

**PERSONNEL SECURITY DATA FORM
EMPLOYEE**

OMB Control Number: XXXX-XXXX



**National Credit Union Administration
Office of Continuity and Security Management**

Section A: Applicant Information

Last Name (Legal Family)		First Name (Legal Given)		Middle (or NMN if none)	Other Names Used	Suffix	
Social Security Number	Date of Birth MM/DD/YYYY	Place of Birth (City and State)		Country	Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Home Street Address (P.O. Box not accepted)				U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Naturalized U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Email Address		Phone Number	

Section B: Position and OHR Information

Position Description Number	Office/Region Supporting (i.e. OCSM)	Dates of Internship, if applicable
Physical Working Location <input type="checkbox"/> Eastern <input type="checkbox"/> Southern <input type="checkbox"/> Western <input type="checkbox"/> Central Office <input type="checkbox"/> Field or Remote	NCUA OHR Points of Contact	Hiring Manager

NOTES

INSTRUCTIONS

Use: This form, in its entirety, must be submitted for any applicant requiring access to NCUA information, systems, or facilities.
Submission: A typed document is preferred to avoid delays and incorrect information. The applicant's full legal name is required. All documentation must be submitted by the OHR/DMS representative to Personnel Security at PersonnelSecurity@NCUA.gov.

Privacy Act: AUTHORITY: 5 CFR § 731 and 736; Executive Order 13467; Executive Order 12968/SEAD 4. Disclosure of the requested information is not mandatory. **PURPOSE:** To assist NCUA personnel in making an informed decision regarding suitability for federal employment, fitness for contract employment, and/or granting of a security clearance. **ROUTINE USE(S):** In addition to the disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, the information contained herein may specifically be used to document the outcome of adjudicative determination for the issuance of the HSPD-12 PIV card or the local agency access badge, and to document the outcome of adjudicative determinations for suitability, fitness, and/or national security clearances. Contact information is used for communication and authentication purposes. A complete list of Routine Uses is available at NCUA-1, Personnel Access and Security System (81 FR 12748). **EFFECTS OF NOT PROVIDING INFORMATION:** The requested information is needed to process your claim for employment and/or access. Disclosure of your personal information is voluntary. However, failure to provide the requested information may result in removal from the hiring process. **SORN:** NCUA-1, Personnel Access and Security System (81 FR 12748), Office of Personnel Management OPM/Central-9.

Paperwork Reduction Act Statement: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is XXXX-XXXX. We estimate that it will take 10 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: NCUA, Office of Continuity and Security Management, 1775 Duke Street, Alexandria, VA 22314-3428.