteer activities

Education Tourism

Trade shows, conferences, and seminars Visit family or friends

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?

YES NO

If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

YES NO

If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

YES NO

If yes, provide explanation.

Complete the following if you responded **'Yes'** to having 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.



##### Entry #4

Provide the country visited.

Provide the dates of your travel to this country.

Provide the total number of days involved in the visit.

From *(Month/Year)*

Est.

To *(Month/Year)*

Present Est.

1-5

6-10

11-20

21-30

More than 30 Many short trips

Provide the purpose of the travel to this country (Select all that apply).

Business/Professional Volunteer activities

Education Tourism

Trade shows, conferences, and seminars Visit family or friends

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?

YES NO

If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

YES NO

If yes, provide explanation.

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?

YES NO

If yes, provide explanation.

### 



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.

##### 20.1

**Section 20 - Police Record**

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.)

YES NO *(If NO, proceed to 20.2)*

* **In the last seven (7) years** 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)
* **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?

- **In the last seven (7) years** 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).

* **In the last seven (7) years** have you been or are you currently on probation or parole?
* Are you currently on trial or awaiting a trial on criminal charges?

##### Entry #1



**Entry #1**

Provide the date of offense. *(Month/Year)*

Est.

Provide a description of the specific nature of the offense.

1. Did this offense involve any of the following? YES NO

(Select all that apply.)

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

Involve firearms or explosives? Involve alcohol or drugs?

Provide the location where the offense occurred. *(Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)*

City

County

State

Zip Code

Country

1. 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 *(If NO, proceed to (c))*

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. *(Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)*

City

County

State

Zip Code

Country

1. 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

Provide the name of the court.

*(If YES, complete (c.1))*

Provide explanation

**(c.1)** Provide the location of the court. *(Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)*

City

County

State

Zip Code

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 Charge Outcome Date *(Month/Year)*

Est. Est. Est. Est.



**Section 20 - Police Record - (*Continued)***

**Entry #1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Entry #1** | | | | | |
| **(d)** | Were you sentenced as a result of this offense?  YES *(If YES, complete (d.1))*  NO *(If NO, complete (d.2))* | | | | |
| **(d.1)** | | | | |
| 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 the conviction resulted in imprisonment, provide the dates that you Not Applicable | From Date | *(Month/Year)* | To Date *(Month/Year)* | Present |
| actually were incarcerated. |  | Est. | Est. | |
| If conviction resulted in probation or parole, provide the dates of Not Applicable | From Date | *(Month/Year)* | To Date *(Month/Year)* | Present |
| probation or parole. |  | Est. | Est. | |
| **(d.2)** | | | | |
| Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?  YES  NO | | | | |
| Provide explanation. | | | | |



Complete the following if you have responded **'Yes'** to one of the following;

* **In the last seven (7) years** 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)
* **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?

- **In the last seven (7) years** 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).

* **In the last seven (7) years** have you been or are you currently on probation or parole?
* Are you currently on trial or awaiting a trial on criminal charges?

##### Entry #2



**Section 20 - Police Record - *(Continued)***

**Entry #2**

Provide the date of offense. *(Month/Year)*

Est.

Provide a description of the specific nature of the offense.

1. Did this offense involve any of the following? YES NO

(Select all that apply.)

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

Involve firearms or explosives? Involve alcohol or drugs?

Provide the location where the offense occurred. *(Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)*

City

County

State

Zip Code

Country

1. 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 *(If NO, proceed to (c))*

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. *(Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)*

City

County

State

Zip Code

Country

1. 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

Provide the name of the court.

*(If YES, complete (c.1))*

Provide explanation

**(c.1)** Provide the location of the court. *(Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)*

City

County

State

Zip Code

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 Charge Outcome Date *(Month/Year)*

Est. Est. Est. Est.



**Section 20 - Police Record - (*Continued)***

**Entry #2**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Entry #2** | | |
| **(d)** | Were you sentenced as a result of this offense?  YES *(If YES, complete (d.1))*  NO *(If NO, complete (d.2))* | |
| **(d.1)** | |
| 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 the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| actually were incarcerated.  Est. | Est. |
| If conviction resulted in probation or parole, provide the dates of Not Applicable From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| probation or parole.  Est. | Est. |
| **(d.2)** | |
| Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?  YES  NO | |
| Provide explanation. | |



 **Section 20 - Police Record - (*Continued)***

##### 20.2

Other than those offenses already listed, have you **EVER** had the following happen to you?

YES NO *(If NO, proceed to 20.3)*

**-** Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/ domestic partner, or someone with whom you share a child in common?

##### Entry #1



Provide the date of offense. *(Month/Year)*

Est.

Provide a description of the specific nature of the offense.

1. Did this offense involve any of the following?

YES NO

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

Provide the name of the court.

Provide the location of the court. *(Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)*

City

County

State

Zip Code

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 Charge Outcome Date *(Month/Year)*

1. Were you sentenced as a result of these charges?

YES *(If YES, complete (b.1))* N*O (If NO, complete (b.2))*

##### (b.1)

Provide a description of the sentence.

Est. Est. Est. Est.

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

Not Applicable

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

actually were incarcerated. Est.

Est.

If conviction resulted in probation or parole, provide the dates of

Not Applicable

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

probation or parole. Est.

##### (b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

Provide explanation.

Est.

YES NO



**Section 20 - Police Record - (*Continued)***

##### Entry #2



Provide the date of offense. *(Month/Year)*

Est.

Provide a description of the specific nature of the offense.

1. Did this offense involve any of the following?

YES NO

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

Provide the name of the court.

Provide the location of the court. *(Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)*

City

County

State

Zip Code

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 Charge Outcome Date *(Month/Year)*

1. Were you sentenced as a result of these charges?

YES *(If YES, complete (b.1))* N*O (If NO, complete (b.2))*

##### (b.1)

Provide a description of the sentence.

Est. Est. Est. Est.

Did this offense involve any of the following? 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

Not Applicable

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

actually were incarcerated. Est.

Est.

If conviction resulted in probation or parole, provide the dates of

Not Applicable

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

probation or parole. Est.

##### (b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

Provide explanation.

Est.

YES NO



 **Section 20 - Police Record - (*Continued)***

##### 20.3

Is there currently a domestic violence protective order or restraining order issued against you?

YES NO *(If NO, proceed to Section 21)*

Complete the following if you responded **'Yes'** to currently having a domestic violence protective order or restraining order issued against you?

##### Entry #1

Provide explanation.

Provide the date the order was issued. *(Month/Year)*

Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

City State

Zip Code

Country

##### Entry #2

Provide explanation.

Provide the date the order was issued. *(Month/Year)*

Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

City State

Zip Code

Country

##### Entry #3

Provide explanation.

Provide the date the order was issued. *(Month/Year)*

Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

City State

Zip Code

Country

##### Entry #4

Provide explanation.

Provide the date the order was issued. *(Month/Year)*

Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

City State

Zip Code

Country

### 



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 not in accordance with Federal laws, even though permissible under state laws.

##### 21.1

**Section 21 - Illegal Use of Drugs and Drug Activity**

**In the last seven (7) years,** 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 *(If NO, proceed to 21.2)*



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Complete the following if you answered **'Yes'** to **in the last seven (7) years** having illegally used a drug or controlled substance. | | | | | |
|  | **Entry #1** | | | | |
| Provide the type of drug or controlled substance.  Cocaine or crack cocaine (Such as rock, freebase, etc.)  Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  THC (Such as marijuana, weed, pot, hashish, etc.)  Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Ketamine (Such as special K, jet, etc.)  Narcotics (Such as opium, morphine, codeine, heroin, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Steroids (Such as the clear, juice, etc.)  Inhalants (Such as toluene, amyl nitrate, etc.)  Other (Provide explanation) | | | | |
| Provide an estimate of the month Provide an estimate of the month and and year of first use. *(Month/Year)* year of most recent use. *(Month/Year)* | | Provide nature of use, frequency, and number of times used. | | |
| Est. | Est. |
| 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. | | | | |
|  | **Entry #2** | | | | |
| Provide the type of drug or controlled substance.  Cocaine or crack cocaine (Such as rock, freebase, etc.)  Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  THC (Such as marijuana, weed, pot, hashish, etc.)  Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Ketamine (Such as special K, jet, etc.)  Narcotics (Such as opium, morphine, codeine, heroin, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Steroids (Such as the clear, juice, etc.)  Inhalants (Such as toluene, amyl nitrate, etc.)  Other (Provide explanation) | | | | |
| Provide an estimate of the month Provide an estimate of the month and and year of first use. *(Month/Year)* year of most recent use. *(Month/Year)* | | Provide nature of use, frequency, and number of times used. | | |
| Est. | Est. |
| 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. | | | | |



##### 21.2

**In the last seven (7) years,** 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 *(If NO, proceed to 21.3)*





|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete the following if you answered **'Yes'** to **in the last seven (7) years** having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance. | | | | |
|  | **Entry #1** | | | |
| Provide the type of drug or controlled substance.  Cocaine or crack cocaine (Such as rock, freebase, etc.)  Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  THC (Such as marijuana, weed, pot, hashish, etc.)  Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Ketamine (Such as special K, jet, etc.)  Narcotics (Such as opium, morphine, codeine, heroin, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Steroids (Such as the clear, juice, etc.)  Inhalants (Such as toluene, amyl nitrate, etc.)  Other (Provide explanation) | | | |
| Provide an estimate of the month and Provide an estimate of the month and year year of first involvement. *(Month/Year)* of most recent involvement. *(Month/Year)* | | | Provide the nature and frequency of activity. |
| Est. | | Est. |
| Provide the reason(s) why you engaged in the activity. | | | |
| Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a  YES  NO position directly and immediately affecting the public safety? | | | |
| Was your involvement while possessing a security clearance?  YES  NO | | | |
| Do you intend to engage in this activity in the future?  YES Provide explanation. | | | |
| NO |  | | |
| **Entry #2** | | | | |
| Provide the type of drug or controlled substance.  Cocaine or crack cocaine (Such as rock, freebase, etc.)  Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  THC (Such as marijuana, weed, pot, hashish, etc.)  Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Ketamine (Such as special K, jet, etc.)  Narcotics (Such as opium, morphine, codeine, heroin, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Steroids (Such as the clear, juice, etc.)  Inhalants (Such as toluene, amyl nitrate, etc.)  Other (Provide explanation) | | | | |
| Provide an estimate of the month and Provide an estimate of the month and year  year of first involvement. *(Month/Year)* of most recent involvement. *(Month/Year)* | | | | Provide the nature and frequency of activity. |
| Est. | | | Est. |
| Provide the reason(s) why you engaged in the activity. | | | | |
| Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a  YES  NO position directly and immediately affecting the public safety? | | | | |
| Was your involvement while possessing a security clearance?  YES  NO | | | | |
| Do you intend to engage in this activity in the future?  YES Provide explanation. | | | | |
| NO | |  | | |



##### 21.3

**In the last seven (7) years,** 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 *(If NO, proceed to 21.4)*

**Entry #1**

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date

*(Month/Year)*

Est.

To Date *(Month/Year)*

Present

Est.

**Entry #2**

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date

*(Month/Year)*

Est.

To Date *(Month/Year)*

Present

Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Complete the following if you responded **'Yes'** to having **in the last seven (7) years,** 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.



**Section 21 - Illegal Use of Drugs and Drug Activity *- (Continued)***

##### 21.4

**In the last seven (7) years** 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 *(If NO, proceed to 21.5)*

Complete the following if you responded 'Yes' to **in the last seven (7) years** having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.



##### Entry #1

Provide the name of the prescription drug that you misused.

Provide the dates of involvement in the above. Provide the reason(s) for and circumstances of the misuse of the prescription drug.

From Date

*(Month/Year)*

To Date

*(Month/Year)*

Present

Est. Est.

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?

##### Entry #2

Provide the name of the prescription drug that you misused.

YES NO

Provide the dates of involvement in the above. Provide the reason(s) for and circumstances of the misuse of the prescription drug.

From Date

*(Month/Year)*

To Date

*(Month/Year)*

Present

Est. Est.

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



**Section 21 - Illegal Use of Drugs and Drug Activity *- (Continued)***

##### 21.5

**In the last seven (7) years** 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 *(If NO, proceed to 21.6)*

Complete the following if you responded 'Yes' to **In the last seven (7) years** have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.



##### Entry #1

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? (Select all that apply):

An employer, military commander, or employee assistance program A medical professional

A mental health professional

A court official / judge

I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.

Provide explanation

Did you take action to receive counseling or treatment?

1. You have indicated that you did not receive treatment. Provide explanation.

YES *(If YES, complete (b))*

NO *(If NO, complete (a))*

1. You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

Cocaine or crack cocaine (Such as rock, freebase, etc.) THC (Such as marijuana, weed, pot, hashish, etc.)

Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)

Ketamine (Such as special K, jet, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Steroids (Such as the clear, juice, etc.)

Inhalants (Such as toluene, amyl nitrate, etc.) Other (Provide explanation)

Provide the name of the treatment provider.

Last name First name

Provide the address for this treatment provider. (*Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide a telephone number for the

Extension International or DSN

Provide the dates of treatment.

treatment provider.

phone number

From Date *(Month/Year)*

To Date *(Month/Year)* Present

Day Night

Did you successfully complete the treatment? YES NO (Provide explanation)

Est. Est.

### 



Complete the following if you responded 'Yes' to **In the last seven (7) years** have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.



##### Entry #2

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? (Select all that apply):

An employer, military commander, or employee assistance program A medical professional

A mental health professional

A court official / judge

I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.

Provide explanation

Did you take action to receive counseling or treatment?

1. You have indicated that you did not receive treatment. Provide explanation.

YES *(If YES, complete (b))*

NO *(If NO, complete (a))*

1. You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

Cocaine or crack cocaine (Such as rock, freebase, etc.) THC (Such as marijuana, weed, pot, hashish, etc.)

Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)

Ketamine (Such as special K, jet, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Steroids (Such as the clear, juice, etc.)

Inhalants (Such as toluene, amyl nitrate, etc.) Other (Provide explanation)

Provide the name of the treatment provider.

Last name First name

Provide the address for this treatment provider. (*Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide a telephone number for the

Extension International or DSN

Provide the dates of treatment.

treatment provider.

phone number

From Date *(Month/Year)*

To Date *(Month/Year)* Present

Day Night

Did you successfully complete the treatment? YES NO (Provide explanation)

Est. Est.

### 



##### 21.6

**In the last seven (7) years** have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

YES NO *(If NO, proceed to Section 22)*

Complete the following if you responded 'Yes' to **In the last seven (7) years** have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance.



##### Entry #1

Provide the type of drug or controlled substance for which you were treated.

Cocaine or crack cocaine (Such as rock, freebase, etc.) THC (Such as marijuana, weed, pot, hashish, etc.) Ketamine (Such as special K, jet, etc.)

Narcotics (Such as opium, morphine, codeine, heroin, etc.)

Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Provide the name of the treatment provider.

Last name First name

Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)

Steroids (Such as the clear, juice, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Other (Provide explanation)

Provide the address for this treatment provider. (*Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide a telephone number for the

Extension International or DSN phone

Provide the dates of treatment.

treatment provider.

number

From Date *(Month/Year)*

To Date *(Month/Year)* Present

Day Night

Est. Est.

Did you successfully complete the treatment? YES NO (Provide explanation)

##### Entry #2

Provide the type of drug or controlled substance for which you were treated.

Cocaine or crack cocaine (Such as rock, freebase, etc.) THC (Such as marijuana, weed, pot, hashish, etc.) Ketamine (Such as special K, jet, etc.)

Narcotics (Such as opium, morphine, codeine, heroin, etc.)

Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Provide the name of the treatment provider.

Last name First name

Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)

Steroids (Such as the clear, juice, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Other (Provide explanation)

Provide the address for this treatment provider. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone

number

Provide the dates of treatment.

From Date *(Month/Year)* To Date *(Month/Year)* Present

Day Night

Est. Est.

Did you successfully complete the treatment? YES NO (Provide explanation)



**Section 22 - Use of Alcohol**

##### 22.1

**In the last seven (7) years** has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

YES NO *(If NO, proceed to 22.2)*

Complete the following if you responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.

##### Entry #1

Provide the month/year when this negative impact occurred. From Date *(Month/Year)*

Provide dates of involvement or use. From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est.

Provide an explanation of the circumstances and the negative impact.

Provide circumstances. Provide negative impact.

Est. Est.

##### Entry #2

Provide the month/year when this negative impact occurred. From Date *(Month/Year)*

Provide dates of involvement or use. From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est.

Est. Est.

Provide an explanation of the circumstances and the negative impact.

Provide circumstances. Provide negative impact.

##### Entry #3

Provide the month/year when this negative impact occurred. From Date *(Month/Year)*

Provide dates of involvement or use. From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est.

Provide an explanation of the circumstances and the negative impact.

Provide circumstances. Provide negative impact.

Est. Est.

##### Entry #4

Provide the month/year when this negative impact occurred. From Date *(Month/Year)*

Provide dates of involvement or use.

From Date *(Month/Year)* To Date *(Month/Year)*

Present

Est.

Provide an explanation of the circumstances and the negative impact.

Provide circumstances. Provide negative impact.

Est. Est.

### 



**Section 22 - Use of Alcohol - *(Continued)***

##### 22.2

**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 *(If NO, proceed to 22.3)*

Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.



##### Entry #1

Did you take action to receive counseling or treatment?

YES *(If YES, complete (b))*

NO *(If NO, complete (a))*

1. You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation.
2. You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider.

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est. Est.

Provide the full address for the counseling/treatment provider. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide telephone number.

Extension

International or DSN phone number Day Night

Did you successfully complete the treatment program? YES NO (Provide explanation)

##### Entry #2

Did you take action to receive counseling or treatment?

YES *(If YES, complete (b))*

NO *(If NO, complete (a))*

1. You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation.
2. You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider.

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est. Est.

Provide the full address for the counseling/treatment provider. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide telephone number.

Extension

International or DSN phone number Day Night

Did you successfully complete the treatment program? YES NO (Provide explanation)



**Section 22 - Use of Alcohol *- (Continued)***

* 1. **In the last seven (7) years** have you voluntarily sought counseling or treatment as a result of your use of alcohol? YES NO *(If NO, proceed to 23)*



**Entry #1**

Provide the dates of counseling or treatment.

From Date *(Month/Year)* To Date *(Month/Year)*

Est.

Present

Est.

Provide the full address of the counseling or treatment provider. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Provide telephone number.

Extension

International or DSN phone number

Day Night

Did you successfully complete the treatment program? YES NO (Provide explanation)

**Entry #2**

Provide the dates of counseling or treatment.

From Date *(Month/Year)* To Date *(Month/Year)*

Est.

Present

Est.

Provide the full address of the counseling or treatment provider. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Provide telephone number.

Extension

International or DSN phone number

Day Night

Did you successfully complete the treatment program? YES NO (Provide explanation)

Provide the name of the individual counselor or treatment provider.

Provide the name of the individual counselor or treatment provider.

Complete the following if you responded **'Yes'** to voluntarily seeking counseling or treatment.



##### Section 23 - Investigations and Clearance Record

**23.1**

Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?

YES NO *(If NO, proceed to 23.2)*



|  |  |  |
| --- | --- | --- |
| Complete the following if 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. | | |
|  | **Entry #1** | |
| Provide the investigating agency:  U.S. Department of Defense U.S. Department of Homeland Security  U.S. Department of State Foreign government (Provide name of government)  U.S. Office of Personnel Management I don't know  Federal Bureau of Investigation Other (Provide explanation)  U.S. Department of Treasury (Provide name of bureau) | |
| Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. | |
| Date the investigation was completed *(Month/Year)* I don't know  Est. | Provide the date clearance eligibility/access was granted. *(Month/Year)* I don't know  Est. |
| Provide the level of clearance eligibility/access granted: None Q  Confidential L  Secret I don't know  Top Secret Issued by foreign country  Sensitive Compartmented Information (SCI) Other (Provide explanation) | |
| **Entry #2** | | |
| Provide the investigating agency:  U.S. Department of Defense U.S. Department of Homeland Security  U.S. Department of State Foreign government (Provide name of government)  U.S. Office of Personnel Management I don't know  Federal Bureau of Investigation Other (Provide explanation)  U.S. Department of Treasury (Provide name of bureau) | | |
| Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. | | |
| Date the investigation was completed *(Month/Year)* I don't know  Est. | | Provide the date clearance eligibility/access was granted. *(Month/Year)* I don't know  Est. |
| Provide the level of clearance eligibility/access granted: None Q  Confidential L  Secret I don't know  Top Secret Issued by foreign country  Sensitive Compartmented Information (SCI) Other (Provide explanation) | | |



**Section 23 - Investigations and Clearance Record *- (Continued)***

##### 23.2

Have you **EVER** 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.)

YES NO *(If NO, proceed to 23.3)*

|  |  |  |  |
| --- | --- | --- | --- |
| Complete the following if you responded 'Yes' to having **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked. | | | |
|  | **Entry #1** | | |
| Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. *(Month/Year)*  Est. | | Provide the name of the agency that took the action. | Provide an explanation of the circumstances of the denial,suspension or revocation action. |
|  | **Entry #2** | | |
| Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. *(Month/Year)*  Est. | | Provide the name of the agency that took the action. | Provide an explanation of the circumstances of the denial,suspension or revocation action. |

##### 23.3

Have you **EVER** been debarred from government employment?

YES NO *(If NO, proceed to Section 24)*





|  |  |  |  |
| --- | --- | --- | --- |
| Complete the following if you responded 'Yes' to having **EVER** been debarred from government employment. | | | |
|  | **Entry #1** | | |
| Provide the name of the government agency taking debarment action. | Provide the date the debarment occurred.  *(Month/Year)*  Est. | Provide an explanation of the circumstances of the debarment. |
|  | **Entry #2** | | |
| Provide the name of the government agency taking debarment action. | Provide the date the debarment occurred.  *(Month/Year)*  Est. | Provide an explanation of the circumstances of the debarment. |

**Section 24 - Financial Record**

##### 24.1

**In the last seven (7) years** have you filed a petition under any chapter of the bankruptcy code?

YES NO *(If NO, proceed to 24.2)*

Complete the following if you responded **'Yes'** to **in the last seven (7) years** having filed a petition under any chapter of the bankruptcy code.

##### Entry #1

Select the applicable bankruptcy petition type.

Chapter 7 Chapter 11 Chapter 12 Chapter 13

Provide the bankruptcy court docket/account number.

Provide the date bankruptcy was filed. *(Month/Year)*

Est.

Provide the date of bankruptcy discharge. *(Month/Year)*

Not Applicable Est.

Provide the total amount (in U.S. dollars) involved in the bankruptcy.

Est.

Provide the name debt is recorded under.

Last name First name

Middle name

Suffix

Provide the name of the court involved.

Provide the address of the court involved. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

##### If Chapter 13 or Chapter 12 previously selected:

Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Were you discharged of all debts claimed in the bankruptcy? Provide Explanation.

YES *(Provide explanation)*

NO *(Provide explanation)*

##### Entry #2

Select the applicable bankruptcy petition type.

Chapter 7 Chapter 11 Chapter 12 Chapter 13

Provide the bankruptcy court docket/account number.

Provide the date bankruptcy was filed. *(Month/Year)*

Est.

Provide the date of bankruptcy discharge. *(Month/Year)*

Not Applicable Est.

Provide the total amount (in U.S. dollars) involved in the bankruptcy.

Est.

Provide the name debt is recorded under.

Last name First name

Middle name

Suffix

Provide the name of the court involved.

Provide the address of the court involved. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

##### (a) If Chapter 13 or Chapter 12 previously selected:

Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Were you discharged of all debts claimed in the bankruptcy? Provide Explanation.

YES *(Provide explanation)*

NO *(Provide explanation)*



### 



**Section 24 - Financial Record - *(Continued)***

**24.2 In the last seven(7) years** have you failed to meet financial obligations due to gambling? YES NO *(If NO, proceed to 24.3)*

**Entry #1**

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred. From Date *(Month/Year)* To Date *(Month/Year)*

Est.

Present

Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide

a description of your actions. If you have not taken any action(s), provide explanation.

**Entry #2**

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred. From Date *(Month/Year)* To Date *(Month/Year)*

Est.

Present

Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide

a description of your actions. If you have not taken any action(s), provide explanation.

Complete the following if you responded **'Yes'** to having failed to meet financial obligations due to gambling.

##### 24.3

**In the last seven (7) years** have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

YES NO *(If NO, proceed to 24.4)*

Complete the following if you responded **'Yes'** to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.



##### Entry #1

Did you fail to file, pay as required, or both?

File Pay Both

Provide the year you failed to file or pay your Federal, state, or other taxes.

Est.

Provide the reason(s) for your failure to file or pay required taxes.

Provide the Federal, state, or other agency to which you failed to file or pay taxes.

Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes.

Est.

Provide date satisfied. *(Month/Year)*

Not Applicable Est.

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.

##### Entry #2

Did you fail to file, pay as required, or both?

File Pay Both

Provide the year you failed to file or pay your Federal, state, or other taxes.

Est.

Provide the reason(s) for your failure to file or pay required taxes.

Provide the Federal, state, or other agency to which you failed to file or pay taxes.

Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes.

Est.

Provide date satisfied. *(Month/Year)*

Not Applicable Est.

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.



**Section 24 - Financial Record - *(Continued)***

##### 24.4

**In the last seven (7) years** have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?

YES NO *(If NO, proceed to 24.5)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Complete the following if you responded provided by your employer. | | **'Yes'** | to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card | | | | |
|  | **Entry #1** | | | | | | |
| Provide the name of the agency or company. | | | | | | |
| Provide the address of the agency or company. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  Street City State Zip Code Country | | | | | | |
|  | | |  |  |  |  |
| Provide the reason(s) for the counseling, warning, or disciplinary action. | | | | | | |
| Provide the amount (in U.S. dollars) of violation. | Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation. | | | | | |
| Est. | | |  | | | |
|  | **Entry #2** | | | | | | |
| Provide the name of the agency or company. | | | | | | |
| Provide the address of the agency or company. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  Street City State Zip Code Country | | | | | | |
|  | | |  |  |  |  |
| Provide the reason(s) for the counseling, warning, or disciplinary action. | | | | | | |
| Provide the amount (in U.S. dollars) of violation. | Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation. | | | | | |
| Est. | | |  | | | |

##### 24.5

Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve an inability to meet financial obligations?

YES NO *(If NO, proceed to 24.6)*

Complete the following if 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.

##### Entry #1

Provide explanation. Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization. Provide the location of the credit counseling organization.

Telephone number Extension

International or DSN phone number Day Night

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.

##### Entry #2

Provide explanation.

Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization. Provide the location of the credit counseling organization.

Telephone number Extension

International or DSN phone number Day Night

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.



##### 24.6

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)

* You are currently delinquent on alimony or child support payments.
* **In the last seven (7) years**, 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).
* **In the last seven (7) years**, 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).
* 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).

YES NO *(If NO, proceed to 24.7)*

Complete the following if you answered **'Yes'** to having experienced one or more of the previously stated financial issues.



##### Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Select all that apply)

YES NO *(If NO, proceed to 24.7)*

You are currently delinquent on alimony or child support payments.

**In the last seven (7) years**, 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).

**In the last seven (7) years**, 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).

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).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue.

Est.

Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Provide the date the financial issue began. *(Month/Year)*

Provide date the financial issue was resolved. *(Month/Year)*

Not Resolved

Provide the name of the court involved.

Est. Est.

Provide the address of the court involved. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

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 action(s), provide explanation.



Complete the following if you answered **'Yes'** to having experienced one or more of the previously stated financial issues.



##### Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Select all that apply)

YES NO *(If NO, proceed to 24.7)*

You are currently delinquent on alimony or child support payments.

**In the last seven (7) years**, 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).

**In the last seven (7) years**, 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).

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).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue.

Est.

Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Provide the date the financial issue began. *(Month/Year)*

Provide date the financial issue was resolved. *(Month/Year)*

Not Resolved

Provide the name of the court involved.

Est. Est.

Provide the address of the court involved. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

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 action(s), provide explanation.



##### 24.7

Other than previously listed, have any of the following happened?

* **In the last seven (7) years**, 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).
* **In the last seven (7) years**, 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).
* **In the last seven (7) years**, 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).
* **In the last seven (7) years**, 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).
* **In the last seven (7) years**, you were evicted for non-payment?
* **In the last seven (7) years**, you had wages, benefits, or assets garnished or attached for any reason?
* **In the last seven (7) years**, 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).

* 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 *(If NO, proceed to Section 25)*



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete the following if you answered **'Yes'** to having experienced one or more of the previously stated financial issues. | | | | |
|  | **Entry #1** | | | |
| Provide the name of agency/organization/individual to which debt is/was owed. | | | |
| Did/does this financial issue include any of the following? (Select all that apply)  YES  NO *(If NO, proceed to Section 25)*  **In the last seven (7) years,** 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).  **In the last seven (7) years,** 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).  **In the last seven (7) years,** 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).  **In the last seven (7) years,** 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).  **In the last seven (7) years,** you were evicted for non-payment?  **In the last seven (7) years,** you had wages, benefits, or assets garnished or attached for any reason?  **In the last seven (7) years,** 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).  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). | | | |
| Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any). | | | |
|  |  | | |
| Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. | | | |
| Est. |  | |  |
| Provide the date the financial issue began. *(Month/Year)* Provide date the financial issue was resolved. *(Month/Year)* Not Resolved | | | |
| Est. | | Est. | |
| 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. | | | |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete the following if you answered **'Yes'** to having experienced one or more of the previously stated financial issues. | | | | |
|  | **Entry #2** | | | |
| Provide the name of agency/organization/individual to which debt is/was owed. | | | |
| Did/does this financial issue include any of the following? (Select all that apply)  YES  NO *(If NO, proceed to Section 25)*  **In the last seven (7) years,** 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).  **In the last seven (7) years,** 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).  **In the last seven (7) years,** 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).  **In the last seven (7) years,** 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).  **In the last seven (7) years,** you were evicted for non-payment?  **In the last seven (7) years,** you had wages, benefits, or assets garnished or attached for any reason?  **In the last seven (7) years,** 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).  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). | | | |
| Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any). | | | |
|  |  | | |
| Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. | | | |
| Est. |  | |  |
| Provide the date the financial issue began. *(Month/Year)* Provide date the financial issue was resolved. *(Month/Year)* Not Resolved | | | |
| Est. | | Est. | |
| 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. | | | |



**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.

##### 25.1

**In the last seven (7) years** have you illegally or without proper authorization accessed or attempted to access any information technology system?

YES NO *(If NO, proceed to 25.2)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete the following if 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. | | | | |
| **Entry #1** | | | | |
| Provide the date of the incident. *(Month/Year)* Provide a description of the nature of the incident or offense. | | | | |
| Est. |  | | | |
| Provide the location where the incident took place. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  Street City State Zip Code Country | | | | |
|  |  |  |  |  |
| Provide a description of the action (administrative, criminal or other) taken as a result of this incident. | | | | |
| **Entry #2** | | | | |
| Provide the date of the incident. *(Month/Year)* Provide a description of the nature of the incident or offense. | | | | |
| Est. |  | | | |
| Provide the location where the incident took place. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  Street City State Zip Code Country | | | | |
|  |  |  |  |  |
| Provide a description of the action (administrative, criminal or other) taken as a result of this incident. | | | | |

##### 25.2

**In the last seven (7) years** 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?

YES NO *(If NO, proceed to 25.3)*



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete the following if you responded **'Yes'** to having **in the last seven (7) years** 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. | | | | |
| **Entry #1** | | | | |
| Provide the date of the incident. *(Month/Year)* Provide a description of the nature of the incident or offense. | | | | |
| Est. |  | | | |
| Provide the location where the incident took place. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  Street City State Zip Code Country | | | | |
|  |  |  |  |  |
| Provide a description of the action (administrative, criminal or other) taken as a result of this incident. | | | | |
| **Entry #2** | | | | |
| Provide the date of the incident. *(Month/Year)* Provide a description of the nature of the incident or offense. | | | | |
| Est. |  | | | |
| Provide the location where the incident took place. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  Street City State Zip Code Country | | | | |
|  |  |  |  |  |
| Provide a description of the action (administrative, criminal or other) taken as a result of this incident. | | | | |



**Section 25 - Use of Information Technology Systems - *(Continued)***

##### 25.3

**In the last seven (7) years** 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?

YES NO *(If NO, proceed to Section 26)*



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete the following if you responded **'Yes'** to having **in the last seven (7) years** 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. | | | | |
| **Entry #1** | | | | |
| Provide the date of the incident. *(Month/Year)* | Provide a description of the nature of the incident or offense. | | |  |
| Est. |  | | | |
| Provide the location where the incident took place. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  Street City State Zip Code Country | | | | |
|  |  |  |  |  |
| Provide a description of the action (administrative, criminal or other) taken as a result of this incident. | | | | |
| **Entry #2** | | | | |
| Provide the date of the incident. *(Month/Year)* | Provide a description of the nature of the incident or offense. | | |  |
| Est. |  | | | |
| Provide the location where the incident took place. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*  Street City State Zip Code Country | | | | |
|  |  |  |  |  |
| Provide a description of the action (administrative, criminal or other) taken as a result of this incident. | | | | |



**Section 26 - Involvement in Non-Criminal Court Actions**

**In the last seven (7) years,** have you been a party to any public record civil court action not listed elsewhere on this form?

YES NO *(If NO, proceed to Section 27)*

**Entry #1**

Provide the date of the civil action. *(Month/Year)* Provide the court name.

Est.

Provide the address of the court. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Provide details of the nature of the action.

Provide a description of the results of the action. Provide the name(s) of the principal parties

involved in the court action.

**Entry #2**

Provide the date of the civil action. *(Month/Year)* Provide the court name.

Est.

Provide the address of the court. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State Zip Code Country

Provide details of the nature of the action.

Provide a description of the results of the action. Provide the name(s) of the principal parties

involved in the court action.

Complete the following if you responded **'Yes'** to having been a party to any public record civil court action(s) not listed elsewhere on this form **in the last seven (7) years.**



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, security, 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.

##### 27.1

**Section 27 - Association Record**

Are you now or have you **EVER** 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?

YES NO *(If NO, proceed to 27.2)*

Complete the following if you responded '**YES**' to being or ever 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.

##### Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide the dates of your involvement with the organization.

Provide all positions held in the organization, if any.

No positions held

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est. Est.

Provide all contributions made to the organization, if any.

No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

##### Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide the dates of your involvement with the organization.

Provide all positions held in the organization, if any.

No positions held

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est. Est.

Provide all contributions made to the organization, if any.

No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

### 



**Section 27 - Association Record - *(Continued)***

##### 27.2

Have you **EVER** knowingly engaged in any acts of terrorism?

YES NO *(If NO, proceed to 27.3)*

|  |  |  |  |
| --- | --- | --- | --- |
| Complete the following if you responded **'Yes'** to **EVER** having knowingly engaged in any acts of terrorism. | | | |
|  | **Entry #1** | | |
| Describe the nature and reasons for the activity. | Provide the dates for any such activities.  From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| Est. | Est. |
|  | **Entry #2** | | |
| Describe the nature and reasons for the activity. | Provide the dates for any such activities.  From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| Est. | Est. |

##### 27.3

Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

YES NO *(Proceed to 27.4)*



|  |  |  |  |
| --- | --- | --- | --- |
| Complete the following if you responded **'Yes'** to having **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force. | | | |
|  | **Entry #1** | | |
| Provide the reason(s) for advocating acts of terrorism. | Provide the dates of advocating acts of terrorism.  From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| Est. | Est. |
|  | **Entry #2** | | |
| Provide the reason(s) for advocating acts of terrorism. | Provide the dates of advocating acts of terrorism.  From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| Est. | Est. |



 **Section 27 - Association Record - *(Continued)***

##### 27.4

Have you **EVER** 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?

YES NO *(If NO, proceed to 27.5)*

Complete the following if you responded **'Yes'** to having **EVER** 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.

##### Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide the dates of your involvement with the organization.

Provide all positions held in the organization, if any.

No positions held

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est. Est.

Provide all contributions made to the organization, if any.

No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

##### Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide the dates of your involvement with the organization.

Provide all positions held in the organization, if any.

No positions held

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est. Est.

Provide all contributions made to the organization, if any.

No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

### 



##### 27.5

Have you **EVER** 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 *(If NO, proceed to 27.6)*

Complete the following if you responded **'Yes'** to being or **EVER** 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.

##### Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide the dates of your involvement with the organization.

Provide all positions held in the organization, if any.

No positions held

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est. Est.

Provide all contributions (in U.S. dollars) made to the organization, if any.

No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

##### Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street City State

Zip Code

Country

Provide the dates of your involvement with the organization.

Provide all positions held in the organization, if any.

No positions held

From Date *(Month/Year)*

To Date *(Month/Year)*

Present

Est. Est.

Provide all contributions (in U.S. dollars) made to the organization, if any.

No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

### 



##### 27.6

Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?

YES NO *(If NO, proceed to 27.7)*

|  |  |  |  |
| --- | --- | --- | --- |
| Complete the following if you responded **'Yes'** to having **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force. | | | |
|  | **Entry #1** | | |
| Describe the nature and reasons for the activity. | Provide the dates of such activities.  From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| Est. | Est. |
|  | **Entry #2** | | |
| Describe the nature and reasons for the activity. | Provide the dates of such activities.  From Date *(Month/Year)* To Date *(Month/Year)* Present | |
| Est. | Est. |

##### 27.7

Have you **EVER** associated with anyone involved in activities to further terrorism?

YES NO



|  |  |
| --- | --- |
| Complete the following if you responded **'Yes'** to having **EVER** associated with anyone involved in activities to further terrorism. | |
|  | **Entry #1** |
| Provide explanation. |
|  | **Entry #2** |
| Provide explanation. |



##### 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, 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 *(Sign in ink)*

Date signed *(mm/dd/yyyy)*

# UNITED STATES OF AMERICA

## 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 academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, 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 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, separate specific releases 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 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 | Telephone number |

**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.

**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, 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. 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 is for use by the Federal Government only for purposes provided in the Standard Form 85P and 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 | | | | | Social Security Number |
| Current street address Apt. # | City *(Country)* | | State | ZIP Code | Telephone number |

**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 *(Sign in ink)* | Practitioner name | Date signed *(mm/dd/yyyy)* |

**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**

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, such reports for purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will 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 requests made to release the credit freeze for the purposes as described above.

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 *(Sign in ink)* | Date signed *(mm/dd/yyyy)* |