INV FORM 41 (Rev. 10/19)
DEFENSE COUNTERINTELLIGENCE
AND SECURITY AGENCY (EO 13467)

INVESTIGATIVE REQUEST FOR EMPLOYMENT DATA AND SUPERVISOR INFORMATION U.S. GOVERNMENT USE ONLY

F	DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY
R	FEDERAL INVESTIGATIONS PROCESSING CENTER
O	PO BOX 618
M	BOYERS, PA 16018-0618
T O	

INSTRUCTIONS: Your contact information was provided by the person identified below to assist in completing a background investigation to help us determine this person's eligibility for employment or security clearance. To help us make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope.

PRIVACY ACT STATEMENT: The information you provide, including your identity, will be furnished to the agency requesting the investigation, other agencies as warranted, and to the person investigated upon his or her specific request. **AUTHORITY:** Section 925 of Public Law 115-91; 5 USC 301; Executive Order 13467, as amended by Executive Order 13869; and, 5 CFR 736. **PRINCIPAL PURPOSE:** To obtain background information and personal records for investigating and determining an individual's initial or continued: eligibility for access to classified national security information or assignment to positions with sensitive duties, suitability for enlistment or appointment into military service, suitability for federal employment, fitness for assignment to work under contract for or on behalf of the government, or eligibility or logical access to U.S. Government systems or facilities. **ROUTINE USES:** The Information collected may be disclosed to DCSA personnel and shared externally with other authorized government agency personnel as a routine use when necessary and relevant to personnel vetting investigations, determinations, and adjudications; and, for other purposes permitted under subsection (b) of the Privacy Act of 1974, as amended (5 USC §552a). Information obtained will also be released to the person being investigated upon their request unless otherwise exempt. A complete list of the routine uses can be found in the system of records notice for the Department of Defense Personnel Vetting Records System, "DUSDI 02-DD" at: https://www.federalregister.gov/documents/2018/10/17/2018-25208/privacy-act-of-1974-system-of-records. **DISCLOSURE:** Disclosure is voluntary. However, failure to provide DCSA access to the requested information may result in our agency's inability to conduct a thorough investigation and may prevent the government from making a determination or adjudication regarding the qualifications, sultability, eligibility or fitness of the person being investigation and may prevent the government from maki

If you have significant information which you feel unable to furnish without a promise that your identity will be kept confidential, please indicate this in writing on the reverse side of this form and provide only your contact information. Providing additional information on this form will vold your request for confidentiality.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

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

CASE NUMBER	:	CASE TYPE: ITEM	NUMBER:
FULL NAME (LA	ST, FIRST, MIDD	LE)	
OTHER NAMES	USED		
DATE OF B	IBTH	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION
PLACE OF BIR	пн		
CLAIMED EMPL	OYMENT		
FROM	то	POSITION	NAME OF SUPERVISOR
1944 D.		.4	
ACTUAL JOB LC	DCATION (IF DIF	FERENT THAN ABOVE ADDRESS)	
		21	
UBLIC BURDEN STATEM	ENT: The public reportio	a burden for this collection of information. OMB 0705-0003, is estimated to a	erage 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering
nd maintaining the data n it wha.mc-alex.esd.mbx.d	eeded, and completing d-dod-infor-mation-colle	and reviewing the collection of information. Send comments regarding the intions@mail.mil. Respondents should be aware that notwithstanding any of	surden estimate or burden reduction suggestions to the Department of Defense. Washington Headquarters Service her provision of law, no person shall be subject to any penalty for failing to comply with a coffection of information i
loes not display a current)		Iber.	221431-6 EXPIRATION DATE: YYYYMMDD FORM APPROVED: OMB:0705-000
U			

	MADI	BIC .	
	MARK INSTRUC		
	JSE A NO. 2 PENCIL OR BLUE OR DO NOT USE PENS WITH INK THAT		
• • •	DO NOT MAKE ANY STRAY MARKS	S ON THIS SHEET.	
PLE	ASE COMPLETE THE	ITEMS SHOWN BELC	W
IS THE INFORMATION ON THE FRONT		RE	CORD AT ANOTHER LOCATION
a YES b NO (Please explain MARK ONE OF THE FOLLOWING PERT	,		ter address and ZIP Code in #6)
a SUBJECT CURRENTLY EMPLOYER		e 🔵 FIRED (Please explain in item	6)
b CLEFT EMPLOYMENT VOLUNTARIL ENTIRELY FAVORABLE	Y/EMPLOYMENT	f QUIT AFTER BEING TOLD TH (Please explain in item 6)	EY WOULD BE FIRED
C SEPARATED BECAUSE OF COMPA WORKFORCE OR CHANGE IN SKI			UCT (Please explain in item 6)
d CLEFT EMPLOYMENT VOLUNTARIL ENTIRELY FAVORABLE (Please exp	olain in item 6)	h CLEFT BY MUTUAL AGREEME UNSATISFACTORY PERFORM	NT FOLLOWING NOTICE OF MANCE (Please explain in item 6)
a YES b NO - DUE T NOT RELAT	E? O COMPANY POLICY AND/OR ED TO UNFAVORABLE EMPLOYMENT	c ONO - FOR REASONS EMPLOYMENT (Pleas	RELATING TO UNFAVORABLE se explain in item 6)
DO YOU HAVE ANY REASON TO QUES	TION THIS PERSON'S HONESTY OR TI	RUSTWORTHINESS?	
a ONO	c 🔵 I D	O NOT KNOW THIS PERSON WELL E	NOUGH TO RESPOND
b O YES (Please explain in item 6)		ISH TO DISCUSS THE ADVERSE INFO	
DO YOU HAVE ANY ADVERSE INFORM			S CONCERNING:
			NERAL BEHAVIOR OR CONDUCT
b C FINANCES	e O MENTAL OR EMOTIONAL		HER MATTERS
	(If YES to any of these question	v – –	
FILL IN THIS MARK IF RECORD		INFORMATION I HAVE	
FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE		INFORMATION I HAVE IN THIS MARK BEARING ON THIS PERSON'S E PROVIDE DEROGATORY AS WEI	
 FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES NO (Please explain in item 6) 	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I . THIS SPACE MAY BE USED TO F ALITY, AND/OR TO REQUEST A CO	INFORMATION I HAVE	
 FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES 	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I . THIS SPACE MAY BE USED TO F ALITY, AND/OR TO REQUEST A CO	INFORMATION I HAVE	LL AS POSITIVE INFORMATION,
 FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES NO (Please explain in item 6) PRINT NAME: 	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I . THIS SPACE MAY BE USED TO F ALITY, AND/OR TO REQUEST A CO	INFORMATION I HAVE	DUGH TO MAKE A RECOMMENDATION
 FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES NO (Please explain in item 6) RINT NAME: IGNATURE: 	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I . THIS SPACE MAY BE USED TO F ALITY, AND/OR TO REQUEST A CO	INFORMATION I HAVE IN THIS MARK BEARING ON THIS PERSON'S E PROVIDE DEROGATORY AS WEI DPY OF THE CONSENT.	DATE
 FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES NO (Please explain in item 6) RINT NAME: IGNATURE: 	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I . THIS SPACE MAY BE USED TO P ALITY, AND/OR TO REQUEST A CO OR ELIGIBILITY FOR EMPLOYMENT O c O ID FOR DCSA U	INFORMATION I HAVE IN THIS MARK BEARING ON THIS PERSON'S E PROVIDE DEROGATORY AS WEI DPY OF THE CONSENT.	DUGH TO MAKE A RECOMMENDATION
 FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES b NO (Please explain in item 6) RINT NAME: IGNATURE: OUR TITLE/ORGANIZATION: 	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I . THIS SPACE MAY BE USED TO P ILITY, AND/OR TO REQUEST A CO COR ELIGIBILITY FOR EMPLOYMENT O CONTROLOGIES FOR DCSA US S (§) ISSUES	INFORMATION I HAVE IN THIS MARK BEARING ON THIS PERSON'S E PROVIDE DEROGATORY AS WEI DPY OF THE CONSENT.	DUGH TO MAKE A RECOMMENDATION DATE DAYTIME TELEPHONE NUMBER MCLUDE AREA () ARACTERIZATION 9 (O) (A) (B) (C) (D) (E) (N)
FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES b NO (Please explain in item 6) RINT NAME: GNATURE: OUR TITLE/ORGANIZATION: RESULTS AC ACCEPTABLE A ACCEPTABLE	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I THIS SPACE MAY BE USED TO F ALITY, AND/OR TO REQUEST A CO C ID C ID FOR ELIGIBILITY FOR EMPLOYMENT O C ID FOR DCSA U S (§) ISSUES (P) CONFIDENTIAL/ISSUES	INFORMATION I HAVE IN THIS MARK BEARING ON THIS PERSON'S E PROVIDE DEROGATORY AS WEID DPY OF THE CONSENT. DR SECURITY CLEARANCE? ON'T KNOW THIS PERSON WELL EN ON'T KNOW THIS PERSON WELL EN SE ONLY ISSUES/CH/ 1 (0) (A) (B) (C) (D) (E) (N) 2 (0) (A) (B) (C) (D) (E) (N)	DATE DAYTIME TELEPHONE NUMBER MCLUDE AREA 9 () ARACTERIZATION 9 () (A) (B) (C) (D) (E) (N) 10 () (A) (B) (C) (D) (E) (N)
FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES b NO (Please explain in item 6) RINT NAME: GNATURE: OUR TITLE/ORGANIZATION: RESULTS AC ACCEPTABLE A ACCEPTABLE A CONFIDENTIAL/ACCEPTABLE	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I . THIS SPACE MAY BE USED TO F NLITY, AND/OR TO REQUEST A CO C ID C ID FOR ELIGIBILITY FOR EMPLOYMENT O C ID FOR DCSA US (§) ISSUES (P) CONFIDENTIAL/ISSUES (F) RECORD INCONCLUSIVE	INFORMATION I HAVE IN THIS MARK BEARING ON THIS PERSON'S E PROVIDE DEROGATORY AS WEID DPY OF THE CONSENT. DR SECURITY CLEARANCE? ON'T KNOW THIS PERSON WELL EN ON'T KNOW THIS PERSON WELL EN SE ONLY I (0) (A) (B) (C) (D) (E) (N) 2 (0) (A) (B) (C) (D) (E) (N) 3 (0) (A) (B) (C) (D) (E) (N)	DUGH TO MAKE A RECOMMENDATION DATE DATE MAXIMUM TELEPHONE NUMBER MAXACTERIZATION 9 © (Å) (B) (C) (D) (E) (N) 10 (Q) (Å) (B) (C) (D) (E) (N) 11 (Q) (Å) (B) (C) (D) (E) (N)
FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES b NO (Please explain in item 6) RINT NAME: IGNATURE: INTITLE/ORGANIZATION:	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I THIS SPACE MAY BE USED TO P ALITY, AND/OR TO REQUEST A CO C C C FOR ELIGIBILITY FOR EMPLOYMENT C C C ID FOR DCSA US S (§) ISSUES (P) CONFIDENTIAL/ISSUES (R) RECORD INCONCLUSIVE FR FEE REQUIRED	INFORMATION I HAVE IN THIS MARK BEARING ON THIS PERSON'S E PROVIDE DEROGATORY AS WEID DPY OF THE CONSENT. ON'T KNOW THIS PERSON WELL EN SE ONLY I (0) (A) (B) (C) (D) (E) (N) 2 (0) (A) (B) (C) (D) (E) (N) 3 (0) (A) (B) (C) (D) (E) (N) 4 (0) (A) (B) (C) (D) (E) (N)	DUGH TO MAKE A RECOMMENDATION DATE DAYTIME TELEPHONE NUMBER MCLUDE AREA () ARACTERIZATION 9 (O) (A) (B) (C) (D) (E) (N) 10 (O) (A) (B) (C) (D) (E) (N) 11 (O) (A) (B) (C) (D) (E) (N) 12 (O) (A) (B) (C) (D) (E) (N)
 FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES YES NO (Please explain in item 6) RINT NAME: IGNATURE: IGUR TITLE/ORGANIZATION: RESULTS AC ACCEPTABLE AC ACCEPTABLE AC CONFIDENTIAL/ACCEPTABLE NO PERTINENT INFORMATION NO RECORD 	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I THIS SPACE MAY BE USED TO P ALITY, AND/OR TO REQUEST A CO C C C FOR ELIGIBILITY FOR EMPLOYMENT C C C FOR DCSA U S (§) ISSUES (P) CONFIDENTIAL/ISSUES (P) CONFIDENTIAL/ISSUES (P) RECORD INCONCLUSIVE FR FEE REQUIRED FO RELEASE REQUIRED	INFORMATION I HAVE IN THIS MARK BEARING ON THIS PERSON'S E PROVIDE DEROGATORY AS WEID DPY OF THE CONSENT. ON'T KNOW THIS PERSON WELL EN ON'T KNOW THIS PERSON WELL EN SE ONLY ISSUES/CH/ 1 (0) (A) (B) (C) (D) (E) (N) 2 (0) (A) (B) (C) (D) (E) (N) 3 (0) (A) (B) (C) (D) (E) (N) 4 (0) (A) (B) (C) (D) (E) (N) 5 (0) (A) (B) (C) (D) (E) (N)	DUGH TO MAKE A RECOMMENDATION DATE DAYTIME TELEPHONE NUMBER RECLUICE AREA () ARACTERIZATION 9 (O) (A) (B) (C) (D) (E) (N) 11 (O) (A) (B) (C) (D) (E) (N) 12 (O) (A) (B) (C) (D) (E) (N) 13 (O) (A) (B) (C) (D) (E) (N)
FILL IN THIS MARK IF RECORD IF ADDITIONAL INFORMATION I ADDITIONAL INFORMATION I ADDITIONAL INFORMATION OR SECURITY CLEARANCE TO REQUEST CONFIDENTIA DO YOU RECOMMEND THIS PERSON F a YES b NO (Please explain in item 6) RINT NAME: IGNATURE: IGNATURE: IGUR TITLE/ORGANIZATION: RESULTS AC ACCEPTABLE A ACCEPTABLE A CONFIDENTIAL/ACCEPTABLE IN NO PERTINENT INFORMATION	IS ATTACHED S PROVIDED BELOW, YOU MUST FILL I WHICH YOU FEEL MAY HAVE A I THIS SPACE MAY BE USED TO P ALITY, AND/OR TO REQUEST A CO C C C FOR ELIGIBILITY FOR EMPLOYMENT C C C ID FOR DCSA US S (§) ISSUES (P) CONFIDENTIAL/ISSUES (R) RECORD INCONCLUSIVE FR FEE REQUIRED	INFORMATION I HAVE IN THIS MARK BEARING ON THIS PERSON'S E PROVIDE DEROGATORY AS WEID DPY OF THE CONSENT. ON'T KNOW THIS PERSON WELL EN SE ONLY I (0) (A) (B) (C) (D) (E) (N) 2 (0) (A) (B) (C) (D) (E) (N) 3 (0) (A) (B) (C) (D) (E) (N) 4 (0) (A) (B) (C) (D) (E) (N)	DUGH TO MAKE A RECOMMENDATION DATE DAYTIME TELEPHONE NUMBER MCLUDE AREA () ARACTERIZATION 9 (O) (A) (B) (C) (D) (E) (N) 10 (O) (A) (B) (C) (D) (E) (N) 11 (O) (A) (B) (C) (D) (E) (N) 12 (O) (A) (B) (C) (D) (E) (N)