

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

Reciprocity Questionnaire

Last Name:		First Name:		Middle Name:	Suffix:	SSN (last 4 digits):
Date of Birth:	Place of Birth:		Current Citizenship:		Aliases (other names used):	

In order for the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) to determine if any of your past Federal background investigations and polygraph examinations (*if applicable*) can be obtained and/or utilized for reciprocity, you must respond to the questions below and sign and date this questionnaire. By applying reciprocity procedures, ATF may be able to avoid duplication of investigative efforts, which may expedite your employment or service opportunities with ATF. If you do not wish to respond to these questions, please sign and date in the declination section below.

ATF is requesting that you provide specific data pertaining to any previous background investigation(s) and/or security clearance(s) you have received, and any polygraph examination you have received during the past 3 years, in order to determine if reciprocity can be applied. If additional space is required when completing this form, please provide the information on a separate sheet of paper.

1. Has the U.S. Government ever investigated your background and/or granted you a security clearance? Yes ☐ No ☐

(If yes, provide the details below to the best of your ability starting with the most recent investigation or clearance)

Type of Investigation Conducted	Agency that Conducted Investigation	Month/Year Investigated
a.		
b.		
c.		
d.		
Type of Security Clearance Granted	Agency that Granted Security Clearance	Month/Year Granted
a.		
b.		
c.		
d.		

2. Do you have an active security clearance? Yes ☐ No ☐

3. If you are/were employed as a Federal contractor or Federal employee, have you had a "Break in Federal Service"? Yes ☐ No ☐ N/A ☐

(If yes, please provide dates of break in Federal Service, (e.g., May 2018 to present or October 2017 to April 2019).)

4. Have you ever had a security clearance or access authorization denied, suspended, or revoked; or been debarred from Federal employment? Yes ☐ No ☐

(If yes, provide the date(s) of action(s), department or agency taking the action, type of action taken, and circumstances surrounding the action in the space provided below) **Note:** An administrative downgrade or termination of a security clearance is not considered a revocation.

Month/Year of Action	Department or Agency Taking the Action
Action Taken and Circumstances Surrounding the Action	

5. Has the U.S. Government conducted a polygraph examination for you in the last 3 years? Yes ☐ No ☐
(If yes, please provide the details below to the best of your ability starting with the most recent examination.)

Date of Examination (Month/Year)	Agency that Conducted the Examination (Name/Address)	Type of Examination Conducted (Full Scope, Counterintelligence, Life Style)	Polygraph Results (Favorable/Unfavorable)

NOTE: If ATF is unable to obtain a copy of your previous background investigation(s) and/or apply reciprocity procedures, or you have never been the subject of a Federal background investigation, ATF will register you in the Office of Personnel Management's Electronic Questionnaires for Investigations Processing (*e-QIP*) System where you will be required to complete an investigation questionnaire. If the position you are applying for requires a polygraph examination and you have not received one during the past 3 years (*or we were unable to obtain the examination results*), you will be scheduled to undergo a polygraph examination.

Certification of Reciprocity Information: My responses to the above questions are true and correct to the best of my knowledge and belief and are made in good faith. I understand that intentionally withholding, misrepresenting, or falsifying information will have a negative effect on my employment or service opportunities with ATF.

Signature:

Date:

Declination to Complete Reciprocity Questionnaire: I hereby decline to answer the above questions. I understand that by doing so, ATF will make a determination of my eligibility for employment or service opportunities with ATF based on the information available.

Signature:

Date:

Privacy Act Statement

The following information is provided pursuant to Sections 3 and 7 (b) of the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

- Authority.** Solicitation of this information is made pursuant to Executive Orders 13764 and 13467. Disclosure of this information by the individual is voluntary.
- Purpose.** The information will be used to determine the eligibility of the individual for employment or service opportunities with ATF.
- Routine uses.** The information will be used by ATF to make a determination as set forth in the Purpose section of this Statement. This information becomes a part of the permanent personnel security record of all candidates and is included in Internal Security Record System - Justice/ATF-006 (68 FR 3555-6) and is subject to all of the published routine uses of that system of records. Specifically, the information may be disclosed by ATF to third parties while making a determination as to the individual's fitness for employment or service opportunities with ATF.
- Effects of Not Supplying the Requested Information.** Failure to supply complete information may require ATF to determine an individual's eligibility for employment or service opportunities with ATF based on the information available.
- Disclosure of Social Security Number (SSN).** Disclosure of the individual's SSN is voluntary. Under Executive Order 9397, ATF has the authority to solicit an individual's SSN. The SSN may be used to verify the individual's identity.