#### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

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. 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 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; sections 3301, 3302, 7301, and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 731, and 736 of title 5, Code of Federal Regulations (CFR), and 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.

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#### Instructions for Completing this Form

- 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.
- 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.
- 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.
- 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. The office that gave you this form will provide you a copy of its routine uses.

#### Office of Personnel Management (OPM) Routine Uses

The Privacy Act routine uses of agencies conducting or requesting investigations, or with authorized custody over your investigative information, commonly include some or all of the following:

- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- To an element of the U.S. Intelligence Community as identified in E.O.12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative,or judicial branches of the Federal Government in response to its request,in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government,or national security; and (3) the disclosure made to such agencies,entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

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- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- I. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- To disclose information to the National Archives and Records Administration for use in records management inspections.
- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
  - (1) OPM, or any component thereof; or
  - (2) Any employee of OPM in his or her official capacity; or
  - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
  - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity(EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.

- To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counter terrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or man made disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

#### **Public Burden Information**

Public burden reporting for this collection of information is estimated toaverage155minutesperresponse,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.

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#### 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 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. First Name Middle Name Suffix Section 2 - Date of Birth Section 3 - Place of Birth Provide your date of Provide your place of birth. birth. (Month/Day/Year) County State Country (Required) ☐ Est. **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? 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 Maiden name? From (Month/Year) To (Month/Year) Provide the reason(s) why the name changed Present Est. Est. Provide other name used #2 Last name First name Middle name Suffix Maiden name? Provide the reason(s) why the name changed From (Month/Year) To (Month/Year) Present Est. Est. Provide other name used #3 Last name Middle name Suffix First name Maiden name? Provide the reason(s) why the name changed From (Month/Year) To (Month/Year) Present Est. Est. Provide other name used #4 Last name First name Middle name Suffix Maiden name? Provide the reason(s) why the name changed From (Month/Year) To (Month/Year) Present Est. Est. Section 6 - Your Identifying Information Provide your identifying information. Eye color Weight (in pounds) Hair color Sex Female Height Male (inches)

Enter your Social Security Number before going to the next page

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Section 7 - Your Contact	Information								
		one telepho	one number is I	required. Addi	itional numbe	rs provide	d may assist in the completion of y	our our	
Home e-mail address					Work e-mail	address			
International or DSN pl	hone number	○ Day	Internation	nal or DSN ph	one number	○ Day	International or DSN phone	number	O Day
Home telephone number	Extension	Night	Work telephor	ne number	Extension	○ Nigh	Mobile/Cell telephone number	Extension	Night
		Both				Both			Both
Section 8 - U.S. Passport	Information							ı	
Do you possess a U.S. pas	ssport (curren	t or expired	)?						
YES NO (If NO, p	roceed to Secti	on 9)							
Provide the following informal Passport number	mation for the		e (Month/Day/Ye		/ possess. on date <i>(Mont</i>	h/Day/Year ☐ Est.	Click HERE for U.S. State Departr http://travel.state.gov/passport	nent passpor	rt help
Provide the name in which	passport was	 s first issued							
Last name		1	First name			1	Middle name	Suffix	
Section 9 - Citizenship									
Select the box that reflects									
I am a U.S. citizen or (Proceed to Section 10)						O I ai	m a derived U.S. citizen. (Complete	9.3)	
I am a U.S. citizen or (Complete 9.1)			U.S. parent(s),	, in a foreign c	country.	○ I ai	m not a U.S. citizen. (Complete 9.4)		
I am a naturalized U.S	S. citizen. (Co.	mplete 9.2)							
-				citizen or na	tional by birt	h, born to	U.S. parent(s) in a foreign cour	ntry.	
Provide type of docume			_	dala annolana da					
		FS 545 (	` `	ride explanation		umont wa	a icound (Month/Day/Vear)		
Provide document numb	per for U.S. cit	tizen born a	broad.	Provide the	date the doc	ument was	s issued. (Month/Day/Year)	st.	
Dravida tha reseas is whi		:						.St.	
Provide the name in white Last name	cn document	was issued	First name				Middle name	Suffix	
Provide your citizenship	certificate nu	mber.	Provide the da	ite the certifica	ate was issue	d. (Month/L	Day/Year)		
							Est.		
Provide the place of issu	uance.								
City			State	Country					
Provide the name in whi	ch the certific	ate was issi						0 "	
Last name			First name				Middle name	Suffix	
Were you born on a U.S	5. military insta	allation? .	Provide the na	ame of the ba	se.				
YES NO (If NO	), proceed to Se	ection 10)							

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Section 9 - Citizenship - (Continued)						
9.2 Complete the following if you answere	d that you are a <b>nat</b> u	uralized U.S. cit	izen.			
Provide the date of entry into the U.S. (Month/Day/Year)		e the location of	entry into the U.S.		Ctata	
(INIOTHIV Day/ real)	City				State	
Provide country(ies) of prior citizenship.					<u> </u>	
#1 Country			#2 Country			
Do/did you have a U.S. alien registration n  YES Provide your U.S.						
i lovido your o.c	S. alien registration n utilize USCIS, CIS, o					
Provide your Certificate of Naturalization n	number (N550 or N57	70). Provide	the date the Certificat	te of Naturaliz	zation was issued. (M	lonth/Day/Year)
						Est.
Provide the name of the court that issued		address of the co	ourt that issued the Co	ertificate of Na	aturalization. State	7in Codo
Certificate of Naturalization.	Street		City		State	Zip Code
Provide the name in which the Certificate of	I of Naturalization was	issued.			I	
Last name	First name		ı	Middle name	е	Suffix
Provide the basis of naturalization.  Based on my own individual naturalization.	tion application					
Other (Provide explanation)						
9.3 Complete the following if you answere	ed that you are <b>a deri</b>	ived U.S. citizen	1.			
Provide your alien registration number (on			ermanent Resident C	ard	Provide your Certification	ate of Citizenship
Citizenship — utilize USCIS, CIS or INS re	egistration number)	number (I-551)		ı	number (N560 or N5	61)
Describe the second is subtish the second						
Provide the name in which the document value Last name	First name			Middle nam	e	Suffix
Provide the date document was issued (M	Month/Day/Year) Pro	_	f derived citizenship.			
	Est.		law through my U.S.	citizen parent	t	
		Other (Provide	explanation) •			
9.4 Complete the following if you answere						
Provide your residence status. Provide	e your date of entry in	n the U.S. (Month	ı/Day/Year) ☐ Es	st.		
Provide your country(ies) of citizenship.						
#1 Country			#2 Country			
Provide your place of entry in the U.S. City		State	Provide your alien re number (I-551, I-766		Provide document e date (I-766 ONLY)	
,				,		Est.
Provide type of document issued. (I-94, U			019, etc.)			
☐ I-94 ☐ U.S. Visa (red foil number) (	) I-20 () DS-201	9				
Other (Provide explanation)	Dunaida da La			D	la accessa de la composición dela composición de la composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composic	lata (Manth/D-::^/ )
Provide document number.	Provide the date do	cument was issu	led (Month/Day/Year) ☐ Est.	Provide d	ocument expiration o	late. (Month/Day/Year)
Provide the name in which the document v	was issued.					
Last name	First name			Middle name	e	Suffix
nter your Social Security Number bef						

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Section 10 - Dual/Multiple Citizenship & Foreign P	assport Information					
10.1 Do you now or have you EVER held dual/multip	ele citizenships?			○ YES	NO (If NO, p	roceed to 10.2)
Complete the following if you answered 'Yes' to have	ring EVER held dual/multip	le citizenships.				
Entry #1						
Provide country of citizenship.		(Provide the da was acquired the	te range than rough its te	at you held thi	Present," whiche	inning with the date it ver is appropriate.)
How did you acquire this non-U.S. citizenship you n		? From Date (Mo.	nth/Year)	Est.	To Date (Month	/Year) Present Est.
Do you currently hold citizenship with this country?						
YES NO Provide explanation:						
Entry #2						
Provide country of citizenship.  How did you acquire this non-U.S. citizenship you n	now have or previously had	(Provide the da was acquired the	te range than rough its te	at you held thi		inning with the date it ver is appropriate.)
The ward you doquite this field of our outprise his	ow have or previously had	. Trom Bate (me	nary roary	Est.	To Bato (Mona)	/Year) Present Est.
Do you currently hold citizenship with this country?						
YES NO Provide explanation:						
10.2 Have you EVER been issued a passport (or ide	ntity card for travel) by a co	ountry other than th	ie U.S.?	○ YES	NO (If NO, pro	oceed to Section 11)
Complete the following if you answered 'Yes' to have	ving been issued a passpo	rt (or identity card f	or travel) b	y a country of	ther than the U.S	S.
Entry #1						
Provide the country in which the passport (or ident	ity card) was issued.	Provide the da	te the pass	sport (or ident	ity card) was iss	ued. (Month/Day/Year)  Est.
Provide the place the passport (or identity card) was City	as issued.		Country			
Provide the name in which passport (or identity ca Last name	rd) was issued. First name		Middle n	ame		Suffix
Last name				amo		
Provide the passport (or identity card) number.		Provide the pa	assport (or	identity card)	expiration date.	(Month/Day/Year)  Est.
Have you <b>EVER</b> used this passport (or identity car	d) for foreign travel?					
Provide the countries to which you traveled on this	s passport (or identity card	) and the dates invo	olved with 6	each		
Country	. , , ,	date (Month/Year)	orvod William	To date (Mo	onth/Year)	
#1			Est.			st. Present
#2			Est.			st. Present
#3			Est.		E	st. Present
#4			Est.		E	st. Present
#5			Est.		E	st. Present
#6			Est.		E	st. Present
	L					

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Est.

Est.

Present

Present

Section 10 - Dual/Multiple Citizenship & Foreign P	assport Information	- (Continued)			
Complete the following if you answered 'Yes' to have	ring been issued a pas	ssport (or identity card f	or travel) by	y a country other than the	e U.S.
Entry #2					
Provide the country in which the passport (or ident	ity card) was issued.	Provide the da	ite the pass	sport (or identity card) wa	s issued. (Month/Day/Year
					Est.
Provide the place the passport (or identity card) wa	as issued.				
City			Country		
Provide the name in which passport (or identity call	rd) was issued.				
Last name	First name		Middle n	ame	Suffix
Provide the passport (or identity card) number.		Provide the pa	assport (or	identity card) expiration	date. (Month/Day/Year)
					Est.
Have you EVER used this passport (or identity car	d) for foreign travel?	·			
YES  ○ NO					
Provide the countries to which you traveled on this	s passport (or identity	card) and the dates inv	olved with	each.	
Country	F	rom date (Month/Year)		To date (Month/Year)	
#1			Est.		Est. Present
#2			Est.		Est. Present
#3			Est.		Est. Present
#4			Est.		Est. Present

Est.

Est.

#5

#6

#### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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#### Section 11 - Where You Have Lived

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.	_		Is/was th		_							
·	To (Month/Year)	Present	Own	ed by y	ou C	) Rented	d or lease	d by you				
Est.		Est.	Milita	ary hous	sing (	) Other	(Provide 6	explanation	on) ▶			
Provide the street address. (Provide)	de City and Country i	f outside the United	States; other	erwise, p	rovide Cit	v. State a	and Zip Code	e.)				
Street		City			State		Zip Code	•	Cou	ntry		
If you have indicated an APO/FPC	D address, comple	ete <b>(a)</b> . If you ha	ve indicate	ed an a	ddress c	outside o	of the Unit	ed States	, com	nplete (b).		
(a) Provide physical location data							n or home	port/flee	t head	dquarter. (Provid	le City and C	Country
if outside the United States; other Street Address/Unit/Duty Loca		State and Zip Code City or Post Na		the Unite	ed States. State		7in Codo		Cou	ntr./		
Street Address/Offit/Duty Loca	ation	City of Fost Na	IIIIE				Zip Code			Titiy		
(b) Did you have an APO/FPO ac	dross while at thi	is location?										
	duress wrille at trii	is location?		APO o	r FPO			APO/FF	O Sta	ate Code	Zip Code	<i>3</i>
l O IES			- 1	711 0 01					0 0	ate edge		,
NO									1		11	
Provide the name of a neighbor, last name	andlord (if rental). First name	•	who know	•		ldress.		Suffix		Provide date ( (Month/Year)	of last conta	act.
Last name		,	1	Middle	name					(MOHIII/Teal)		Est.
												ງ ⊏ຣເ.
Provide your relationship to this p												
Neighbor Friend	Landlord	Business asso	ociate	Oth	ner (Pro	vide exp	olanation)	<b>•</b>				
Provide the following contact infor	rmation for this pe	erson.										
I don't know		I don't kno						I don't kn				
International or DSN phone n		Internation			number		I			r DSN phone nu		
Evening telephone number	Extension	Daytime telep	hone num	ber	1	Extensi	ion   Cell	/mobile te	elepho	one number	Exte	nsion
Provide e-mail address for this pe	erson.											
						ldo	on't know					
Provide street address for this per	rson (including ap		). (Provide (	City and				tates; othe			and Zip Co	de.)
Street		City I			State I	1	Zip Code		Cou I	ntry		
If you have indicated an APO/FPC												
(a) Provide physical location data							n or home	e port/flee	t head	dquarter. (Provid	le City and C	Country
if outside the United States; other Street Address/Unit/Duty Loca		City or Post Na		trie Oriite	State		Zip Code		Cou	ntrv		
						- ا	p			,		
(b) Does the person who knew yo	au havo an ADO/r	EPO addrasa?										
YES Address	ou nave an APO/f	ro address?		APO o	r FPO			APO/FF	O Sta	ate Code	Zip Code	)
O NO												
								<u> </u>				

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

Enter residence information.											
Entry #2											
Provide dates of residence.			Is/was th	nis resid	lence:						
From (Month/Year)	To (Month/Year)	Present	l _	ned by y		Rent	ed or le	ased by you			
☐ Est.		Est.	~	ary hou				ide explanati	on) 🕨		
			O Millit	ary nou	sing (	) Otne	[ (I 10v	ide explanati	011)		
Provide the street address. (Prov	vide City and Country		States; oth	erwise, p	_	ity, State			0	and the co	
Street		City			State		Zip Co	ode		ıntry	
If you have indicated an APO/FF	O address, comple	l ete <b>(a)</b> . If you ha	ve indicat	ed an a	L ddress	outside	of the	United State	s, con	nplete (b).	
(a) Provide physical location da											e City and Country
if outside the United States; other		-	-	the Unit	_	s.)	7: 0	al a	0		
Street Address/Unit/Duty Lo	cation	City or Post Na	me		State		Zip Co I	ode		ıntry	
4) 211											
(b) Did you have an APO/FPO a	address while at th	is location?		A DO 6	* EDO			4 DO/E	DO 64	tota Cada	7in Codo
○ YES → Address				APO o	IFPU			APO/F	PU 31	tate Code	Zip Code
Provide the name of a neighbor,	, landlord (if rental)	, or other person	who knov	vs you a	at this a	ddress.		'		Provide date o	f last contact.
Last name	First name	•		Middle	name			Suffix		(Month/Year)	
											Est.
Provide your relationship to this	person (Select all	that apply).						'			
Neighbor Friend	Landlord	Business asso	ociate	Oth	ner (Pro	ovide ex	xplanat	ion) ▶			
Provide the following contact info	ormation for this pe	erson.									
I don't know	·	I I don't kno	)W				- 1	I don't k	now		
International or DSN phone	number	Internation	nal or DSN	N phone	numbe	r		Internati	onal c	or DSN phone nu	mber
Evening telephone number	Extension	Daytime telep				Exten	sion	Cell/mobile t			Extension
Provide e-mail address for this p	person.										
							don't kr	now			
Provide street address for this p	erson (including ap	partment number	). (Provide	City and	Country	if outside	the Uni	ited States; oth	erwise,	provide City, State	and Zip Code.)
Street		City I			State		Zip Co	ode	Cou	untry	
If you have indicated an APO/FF											
<ul><li>(a) Provide physical location da if outside the United States; other</li></ul>							ion or h	nome port/flee	et hea	dquarter. (Provide	e City and Country
Street Address/Unit/Duty Lo		City or Post Na		the Ont	State	s. <i>)</i>	Zip Co	ode	Cou	untry	
(b) Does the person who knew	vou have an APO/	EPO address?									
YES Address	you have an Ai On	i i O address:		APO o	r FPO			APO/F	PO St	tate Code	Zip Code
○ NO											'

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

Enter residence information.												
Entry #3												
Provide dates of residence.			Is/was thi	is resid	lence:							
From (Month/Year)	To (Month/Year)	Present	Owne	ed by y	ou (	Rent	ed or le	ased	by you			
Est.		Est.		ry hou	sing (	) Othe	r (Provi	ide ex	xplanatio	n) ▶		
Provide the street address. (Prov Street	ride City and Country i	if outside the United City	States; othe	erwise, p	rovide Ci State	ty, State	and Zip Zip Co		.)	Cou	ntry	
If you have indicated an APO/FF  (a) Provide physical location da if outside the United States; othe Street Address/Unit/Duty Lo	ta with street addre erwise, provide City, S cation	ess, base, post, e State and Zip Code i City or Post Nar	mbassy, u for ports in t	ınit, and	d countr	y locati		nome			dquarter. (Provide	e City and Country
(b) Did you have an APO/FPO a	address while at th	is location?			•		•					
○ YES → Address				APO o	r FPO				APO/FF	O Sta	ate Code	Zip Code
Provide the name of a neighbor,						ddress.					Provide date o	f last contact.
Last name	First name	9	1	Middle	name			1	Suffix		(Month/Year)	
												Est.
Provide your relationship to this	person (Select all	that apply).										
Neighbor Friend	Landlord	Business asso	ciate	Oth	ner (Pro	vide ex	kplanati	ion) 🕨	•			
Provide the following contact info	ormation for this pe	erson.										
I don't know		I don't kno	W						don't kn	ow		
International or DSN phone	number	Internation	al or DSN	phone	numbe	r		ll 🔄	nternatio	nal o	r DSN phone nu	mber
Evening telephone number	Extension	Daytime teleph	one numb	oer		Exten	sion	Cell/r	mobile te	elepho	one number	Extension
Provide e-mail address for this p	person.											
							don't kr	now				
Provide street address for this p	erson (including ap	partment number)	. (Provide C	City and	Country i	f outside	the Uni	ited Sta	ates; othe	rwise,	provide City, State	and Zip Code.)
Street		City			State		Zip Co	ode		Cou	ntry	
If you have indicated an APO/FF  (a) Provide physical location da  if outside the United States; other	ta with street addre	ess, base, post, e	mbassy, u	ınit, and	d countr	y locati					,	e City and Country
Street Address/Unit/Duty Lo	cation	City or Post Nar	me		State		Zip Co	ode		Cou	ntry	
(b) Does the person who knew	you have an APO/l	FPO address?										
○ YES → Address			ı,	APO o	r FPO			1	APO/FF	O Sta	ate Code	Zip Code I
○ NO												

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

Enter residence information.											
Entry #4											
Provide dates of residence.			Is/was tl	nis resid	lence:						
From (Month/Year)	To (Month/Year)	Present	Owr	ned by y	ou (	Rente	ed or le	eased by you			
Est.		Est.	Milit	ary hous	sing (	) Othe	r (Prov	ride explanatio	on) 🕨		
	'			-							
Provide the street address. (Provide the street address)	vide City and Country		States; oth	erwise, p	rovide Ci	ty, State	and Zip	Code.)			
Street		City			State		Zip Co	ode	Count	try	
If you have indicated an APO/FF	O address, compl	ete (a). If you ha	ve indica	ted an a	ddress	outside	of the	United States	s, comp	lete (b).	
(a) Provide physical location da							ion or h	nome port/flee	t head	quarter. (Provid	le City and Country
if outside the United States; othe Street Address/Unit/Duty Lo		State and Zip Code City or Post Na		the Unite	ea States State	S.)	Zip Co	nde	Count	trv	
Street Address/Offit/Duty Lo	Cation		iiiic		Jiale		Zip Ci	Jue		пу	
(h) Did you have an ADO/EDO	addraga while at th	is leastion?									
(b) Did you have an APO/FPO a	address while at th	is location?		APO o	r FPO			APO/FF	PO Stat	a Coda	Zip Code
Q 1E3					1110				O Otal	c code	
NO											
Provide the name of a neighbor,			who know			ddress.		0.45.		Provide date o	of last contact.
Last name	First name	2		Middle	name			Suffix I	1	(Month/Year)	
											Est.
Provide your relationship to this	person (Select all	that apply).									
Neighbor Friend	Landlord	Business asso	ociate	Oth	ner (Pro	vide ex	kplanat	ion) 🕨			
Provide the following contact inf	ormation for this pe	erson.									
I don't know		I don't kno	ow				- 1	I don't kr	now		
International or DSN phone	number	Internation	nal or DSI	N phone	numbe	r		Internation	onal or	DSN phone nu	ımber
Evening telephone number	Extension	Daytime telep	hone num	ber		Exten	sion	Cell/mobile te	elephor	ne number	Extension
Provide e-mail address for this p	erson.										
							don't k	now			
Provide street address for this p	erson (including ar	artment number	) (Provide	City and	Country				rwise n	rovida City State	and Zin Code )
Street	croom (mordaling ap	City	). (i rovido	Only and	State	r outside	Zip C		Count		and zip code.)
							"			. ,	
If you have indicated on ADO/FF	O addraga sampl	to (a) If you be	us indicat	had an a	ddraaa		of the	United Ctates		loto (h)	
If you have indicated an APO/FF  (a) Provide physical location da											le City and Country
if outside the United States; other			-			-	1011 01 1	iomo poremoc	rioda	quarter: (1 1011c	ic ony ana country
Street Address/Unit/Duty Lo	cation	City or Post Na	ıme		State		Zip Co	ode	Count	try	
(b) Does the person who knew	you have an APO/l	-PO address?					<u> </u>				
○ YES → Address				APO o	r FPO			APO/FF	O Stat	e Code	Zip Code
○ NO											
											1

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Do not list education befo	ore your 18th birthday, un	less to prov	ide a minim	um of two vea	ars of education	n history.				
								then 7	0	
•	ny schools in the last 7 y	ears?						ore than 7 years ag	go ?	
○ YES ○ NO				O YES	NO (IF NO to	12(a) and 12(b)	, proceed	d to Section 13A)		
Entry #1	to a double		0-1		andata balanci			. 1		
Provide the dates of at			_	• • • • • • • • • • • • • • • • • • • •	priate below t	o describe you	ir schoo	DI.		
From Date (Month/Year	r) To Date (Month/Year)	Preser	nt   O High	School		O Vocati	onal/Te	chnical/Trade Scho	ool	
Es	t.	Est.	O Colle	ege/University	/Military Colle	ge Corres	ponder	nce/Distance/Exten	sion/Onli	ine Sch
Provide the name of the	e school.									
	ress of the school. For cog the school address, referenced code.)									
Street		City			State	Zip Code		Country		
For schools you attend completed more than 3	led in the last 3 years, list 3 years ago. For correspo	t a person wondence/dis	vho knew yo tance/extens	ou at the schoolsion/online school	ol (instructor, hools, list son	student, etc.). neone who kne	Do not I w you v	list people for educ while you received	ation per this educ	iods cation.
Provide the name of the	ne person who knows/kne	ew you at so	chool: Last na	am a			Eirct	name		
		l don't know	1	anie				name		
Dravida aurrant addras				/Di-l- Oit	-1.0	ide de la laire d'Or			D4-44 7	7:- OI-
Street	ss for this person (including	ng apartmer City	it number). (	(Provide City and	a Country if outs State	Zip Code	ates; otn	erwise, provide City, S Country	State and 2	ир Соае
										مصدا فاحده
Provide telephone num Telephone number	Extension			lon't know hone number	Provide ema	all address for t	this pers	son.	l do	on't kno
Did you receive a degr	Extension	Day N	nal or DSN p Night		1	all address for	this pers	son.	I do	on t kno
Did you receive a degr	es(s)/diploma(s) received	Day N	nal or DSN p Night	hone number	1	all address for t	this pers			on t kno
Did you receive a degree YES NO  Provide type of degree Degree/diploma (• High	Extension	and date(s	al or DSN p Night  awarded.  achelor's, • I	hone number		er degree/diplo		Date awai	rded	
Did you receive a degroy YES NO Provide type of degreed Degreed diploma (• High	es(s)/diploma(s) received	and date(s	al or DSN p Night  awarded.  achelor's, • I	hone number				Date awa	rded	
Did you receive a degroy YES NO Provide type of degreed Degreed diploma (• High	es(s)/diploma(s) received	and date(s	al or DSN p Night  awarded.  achelor's, • I	hone number				Date awa	rded	
Did you receive a degr  YES NO  Provide type of degree  Degree/diploma (• Hig  Doctorate, • Profess	es(s)/diploma(s) received	and date(s	al or DSN p Night  awarded.  achelor's, • I	hone number				Date awa	rded	
Telephone number  Did you receive a degree  YES NO  Provide type of degree  Degree/diploma (• Hig • Doctorate, • Profess	ee/diploma? es(s)/diploma(s) received th School Diploma, • Asso	and date(s	al or DSN p light  awarded.  achelor's, • I	hone number	Othe	er degree/diplo	ma	Date awa	rded	
Did you receive a degree NO Provide type of degree Degree/diploma (• Hige Doctorate, • Professionary #2 Provide the dates of atternal provide the dates of a	ee/diploma?  es(s)/diploma(s) received th School Diploma, • Assortional Degree (e.g. MD, Di	and date(s) ociate's, • B	al or DSN p Night  ) awarded. achelor's, • I Other)	Master's,	Othe		ma	Date awa	rded	
Did you receive a degree YES NO Provide type of degree Degree/diploma (• Hige Doctorate, • Professionary #2 Provide the dates of atter	ee/diploma? es(s)/diploma(s) received th School Diploma, • Asso	and date(s	al or DSN p light  awarded. achelor's, • I Dther)  Select the I	Master's, most appropri	Other	er degree/diplo	ma school.	Date awa	rded ear)	
Did you receive a degree YES NO Provide type of degree Degree/diploma (• Hige Doctorate, • Professionary #2 Provide the dates of atternal Provide the dates	ee/diploma?  es(s)/diploma(s) received th School Diploma, • Assortional Degree (e.g. MD, Di	and date(s) ociate's, • B	al or DSN p light  awarded. achelor's, • I Dther)  Select the I	Master's,	Other	er degree/diplo	ma school.	Date awai (Month/Ye	rded ear)	Est.
Did you receive a degr YES NO Provide type of degree Degree/diploma (* Hig Doctorate, * Profess  Entry #2 Provide the dates of atter From Date (Month/Year)  Est.	es(s)/diploma(s) received the School Diploma, • Assetional Degree (e.g. MD, Diploma).  To Date (Month/Year)	and date(s) ciate's, • B VM, JD), • 0	al or DSN p light  awarded. achelor's, • I Dther)  Select the I	Master's, most appropri	Other	er degree/diplo	ma school.	Date awai (Month/Yei	rded ear)	Est
Did you receive a degree YES NO Provide type of degree Degree/diploma (* Hig * Doctorate, * Profess  Entry #2 Provide the dates of atters From Date (Month/Year) Est. Provide the name of the sessistance determining the	ee/diploma?  es(s)/diploma(s) received th School Diploma, • Asstional Degree (e.g. MD, Di  andance.  To Date (Month/Year)  school.  ss of the school. For correcte school address, refer the school address, refer the school address.	and date(s) ociate's, • B VM, JD), • 0	sal or DSN p Night  awarded. achelor's, • I Other)  Select the High S College	Master's, most appropri chool e/University/M	Other	describe your s  Vocation Correspondent	ma school. al/Tech ondence	Date awar (Month/Ye	rded ear)  I on/Online	Est
Did you receive a degree YES NO Provide type of degree Degree/diploma (* Hig * Doctorate, * Profess*)  Entry #2 Provide the dates of attention Date (Month/Year)  Est. Provide the name of the substitute of the s	ee/diploma?  es(s)/diploma(s) received th School Diploma, • Asstional Degree (e.g. MD, Di  andance.  To Date (Month/Year)  school.  ss of the school. For correcte school address, refer the school address, refer the school address.	and date(s) ociate's, • B VM, JD), • 0	sal or DSN p Night  awarded. achelor's, • I Other)  Select the High S College	Master's,  most appropri chool e/University/M	Other	describe your s  Vocation Correspondent	ma school. al/Tech ondence	Date awar (Month/Ye	rded ear)  I on/Online	Est.
Did you receive a degree YES NO Provide type of degree Degree/diploma (* Hig * Doctorate, * Profess*)  Entry #2 Provide the dates of attention Date (Month/Year)  Est. Provide the name of the substitute of the s	ee/diploma?  es(s)/diploma(s) received th School Diploma, • Asstional Degree (e.g. MD, Di  andance.  To Date (Month/Year)  school.  ss of the school. For correcte school address, refer the school address, refer the school address.	and date(s) ociate's, • B VM, JD), • 0  Present Est.	sal or DSN p Night  awarded. achelor's, • I Other)  Select the High S College	Master's,  most appropri chool e/University/M	Other	describe your s  Vocation Corresponded the addreside City and Cou	ma school. al/Tech ondence	Date awan (Month/Yell) Inical/Trade School Polistance/Extension The the records are intended the United States	rded ear)  I on/Online	Est
Did you receive a degree YES NO Provide type of degree Degree/diploma (* High Doctorate, * Profession Date (Month/Year)  From Date (Month/Year)  Est. Provide the street addressissistance determining the provide City, State and Zip Construction Street  For schools you attended	ee/diploma?  es(s)/diploma(s) received th School Diploma, • Asstional Degree (e.g. MD, Di  andance.  To Date (Month/Year)  school.  ss of the school. For correcte school address, refer the school address, refer the school address.	and date(s) ociate's, • B VM, JD), • C  Present Est.  espondence to http://ope City	sal or DSN p Night  ) awarded. achelor's, • I Other)  Select the I College /distance/ex .ed.gov/acci	Master's,  most appropri chool e/University/M	Other  ate below to describe a schools, procent aspx (Provent aspx (Provent aspx (Instructor, student))	describe your s Vocation Corresponded the addre	ma school. al/Tech ondence ss where ntry if our	Date awar (Month/Yell) Inical/Trade School e/Distance/Extension re the records are intitioned to the United States ountry	rded ear)  I on/Online maintaine s; otherwise	Est  School
Did you receive a degree YES NO Provide type of degree Degree/diploma (* Hig * Doctorate, * Profess  Entry #2 Provide the dates of atters From Date (Month/Year)  Est. Provide the name of the sessistance determining the provide City, State and Zip Constructions  For schools you attended to see the provide of the sessistance determining the provide City, State and Zip Constructions  For schools you attended to see the provide of the sessistance determining the provide City, State and Zip Constructions  For schools you attended to see the provide of the sessistance determining the provide City, State and Zip Constructions  For schools you attended to see the provide of the sessistance determining the provide City, State and Zip Constructions  For schools you attended to see the provide of the session of the	Extension  ee/diploma?  es(s)/diploma(s) received th School Diploma, • Assortional Degree (e.g. MD, Di  endance.  To Date (Month/Year)  school.  es of the school. For correct the school address, refer to bode.)	and date(s) ociate's, • B VM, JD), • 0  Present Est.  espondence to http://ope City  person who dence/distar	sal or DSN p Night  awarded. achelor's, • I Other)  Select the I Other  College  distance/ex .ed.gov/acci	most approprichool e/University/M	Other  ate below to describe a schools, procent aspx (Provent aspx (Provent aspx (Instructor, student))	describe your s Vocation Correspondent City and Cou	ma school. al/Tech ondence ss where ntry if our	Date awar (Month/Yell) Inical/Trade School Polistance/Extension Trade the records are interested the United States Ountry To people for education in the people for educat	rded ear)  I on/Online maintaine s; otherwise	Est.

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 12 - Where You Went to School - (Continued)					
Entry #2 (Continued)	t number) (Describe Oite es	-1.0	d- d- 11-4-d 04-4d-		7:- OI- \
Provide current address for this person (including apartment Street City	t number). (Provide City and	State	de the United States; oth Zip Code	erwise, provide City, State and 2 Country	zip Coae.)
Drawida talanhana ayyahanfar thia nayya		Dunida amai			
Provide telephone number for this person.  Telephone number Extension International	I don't know	Provide email	address for this pers	son.	on't know
	al or DSN phone number				
	ight				
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, • Ba		Other	degree/diploma	Date awarded	Est.
<ul> <li>Doctorate, • Professional Degree (e.g. MD, DVM, JD), • O</li> </ul>	ther)	O ti i o	aogroo, aipioma	(Month/Year)	201.
L					
Entry #3	Calaat tha maast amana			1	
Provide the dates of attendance.	Select the most appro	priate below to	describe your schoo	I.	
From Date (Month/Year) To Date (Month/Year) Present	High School		O Vocational/Te	chnical/Trade School	
☐ Est. ☐ Est.	○ College/University	/Military Colleg	e Corresponden	nce/Distance/Extension/Onl	ine School
Provide the name of the school.					
Provide the street address of the school. For correspondence	ce/distance/extension/onl	ine schools, pr	ovide the address wh	nere the records are mainta	ined. For
assistance determining the school address, refer to http://op					
provide City, State and Zip Code.)		0	<b>-</b>	0 1	
Street City		State I	Zip Code	Country I	
For schools you attended in the last 3 years, list a person w completed more than 3 years ago. For correspondence/distance.	ho knew you at the school	ol (instructor, si	tudent, etc.). Do not I	ist people for education pe	riods
		110013, 1131 301116	solie who knew you v	writte you received this edd	cation.
Provide the name of the person who knows/knew you at scl	nool: Last name		First	name	
☐ I don't know					
Provide current address for this person (including apartment	t number) (Provide City on	d Country if outsi	do the United States of	amujaa muujda Citu Stata and	Zin Cada )
Street City	t Humber). (Frovide City and	State	Zip Code	Country	zip Code.)
Provide telephone number for this person.		Provide email	address for this pers	SOD DIE	
	I don't know al or DSN phone number		address for this perc		on't know
	ight				
Did you receive a degree/diploma?	ignit				
, ,					
○ YES ○ NO					
Provide type of degrees(s)/diploma(s) received and date(s)	awarded.	T			
Degree/diploma (• High School Diploma, • Associate's, • Ba		Other	degree/diploma	Date awarded	Est.
Doctorate, • Professional Degree (e.g. MD, DVM, JD), • O	uner)			(Month/Year)	
-		1		+	•

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Dunida the deter of etternions							
Provide the dates of attendance.		Select the most appropriate th	oriate below to	describe your	school.		
From Date (Month/Year) To Date (Month/Year)	ar) Present	O High School		O Vocatio	nal/Techn	ical/Trade School	
Est.	Est.	Ocllege/University	/Military Colleg	e Corresp	ondence/	Distance/Extension/Onl	ine Scho
Provide the name of the school.							
Provide the street address of the school. For							
assistance determining the school address, r provide City, State and Zip Code.)	efer to <a href="http://ope">http://ope</a>	.ed.gov/accreditation/se	earch.aspx (Pro	vide City and Co	untry if outs	ide the United States; other	wise,
Street	City		State	Zip Code	Co	untry	
For schools you attended in the last 3 years, completed more than 3 years ago. For corres	list a person who spondence/distar	knew you at the school	I ol (instructor, st nools, list some	udent, etc.). Deone who knev	o not list p v you while	people for education pe e you received this edu	riods cation.
Provide the name of the person who knows/k	knew you at scho	ool:					
		Last name		ı	First nam	ne	
L	I don't know						
Provide current address for this person (inclu		number). (Provide City and					Zip Code.
Street	City 		State 	Zip Code		untry	
Describe talenda a consultant for this consultant			Danida anasa'i				
Provide telephone number for this person.  Telephone number Extension		I don't know	Provide email	address for th	is person.	I d	on't kno
	☐ International ☐ Day ☐ Nig	or DSN phone number					
Did you receive a degree/diploma?	DayINIG	iit —					
YES NO							
<b>©</b>							
Provide type of degrees(s)/diploma(s) receiv						5	
Degree/diploma (• High School Diploma, • A • Doctorate, • Professional Degree (e.g. MD,			Other	degree/diplon	na	Date awarded (Month/Year)	Est.
, , , ,	, ,,	,				,	
							$\vdash \vdash$

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### Section 13A - Employment Activities

List all of your employment activities, including unempi must be accounted for without breaks. If the employment duty station. Provide separate entries for employment before your 18th birthday unless to provide a minimum	ent activity was military du activities with the same e	uty, list separate emplo employer but having dif	yment activity peri	iods to show each cha	nge of military
Entry #1		,			
Select your employment activity:					
Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	State Government (Complete 13A.2, 13A	(Non-Federal employn A.5 and 13A.6)	, ( )	overnment employmer yment) (Complete 13A.2	`
National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	Self-employment (C	Complete 13A.3, 13A.5 an	nd		
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	Unemployment (Co.	mplete 13A.4)			
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contractor 13A.6)	(Complete 13A.2, 13A.5	Other 13A.5 a	(Provide explanation and and 13A.6)	complete 13A.2,
13A.1 Complete the following if employment type is	Active Duty, National Gua	ard/Reserve, or USPH	S Commissioned C	Corps.	
Provide dates of employment.		nployment status for	Provide your ass	igned duty station duri	ng this period.
From Date To Date (Month/Year) (Month/Year)	this position:				
	Present Full-time		Provide your mos	st recent rank/position	title.
Est.	Est. Part-time				
Provide address of duty station. (Provide City and Coul Street	ntry if outside the United State City		State and Zip Code.) ip Code	Country	
Telephone number Extension	on International or D	OSN phone number			
	Day Night	Both			
(a) Provide physical location data with street addres if outside the United States; otherwise, provide City, S Street Address/Unit/Duty Location	ss, base, post, embassy, tate and Zip Code for ports in City or Post Name	unit, and country locat			ide City and Country
(b) Do you or did you have an APO/FPO address w  YES Address  NO	/hile at this location?	APO or FPO	APO/	FPO State Code	Zip Code
Provide the name of your supervisor.		Provide the rank/posi	tion title of your su	pervisor.	
Provide the email address of your supervisor.				Day Night	N phone number
Provide physical work location of your supervisor. (F	Provide City and Country if out City		nerwise, provide City, Zip Code	State and Zip Code.) Country	
If you have indicated an APO/FPO address for your  (a) Provide physical location data with street addre if outside the United States; otherwise, provide City, S Street Address/Unit/Duty Location	ss, base, post, embassy,	unit, and country locat			
(b) Do/did your supervisor have an APO/FPO address  NO  NO	ess while at this location?	APO or FPO	APO/	FPO State Code	Zip Code

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Em	ployment Activ	vities - (Con	tinued	1)											
13A.2 Complete	the following if	employment	type is	other federa	al employm	ent,	state	government, f	federa	al contra	ctor, no	on-gove	ernment, or c	other	
Provide dates o	. ,	Ta Data			Select the this position		oloyn	nent status for	Pr	ovide m	ost rec	ent pos	ition title.		
From Date (Month/Year)		To Date (Month/Year)		Present	Full-tin	ne									
	Est.		[	Est.	Part-tir				Pr	ovide th	e name	e of you	ır employer.		
Provide the add	ress of employe	er. (Provide City	and C	Country if outsid	le the United	State	es; oth	erwise, provide C	City, Sta	ate and Z	ip Code.	.)			
Street				City				State	Zip C	ode		Country	У		
Provide telepho	ne number	Extension		Internati	ional or DSI	N ph	none	number							
same physica	riods of Activity al location (for ex ne most recent p low).	xample, if you	u work	-Provide add ced at XY Plu	litional perio	enve	er, Co	O, during 3 sep	oarate	periods	of time	e, you v	would enter i	nforr	mation
│	From date (Mo	onth/Year)		To date (Mo	onth/Year)			Po	sition	Title		Τ	Sup	ervis	or
Applicable	1100			1			Est.					1			
	Est.						Est.								
			Est.			=	Est.								
			Est.			<u> </u>	Est.								
(a) Is/was your	physical work a			an your empl	oyer's addre	ess?	<b>)</b>								
Provide the Street	work address w	here you are	/were	physically lo	cated. (Prov	ride C	-	nd Country if outsi State	ide the Zip C			therwise, Country	-	State	and Zip Code.)
Provide tele	phone number			Extension	Interna	_	al or Vight	DSN phone nu	umber	-					
Countr	indicated an AP le physical locati y if outside the Uni Address/Unit/D	ion data with ited States; oth	street	address, ba provide City,	se, post, en	nbas	ssy, ι	unit, and count	ry loca ted Sta	ation or			et headquarte		
○ YI	,	re an APO/FF ddress	O add	dress while a	t this location		APO	or FPO	'		APO/	FPO St	ate Code		Zip Code
Provide the nan		visor.					Provi	de the position	title o	of vour s	upervis	sor.			
. rorrad tire riair	.o o. you. oupo.									,					
Provide the ema	ail address of yo	our supervisor	r. 🔲 I	don't know	Provide su	ıper\	visor'	s telephone nu	ımber	. Exter	nsion	Inte			I phone number
Provide physica Street	I work location o	of your super	visor.	(Provide City a City	nd Country if	outsi		e United States; o State	ztherwi Zip (			State and			
If you have indicate	cated an APO/FI	PO address,	comp	lete (a). If yo	ou have indi	icate	ed an	address outsid	de of	the Unit	ed Stat	es, con	nplete (b).		
	United States; oth	nerwise, provide		State and Zip	Code for port			nited States.)			port/fl			rovide	e City and Country
Street Addr	ess/Unit/Duty Lo	ocation		City or Pos	st Name			State	Zip 	Code		Cou	intry		
(b) Did/does yo		ave an APO/l	FPO a	ddress while	at this loca			or FPO			APO/	FPO St	ate Code		Zip Code
○ NO nter your Socia	   Security Nu	mber befor	e ao	ing to the i	next page										
inci your oocia	Joourney Nu	וווטטו טכוטו	c go	9 10 1116 1	ioni paye	_					—				

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Employment Act	ivities - <i>(Continue</i>	d)							
13A.3 Complete the following if	employment type is	self-employ	ment						
Provide dates of employment. From Date	To Date	_	Select the er this position:		nt status for	Provide m	nost rece	nt position title.	
(Month/Year)	(Month/Year)	Present Est.	Full-time			Provide th	ne name	of your employmer	nt.
Provide address of this employ Street	rment. (Provide City a	nd Country if o	I outside the United	,	therwise, prov tate	ide City, State a Zip Code	,	de.) country	
Provide telephone number.	Extension		onal or DSN ph	one num	ber		•		
(a) Is your physical work address	·	our employm	nent address?						
Provide the work address Street	where you are/were	physically lo City	ocated. (Provide	City and	Country if outs State	side the United S Zip Code	_	erwise, provide City, S country	tate and Zip Code.)
Provide the telephone num Telephone number	ber for this address Extension		national or DSN	l phone r	number		'		
(b.1) Provide physical loca Country if outside the Un Street Address/Unit/I  (b.2) Do you or did you har	tion data with stree: nited States; otherwise Outy Location	t address, ba e, provide City, City or	ase, post, emba , <i>State and Zip C</i> Post Name	assy, uni ode for po	t, and count	ry location or			•
○ YES → A	ddress			APO or	FPO		APO/FI	PO State Code	Zip Code
Provide the name of someone Last name	that can verify your First n		ment.						
Provide the address of this ver Street	ifier. (Provide City and	d Country if out City	tside the United S	States; oth	erwise, provide State	e City, State and Zip Code	_	ountry	
Provide the telephone number Telephone number	for this person. Extension		onal or DSN ph	one num	ber		<b>'</b>		
If you have indicated an APO/locomplete (b).									
(a) Provide physical location of if outside the United States; of Street Address/Unit/Duty I	therwise, provide City,		Code for ports in			Zip Code		et neadquarter. ( <i>Pr</i>	ovide City and Count
(b) Does your self-employmer  YES Address  NO		PO/FPO ad	dress?	APO or	FPO		APO/F	PO State Code	Zip Code
<u> </u>									·

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

,	Section 13A - Employment Activities - (C	Continued)						
	13A.4 Complete the following if employm	ent type is unemployment.						
	Provide dates of unemployment.					an verify your unemp	oloyment act	ivities
# 	From Date (Month/Year) To D	rate(Month/Year) Present	Last nan	ins of suppo ne	т.	First name		
	Est.	Est.						
	Provide address of this verifier. (Provide C		ites; otherwis	_		_		
	Street	City		State	Zip Code	Country		
	Provide the telephone number for this pers	son.						
	Verifier telephone number Extension	International or DSN phone nu	umber					
	If you have indicated an ADO/FDO adds	Day Night		(a) If la	and indicated as		ما استندما ۵	t-t
	If you have indicated an APO/FPO addrescomplete (b).							
	(a) Provide physical location data with s if outside the United States; otherwise, pro				cation or home p	ort/fleet headquarter	. (Provide City	and Country
	Street Address/Unit/Duty Location	City or Post Name	ı	State	Zip Code I	Country		
	(h) Dans various and a section is a basis of the section in the section in the section is a section in the sect	us as ADO/FDO address?						
	(b) Does your unemployment verifier ha	ve an APO/FPO address?	APO o	r FPO		APO/FPO State Code	e Zip	Code
	Ŏ NO							
	13A.5 Complete the following if employm					d Corps, Other Fede	ral employm	ent, State
	Government, Federal Contractor, Provide the reason for leaving the emplo		:ii-⊑mpioyn	nent, or Oth	er.			
# #								
E	For this employment have any of the following			-				
	<ul> <li>Fired • Quit after being told you would I following notice of unsatisfactory perform</li> </ul>	· · · · · · · · · · · · · · · · · · ·	_	charges or (If NO, procee	-	isconduct • Left by m	nutual agreer	ment
	Select your type of incident:	Reason:		,,, procee		departure date		
		Provide the reason for being fire	ed.			date you were fired.	(Month/Year)	
	Fired							Est.
		Provide the reason for quitting.			Provide the of fired. (Month/	date you quit after be	eing told you	would be
	Quit after being told you would be fired				mod. (wonaw	reary		Est.
		Provide the charges or allegation	ons of misc	conduct.		date you left followin ct. (Month/Year)	g charges or	allegations
	<ul> <li>Left by mutual agreement following charges or allegations of misconduct</li> </ul>	t			or miscoriau	ot. (Month) reary		☐ Est.
		Provide the reason(s) for unsat	isfactory pe	erformance.		date you left by mutu		
	Left by mutual agreement following notice of unsatisfactory performance				a notice of u	nsatisfactory perforn	nance. (Mont	h/Year) ☐ Est.
-	13A.6 Complete the following if employme		uard/Reser	ve. USPHS	Commissioned (	Corps. Other Federa	l employmen	
	Government, Federal Contractor, N	on-government employment, Self-	-Employme	ent, or Other	•			
#	For this employment, in the last seven ( in the workplace, such as a violation of s		ten warnin	g, been offic	cially reprimande	d, suspended, or dis	ciplined for r	nisconduct
ntry	YES NO							
_	#1 Provide the reason(s) for being warn	ed, reprimanded, suspended or di	sciplined.			Date:	(Month/Year)	
								Est.
	#2 Provide the reason(s) for being warn	ed, reprimanded, suspended or di	sciplined.			Date:	(Month/Year)	Est.
	#2 Dravida the recent/a) for haing warn	ad rangimandad ayanandad ag di	a ciplina d			Data	(114-0/)	
	#3 Provide the reason(s) for being warn	eu, reprimanded, suspended of di	scipiinea.			Date:	(Month/Year)	Est.
	#4 Provide the reason(s) for being warn	ed, reprimanded, suspended or di	sciplined.			Date:	(Month/Year)	
		, - <sub>1</sub>					,	Est.
L E	nter your Social Security Number be	efore going to the next page						

#### **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

Form approved: OMB No. 3206 0258

#### **Section 13A - Employment Activities**

must be accounted for without breaks. If the employment duty station. Provide separate entries for employment a before your 18th birthday unless to provide a minimum	nt activity was military di ctivities with the same e	uty, list separate emplo employer but having dif	syment activity perio	ods to show each char	ige of military
Entry #2					
Select your employment activity:					
Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	State Government (Complete 13A.2, 13A	(Non-Federal employn A.5 and 13A.6)	, ( )	vernment employmen ment) (Complete 13A.2,	
National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	Self-employment (0	Complete 13A.3, 13A.5 an	nd	, , ,	,
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	Unemployment (Co	mplete 13A.4)			
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contractor 13A.6)	(Complete 13A.2, 13A.5	and Other (i	Provide explanation and ond 13A.6)	complete 13A.2,
13A.1 Complete the following if employment type is A	ctive Duty, National Gua	ard/Reserve, or USPH	S Commissioned Co	orps.	
Provide dates of employment.		nployment status for	Provide your assign	gned duty station durin	g this period.
From Date To Date (Month/Year) (Month/Year)	this position:				
(Monun rear)	Present Full-time  Est. Part-time		Provide your most	t recent rank/position t	itle.
Provide address of duty station. (Provide City and Count.	y if outside the United State	s; otherwise, provide City,	State and Zip Code.)		
Street Ci	=			Country	
Telephone number Extension	n International or E	DSN phone number			
	Day Night	Both			
	s, base, post, embassy, te and Zip Code for ports ir City or Post Name	unit, and country locat			de City and Country
(b) Do you or did you have an APO/FPO address wh	ile at this location?	APO or FPO	APO/F	PO State Code	Zip Code
Provide the name of your supervisor.	I	Provide the rank/posi	tion title of your sup	ervisor.	•
Provide the email address of your supervisor.	on't know Provide supe	rvisor's telephone num		☐ International or DSI☐ Day ☐ Night	N phone number Both
Provide physical work location of your supervisor. (Provide physical work location of your supervisor.		_		_	
Street	ty	State Z	Zip Code	Country	
If you have indicated an APO/FPO address for your s  (a) Provide physical location data with street address if outside the United States; otherwise, provide City, Statest Address/Unit/Duty Location	s, base, post, embassy,	unit, and country locat			
(b) Do/did your supervisor have an APO/FPO address  YES Address  NO	ss while at this location?	APO or FPO	APO/F	PO State Code	Zip Code

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Emp	oloyment Act	ivities - (Conti	nuea	)								
13A.2 Complete t	the following if	f employment t	ype is	other feder	al employmer	nt, st	ate go	overnment, fe	deral contra	ctor, no	n-government, or oth	er.
Provide dates of	employment.				Select the e		ymen	t status for	Provide m	ost rece	ent position title.	
From Date (Month/Year)		To Date (Month/Year)	Г	Present	Full-time				5			
	Est.		[	Fresent	Part-tim				Provide the	e name	of your employer.	
Provide the addre	ess of employ	ıer. (Provide City	and C	ountry if outsi	ı de the United St	ates;	otherw	vise, provide Cit	ı y, State and Zi	ip Code.)		
Street			1	City			Sta	ate Z	ip Code		Country	
Provide telephon	e number	Extension		Interna	tional or DSN	pho	ne nu	mber				
same physical	location (for each	example, if you	work	Provide add	ditional period umbing in Der	nver,	CO,	during 3 sepa	rate periods	of time	on more than one od , you would enter info wo previous periods	ormation
Not	From date (M	fonth/Year)		To date (M	lonth/Year)			Posi	tion Title		Super	visor
Applicable			Est.			] E	st.					
			Est.			] E	st.					
			Est.			] E	st.					
			Est.			] E	st.					
(a) Is/was your p	-	address differe  O, proceed to (b))		in your emp	loyer's addres	s?						
Provide the w	vork address v	where you are/	were	City	ocated. (Provid	e City	and C	-	e the United Si ip Code	_	erwise, provide City, Sta Country	te and Zip Code.)
Provide telep	hone number	•		Extension	Internati Day	onal ] Niç		SN phone nun	nber			
(b.1) Provide Country	physical loca	ation data with s Inited States; othe	street	address, ba , provide City,	ase, post, emb	oass	y, unit	, and country	location or		States, complete <b>(b.</b> ort/fleet headquarter.	•
	•	ve an APO/FP Address	O add	dress while a	at this locatior		PO or	FPO		APO/F	PO State Code	Zip Code
O NO							o, i do	the position t	itle of your o		~-	
Provide the name	e or your supe	ervisor.				1	ovide	trie position t	ille or your s	upervisi	or.	
Provide the email												
i Tovide the ental	il address of y	our supervisor.		don't know	Provide sup	ervis	or's te	elephone num	nber. Exter	sion [	☐ International or DS☐ Day ☐ Night	6N phone number
Provide physical Street					·			nited States; oth		le City, S	Day Night	6N phone number
Provide physical	work location	of your superv	isor.	(Provide City a	and Country if o	utside	s the U	nited States; oth	nerwise, provid Zip Code	le City, S	Day Night  tate and Zip Code.)  Country	SN phone number
Provide physical Street  If you have indica  (a) Provide physif outside the U Street Addre	work location ated an APO/f sical location of <i>Juited States</i> ; or ss/Unit/Duty L	of your superv FPO address, odata with street therwise, provide Location	isor. (	(Provide City a City  ete (a). If yeess, base, p State and Zip City or Po	ou have indicated on the state of the state	ated , uni	Sta Sta an ad	nited States; other ate 2 didress outside country locat	nerwise, providing Code  e of the Unite	le City, S (	Day Night  tate and Zip Code.)  Country	
Provide physical Street  If you have indicate the Lagrangian of the Lagrangian indicate in	work location ated an APO/F sical location of Juited States; or ss/Unit/Duty L	of your superv FPO address, o data with street therwise, provide Location	isor. (	(Provide City a City  ete (a). If yeess, base, p State and Zip City or Po	ou have indicated on the state of the state	utside	Sta Sta an ad	nited States; other ate 2 Idress outside country located States.) State	nerwise, provide Zip Code e of the Unite Lion or home	le City, S  C  ed State  port/fle	Day Night  tate and Zip Code.)  Country  es, complete (b).  et headquarter. (Prov	

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Employment Acti	vities - <i>(Continued</i>	d)								
I3A.3 Complete the following if e	mployment type is	self-employ	ment							
Provide dates of employment. From Date	To Date		Select the enthis position:		nt status for	Provide m	nost rece	nt position title.		
(Month/Year)	(Month/Year)	Present Est.	Full-time			Provide th	ne name	e name of your employment.		
Provide address of this employ	ment. (Provide City a	nd Country if o	outside the United	States; ot	herwise, provi	ide City, State a	nd Zip Cod	de.)		
Street		City		St	ate	Zip Code		ountry		
Provide telephone number.	Extension		onal or DSN ph Night	one num	ber					
(a) Is your physical work addre	ss different than yo	our employm	ent address?							
YES NO (If NO, pro	ceed to (b))									
Provide the work address w Street	here you are/were	physically lo	ocated. (Provide		Country if outs State	ide the United S Zip Code	_	erwise, provide City, Sta country	nte and Zip Code.)	
Provide the telephone num	ber for this address	3.		!			!			
Telephone number	Extension	☐ Intern☐ Day	ational or DSN	I phone n	umber					
(b.1) Provide physical locat Country if outside the Un Street Address/Unit/D  (b.2) Do you or did you hav	ited States; otherwise uty Location	e, provide City City or	, State and Zip C Post Name	ode for po	rts in the Unit			Country PO State Code	Zip Code	
○ YES → AG	uiess			AFOU	rro		AFO/FI	- O State Code	Zip Code	
Provide the name of someone Last name	that can verify your First na		rment.							
Provide the address of this veri Street	fier. (Provide City and	Country if ou	tside the United S		erwise, provide State	Zip Code		ountry		
Provide the telephone number Telephone number	for this person. Extension		onal or DSN ph	one num	ber		•			
If you have indicated an APO/F complete <b>(b)</b> .	PO address for you	ur self emplo	oyment verifier,	, complet	e <b>(a)</b> . If you	have indicate	ed an add	dress outside of the	United States,	
(a) Provide physical location d if outside the United States; oth Street Address/Unit/Duty L	nerwise, provide City,		Code for ports in	n the Unite		zation or home		et headquarter. (Prov	vide City and Count	
(b) Does your self-employmen  ○ YES → Address  ○ NO	t verifier have an A	PO/FPO ad	dress?	APO or	FPO		APO/F	PO State Code	Zip Code	
U NO							<u> </u>			

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

!	Section 13A - Employment Activities - (Co	ontinued)							
-	13A.4 Complete the following if employme	nt type is unemploy	ment.						
۵۱	Provide dates of unemployment.						can verify you	r unemploymen	t activities
Entry #2	From Date (Month/Year) To Da	ite(Month/Year)	Present	and me	ans of suppo me	ort.	First nar	me	
Ent	Est.		Est.						
	Provide address of this verifier. (Provide Cit	y and Country if outside	e the United Sta	tes; otherw	ise, provide Cit	ty, State and Zip (	Code.)		
	Street	City I			State I	Zip Code I	Country		
	Provide the telephone number for this pers  Verifier telephone number Extension [		CN phone nu						
	vermer telephone number Extension	International or □ □ Day □ Night	JSN priorie nu	mber					
	If you have indicated an APO/FPO addres		vment verifier.	complete	e (a). If you h	nave indicated	an address out	side of the Unit	ed States.
	complete (b).								
	(a) Provide physical location data with sti if outside the United States; otherwise, pro					cation or home	port/fleet head	iquarter. (Provide	e City and Country
	Street Address/Unit/Duty Location	City or P	ost Name		State	Zip Code	Country		
	(b) Does your unemployment verifier hav	e an APO/FPO add	ress?	ΔPO (	or FPO		APO/FPO Sta	ata Coda	Zip Code
	YES → Address				,,,,,		AI 0/11 0 3ta	ite Code	Zip Code
	13A.5 Complete the following if employment	ent type is Active Du	utv. National G	 Guard/Res	serve. USPH	S Commission	ed Corps. Othe	er Federal empl	ovment. State
	Government, Federal Contractor, N	Non-government em							
#5	Provide the reason for leaving the employ	ment activity.							
Entry #2	For this employment have any of the follo	wing bonnoned to v	ou <b>in the leet</b>	soven /	7) vooro?				
_						-Uti	:	aft had another all a a	
	<ul> <li>Fired • Quit after being told you would b following notice of unsatisfactory performance</li> </ul>		uai agreemen YES	_	g charges of (If NO, procee	-	misconduct • L	en by mutual aç	greement
	Select your type of incident:	Reason:					nt departure da	ate	
		Provide the reason	n for being fire	ed.				e fired. (Month/Y	'ear)
	☐ Fired								Est.
		Provide the reason	n for quitting.					after being told	you would be
	Quit after being told you would be					fired. (Mon	th/Year)		☐ Est.
	fired	Provide the charge	es or allegatio	ns of mis	conduct.	Provide the	e date vou left	following charge	es or allegations
	Left by mutual agreement following	1					duct. (Month/Yea		g
	charges or allegations of misconduct								Est.
		Provide the reason	n(s) for unsati	sfactory p	erformance.			by mutual agree performance. (a	
	Left by mutual agreement following notice of unsatisfactory performance					a notice of	urisalistaciory	periormance. (	Est.
ļ	13A.6 Complete the following if employmen	t type is Active Duty	/. National Gu	ard/Rese	rve. USPHS	Commissioned	d Corps. Other	Federal employ	ment. State
	Government, Federal Contractor, No	n-government empl	loyment, Self-	Employm	ent, or Other	r.			
<b>‡</b> 2	For this employment, in the last seven (7 in the workplace, such as a violation of se		eceived a writt	en warnir	ng, been offic	cially reprimand	ded, suspende	d, or disciplined	for misconduct
Entry #2									
ū	#1 Provide the reason(s) for being warne	d. reprimanded, sus	spended or dis	sciplined.				Date: (Month/Y	/ear)
	" · · · · · · · · · · · · · · · · · · ·	a, .opaaoa, oac	spoaoa o. a	, o.p					Est.
	#2 Provide the reason(s) for being warne	d, reprimanded, sus	spended or dis	sciplined.				Date: (Month/Y	
	3	., .,							Est.
	#3 Provide the reason(s) for being warne	d, reprimanded, sus	spended or dis	sciplined.				Date: (Month/Y	/ear)
									Est.
	#4 Provide the reason(s) for being warne	d, reprimanded, sus	spended or dis	sciplined.				Date: (Month/Y	/ear)
									Est.
E	nter your Social Security Number be	fore going to the	next page				, Γ	1	
	,	3	1 1 3						

#### **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

Form approved: OMB No. 3206 0258

#### **Section 13A - Employment Activities**

must be accounted for without breaks. If the employmen duty station. Provide separate entries for employment ac before your 18th birthday unless to provide a minimum of	t activity was military di ctivities with the same e	uty, list separate emplo employer but having dif	oyment activity perior	ds to show each change of military
Entry #3				
Select your employment activity:				
Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	State Government (Complete 13A.2, 13A	(Non-Federal employn A.5 and 13A.6)	, ( )	vernment employment (excluding selfment) (Complete 13A.2, 13A.5 and 13A.6)
National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	Self-employment (0 13A.6)	Complete 13A.3, 13A.5 an	nd	
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	Ounemployment (Co	mplete 13A.4)		
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contractor 13A.6)	(Complete 13A.2, 13A.5	and Other (F 13A.5 an	Provide explanation and complete 13A.2, d 13A.6)
13A.1 Complete the following if employment type is Ad	ctive Duty, National Gua	ard/Reserve, or USPH	S Commissioned Co	irps.
Provide dates of employment.		nployment status for	Provide your assig	ned duty station during this period.
From Date To Date	this position:			
	Present Full-time  Est. Part-time		Provide your most	recent rank/position title.
			0	
Provide address of duty station. (Provide City and Country Street  Cit				Country
Telephone number Extension	International or D	OSN phone number		
If you have indicated an APO/FPO address, complete  (a) Provide physical location data with street address if outside the United States; otherwise, provide City, State Street Address/Unit/Duty Location	, base, post, embassy,	unit, and country locat		
(b) Do you or did you have an APO/FPO address wh  YES Address  NO	ile at this location?	APO or FPO	APO/F	PO State Code Zip Code
Provide the name of your supervisor.		Provide the rank/posi	tion title of your supe	ervisor.
	1			
Provide the email address of your supervisor.	n't know Provide supe	rvisor's telephone num	nber. Extension	☐ International or DSN phone number☐ Day ☐ Night ☐ Both
Provide physical work location of your supervisor. (Pro	ovide City and Country if ou	tside the United States; oth	nerwise, provide City, St	ate and Zip Code.)
Street	у	State Z	Zip Code C	Country
If you have indicated an APO/FPO address for your s  (a) Provide physical location data with street address if outside the United States; otherwise, provide City, State Street Address/Unit/Duty Location	, base, post, embassy,	unit, and country locat		
(b) Do/did your supervisor have an APO/FPO address  YES Address  NO	s while at this location?	APO or FPO	APO/F	PO State Code Zip Code

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

9	Section 13A - Emp	olovment Act	ivities - (Cont	inuec	<i>(</i> )								
Ī			•										
	13A.2 Complete		employment t	ype is	s other feder	, ,	,				<u> </u>	,	r.
	Provide dates of From Date	employment.	To Date			this position:		nent status for	Provide m	iost recen	t positio	on title.	
	(Month/Year)		(Month/Year)		Present	Full-time	:		Provide th	ne name o	f your e	employer.	
		Est.			Est.	Part-time	Э				•	, ,	
	Provide the addr	ess of employ	er. (Provide City	and C		de the United St	ates; ot			_			
	Street				City			State	Zip Code	Cc	ountry		
	Provide telephor	ne number	Extension		Interna	tional or DSN	nhone	numher					
	'				Day	Night	priorio	Hamber					
	same physical	I location (for e e most recent	example, if you	work	ced at XY PI	umbing in Der	iver, C	tivity if you wor O, during 3 sep sition titles, and	parate period	s of time,	you wo	uld enter info	rmation
	Not	From date (M	lonth/Year)		To date (N	fonth/Year)		Po	sition Title			Supervi	sor
	Applicable			Est.			Est.						
				Est.			Est.	+					
				Est.			Est.						
				Est.		L	Est.						
	(a) Is/was your p				an your emp	loyer's addres	s?						
	YES Provide the v		O, proceed to (b) where you are/		physically lo	ocated. (Provide	e Citv a	nd Country if outs	ide the United S	States: other	rwise. pro	ovide Citv. State	e and Zip Code.)
	Street		, , , , , , , , , , , , , , , , , , , ,		City	(	,	State	Zip Code	_	ountry		, ,
	Provide telep	hone number			Extension	= -	onal o	DSN phone no	umber				
	Country	e physical loca	ation data with s inited States; other	street	address, ba	I). If you have ase, post, emb	indica assy,	ted an address	ry location or			neadquarter.	<b>).</b> /Provide City and
		•	ve an APO/FP address	O add	dress while	at this location		or FPO	•	APO/FP	O State	e Code	Zip Code
	Provide the nam		arvisor				Prov	ide the positior	title of your	sunervisor			
	i iovide the nam	c or your supe	7111301.					ide the position	i ilio oi your i	зарстуюст	•		
	Provide the ema	il address of y	our supervisor	. 🔲 I	l don't know	Provide supe	ervisor	's telephone nu	ımber. Exte	nsion _	Interna Day	ational or DSI	N phone number
	Provide physical Street	work location	of your superv	isor.	(Provide City of City	and Country if ou	ıtside th	ne United States; o	otherwise, provi Zip Code		te and Zi	ip Code.)	
	If you have indicate	ated an APO/I	FPO address, o	comp	lete (a). If y	ou have indica	ated ar	n address outsi	de of the Unit	ed States	, compl	ete <b>(b)</b> .	
	if outside the U		therwise, provide			Code for ports i			Zip Code	e port/flee	t headq Countr		de City and Country
	(b) Did/does you  YES —  NO  nter your Social	Address	i					or FPO	•	APO/FP	O State	e Code	Zip Code
1	nei your social	Security N	uniber beron	e yo	ing to the	next page							

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 13A - Employment A	ctivities - (Continue	d)							
3A.3 Complete the following in	f employment type is	self-employ	ment						
Provide dates of employment	To Date		Select the er this position:		ent status for	Provide m	nost rece	nt position title.	
(Month/Year)	(Month/Year)	Present Est.	Full-time			Provide th	ne name	of your employmer	nt.
Provide address of this empl	<u> </u>	nd Country if o	utside the United	d States; o	otherwise, prov	l ide City, State a	and Zip Cod	de.)	
Street		City			State	Zip Code	C	ountry	
Provide telephone number.	Extension		onal or DSN ph ]Night	none nun	nber				
(a) Is your physical work add	•	our employm	nent address?						
Provide the work address Street	s where you are/were	physically lo City	ocated. (Provide	e City and	Country if outs State	ide the United S Zip Code	_	erwise, provide City, S ountry	State and Zip Code.)
Provide the telephone nu Telephone number	mber for this address Extension		national or DSN	I phone	number		'		
Street Address/Unit	cation data with street United States; otherwise Duty Location	t address, ba e, provide City City or	ase, post, emb , <i>State and Zip C</i> Post Name	assy, un Code for p	it, and count	ry location or			•
(b.2) Do you or did you h	ave an APO/FPO add Address	dress while a	at this location	? APO o	r FPO		APO/FF	PO State Code	Zip Code
Provide the name of someon Last name	e that can verify your First na		vment.						
Provide the address of this v Street	erifier. (Provide City and	Country if ou	tside the United S	States; oth	erwise, provide State	Zip Code	_	ountry	
Provide the telephone number	er for this person. Extension		onal or DSN ph	none nur	mber		·		
If you have indicated an APC complete (b).  (a) Provide physical location	·	·							
if outside the United States; Street Address/Unit/Duty	otherwise, provide City,		Code for ports in			Zip Code		country	ovide City and Count
(b) Does your self-employm  YES Address  NO		PO/FPO ad	dress?	APO o	or FPO		APO/F	PO State Code	Zip Code
				1			1		

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

9	Section 13A - Employment Activities - (Co	ontinued)				
Ī						
	13A.4 Complete the following if employment	ent type is unemployment.	Dravida tha na	ama of compone that	aan varifu varur unamalarımant	o o tivitio o
۳ #	Provide dates of unemployment.	A- (A ( ) ( )	and means of	support.	can verify your unemployment	activities
ntry		ate(Month/Year) Present	Last name		First name	
ш	Est.	Est.				
	Provide address of this verifier. (Provide Cit Street	ty and Country if outside the United Sta City	tes; otherwise, prov State		code.) Country	
	Guest					
	Provide the telephone number for this person	 on.				
	Verifier telephone number Extension	International or DSN phone nu	ımber			
		Day Night				
	If you have indicated an APO/FPO addres	ss for your unemployment verifier	, complete (a). If	you have indicated a	an address outside of the Unite	ed States,
	complete <b>(b)</b> . <b>(a)</b> Provide physical location data with str	reet address, base, post, embass	y, unit, and coun	ntry location or home	port/fleet headquarter. (Provide	City and Country
	if outside the United States; otherwise, pro				Carratan	
	Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
	(b) Does your unemployment verifier hav	a an APO/EPO address?				
	YES Address	e all AFO/FFO addless:	APO or FPO		APO/FPO State Code	Zip Code
	O NO					
l	13A.5 Complete the following if employment				ed Corps, Other Federal emplo	yment, State
	Government, Federal Contractor, N		If-Employment, o	or Other.		
#3	Provide the reason for leaving the employ	ment activity.				
in Tr	For this employment have any of the follo	wing happened to you in the last	seven (7) vear	<b>e</b> ?		
	• Fired • Quit after being told you would be	, ,	. , ,		nisconduct • Loft by mutual ag	roomont
	following notice of unsatisfactory performa			proceed to 13A.6)	misconduct • Left by mutual ag	reement
	Select your type of incident:	Reason:		Employmer	nt departure date	
		Provide the reason for being fire	ed.		e date you were fired. (Month/Ye	ear)
	Fired					Est.
		Provide the reason for quitting.		Provide the	date you quit after being told	you would be
	Quit after being told you would be			fired. (Month	h/Year)	☐ Est.
	fired	Provide the charges or allegation	ons of misconduc	t Provide the	date you left following charge	
	Left by mutual agreement following	1	ino or misooridae		uct. (Month/Year)	3 of allegations
	charges or allegations of misconduct					Est.
		Provide the reason(s) for unsati	sfactory perform		date you left by mutual agree	
	Left by mutual agreement following notice of unsatisfactory performance			a notice of	unsatisfactory performance. (A	Month/Year) ☐ Est.
			1/5		0 01 5 1 1	
ľ	13A.6 Complete the following if employmen Government, Federal Contractor, No				Corps, Other Federal employi	ment, State
	For this employment, in the last seven (7		ten warning, bee	en officially reprimand	ed, suspended, or disciplined	for misconduct
₩ ~	in the workplace, such as a violation of se	curity policy?				
Ent	○ YES ○ NO					
	#1 Provide the reason(s) for being warne	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Ye	. — —
						Est.
	#2 Provide the reason(s) for being warne	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Ye	´ — I
						Est.
	#3 Provide the reason(s) for being warne	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Ye	ear) Est.
	#4 Provide the reason(s) for being warne	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Ye	· — I
						Est.
E	nter vour Social Security Number be	fore going to the next page				

#### **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

Form approved: OMB No. 3206 0258

#### **Section 13A - Employment Activities**

must be accounted for without breaks. If the employmeduty station. Provide separate entries for employment a before your 18th birthday unless to provide a minimum	ent activity was military du activities with the same er	ty, list separate emplo mployer but having dif	yment activity peri	ods to show each cha	inge of military
Entry #4					
Select your employment activity:					
Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	State Government ( (Complete 13A.2, 13A.	Non-Federal employn 5 and 13A.6)	, ( )	overnment employme yment) (Complete 13A.2	
National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	Self-employment (C 13A.6)	omplete 13A.3, 13A.5 an	nd	, , ,	,
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	Unemployment (Con	mplete 13A.4)			
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contractor (	(Complete 13A.2, 13A.5	Other 13A.5 a	(Provide explanation and and 13A.6)	complete 13A.2,
13A.1 Complete the following if employment type is A	Active Duty, National Gua	rd/Reserve, or USPH	S Commissioned C	Corps.	
Provide dates of employment.		ployment status for	Provide your ass	igned duty station dur	ing this period.
From Date To Date (Month/Year) (Month/Year)	this position:  Present Full-time		Broyida yaur mar	st recent rank/position	titlo
Est.	Est. Part-time		Provide your mos	st recent rank/position	uue.
Provide address of duty station. (Provide City and Coun	try if outside the United States	s; otherwise, provide City,			
Street	City	State Z	ip Code	Country	
Telephone number Extension	International or D	SN phone number	1		
If you have indicated an APO/FPO address, complet  (a) Provide physical location data with street address if outside the United States; otherwise, provide City, St. Street Address/Unit/Duty Location	ss, base, post, embassy, i	unit, and country locat			ide City and Country
(b) Do you or did you have an APO/FPO address w  YES Address  NO	hile at this location?	APO or FPO	APO/	FPO State Code	Zip Code
Provide the name of your supervisor.		Provide the rank/posi	tion title of your sup	pervisor.	
Provide the email address of your supervisor.	on't know Provide super	visor's telephone num	nber. Extension	☐ International or D\$	SN phone number
Provide physical work location of your supervisor. (P Street	rovide City and Country if outs Lity	_		State and Zip Code.) Country	
If you have indicated an APO/FPO address for your  (a) Provide physical location data with street address if outside the United States; otherwise, provide City, St. Street Address/Unit/Duty Location	ss, base, post, embassy, i	unit, and country locat			
(b) Do/did your supervisor have an APO/FPO addres  YES Address  NO	ess while at this location?	APO or FPO	APO/	FPO State Code	Zip Code

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.  Provide dates of employment. From Date (Month/Year)  Est.  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  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					
Provide dates of employment.  From Date (Month/Year)					
From Date (Month/Year)    Present   Full-time   Provide the name of your employer.   Est.   Part-time					
Present   Full-time   Provide the name of your employer.					
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					
Street City State Zip Code Country  Provide telephone number Extension					
Provide telephone number Extension					
Day Night					
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 From date (Month/Year) To date (Month/Year) Position Title Supervisor					
Applicable Est. Est.					
Est. Est.					
Est. Est.					
Est. Est.					
(a) 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					
(b) 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 an 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?  APO or FPO  APO/FPO State Code  Zip Code					
O NO					
Provide the name of your supervisor.  Provide the position title of your supervisor.					
Provide the email address of your supervisor.					
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).					
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location or home port/fleet headquarter. (Provide City and Country location location or home port/fleet headquarter. (Provide City and Country location locat					
(b) Did/does your supervisor have an APO/FPO address while at this location?  YES Address APO or FPO APO/FPO State Code Zip Code  NO					
Iter your Social Security Number before going to the next page					

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

3A.3 Complete the following if		ed)				
	employment type is	s self-employment				
Provide dates of employment. From Date	To Date	Select this po	the employment status fo sition:	Provide most	recent position title.	
(Month/Year)	(Month/Year)		II-time ırt-time	Provide the na	ame of your employmen	t.
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 D☐ Day ☐ Night	SN phone number			
(a) Is your physical work add	ress different than y	our employment addr	ress?			
YES NO (If NO, p	roceed to (b))					
Provide the work address Street	where you are/were	e physically located. ( City	Provide City and Country if out State	side the United States Zip Code	c; otherwise, provide City, St Country	ate and Zip Code.)
Provide the telephone nur	nber for this addres	S.	ļ .	1		
Telephone number	Extension	☐ International o	or DSN phone number ut			
Street Address/Unit/	Duty Location	City or Post Na		ited States.) Zip Code	Country	
(b.2) Do you or did you ha	ave an APO/FPO ac Address		APO or FPO	AP	O/FPO State Code	Zip Code
○ YES → /	Address	r self-employment.		AP	O/FPO State Code	Zip Code
YES NO Provide the name of someone	Address  e that can verify you First r	r self-employment. name	APO or FPO			Zip Code
Provide the address of this ve	Address  e that can verify you First r	r self-employment. name  d Country if outside the L City	APO or FPO  United States; otherwise, providence of the providence	le City, State and Zip	Code.)	Zip Code
Provide the address of this versions.  Provide the address of this versions.  Provide the telephone number	Address  e that can verify you First r  erifier. (Provide City and r for this person. Extension  /FPO address for you data with street addresses, provide City Location	r self-employment.  ame  d Country if outside the U City  International or D Day Night  Dur self employment v  lress, base, post, emit , State and Zip Code for City or Post Name	APO or FPO  United States; otherwise, provide State  SN phone number  rerifier, complete (a). If you passy, unit, and country lo ports in the United States.)	de City, State and Zip Zip Code	Code.) Country	United States,

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

	Castian 424 Employment Asticities (C.	(in1)									
	Section 13A - Employment Activities - (Co	ontinuea)									
	13A.4 Complete the following if employme	nt type is i	unemplo	yment.							
4	Provide dates of unemployment.					the name of supp	of someone the	at can	verify your u	ınemployme	nt activities
itry#	From Date (Month/Year) To Da	ate(Month/Y	'ear)	Present	Last na				First name	Э	
ᇤ	Est. Est.										
	Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						_				
	Street	١	City			State I	Zip Code I		Country		
	<del></del>										
	Provide the telephone number for this person.										
Verifier telephone number											
							ited States,				
	complete (b). (a) Provide physical location data with str	reet addres	ee haea	noet ambace	v unit a	nd country la	ocation or hom	ne nort/	fleet heada	uarter (Provi	ido City and Count
	if outside the United States; otherwise, pro						ocation of non	ie port/	neet neauq	uaitei. (Fiovi	de City and Counti
	Street Address/Unit/Duty Location	1	City or	Post Name		State I	Zip Code I		Country		
	(b) Does your unemployment verifier hav	e an APO	/FPO ad	dress?	APO	or FPO		APC	)/FPO State	Code	Zip Code
	○ YES → Address ○ NO					0.110		1	on Clare	, 0000	
	)		A - C	Notes Natharal C	2	LIODI	10.0''		Oth	Es dend see	
	<b>13A.5</b> Complete the following if employme Government, Federal Contractor, N							oned C	orps, Otner	rederal emp	bloyment, State
4	Provide the reason for leaving the employ	ment activ	vity.								
try#											
ᇤ	For this employment have any of the follo	wing happ	ened to	you <b>in the las</b>	t seven (	7) years?					
	• Fired • Quit after being told you would be		eft by mu	-	_		-	of misco	onduct • Lef	t by mutual a	agreement
	following notice of unsatisfactory performs	ance.		O YES		(If NO, proce	eed to 13A.6)				
Select your type of incident: Reason: Employment departure date							24				
Provide the reason for being fired. Provide the date of the fired Provide the date of the date of the fired Provide the date of the fired Provide the date of the fired Provide the reason for being fired.					tne dat	e you were	TIFEG. (Month)	_			
		Don't last	0				Davide	UI-1	Est.  Ite you quit after being told you would be		
	Quit after being told you would be	Provide i	ine reas	on for quitting.	fired. (Month/Year)			iter being toi	a you would be		
	fired										Est
		Provide t	the char	ges or allegation	ons of mis	sconduct.			•		ges or allegation
	<ul> <li>Left by mutual agreement following charges or allegations of misconduct</li> </ul>	I					OI IIIISCO	nduct.	(Month/Year)		☐ Est
		Provide 1	the reas	on(s) for unsat	isfactory	nerformance	Provide :	the date	a you left by	mutual agr	eement following
	Left by mutual agreement following	1	ino rodo	on(o) for unout	ioractory	seriormanoc			, ,		(Month/Year)
	notice of unsatisfactory performance										Est
	13A.6 Complete the following if employmen	t type is A	ctive Du	ty, National Gu	uard/Rese	erve, USPHS	6 Commission	ed Cor	ps, Other Fe	ederal emplo	oyment, State
	Government, Federal Contractor, No										d for minor and we
#4	For this employment, in the last seven (7 in the workplace, such as a violation of se			received a writ	ten warni	ng, been on	icially reprima	naea, s	suspenaea,	or discipline	a for misconduct
ntry	○ YES ○ NO										
ш	#1 Provide the reason(s) for being warne	d reprima	inded, si	ıspended or di	sciplined					Date: (Month)	/Year)
		-,,									Est
	#2 Provide the reason(s) for being warne	d. reprima	ınded. sı	uspended or di	sciplined.					Date: (Month)	
		-,,							1		Est
	#3 Provide the reason(s) for being warne	d, reprima	ınded, sı	uspended or di	sciplined.					Date: (Month	 /Year)
	, , , , ,		•	-	-					•	Est
	#4 Provide the reason(s) for being warne	d, reprima	ınded, sı	uspended or di	sciplined.					Date: (Month)	/Year)
		-									Est
F	nter vour Social Security Number be	fore gel-	na to th	o novt noce							
	inter your godial geduinty mulliber be	IOIE GOIL	IN LO LII	E HEYL DAME					L I		

#### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0258

#### **PUBLIC TRUST POSITIONS** 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) which you are/were employed. To Date (Month/Year) Provide your position title. Present Est. Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street Zip Code Country Entry #2 Provide dates of federal civilian employment. Provide the name of the federal agency for To Date (Month/Year) which you are/were employed. Provide your position title. From Date (Month/Year) Present Fst. Est. 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) To Date (Month/Year) which you are/were employed. Provide your position title. Present Est. Est. 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 which you are/were employed. Provide your position title. From Date (Month/Year) To Date (Month/Year) Present Est Est Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street Country City Zip Code 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, can help provide the registration number for persons who have registered. Note: Selective Yes Provide registration number: Service Number is not your Social Security Number. $\bigcirc$ No → Provide explanation: ▶

☐ I don't know → Provide explanation: ▶

Enter your Social Security Number before going to the next page

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### Section 15 - Military History

Have you <b>EVER</b> serve	d in the U.S. Military?  O, proceed to 15.2)					
	· · · · · · · · · · · · · · · · · · ·	ded Weel to be single coursed in	a tha II C. Militam			
	ne following if you respond	ded 'Yes' to having served in	n the U.S. Military.			
Entry #1	of complete your company in	State of coming if	Officer or enlisted	Dravida vaur carrica n	ımb or	
	of service you served in.	State of service, if National Guard	Officer or enlisted	Provide your service n	umber.	
Army	Air National Guard		Not Applicable			
<ul><li>Army National</li><li>Guard</li></ul>	Marine Corps	Provide your status Active Duty	Officer Enlisted	Provide your dates of s	service.	
○ Navy	Coast Guard	Active Buty  Active Reserve		From Date (Month/Year)	To Date (Month/Year)	Present
Air Force		Inactive Reserve		l'	st.	Est.
Were you discharge	d from this instance of U.	S. military service, to include	e Reserves, or National	Guard?	,	
Provide the type of o	discharge you received:				Provide the date of	
Honorable	Under Other than Honorable Condition	Bad Conduct			discharge listed (Month/Year)	
Oishonorable	General	Other (provide ty	pe) <b>▶</b>		,	Est.
Provide the reason(s	s) for the discharge, if dis-	charge is other than Honoral	ble			
Entry #2						
Provide the branch of	of service you served in.	State of service, if	Officer or enlisted	Provide your service n	umber.	
Army	Air National Guard	National Guard	Not Applicable			
Army National		Dues dele suesse etetue	Officer			
Guard	Marine Corps	Provide your status  Active Duty	Enlisted	Provide your dates of s	service.	
○ Navy	Ocast Guard	Active Reserve		From Date (Month/Year)	To Date (Month/Year)	Present
Air Force		○ Inactive Reserve			st.	Est.
Were you discharge	d from this instance of U.	S. military service, to include	Reserves, or National	Guard?	,	
Provide the type of o	discharge you received:				Provide the date of	
Honorable	Under Other than Honorable Condition	Bad Conduct  ons			discharge listed (Month/Year)	
O Dishonorable	○ General	Other (provide ty	pe) <b>▶</b>			Est.
Provide the reason(s	s) for the discharge, if disc	charge is other than Honoral	ble			

#### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0258

#### **PUBLIC TRUST POSITIONS** Section 15 - Military History - (Continued) 15.1(b) In the last seven (7) years, have you been subject to court martial or other disciplinary procedure YES NO (If NO proceed to 15.2) under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc? 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. Provide the date of the court martial or other disciplinary procedure. (Month/Year) Est. Provide the name of the disciplinary procedure, such as Court Martial, Provide a description of the Uniform Code of Military Justice (UCMJ) Article 15, Captain's Mast, Article 135 Court of Inquiry, etc. offense(s) for which you were charged. Provide the description of the military court or other authority in which you Provide the description of the final outcome of the disciplinary procedure, were charged (title of court or convening authority, address, to include city such as found guilty, found not guilty, fine, reduction in rank, and state or country if overseas). 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) Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc. offense(s) for which you were charged. Provide the description of the military court or other authority in which you Provide the description of the final outcome of the disciplinary procedure, were charged (title of court or convening authority, address, to include city such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc. and state or country if overseas).

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 15 - Military History - (Continued)			
15.2 Have you EVER served, as a civilian diplomatic, security forces, militia, otl	or military member in a foreign country's milita her defense force, or government agency?	ry, intelligence, YES NO (If NO, proceed	d to Section 16)
Complete the following if you responded 'Y security forces, militia, other defense force,		ary member in a foreign country's military, intelligence	e, diplomatic,
Entry #1			
During your foreign service, which organize	ation were you serving under?		
Military (Army, Navy, Air Force, Marine	s, etc.), Specify ▶		
◯ Intelligence Service	<ul><li>Security Forces</li></ul>		
Oiplomatic Service			
Other Government Agency, Specify ▶			
Other Defense Forces, Specify ▶			
Provide the name of the foreign organization	on.	Provide your period of service. From Date (Month/Year)  To Date (Month/Year)  Est	r) Present Est.
Provide the name of the country.	Provide your highest position/rank held.	Provide division/department/office in whice	ch you served.
Provide a description of the circumstances	of your association with this organization. Prov	vide a description of the reason for leaving this servic	e.
Entry #2	I		
During your foreign service, which organize	tion were you serving under?		
Military (Army, Navy, Air Force, Marine	s, etc.), Specify ▶		
◯ Intelligence Service	<ul> <li>Security Forces</li> </ul>		
Oiplomatic Service	Militia		
Other Government Agency, Specify			
Other Defense Forces, Specify ▶			
Provide the name of the foreign organization	on.	Provide your period of service. From Date (Month/Year) To Date (Month/Year)  Est	r) Present Est.
Provide the name of the country.	Provide your highest position/rank held.	Provide division/department/office in whice	ch you served.
Provide a description of the circumstances	of your association with this organization. Prov	 vide a description of the reason for leaving this servic	e.
Enter your Social Security Number before	ore going to the next page	<b>——</b>	

Standard Form 85P Revised December 2017 U.S. Office of Personnel Management

### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0258

### **PUBLIC TRUST POSITIONS** 5 CFR Parts 731, 732, and 736 Section 16 - People Who Know You Well 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. Provide dates known. Provide relationship to you. (Select all that apply) Present Work associate Other (Provide explanation) Neighbor From Date (Month/Year) To Date (Month/Year) Est. Schoolmate Est. Friend Provide full name. Suffix Last name First name Middle name Provide e-mail address for this person. Provide rank/title I don't know Not applicable Provide mobile/cell telephone I don't know I don't know International or DSN International or DSN Provide telephone number for phone number number for this person. phone number this person. Extension Extension 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 Zip Code Country Entry #2 Provide dates known. Provide relationship to you. (Select all that apply) Neighbor Work associate Other (Provide explanation) From Date (Month/Year) To Date (Month/Year) Present Est. Est. Friend Schoolmate Provide full name. Last name Suffix First name Middle name Provide e-mail address for this person. Provide rank/title I don't know Not applicable Provide mobile/cell telephone International or DSN I don't know I don't know International or DSN Provide telephone number for number for this person. phone number phone number this person. Extension Extension ☐ 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) Zip Code Street City State Country Entry #3 Provide dates known. Provide relationship to you. (Select all that apply) Work associate Other (Provide explanation) -Present Neighbor From Date (Month/Year) To Date (Month/Year) Est. Est. Friend Schoolmate Provide full name. Last name First name Suffix Middle name Provide e-mail address for this person. Provide rank/title I don't know Not applicable International or DSN Provide mobile/cell telephone International or DSN Provide telephone number for I don't know I don't know number for this person. phone number phone number this person. Extension Extension 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 Zip Code City State Country

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

ction 17 - Marital/Rel	alionsinp Statu	5										
vide your current mar	ital/relationship s	tatus wit	th regard	to civil marriage, le	gally r	recognized civ	il un	ion, or legal	ly recognize	ed domestic	c partnership	):
Never entered in a c				vil union, or legally				Sepa	arated (Com	plete 17.1 ar	nd 17.3)	
recognized domestic	partnership (Con	nplete 17.	.3)					Ann	ulled (Compi	lete 17.2 and	l 17.3)	
Currently in a civil ma	arriage. legally re	ecoanize	d civil un	ion, or legally				_			ete 17.2 and 1	7.3)
recognized domestic										, ,		7.0)
									owed (Comp	nete 17.2 and	117.3)	
	plete the following	ng about	the perso	a civil marriage, legon with whom you aboure currently sep	are in a	a civil marriag						
Provide full name.			•							Provide 1	the date of b	irth.
_ast name		First n	ame		.N	liddle name			Suffix	(Month/Da	ay/Year)	
												E
Provide place of birth.												
City			Count	У			S	State	Country (r	equired)		
,				,						, ,		
f the person is foreign	horn provide or	ne type o	of docume	antation that he or s	he no	ecassas and t	the c	locument ni	ımher			
Title person is loreign	l bom, provide of	ie type o	n docume	entation that he or s	nie po	I						
☐ FS 240 or 545		U.S. P	assport (	current or most rec	ent)	None (P	rovi	de explanati	on)			
	-											
	_	<b>-</b>										
DS 1350		J Alien F	Registrati	on								
						Other (F	rovi	de explanat	ion)			
						—						
U.S. Certificate of		∃ u.s. c	ertificate	of Naturalization								
Citizenship			ortinoato	or reaction								
				or reaction								
				or reaction			P	rovide U.S.	Social Secu	urity Numbe	er.	
Citizenship Provide document nu				or radicalization			P	rovide U.S.	Social Secu	urity Numbe		oplicable
Provide document nu	mber. used (such as ma	aiden na	me, nam	es by other marriag			lega	Illy recognize	ed	urity Numbe	Not a	
Provide document nu Provide other names civil unions, or legally	mber. used (such as ma	aiden na	me, nam	es by other marriag , nicknames, etc., a			lega	Illy recognize for each nar	ed ne).	urity Numbe	Not a	oplicable
Provide document nu	mber. used (such as ma	aiden na	me, nam	es by other marriag			lega	Illy recognize for each nar	ed	urity Numbe	Not a	oplicable
Provide document nu Provide other names civil unions, or legally	mber. used (such as ma	aiden na	me, nam	es by other marriag , nicknames, etc., a			lega	Illy recognize for each nar	ed ne).	urity Numbe	Not a	oplicable
Provide document nu Provide other names civil unions, or legally	mber. used (such as ma	aiden na estic par	me, nam	es by other marriag , nicknames, etc., a	and pro		lega	Illy recognize for each nar	ed ne).	urity Numbe	Not a	oplicable
Provide document null Provide other names civil unions, or legally #1 Last name	mber. used (such as ma recognized dome	aiden na estic par	me, nam tnerships	es by other marriag s, nicknames, etc., a First name	and pro	ovide dates us	lega	Illy recognize for each nar	ed ne).	urity Numbe	Not a	oplicable
Provide document number of the provide other names civil unions, or legally #1 Last name  Maiden name?	mber. used (such as ma recognized dome	aiden na estic par	me, nam	es by other marriags, nicknames, etc., a  First name  To (Month/Year)	and pro	ovide dates us	lega	illy recognize for each nar Middle	ed ne). name	urity Numbe	☐ Not a	pplicable x
Provide document null Provide other names civil unions, or legally #1 Last name	mber. used (such as ma recognized dome	aiden na estic par	me, nam tnerships	es by other marriag s, nicknames, etc., a First name	and pro	ovide dates us	lega	illy recognize for each nar Middle	ed ne).	urity Numbe	Not a	pplicable x
Provide document number of the provide other names civil unions, or legally that Last name  Maiden name?  #2 Last name	mber.  used (such as marecognized dome	aiden na estic pari	me, nam tnerships	es by other marriags, nicknames, etc., a First name  To (Month/Year)  First name	and pro	ovide dates us Present Est.	lega	illy recognize for each nar Middle	ed ne). name	urity Numbe	☐ Not a	pplicable x
Provide document number of the provide other names civil unions, or legally #1 Last name  Maiden name?	mber. used (such as ma recognized dome	aiden na estic pari	me, nam tnerships	es by other marriags, nicknames, etc., a  First name  To (Month/Year)	and pro	Present Est. Present	lega	illy recognize for each nar Middle	ed ne). name	urity Numbe	☐ Not a	pplicable x
Provide document number of the provide other names civil unions, or legally that the provide other name?  Maiden name?  #2 Last name  Maiden name?	mber.  used (such as marecognized dome	aiden na estic pari	me, nam tnerships	es by other marriage, nicknames, etc., a  First name  To (Month/Year)  First name  To (Month/Year)	and pro	ovide dates us Present Est.	lega	illy recognize for each nar Middle	ed ne). name	urity Numbe	Not a  Not a  Suffi	pplicable x
Provide document number of the provide other names civil unions, or legally that Last name  Maiden name?  #2 Last name  Maiden name?	mber.  used (such as marecognized dome	aiden na estic pari	me, nam tnerships	es by other marriags, nicknames, etc., a First name  To (Month/Year)  First name	and pro	Present Est. Present	lega	illy recognize for each nar Middle	ed ne). name	urity Numbe	☐ Not a	pplicable x
Provide document number of the provide other names civil unions, or legally the provide other name.  #1 Last name  Maiden name?  #2 Last name	mber.  used (such as marecognized dome	aiden na estic pari	me, nam tnerships	es by other marriage, nicknames, etc., a  First name  To (Month/Year)  First name  To (Month/Year)	and pro	Present Est. Present	lega	illy recognize for each nar Middle	ed ne). name	urity Numbe	Not a  Not a  Suffi	pplicable x
Provide document number of the provide other names civil unions, or legally that the provide other name?  Maiden name?  #2 Last name  Maiden name?	mber.  used (such as marecognized dome	aiden na estic parr ear)	me, nam tnerships	es by other marriage, nicknames, etc., a  First name  To (Month/Year)  First name  To (Month/Year)		Present Est. Present	lega	illy recognize for each nar Middle	ed ne). name	urity Numbe	Not a  Not a  Suffi	pplicable x
Provide document number of the provide other names civil unions, or legally #1 Last name  Maiden name?  #2 Last name  Maiden name?  #3 Last name	mber.  used (such as ma recognized dome  From (Month/Ye)	aiden na estic parr ear)	me, nam tnerships	es by other marriags, nicknames, etc., a First name  To (Month/Year)  First name  To (Month/Year)	I I	Present Est.  Present Est.	lega	illy recognize for each nar Middle	ed ne). name	urity Numbe	Not a  Not a  Suffi	pplicable x
Provide document numes civil unions, or legally #1 Last name  Maiden name?  #2 Last name  Maiden name?  #3 Last name  Maiden name?	mber.  used (such as ma recognized dome  From (Month/Ye)	aiden na estic parr ear)	me, nam tnerships	es by other marriage, nicknames, etc., a First name  To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)	I I	Present Est.  Present Est.	lega	Middle  Middle	ed ne). name name	urity Numbe	Not a  Not a  Suffi	x x
Provide document number of the provide other names civil unions, or legally #1 Last name  Maiden name?  #2 Last name  Maiden name?  #3 Last name	mber.  used (such as ma recognized dome  From (Month/Ye)	aiden na estic parr ear)	me, nam tnerships	es by other marriags, nicknames, etc., a First name  To (Month/Year)  First name  To (Month/Year)	I I	Present Est.  Present Est.	lega	Middle  Middle	ed ne). name	urity Numbe	Not a  Not a  Suffi	x x
Provide document number of the provide other names civil unions, or legally #1 Last name  Maiden name?  #2 Last name  Maiden name?  #3 Last name  Maiden name?	mber.  used (such as marecognized dome  From (Month/Ye)  From (Month/Ye)  From (Month/Ye)	ear)	me, nam tnerships	es by other marriag c, nicknames, etc., a  First name  To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)  First name	and pro	Present Est.  Present Est.	lega	Middle  Middle	ed ne). name name	urity Numbe	Not a  Not a  Suffi	x x
Provide document numes civil unions, or legally #1 Last name  Maiden name?  #2 Last name  Maiden name?  #3 Last name  Maiden name?	mber.  used (such as ma recognized dome  From (Month/Ye)	ear)	me, nam tnerships	es by other marriage, nicknames, etc., a First name  To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)	and pro	Present Est.  Present Est.	lega	Middle  Middle	ed ne). name name	urity Numbe	Not a  Not a  Suffi	x x
Provide document number of the provide other names civil unions, or legally #1 Last name  Maiden name?  #2 Last name  Maiden name?  #3 Last name  Maiden name?	mber.  used (such as marecognized dome  From (Month/Ye)  From (Month/Ye)  From (Month/Ye)	ear)	me, nam tnerships	es by other marriag c, nicknames, etc., a  First name  To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)  First name		Present Est.  Present Est.	lega	Middle  Middle	ed ne). name name	urity Numbe	Not a  Not a  Suffi	x x
Provide document number of the provide other names civil unions, or legally #1 Last name  Maiden name?  #2 Last name  Maiden name?  #3 Last name  Maiden name?	recognized dome  From (Month/Ye)  From (Month/Ye)  From (Month/Ye)	ear)	me, nam tnerships  ] Est.  ] Est.	es by other marriag c, nicknames, etc., a  First name  To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)  First name		Present Est.  Present Est.  Present Est.	lega sed f	Middle  Middle	ed ne). P name P name		Not a  Not a  Suffi	x x
Provide document number of the provide other names civil unions, or legally #1 Last name  Maiden name?  #2 Last name  Maiden name?  #3 Last name  Maiden name?  #4 Last name  Maiden name?	recognized dome  From (Month/Ye)  From (Month/Ye)  From (Month/Ye)	ear)	me, nam tnerships  ] Est.  ] Est.	es by other marriage, nicknames, etc., a  First name  To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)		Present Est.  Present Est.  Present Est.	lega sed f	Middle  Middle	ed ne). name name name	ered into yo	Not a  Not a  Suffi	x x x
Provide document numerous civil unions, or legally #1 Last name  Maiden name?  #2 Last name  Maiden name?  #3 Last name  Maiden name?  #4 Last name  Provide country(ies) o	recognized dome  From (Month/Ye)  From (Month/Ye)  From (Month/Ye)	ear)	Est.  Est.  Est.	es by other marriage, nicknames, etc., a  First name  To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)		Present Est.  Present Est.  Present Est.	lega sed f	Middle  Middle	ed ne). name name name	ered into yo	Not a  Not a  Suffi	x x x

Standard Form 85P Revised December 2017 U.S. Office of Personnel Management

### **QUESTIONNAIRE FOR**

CFR Parts 731, 732, a	9	PUBLIC TRUST	POSITION	IS		
Section 17 - Marita	al/Relationship Status - <i>(Cont</i>	inued)				
Separated	I. Complete the following about	rrently in a civil marriage, legally r the person with whom you are in whom you are currently separate	a civil marriage			
Provide location. City	(Provide City and Country if outside	the United States; otherwise, provide C County	City or County and State	State.) Country		
Provide current a Street	ddress. (Provide City and Country	if outside the United States; otherwise, City	orovide City, State State	e and Zip Code) Zip Code	Country	my current address
Provide telephon		Day Use my current telephonical International or DSN pl		Provide email add	lress.	
Does the person  YES  NO	have an APO/FPO address wit Address	hin the United States?  APO or	FPO	APO/FP	O State Code	Zip Code
		vide physical location data with st de the United States; otherwise, provid				cation or home port/
Street Address/U	nit/Duty Location	City or Post Name	State	Zip Code	Country	
Are you separate  YES  NO	Provide date of separation. (Month/Day/Year)  Est.	If legally separated, provide the (Provide City and Country if outside to City			State and Zip Code) Country	Not Applicable

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

### Section 17 - Marital/Relationship Status - (Continued) Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report? YES ○ NO 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. Entry #1 Provide the full name. Provide the date of birth. (Month/Day/Year) Last name Middle name Suffix First name Est Provide the place of birth. 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. Provide the date divorced/dissolved, annulled or widowed. (Month/Day/Year) O Divorced/Dissolved Widowed Annulled Est. 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) State City Zip Code Country Is this person deceased? YES NO (If NO, complete (a)) O 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 I don't know United States; otherwise, provide City, State and Zip Code) City Street State Zip Code Country

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

### Section 17 - Marital/Relationship Status - (Continued) Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report? 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. Entry #2 Provide the full name. Provide the date of birth. Last name Middle name Suffix (Month/Day/Year) First name Est 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. Provide the date divorced/dissolved, annulled or widowed. (Month/Day/Year) O Divorced/Dissolved ○ Widowed Annulled Est. 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)) O 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 I don't know United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 17 - Marital/Relationship Status - (Continued) Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic YES NO (If NO, proceed to Section 18) 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. Complete the following if you presently reside with a cohabitant. Entry #1 Provide the cohabitant full name. Provide the cohabitant date of birth. Last name Middle name First name Suffix Date (Month/Day/Year) Est. Provide the cohabitant place of birth. City Country (Required) State For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number. None (Provide explanation) U.S. Passport (current or most recent) FS 240 or 545 Alien Registration DS 1350 Other (Provide explanation) U.S. Certificate of U.S. Certificate of Naturalization Citizenship 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 Not applicable name was used). #1 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present ∃Est. Est. #2 Last name Suffix First name Middle name From (Month/Year) To (Month/Year) Maiden name? Present Est. Est. #3 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Est. Est. #4 Last name Middle name Suffix First name Maiden name? From (Month/Year) To (Month/Year) Present Est. Provide your cohabitant's country(ies) of citizenship. Provide date cohabitation began. (Month/Day/Year) Country #1 Country #2 Est.

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 17 - Marital/Relationship Status - (Continued) Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic YES NO (If NO, proceed to Section 18) 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. Complete the following if you presently reside with a cohabitant. Entry #2 Provide the cohabitant full name. Provide the cohabitant date of birth. Last name First name Middle name Suffix Date (Month/Day/Year) Est. Provide the cohabitant place of birth. City State Country (Required) For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number. None (Provide explanation) U.S. Passport (current or most recent) FS 240 or 545 Alien Registration DS 1350 Other (Provide explanation) U.S. Certificate of U.S. Certificate of Naturalization Citizenship 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 Not applicable name was used). #1 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present ∃Est. Est. #2 Last name First name Middle name Suffix From (Month/Year) To (Month/Year) Maiden name? Present Est. Est. Suffix #3 Last name First name Middle name Maiden name? From (Month/Year) To (Month/Year) Present Est. Est. #4 Last name Middle name Suffix First name Maiden name? From (Month/Year) To (Month/Year) Present Est. Provide your cohabitant's country(ies) of citizenship. Provide date cohabitation began. (Month/Day/Year) Country #1 Country #2 Est.

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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 of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type of relative apply.    Mother	
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   Half-brother   Guardian    Entry #1  Provide relative type.  Provide your relative's full name. Last name   First name   Middle name   Suffix    Provide your relative's date of birth.   City   State   Country (Required)    Provide your relative's country(ies) of citizenship.  Country #1  18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Bro Sister, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.   Same as listed   I don't know   Last name   First name   Middle name   Suffix    Middle name   Suffix   Suffix    Suffix   Suffix   Suffix   Suffix    Suffix   Stepbrother, Stepsister, Half-brother, Half-sister.    If mother, provide your mother's maiden name.   Same as listed   I don't know    Last name   First name   Middle name   Suffix    Suffix   Suffix   Superior    Middle name   Suffix    Suffix   Superior    Suffix   Superior    Suffix   Superior	
Mother   Foster parent   Sister   Half-sister     Father   Child (including adopted/foster)   Stepbrother   Father-in-law     Stepmother   Stepchild   Stepsister   Mother-in-law     Stepfather   Brother   Half-brother   Guardian     Entry #1     Provide relative type.     Provide your relative's full name. Last name   Middle name   Suffix     Provide your relative's date 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, Bro Sister, Stepbrother, Stepsister, Half-brother, Half-sister.     If mother, provide your mother's maiden name.   Same as listed   I don't know     Last name   Middle name   Suffix     Middle name   Suffix   Suffix     Middle name   Suffix   Suffix     Suffix   Suffix   Suffix   Suffix     Suffix   Suffix   Suffix   Suffix     Suffix   Sister   Half-brother   Half-br	ther,
Father   Child (including adopted/foster)   Stepbrother   Father-in-law     Stepmother   Stepchild   Stepsister   Mother-in-law     Stepfather   Brother   Half-brother   Guardian     Entry #1     Provide relative type.    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 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, Brosister, Stepbrother, Stepsister, Half-brother, Half-sister.     If mother, provide your mother's maiden name.   Same as listed   I don't know     Last name   First name   Middle name   Suffix     Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Middle name   Suffix     Suffix   Suffix     Suffix   Middle name   Suffix     Suffix   Suffix     Suffix   Middle name   Suffix     Suffix   Suffix     Suffix	ther,
Stepmother   Stepchild   Stepsister   Mother-in-law	ther,
Entry #1  Provide relative type.  Provide your relative's full name. Last name  First name  Middle name  Suffix  Country (Required)  18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brosister, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Last name  First name  Middle name  Suffix  Middle name  Suffix	ther,
Entry #1  Provide relative type.  Provide your relative's full name.  Last name  First 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)  18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brosister, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Last name  First name  Middle name  Suffix  State  Country (Required)  Middle name  Suffix	ther,
Provide relative type.  Provide your relative's full name.  Last name  First 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)  Tourity #2  18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brosister, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Last name  First name  Middle name  Suffix	ther,
Provide your relative's full name.  Last name  First name  First name  Middle name  Suffix  Provide your relative's date of birth.  Date (Month/Year)  Est.  Provide your relative's country(ies) of citizenship.  Country #2  18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brosster, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Same as listed  I don't know  Last name  Middle name  Suffix	ther,
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, Brosster, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Same as listed  I don't know  Last name  Middle name  Suffix	ther,
Provide your relative's date of birth.  Date (Month/Year)  Est.  Provide your relative's place of birth.  City  State  Country (Required)  Test.  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, Brossister, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Same as listed  I don't know  Last name  Middle name  Suffix	ther,
Date (Month/Year)    Est.   State   Country (Required)   Est.     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, Brosster, Stepbrother, Stepsister, Half-brother, Half-sister.   If mother, provide your mother's maiden name.	ther,
Date (Month/Year)    Est.   State   Country (Required)   Est.     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, Brosster, Stepbrother, Stepsister, Half-brother, Half-sister.   If mother, provide your mother's maiden name.	ther,
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, Brosster, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Same as listed I don't know  Last name  First name  Middle name  Suffix	ther,
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, Brosster, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Last name  First name  Middle name  Suffix	ther,
Country #2  18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brosster, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Last name    Same as listed   I don't know	ther,
18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Bro Sister, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Same as listed  I don't know  Last name  Middle name  Suffix	ther,
Sister, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Same as listed  I don't know  Last name  Middle name  Suffix	ther,
Sister, Stepbrother, Stepsister, Half-brother, Half-sister.  If mother, provide your mother's maiden name.  Same as listed  I don't know  Last name  Middle name  Suffix	
Last name Middle name Suffix	
Has this relative used any other names?	
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).	able
#1 Last name First name Middle name Suffix	
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	
YES NO Est.	
#2 Last name First name Middle name Suffix	
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	
YES NO Est.	
#3 Last name First name Middle name Suffix	
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	
YES NO Est.	
#4 Last name First name Middle name Suffix	
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	
YES NO Est. Est.	

Rev U.S	ndard Form 85P vised December 2017 5. Office of Personnel Ma FR Parts 731, 732, and		QUESTIONNAIR PUBLIC TRUST PO			Form approved: OMB No. 3206 0258
5	Section 18 - Relative	s - (Continued)				
l	s your relative deceas	ed?	○ YES		NO (If NO, proceed to 1	8.2)
			our Mother, Father, Stepmother, Paister, Half-brother, Half-sist			
Entry #1			and Country if outside the United State City		State and Zip Code)	
	Does this relative has YES NO I don't know	ave an APO/FPO address? Provide your relative's APO/F Address	PO address.	APO or FPO	APO/FPO State Code	Zip Code

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 18 - Relatives - (Continued)				
Select each type of relative applicable to you, regar	rdless if they are living or de	eceased. (An opportunit	ty will be provided to list multiple rela	atives for each type.)
Select all that apply.				
Mother Foster parent		Sister	Half-sister	
Father Child (including a	dopted/foster)	Stepbrother	Father-in-law	
Stepmother Stepchild		Stepsister	Mother-in-law	
Stepfather Brother		Half-brother	Guardian	
Entry #2				
Provide relative type.				
Provide your relative's full name.				
Last name	First name		Middle name	Suffix
Buritana	on and a Constanting of the Cotto			
Provide your relative's date of birth.  Date (Month/Year)  Provide you City	ır relative's place of birth.	State	Country (Required)	
Est.				
Provide your relative's country(ies) of citizenship.				
Country #1	Country #2			
18.1 Complete the following if the relative liste Sister, Stepbrother, Stepsister, Half-br		tepmother, Stepfathe	r, Child (including adopted/foster)	), Stepchild, Brother,
If <b>mother</b> , provide your mother's maiden name	. Same as listed	I don't know		
Last name	First name	_	Middle name	Suffix
Has this relative used any other names?	<u>'</u>		-	
○ YES ○ NO				
Provide other names used and the period of tin name, alias, or nickname).	ne that your relative used th	em (such as maiden, n	ame by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present P	rovide the reason(s) why the name	changed.
○YES ○NO	Est.	Est.		
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present P	rovide the reason(s) why the name	changed.
○YES ○NO	Est.	Est.		
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present P	rovide the reason(s) why the name	changed.
○YES ○NO	Est.	Est.		
#4 Last name	First name	<u> </u>	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present P	rovide the reason(s) why the name	changed.
YES NO	_ Est.	Est.		
		· · · · · · · · · · · · · · · · · · ·		

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

our relative decea	ased?		○ YES		○ NO /	If NO, proceed to	18 2)
	e following if the relative liste	ad is your Mather Eath		father Fost			
Stepchild, B	rother, Sister, Stepbrothe	r, Stepsister, Half-bro	ther, Half-sister, Fath	er-in-law, Mo	other-in-law, G	<b>Guardian</b> and is	not deceased.
rovide your relati <sup>r</sup> treet	ve's current address. (Provid	e City and Country if outsid City	le the United States; other Sta		ty, State and Zip ( Code	Code) Country	
Does this relative have an APO/FPO address?  YES Provide your relative's APO/FPO address.			l				
NO I don't know	Address		APO d	or FPO	APO/FPC	State Code	Zip Code

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 18 - Relatives - (Continued)					
Select each type of relative applicable t Select all that apply.	o you, regardless if they are	living or deceased. (Ar	n opportunity w	vill be provided to list multiple relati	ves for each type.)
Mother Foste	r parent	Sister		Half-sister	
Father Child	(including adopted/foster)	Stepbro	ther	Father-in-law	
Stepmother Stepo	hild	Stepsis	ter	Mother-in-law	
Stepfather Broth	er	Half-bro	ther	Guardian	
Entry #3					
Provide relative type.					
,					
Provide your relative's full name.					
Last name	First name		, M	liddle name	Suffix
	Provide your relative's place City		tate C	Country (Required)	
Est.					
Provide your relative's country(ies) of ci	tizenship.				
Country #1	Countr	y #2			
18.1 Complete the following if the re Sister, Stepbrother, Stepsiste			Stepfather, Chi	ild (including adopted/foster), S	tepchild, Brother,
If mother, provide your mother's mai	den name. Same	as listed I do	n't know		
Last name	First name		, M	liddle name	Suffix
Has this relative used any other nam	es?		'		•
○ YES ○ NO					
Provide other names used and the poname, alias, or nickname).	eriod of time that your relativ	e used them (such as	maiden, name	by a former marriage, former	Not applicable
#1 Last name	First na	ame		Middle name	Suffix
Maiden name? From (Month	/Year) To (Mo	nth/Year) Preser	nt Provide	e the reason(s) why the name cha	nged.
YES NO	☐ Est.	Est.	.		
#2 Last name	First na	ame		Middle name	Suffix
Maiden name? From (Month	/Year) To (Mo	nth/Year) Preser	nt Provide	e the reason(s) why the name cha	nged.
○YES ○NO	Est.	Est.			
#3 Last name	First na			Middle name	Suffix
Maiden name? From (Month	/Year) To (Mo	nth/Year) Preser	rovide	e the reason(s) why the name cha	I nged.
○YES ○NO	Est.	Est.	"	,,,,	
#4 Last name	First na			Middle name	Suffix
Maiden name? From (Month	/Year) To (Mo	nth/Year) Preser	nt Provide	I e the reason(s) why the name cha	nged.
OYES ONO	Est.	Est.			<b>U</b>

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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tion 18 - Relative	es - (Continued)					
our relative decea	ised?		○ YES	<u> </u>	NO (If NO, proceed to	18.2)
8.2 Complete the	e following if the relative list rother, Sister, Stepbrothe	ed is your <b>Mother</b> , Fath	er, Stepmother, Stepfa	ther, Foster parent, (	Child (including ac	dopted/foster),
-	e's current address. (Provid					not deceased.
○ YES → ○ NO	ave an APO/FPO address' Provide your relative's A Address		APO or F	FPO APO/F	FPO State Code	Zip Code
I don't know						

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 18 - Relatives - (Continued)				
Select each type of relative applicable to you, regardless is Select all that apply.	f they are living or d	leceased. (An opportunity	will be provided to list multiple relatives	for each type.)
Mother Foster parent		Sister	Half-sister	
Father Child (including adopted	/foster)	Stepbrother	Father-in-law	
Stepmother Stepchild		Stepsister	Mother-in-law	
Stepfather Brother		Half-brother	Guardian	
Entry #4				
Provide relative type.				
Provide your relative's full name.  Last name  First r	name		Middle name S	uffix
Provide your relative's date of birth.  Date (Month/Year)  Est.	e's place of birth.	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 Sister, Stepbrother, Stepsister, Half-brother, H		tepmother, Stepfather, C	Child (including adopted/foster), Step	child, Brother,
If mother, provide your mother's maiden name.	Same as listed	I don't know		
Last name First r	name		Middle name S	uffix
Has this relative used any other names?		·		
○ YES ○ NO				
Provide other names used and the period of time that you name, alias, or nickname).	our relative used the	em (such as maiden, nam	ne by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)  ○ YES ○ NO □ Est.	To (Month/Year)	Present Prov	ride the reason(s) why the name change	ed.
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)  YES NO Est.	To (Month/Year)	Present Prov	l ride the reason(s) why the name change	ed.
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)  ○ YES ○ NO □ □ Est.	To (Month/Year)	Present Prov	ride the reason(s) why the name change	ed.
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)  YES NO Est.	To (Month/Year)	Present Prov	ride the reason(s) why the name change	ed.
Enter your Social Security Number before going t	to the next page	I		

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Form approved:

sed December 2017 Office of Personnel M R Parts 731, 732, and	anagement 736		IST POSITIONS			OMB No. 3206
ection 18 - Relative	es - (Continued)					
your relative decea	sed?	(	YES	ONO (	If NO, proceed to	18.2)
18.2 Complete the Stepchild, B	following if the relative lis	sted is your <b>Mother, Father, St</b> ner, Stepsister, Half-brother, I	epmother, Stepfather, Fos Half-sister, Father-in-law, I	ster parent, Chil	d (including add Guardian and is	opted/foster), not deceased.
Provide your relativ Street	e's current address. (Prov	vide City and Country if outside the U City		City, State and Zip ( Zip Code	Code) Country	
Does this relative h YES	nave an APO/FPO addres Provide your relative's Address		APO or FPO	APO/FPC	State Code	Zip Code
			l	l		I

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 18 - Relatives - (Co	ontinued)	)								
Select each type of relative a Select all that apply.	applicable	to you, rega	rdless if t	they are living or d	eceased.	(An opport	tunity v	will be provided to list multiple	relatives	s for each type.)
Mother	Fost	er parent			Siste	r		Half-sister		
Father	Child	d (including a	dopted/f	oster)	Stepl	orother		Father-in-law		
Stepmother	Step	child			Steps	sister		Mother-in-law		
Stepfather	Brot				_	orother		Guardian		
Entry #5										
Provide relative type.										
Trovide relative type.										
Provide your relative's full na	ame.									
Last name		1	First na	ame			, 1	Middle name		Suffix
Provide your relative's date of	of birth.		ır relative	e's place of birth.			'	•		
Date (Month/Year)		City				State		Country (Required)		
Describe and the first transfer	Est.	-101								
Provide your relative's count Country #1	ry(ies) of (	citizensnip.		Country #2						
Country #1										
					_					
18.1 Complete the following Sister, Stepbrother					epmothe	, Stepfath	ner, Ch	nild (including adopted/foste	er), Step	child, Brother,
If mother, provide your m	-			Same as listed		don't knov	.,			
Last name	Other 3 mic	alden name.	First na	_	Ш'	don't knov		Middle name	ç	Suffix
Lastriamo			1 1100 110				"	viiddic flame		Janix
Has this relative used any	other nar	nas?								
YES NO	other har	1103:								
	ا ممط المما	actical of time	thatva	ur rolotivo vood tha	m (auch e	o maidan		hu a farmar marriaga farmar		
name, alias, or nickname)		Jenou or ume	tilat yot	ir relative used the	iii (Sucii a	is maiden,	паше	by a former marriage, former		Not applicable
#1 Last name				First name				Middle name		Suffix
Maiden name? F	rom (Mont	h/Year)		To (Month/Year)	☐ Pre:	sent .	Provid	de the reason(s) why the name	e change	ed.
○YES ○NO			Est.		Est.					
#2 Last name				First name				Middle name		Suffix
Maiden name? F	rom (Mont	h/Year)		To (Month/Year)	□ Pre	sent	Provid	l de the reason(s) why the name	e change	ed.
○YES ○NO		·	Est.	<u> </u>	Est.			.,,	Ü	
#3 Last name				First name				Middle name		Suffix
" Last Hamo										
Maiden name? F	rom (Mont	h/Year)		To (Month/Year)			Provid	 de the reason(s) why the name	e change	_  ed
○YES ○NO	(		Est.		Est.	sent		20 110 1000011(0) 11119 1110 110111	, o	
#4 Last name			LSI.	First name				Middle name		Suffix
#4 Last Haine										
Maiden name? F	rom (Mont	th/Voor)		To (Month/Year)			Drov.:	do the reason(s) why the name	o chance	
YES NO	TOTTI (IVIONI	,	Гot	(IVIOIITH/Year)	_	sent I	LIONIC	de the reason(s) why the name	e change	eu.
0123 0110			Est.		Est.					

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

:	Section 18 - Relatives - (Continued)								
	Is your relative deceased?  Ono (If No, proceed to 18.2)								
	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	Provide your relative Street	e's current address. (Provide City ar	nd Country if outside the United States, City	otherwise, provid State	de City, State and Zip ( Zip Code	Code) Country			
	Does this relative ha	ve an APO/FPO address?							
	<ul><li>YES →</li><li>NO</li><li>I don't know</li></ul>	Provide your relative's APO/FP Address		APO or FPO	APO/FPO	State Code	Zip Code		

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 18 - Relatives - (Continued)				
Select each type of relative applicable to you, regardless if Select all that apply.	they are living or deceas	sed. (An opportunity v	will be provided to list multiple relative	s for each type.)
☐ Mother ☐ Foster parent		Sister	Half-sister	
☐ Father ☐ Child (including adopted/	foster)	Stepbrother	Father-in-law	
Stepmother Stepchild	☐ Stepsister		Mother-in-law	
Stepfather Brother	H	Half-brother	Guardian	
Entry #6				
Provide relative type.				
Provide your relative's full name.  Last name  First na	ame		Middle name	Suffix
Provide your relative's date of birth.  Date (Month/Year)  Est.  Provide your relative City	e's place of birth.	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 I Sister, Stepbrother, Stepsister, Half-brother, Ha		other, Stepfather, Cl	hild (including adopted/foster), Step	ochild, Brother,
If <b>mother</b> , provide your mother's maiden name.	Same as listed [	I don't know	Middle name	Suffix
	ame		viidule fiame	Julia
Has this relative used any other names?				
YES NO				
Provide other names used and the period of time that yo	ur rolative used them (s	uch as maidan, nama	by a former marriage, former	
name, alias, or nickname).	ui reialive useu liieiii (si	ucii as maiden, name	by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Provid	 de the reason(s) why the name chang	_ <u>l</u> ed.
○YES ○NO □ Est.		Est.	(, ,	
#2 Last name	First name	·	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Provid	I de the reason(s) why the name chang	_l ed.
○YES ○NO □ Est.		Est.	(, ,	
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Provid	I de the reason(s) why the name chang	_l ed.
○YES ○NO □ Est.		Est.	(, ,	
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Propert Provid	 de the reason(s) why the name chang	 ed
YES NO Est.	To (Monthly real)	Present Provid	de the reason(s) why the hame chang	eu.
LSI.		LSt.		
Enter your Social Security Number before going to	the next page			

Standard Form 85P

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tion 18 - Relativ	es - (Continuea)						
our relative dece	ased?		○ YES		$\bigcirc$	NO (If NO, procee	ed to 18.2)
3.2 Complete th	e following if the rela	ative listed is your Mothe	r, Father, Stepmother,	Stepfather, F Father-in-lav	oster parent, Chi	ld (including ad Guardian and is	opted/foster), not deceased.
-		s. (Provide City and Country City					
nes this relative	have an APO/FPO	address?					
YES → NO I don't know		lative's APO/FPO addres		.PO or FPO	APO/FPO	O State Code	Zip Code

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 19 - Foreign Countries You hav	ve Visited			
Have you traveled outside the U.S. in the	last seven (7) years?	0,	YES NO (If N	O, proceed to Section 20)
	rs been solely for U.S. Government business/military (i.e., no personal trips in conjunction with the official U		YES (If YES, proced	ed to Section 20) NO
	d 'Yes' to having traveled outside the U.S. in the last s made outside the United States including personal trip			
Entry #1				
Provide the country visited.	Provide the dates of your travel to this country.	Provide the to	al number of day	s involved in the visit.
	From (Month/Year) To (Month/Year)	Present 0 1-5	<u> </u>	More than 30
	Est.	Est.	<u></u>	<ul><li>Many short trips</li></ul>
Provide the purpose of the travel to this	s country (Select all that apply).	·		
Business/Professional	Education Trade shows, co	onferences, and seminar	rs Ot	her
☐ Volunteer activities	Tourism Visit family or fri	ends		
While traveling to, or in this country, we customs or security service officials who YES If yes, provide		other than for normal cus	toms requiremen	ts) by the local
While traveling to or in this country, we	re you involved in any encounter with the police?			
YES If yes, provide				
○ NO				
	re you contacted by, or in contact with any person known organizations?	wn or suspected of being	g involved or asso	ociated with foreign
YES If yes, provide				
○ NO				
	d 'Yes' to having traveled outside the U.S. in the last s made outside the United States including personal trip			
Entry #2				
Provide the country visited.	Provide the dates of your travel to this country.	Provide the tot	al number of days	s involved in the visit.
, , , , , , , , , , , , , , , , , , , ,	From (Manth Maar) To (Manth Maar)	Present 1-5	① 11-20	More than 30
		Est. 6-10	<u>21-30</u>	Many short trips
Provide the purpose of the travel to this	s country (Select all that apply).			
Business/Professional	Education Trade shows, co	onferences, and seminar	rs 🗆 Ot	her
☐ Volunteer activities	☐ Tourism ☐ Visit family or fri			
While traveling to, or in this country, we customs or security service officials wh		other than for normal cus	toms requiremen	ts) by the local
While traveling to or in this country, we	re you involved in any encounter with the police?			
YES — If yes, provide	explanation.			
○ NO				
While traveling to or in this country, we intelligence, terrorist, security, or militar	re you contacted by, or in contact with any person known organizations?	wn or suspected of being	g involved or asso	ociated with foreign
YES If yes, provide	, ,			
○ NO	•			

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

Complete the following if you responded Provide information about all such trips on official government orders.						
Entry #3						
Provide the country visited.	Provide the dates of your tra	avel to this country.		Provide the to	tal number of da	ays involved in the visit.
	From (Month/Year)	To (Month/Year)	Present	<u> </u>	<u> </u>	More than 30
	Est.		Est.	<u> </u>	O 21-30	<ul><li>Many short trips</li></ul>
Provide the purpose of the travel to thi	s country (Select all that apply	′).		•		
Business/Professional	Education	Trade sho	ws, conference	es, and semina	rs	Other
Volunteer activities	Tourism	Visit famil	y or friends			
While traveling to, or in this country, w customs or security service officials when the security service of the security security service of the security s	ere you questioned, searched	, or otherwise deta	ned (other thar	n for normal cu	stoms requireme	ents) by the local
YES — If yes, provide	0	unitry :				
○ NO						
While traveling to or in this country, we	ere you involved in any encour	nter with the police	?			
	•					
○ NO						
While traveling to or in this country, we	ere you involved in any encour	nter with the police	?			
		·				
YES — If yes, provide	e explanation.					
○ NO						
Complete the following if you responde Provide information about all such trips on official government orders.	· · · · · · · · · · · · · · · · · · ·		` '	•	•	
Provide information about all such trips	· · · · · · · · · · · · · · · · · · ·		` '	•	•	
Provide information about all such trips on official government orders.	s made outside the United Sta	tes including perso	nal trips made	in conjunction	with official U.S.	
Provide information about all such trips on official government orders.  Entry #4	s made outside the United Sta	tes including perso	nal trips made	in conjunction	with official U.S.	Government business
Provide information about all such trips on official government orders.  Entry #4	s made outside the United Sta	avel to this country.	nal trips made	Provide the to	with official U.S.	Government business ays involved in the visit.
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to this	Provide the dates of your tra	avel to this country.  To (Month/Year)	nal trips made	Provide the to	tal number of da	Ays involved in the visit.  More than 30  Many short trips
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to thi  Business/Professional	Provide the dates of your transferom (Month/Year)  Est.  s country (Select all that apply	avel to this country. To (Month/Year)	Present Est.	Provide the to	tal number of da	Government business  ays involved in the visit.  More than 30
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to this	Provide the dates of your transform (Month/Year)  Est.  S country (Select all that apply	avel to this country. To (Month/Year)	Present Est.	Provide the to	tal number of da	Ays involved in the visit.  More than 30  Many short trips
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to thi  Business/Professional	Provide the dates of your transform (Month/Year)  Est.  s country (Select all that apply Education Tourism  ere you questioned, searched nen entering or leaving this con	avel to this country. To (Month/Year)  Trade sho Visit famil	Present Est.	Provide the to 1-5 6-10 es, and semina	tal number of da	Ays involved in the visit.  More than 30  Many short trips  Other
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to this Business/Professional Volunteer activities  While traveling to, or in this country, wordstoms or security service officials where YES If yes, provided NO	Provide the dates of your transferom (Month/Year)  Est.  s country (Select all that apply Education Tourism  ere you questioned, searched then entering or leaving this context explanation.	avel to this country. To (Month/Year)  Trade sho Visit famil , or otherwise deta	Present Est.  wws, conference y or friends ined (other than	Provide the to 1-5 6-10 es, and semina	tal number of da	Ays involved in the visit.  More than 30  Many short trips  Other
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to this Business/Professional Volunteer activities  While traveling to, or in this country, we customs or security service officials where YES If yes, provided NO  While traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country.	Provide the dates of your transform (Month/Year)  Est.  s country (Select all that apply Education Tourism  ere you questioned, searched then entering or leaving this core explanation.	avel to this country. To (Month/Year)  Trade sho Visit famil , or otherwise deta	Present Est.  wws, conference y or friends ined (other than	Provide the to 1-5 6-10 es, and semina	tal number of da	Ays involved in the visit.  More than 30  Many short trips  Other
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to this Business/Professional Volunteer activities  While traveling to, or in this country, we customs or security service officials where YES If yes, provided NO  While traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country, we will be traveling to or in this country.	Provide the dates of your transform (Month/Year)  Est.  s country (Select all that apply Education Tourism  ere you questioned, searched then entering or leaving this core explanation.	avel to this country. To (Month/Year)  Trade sho Visit famil , or otherwise deta	Present Est.  wws, conference y or friends ined (other than	Provide the to 1-5 6-10 es, and semina	tal number of da	Ays involved in the visit.  More than 30  Many short trips  Other
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to this Business/Professional Volunteer activities  While traveling to, or in this country, we customs or security service officials who yes If yes, provided NO  While traveling to or in this country, we yes, provided y	Provide the dates of your transferom (Month/Year)  Est.  s country (Select all that apply Education Tourism  ere you questioned, searched then entering or leaving this context explanation.  ere you involved in any encourse explanation.	avel to this country. To (Month/Year)  Trade sho Visit famil or otherwise deta	Present Est.  ws, conference y or friends ined (other than	Provide the to 1-5 6-10 es, and semina	tal number of da  11-20 21-30  rs   stoms requirement	Ays involved in the visit.  More than 30  Many short trips  Other  ents) by the local
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to this Business/Professional Volunteer activities  While traveling to, or in this country, we customs or security service officials where YES If yes, provided NO  While traveling to or in this country, we yes, provided NO  While traveling to or in this country, we NO  While traveling to or in this country, we NO  While traveling to or in this country, we NO	Provide the dates of your transform (Month/Year)  Est.  s country (Select all that apply Education Tourism  ere you questioned, searched then entering or leaving this core explanation.  ere you involved in any encourse explanation.	avel to this country. To (Month/Year)  Trade sho Visit famil or otherwise deta	Present Est.  ws, conference y or friends ined (other than	Provide the to 1-5 6-10 es, and semina	tal number of da  11-20 21-30  rs   stoms requirement	Ays involved in the visit.  More than 30  Many short trips  Other  ents) by the local
Provide information about all such trips on official government orders.  Entry #4  Provide the country visited.  Provide the purpose of the travel to this Business/Professional Volunteer activities  While traveling to, or in this country, we customs or security service officials who YES If yes, provided NO  While traveling to or in this country, we yes NO  While traveling to or in this country, we intelligence, terrorist, security, or militation of the provided NO	Provide the dates of your transform (Month/Year)  Est.  s country (Select all that apply Education Tourism  ere you questioned, searched then entering or leaving this core explanation.  ere you involved in any encourse explanation.	avel to this country. To (Month/Year)  Trade sho Visit famil or otherwise deta	Present Est.  ws, conference y or friends ined (other than	Provide the to 1-5 6-10 es, and semina	tal number of da  11-20 21-30  rs   stoms requirement	Ays involved in the visit.  More than 30  Many short trips  Other  ents) by the local

### **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

Form approved: OMB No. 3206 0258

### Section 20 - Police Record

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.

- 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?

convictions or senten	years have you been charged with aces in any Federal, state, local, milit	tary, or non-U.S. court, eve	en if previously liste		e all qualifying charges
- Are you currently on	years have you been or are you cu trial or awaiting a trial on criminal ch		ole?		
try #1	Post de la Discoulier de la con-	1.2. (0	(1) ((		
ovide the date of offense. (Mon	th/Year) Provide a desci	ription of the specific natur	e of the offense.		
Did this offense involve any o	of the following?				
○ YES ○ NO					
	rime of violence (such as battery or a mestic partner, former spouse or leg				
Involve firearms or explos	sives?				
Involve alcohol or drugs?					
Provide the location where the City	ne offense occurred. (Provide City and County	Country if outside the United State	States; otherwise, pro	ovide City, County Country	, State and Zip Code)
type of law enforcement offici	ceed to (c))		s offense by any po	olice officer, she	eriff, marshal or any ot
type of law enforcement offici	ial?	ted/summoned you.			
type of law enforcement offici	ial?  ceed to (c))  enforcement agency that arrested/ci  w enforcement agency. (Provide City a	ted/summoned you.  and Country if outside the Unit State	ted States; otherwise, Zip Code	provide City, Col Country	unty, State and Zip Code)
Provide the location of the law City  As a result of this offense well (If YES, Constitution)  Provide the No. (If No., provide the location of the law City)  As a result of this offense well (If YES, Constitution)  NO. Provide (If YES, Constitution)	ial?  ceed to (c))  enforcement agency that arrested/ci  w enforcement agency. (Provide City a  County  re you charged, convicted, currently the name of the court.   complete (c.1))  explanation	ted/summoned you.  and Country if outside the Unit State awaiting trial, and/or orde	ted States; otherwise, Zip Code red to appear in co	provide City, Cou Country urt in a criminal	unty, State and Zip Code) I proceeding against yo
Provide the location of the law City  As a result of this offense well (If YES, Constitution)  Provide the No. (If No., provide the location of the law City)  As a result of this offense well (If YES, Constitution)  NO. Provide (If YES, Constitution)	ial?  ceed to (c))  enforcement agency that arrested/ci  w enforcement agency. (Provide City a  County  re you charged, convicted, currently the name of the court.   complete (c.1))	ted/summoned you.  and Country if outside the Unit State awaiting trial, and/or orde	ted States; otherwise, Zip Code red to appear in co	provide City, Cou Country urt in a criminal	unty, State and Zip Code) I proceeding against yo
Provide the location of the law City  As a result of this offense well (If YES, Color NO)  Provide the location of the law City  As a result of this offense well (If YES, Color NO)  Provide (If YES, Color NO)	ial?  ceed to (c)) enforcement agency that arrested/ci w enforcement agency. (Provide City a County  re you charged, convicted, currently the name of the court.   complete (c.1)) explanation  the court. (Provide City and Country if o	and Country if outside the United State  awaiting trial, and/or orde  utside the United States; othe State  d the outcome of each cha	red States; otherwise, Zip Code  red to appear in co  rwise, provide City, Ci Zip Code	provide City, Cou Country urt in a criminal ounty, State and 2 Country	unty, State and Zip Code)  I proceeding against you  Zip Code)
Provide the location of the law of the location o	ial?  ceed to (c)) enforcement agency that arrested/ci  w enforcement agency. (Provide City a  County  re you charged, convicted, currently the name of the court.   complete (c.1)) explanation  the court. (Provide City and Country if or  County  ught against you for this offense, and	and Country if outside the United State  awaiting trial, and/or orde  utside the United States; othe State  d the outcome of each cha	red States; otherwise, Zip Code  red to appear in co  rwise, provide City, Ci Zip Code	provide City, Cou Country urt in a criminal ounty, State and 2 Country	unty, State and Zip Code)  I proceeding against you  Zip Code)
Provide the location of the law of the location of the locat	ial?  ceed to (c)) enforcement agency that arrested/ci w enforcement agency. (Provide City a County  re you charged, convicted, currently the name of the court.  complete (c.1)) explanation  the court. (Provide City and Country if or County  ught against you for this offense, and c). If you were found guilty of or plead	and Country if outside the United State  awaiting trial, and/or orde  utside the United States; othe State  d the outcome of each cha	rwise, provide City, Congreged offense (such see, list separately by	provide City, Cou Country urt in a criminal ounty, State and 2 Country	unty, State and Zip Code)  I proceeding against you  Zip Code)  y, found not-guilty, cha I charge and the lesse
Provide the location of the law of the location of the locat	ial?  ceed to (c)) enforcement agency that arrested/ci w enforcement agency. (Provide City a County  re you charged, convicted, currently the name of the court.  complete (c.1)) explanation  the court. (Provide City and Country if or County  ught against you for this offense, and c). If you were found guilty of or plead	and Country if outside the United State  awaiting trial, and/or orde  utside the United States; othe State  d the outcome of each cha	rwise, provide City, Congreged offense (such see, list separately by	provide City, Cou Country urt in a criminal ounty, State and 2 Country	unty, State and Zip Code)  I proceeding against you  Zip Code)  y, found not-guilty, cha I charge and the lesse
Provide the location of the law of the location of the locat	ial?  ceed to (c)) enforcement agency that arrested/ci w enforcement agency. (Provide City a County  re you charged, convicted, currently the name of the court.  complete (c.1)) explanation  the court. (Provide City and Country if or County  ught against you for this offense, and c). If you were found guilty of or plead	and Country if outside the United State  awaiting trial, and/or orde  utside the United States; othe State  d the outcome of each cha	rwise, provide City, Congreged offense (such see, list separately by	provide City, Cou Country urt in a criminal ounty, State and 2 Country	unty, State and Zip Code)  I proceeding against you  Zip Code)  y, found not-guilty, cha I charge and the lesse
Provide the location of the law of the location of the locat	ial?  ceed to (c)) enforcement agency that arrested/ci w enforcement agency. (Provide City a County  re you charged, convicted, currently the name of the court.  complete (c.1)) explanation  the court. (Provide City and Country if or County  ught against you for this offense, and c). If you were found guilty of or plead	and Country if outside the United State  awaiting trial, and/or orde  utside the United States; othe State  d the outcome of each cha	rwise, provide City, Congreged offense (such see, list separately by	provide City, Cou Country urt in a criminal ounty, State and 2 Country	unty, State and Zip Code)  I proceeding against you  Zip Code)  y, found not-guilty, cha I charge and the lesse

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 20 - Police Record - (Continued)	
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 Fron actually were incarcerated.	n Date (Month/Year) To Date (Month/Year) Present  Est. Est.
If conviction resulted in probation or parole, provide the dates of probation or parole.	n Date (Month/Year) To Date (Month/Year) Present  Est. Est.
(d.2)	,
Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this off	fense? YES NO
Provide explanation.	

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

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

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?

F . "0									
Entry #2									
Provide the date of offense	e. (Month/Year)	Provide a description o	f the specific natur	e of the offense.					
		Est.							
(a) Did this offense involve	(a) 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 o	drugs?								
Provide the location wh	nere the offense o	County County	if outside the United S State	States; otherwise, prov Zip Code	ride City, County Country	, State and Zip Code)			
(b) Were you arrested, sur		r did you receive a ticket to appe	ar as a result of this	s offense by any po	lice officer, sh	eriff, marshal or any other			
· ·	NO, proceed to (c))								
Provide the name of th	e law enforceme	nt agency that arrested/cited/sum	moned you						
Trovido alo fidillo of al	o law of horoomion	it agonoy that arrootog, oftog, out	monou you.						
Dravide the leastion of	the law enforcem	ant against (Descript Office and Occur							
City	the law emorcem	nent agency. (Provide City and Cour County	State	Zip Code	Country	unty, State and ZIP Code)			
Oity									
(c) As a result of this offen	se were vou cha		n trial, and/or order	ed to appear in cou	ırt in a crimina	I proceeding against you?			
O YES P	rovide the name	of the court.	g that, and or order	ou to appear in ooc	are iii a oiiiiiia	r proceeding against you.			
` ·	YES, complete (c.	**							
○ NO → P	rovide explanatio	n 🕨							
(c.1) Provide the locat	ion of the court. (	Provide City and Country if outside the	e United States; other	wise, provide City, Co	ounty, 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.			

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

ection 20 - Police Record - (Continued)	
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 (Monactually were incarcerated.	th/Year) To Date (Month/Year) Present
actually were incarcerated.	Est.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	th/Year) To Date (Month/Year) Present
probation or parole.	Est.
(d.2)	
Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?	○ YES ○ NO
Provide explanation.	

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

ection 20 - Police Record	I - (Continued)						
	enses already listed, have	you <b>EVER</b> had the follo	owing happen to you	2	○ VEC	O NO «ANO	11.00.0
	•	,	0 11		•	NO (If NO, prod	
child, depender	R been convicted of an of nt, cohabitant, spouse or ler, or someone with whon	egally recognized civil u	inion/domestic partne				
Entry #1							
Provide the date of offens	se. (Month/Year)	Provide a description	of the specific natur	e of the offense.			
(a) Did this offense involve	ve any of the following?	•					
	e or a crime of violence ( inion/domestic partner, fo n?						are
Provide the name of t	he court.						
Provide the location of City	of the court. <i>(Provide City ai</i> Coun		nited States; otherwise, p	provide City, County, S Zip Code	State and Zip C Country	Code)	
	ges brought against you to a prose," etc). If you w						
Felony/misdemeanor	Ch	arge		Outcome		Date (Month/Ye	ear)
							Est.
							Est.
							Est.
							Est.
(b) Were you sentenced	_las a result of these charg	es?					
YES (If YES, comp		NO, complete (b.2))					
(b.1)							
Provide a description	of the sentence.						
Were you sentenced	to imprisonment for a terr	n exceeding 1 year?				○ YES ○	) NO
Were you incarcerate	d as a result of that sente	nce for not less than 1 y	year?			○ YES ○	) NO
	ted in imprisonment, prov	ide the dates that you	Not Applicable	From Date (Month)	Year) To	Date (Month/Year)	Present
actually were incarcer	rated.				Est.		Est.
If conviction resulted in probation or parole.	in probation or parole, pro	ovide the dates of	Not Applicable	From Date (Month)		Date (Month/Year)	
(b.2)					Est.		Est.
<u> </u>	rial, awaiting a trial, or aw	raiting sentencing on cri	minal charges for this	s offense?			
	rovide explanation.	alling sentending on ch	minal charges for this	o onense :			

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 20 - Police Record - ( <i>Continເ</i>	red)		
Entry #2			
Provide the date of offense. (Month/Y	ear) Provide a description of	of the specific nature of the offense.	
	Est.		
(a) Did this offense involve any of the	e following?		
	e of violence (such as battery or assault stic partner, former spouse or legally re		
Provide the name of the court.			
Provide the location of the court.	(Provide City and Country if outside the Unit	ed States; otherwise, provide City, County, S	State and Zip Code)
City	County	State Zip Code	Country
	t against you for this offense, and the o etc). If you were found guilty of or plea		
Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			Est.
(b) Were you sentenced as a result of	of these charges?		
YES (If YES, complete (b.1))	NO (If NO, complete (b.2))		
(b.1)			
Provide a description of the sente	ence.		
Did this offense involve any of the	e following?		○ YES ○ NO
Were you incarcerated as a resul	t of that sentence for not less than 1 ye	ear?	○ YES ○ NO
If the conviction resulted in impris	sonment, provide the dates that you	Not Applicable From Date (Month/	Year) To Date (Month/Year) Present
actually were incarcerated.			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)			·
	g a trial, or awaiting sentencing on crim	inal charges for this offense?	
YES NO Provide expla	anation.		

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 20 - Police Record - (Continued)
20.3 Is there currently a domestic violence protective order or restraining order issued against you?  One of the proceed to Section 21, and the proceed 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)  Provide the name of the court or agency that issued the order.  Est.
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)  Provide the name of the court or agency that issued the order.  Est.
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)  Provide the name of the court or agency that issued the order.  Est.
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)  Provide the name of the court or agency that issued the order.  Est.
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

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

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

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 In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or NO (If NO, proceed to 21.2) controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. 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, methagualone, tranquilizers, etc.) (Such as special K, jet, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) O 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 Provide nature of use, frequency, and number of times used. year of most recent use. (Month/Year) and year of first use. (Month/Year) Est. Est. Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in YES NO a position directly and immediately affecting the public safety? Was your use while possessing a security clearance? YES  $\bigcirc$  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.) Other (Provide explanation) > Inhalants (Such as toluene, amyl nitrate, etc.) Provide an estimate of the month and Provide an estimate of the month Provide nature of use, frequency, and number of times used. year of most recent use. (Month/Year) and year of first use. (Month/Year) Est. Est. Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in YES NO a position directly and immediately affecting the public safety? Was your use while possessing a security clearance? YES  $\bigcirc$  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.

Enter your Social Security Number before going to the next page	

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

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

21.2 In the last seven (7) years, have you been involved in the illegal pur trafficking, production, transfer, shipping, receiving, handling or sale of		O, proceed to 21.3)
Complete the following if you answered 'Yes' to in the last seven (7) years trafficking, production, transfer, shipping, receiving, handling or sale of a dru		ivation,
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.)	Oppressants (Such as barbiturates, methaqualone, tranq	uilizers, etc.)
○ Ketamine (Such as special K, jet, etc.)	Narcotics (Such as opium, morphine, codeine, heroin, etc.	c.)
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 year of first involvement. (Month/Year)  Provide an estimate of the of most recent involvement		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 office position directly and immediately affecting the public safety?	r, prosecutor, or courtroom official, or while in a	S ONO
Was your involvement while possessing a security clearance?	○ YE	S ONO
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,	ecstasv. etc.)
THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants (Such as barbiturates, methaqualone, tranqu	
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		of activity
year of first involvement. (Month/Year) of most recent involvement	i Tovide the nature and frequency	or activity.
☐ Est.	Est.	
Provide the reason(s) why you engaged in the activity.	·	
Was your involvement while you were employed as a law enforcement office position directly and immediately affecting the public safety?	, prosecutor, or courtroom official, or while in a	S O NO
Was your involvement while possessing a security clearance?	○ YES	S O NO
Do you intend to engage in this activity in the future?		
YES Provide explanation.		
○ NO		

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 21 - Illegal Use of Drugs a	and Drug Activity - (Continued)	
substance while employed	s, have you illegally used or otherwise as a law enforcement officer, prosec diately affecting the public safety other	e been involved with a drug or controlled outor, or courtroom official; or while in a er than previously listed?  YES NO (If NO, proceed to 21.4)
Complete the following if you resp substance while employed as a la safety other than previously listed	aw enforcement officer, prosecutor, o	even (7) years, illegally used, or otherwise been involved with a drug or controlled or courtroom official; or while in a position directly and immediately affecting the public
Entry #1		
Provide a description of the drugs	s or controlled substances used and y	your involvement.
Provide the dates of involvement/	/use.	Provide an estimate of the number of times you used and/or were involved with this
From Date (Month/Year) Est.	To Date (Month/Year) Present Est.	drug or controlled substance while employed in this capacity.
Entry #2		
	s or controlled substances used and y	vour involvement
Provide the dates of involvement/		Provide an estimate of the number of times you used and/or were involved with this
_ 1	To Date (Month/Year) Present	drug or controlled substance while employed in this capacity.
Est.	Est.	
Enter your Social Security Num	nber before going to the next p	age

### **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

Section 21 - Illegal Use of Drugs and Drug Activity - (Continued)  11.4 In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of OVES (1)		
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?	NO (If NO,	proceed to 21.5)
Complete the following if you responded 'Yes' to <b>in the last seven (7) years</b> having intentionally engaged in the misuse of presc of whether the drugs were prescribed for you or someone else.	ription drugs,	regardless
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 misus	e of the presc	cription drug.
From Date (Month/Year)  To Date (Month/Year)  Present  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?		$\bigcirc$ NO
Entry #2		
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 misus	e of the presc	cription drug.
From Date (Month/Year) To Date (Month/Year) Present		
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	$\bigcirc$ NO
ter your Social Security Number before going to the next page		

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

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

Secti	on 21 - Illegal Use of Drugs and Drug Activity - (Continued)				
21.5	In the last seven (7) years have you been ordered, advised, or ask treatment as a result of your illegal use of drugs or controlled substa		or (	YES NO (	If NO, proceed to 21.6)
	mplete the following if you responded 'Yes' to <b>In the last seven (7) yea</b> oult of your illegal use of drugs or controlled substances.	rs have you been orde	ered, advised, or asked	I to seek counselin	ng or treatment as a
En	try #1				
	ve any of the following ordered, advised, or asked you to seek counseline elect all that apply):	ng or treatment as a re	sult of your illegal use	of drugs or contro	olled substances?
C	An employer, military commander, or employee assistance program	A court official /	judge		
С	A medical professional	I have not been	ordered, advised, or a reatment by any of the	sked to seek	
C	A mental health professional	counseling or tr	eatment by any of the	above.	
Pro	ovide explanation >				
Dic	you take action to receive counseling or treatment?		YES (If YES, c	omplete (b)) N	O (If NO, complete (a))
(a)	You have indicated that you did not receive treatment.				
	Provide explanation.				
(b)	You have indicated that you did receive treatment.				
. ,	Provide the type of drug or controlled substance for which you were to	reated.			
	Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Suc	ch as amphetamines, s	peed, crystal meth	n, ecstasy, etc.)
	○ THC (Such as marijuana, weed, pot, hashish, etc.)	Oppressants (S	such as barbiturates, m	ethaqualone, tran	quilizers, etc.)
	○ Ketamine (Such as special K, jet, etc.)	O Narcotics (Such	n as opium, morphine,	codeine, heroin, e	tc.)
	O 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	y if outside the United Stat	tes; otherwise, provide City	, State and Zip Code	)
	Street City	State	Zip Code C	Country	
		ational or DSN number	Provide the dates of From Date (Month/Ye		nth/Year) Present
		Night		st.	Est.
	Did you successfully complete the treatment?  YES  NO —	(Provide explanation)	on)		

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

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

Complete the following if your 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 court official / judge  I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  Provide explanation  Provide explanation  The second of the second ordered of the above.  Provide the type of drug or controlled substance for which you were treated.  Cocaline or crack cocaine (Such as rock, freebase, etc.)  The (Such as marijuana, weed, pot, hashish, etc.)  Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  The lower treatment provider.  Last name  First name  First name  Provide the address for this treatment provider.  City  State  Zip Code  Country  Provide a telephone number for the  Extension  International or DSN.  Provide the dates of treatment.					
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):  A nemployer, military commander, or employee assistance program  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?  Yes (If YES, complete (b)) NO (If NO, complete (a))  You have indicated that you did not receive treatment.  Provide explanation.  (b) 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.)  Extensive (Such as barbiturates, methaqualone, tranquilizers, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Inhalants (Such as toluene, amyl nitrate, etc.)  Provide the name of the treatment provider.  Last name  First name  Provide the address for this treatment provider.  City  State  Zip Code  Country			en ordered, advised, or asked to	seek counseling or treatment as a	
(Select all that apply):  An employer, military commander, or employee assistance program  A medical professional  A mental health professional  Provide explanation ▶  Did you take action to receive counseling or treatment?  (a) You have indicated that you did not receive treatment.  Provide explanation.  (b) 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.)  Marcotics (Such as opium, morphine, codeine, heroin, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Inhalants (Such as toluene, armyl nitrate, etc.)  Provide the address for this treatment provider.  City  A count official / judge  I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  Provide the type of drug or controlled substance for which you were treated.  Cocaine or crack cocaine (Such as rock, freebase, etc.)  Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Narcotics (Such as opium, morphine, codeine, heroin, 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	Entry #2				
A medical professional  A mental health professional  Provide explanation ▶  Did you take action to receive counseling or treatment?  (b) You have indicated that you did not receive treatment.  Provide explanation.  (b) 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.)  Ketamine (Such as special K, jet, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Inhalants (Such as toluene, amyl nitrate, etc.)  Provide the name of the treatment provider.  Last name  I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  It have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  It have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  YES (If YES, complete (b))  NO (If NO, complete (a))		ed you to seek counseling or treatment	as a result of your illegal use of	drugs or controlled substances?	
A mental health professional  Provide explanation ▶  Did you take action to receive counseling or treatment?  (b) You have indicated that you did not receive treatment.  Provide explanation.  (b) 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.)  Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Ketamine (Such as special K, jet, etc.)  Marcotics (Such as opium, morphine, codeine, heroin, etc.)  Hallucinogenic (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	An employer, military commander, or employee	e assistance program A court of	official / judge		
Provide explanation  Did you take action to receive counseling or treatment?  (a) You have indicated that you did not receive treatment.  Provide explanation.  (b) 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.)  Ketamine (Such as special K, jet, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Inhalants (Such as toluene, amyl nitrate, etc.)  Provide the name of the treatment provider.  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  Zip Code  Country	A medical professional				
Did you take action to receive counseling or treatment?  (a) You have indicated that you did not receive treatment.  Provide explanation.  (b) 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.)  ○ Ketamine (Such as special K, jet, etc.)  ○ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  ○ Inhalants (Such as toluene, amyl nitrate, etc.)  ○ 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)  State  Zip Code  Country	A mental health professional	counsell	○ counseling or treatment by any of the above.		
(a) You have indicated that you did not receive treatment.  Provide explanation.  (b) 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.)  ○ Ketamine (Such as special K, jet, etc.)  ○ Hallucinogenic (Such as LSD, PCP, mushrooms, 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 explanation ▶				
(b) 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.) 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 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	Did you take action to receive counseling or treatme	ent?	YES (If YES, com	plete (b)) NO (If NO, complete (a))	
(b) 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.)  Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  THC (Such as marijuana, weed, pot, hashish, etc.)  Cetamine (Such as special K, jet, etc.)  Narcotics (Such as opium, morphine, codeine, heroin, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Inhalants (Such as toluene, amyl nitrate, etc.)  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	(a) You have indicated that you did not receive tre	eatment.			
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.)  ○ 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.)  ○ Inhalants (Such as toluene, amyl nitrate, etc.)  ○ Other (Provide explanation)  Provide the name of the treatment provider.  Last name  First 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 explanation.				
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.)  ○ 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.)  ○ Inhalants (Such as toluene, amyl nitrate, etc.)  ○ Other (Provide explanation)  Provide the name of the treatment provider.  Last name  First 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					
Ococaine or crack cocaine (Such as rock, freebase, etc.)  OTHC (Such as marijuana, weed, pot, hashish, etc.)  OEPressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Narcotics (Such as opium, morphine, codeine, heroin, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Other (Provide explanation)  Provide the name of the treatment provider.  Last 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  Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Narcotics (Such as opium, morphine, codeine, heroin, etc.)  Other (Provide explanation)  First name  First name  City  State  Zip Code  Country	(b) You have indicated that you did receive treatm	nent.			
THC (Such as marijuana, weed, pot, hashish, etc.)  Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  Narcotics (Such as opium, morphine, codeine, heroin, etc.)  Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)  Inhalants (Such as toluene, amyl nitrate, etc.)  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 the type of drug or controlled substance	ce for which you were treated.			
○ Ketamine (Such as special K, jet, etc.) ○ Narcotics (Such as opium, morphine, codeine, heroin, 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	Cocaine or crack cocaine (Such as rock, f	freebase, etc.) Stimular	nts (Such as amphetamines, spe	ed, crystal meth, ecstasy, etc.)	
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Steroids (Such as the clear, juice, 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	THC (Such as marijuana, weed, pot, hash	nish, etc.)	ants (Such as barbiturates, meth	naqualone, tranquilizers, 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	○ Ketamine (Such as special K, jet, etc.)	○ Narcotic	s (Such as opium, morphine, co	deine, heroin, etc.)	
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	Hallucinogenic (Such as LSD, PCP, mush	nrooms, etc.) Steroids	(Such as the clear, juice, etc.)		
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	☐ Inhalants (Such as toluene, amyl nitrate, €	etc.) Other (I	Provide explanation) ▶		
Street City State Zip Code Country	·	First name			
	Provide the address for this treatment provide	r. (Provide City and Country if outside the Ur	nited States; otherwise, provide City, S	tate and Zip Code)	
Provide a telephone number for the Extension International or DSN Provide the dates of treatment.	Street	City State	Zip Code Cou	ıntry	
Provide a telephone number for the Extension International or DSN Provide the dates of treatment.					
	Provide a telephone number for the	Extension International or DSN	Provide the dates of tre	eatment.	
treatment provider.	treatment provider.		From Date (Month/Year)	To Date (Month/Year) Present	
Day Night Est.		Day Night	Est.	Est.	
Did you successfully complete the treatment?	Did you successfully complete the treatment?	YES ○ NO → (Provide ex	planation)	1	
·		,			

### **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

Ocolic	11 21 megal coe of Brago and Brag Activity (Continued)		
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)
Cor	pplete the following if you responded 'Yes' to In the last seven (7) years have you voluntarily sought co	unseling or t	reatment as a result of your use of a

	ast seven (7) years have you varied a drug or controlled substance?	oluntarily sought counseling or	treatment as a	result of your YES	NO (If NO, proceed	to Section 22)
	following if you responded 'Yes olled substance.	to In the last seven (7) years	have you volun	tarily sought counseling or t	reatment as a result of	your use of a
Entry #1						
Provide the ty	pe of drug or controlled substan	ce for which you were treated.				
Occaine	or crack cocaine (Such as rock,	freebase, etc.)	O Depressar	nts (Such as barbiturates, m	ethaqualone, tranquiliz	ers, etc.)
◯ THC (Suc	ch as marijuana, weed, pot, hasl	nish, etc.)	○ Hallucinog	genic (Such as LSD, PCP, m	nushrooms, etc.)	
○ Ketamine	(Such as special K, jet, etc.)		O Steroids (	Such as the clear, juice, etc.	)	
○ Narcotics	(Such as opium, morphine, cod	eine, heroin, etc.)	O Inhalants	(Such as toluene, amyl nitra	te, etc.)	
Stimulant	s (Such as amphetamines, spee	ed, crystal meth, ecstasy, etc.)	Other (Pr	rovide explanation) >		
Provide the national Last name	ame of the treatment provider.	First name				
Provide the a Street	ddress for this treatment provide	or. (Provide City and Country if outsic City	le the United State State		and Zip Code) puntry	
Provide a tele treatment pro	phone number for the vider.	Extension International on number	or DSN phone	Provide the dates of treatment From Date (Month/Year)	nent. To Date (Month/Year)	Present
		Day Nigh	nt	Est.		Est.
Did you succe	essfully complete the treatment?	○ YES ○ NO → (Pro	vide explanatio	n)		
Entry #2						
_ ′	pe of drug or controlled substan	•				
Cocaine	or crack cocaine (Such as rock,	freebase, etc.)	O Depressai	nts (Such as barbiturates, m	ethaqualone, tranquiliz	ers, etc.)
THC (Suc	ch as marijuana, weed, pot, hasl	nish, etc.)	○ Hallucinog	genic (Such as LSD, PCP, m	nushrooms, etc.)	
○ Ketamine	(Such as special K, jet, etc.)		O Steroids (	Such as the clear, juice, etc.	)	
○ Narcotics	(Such as opium, morphine, cod	eine, heroin, etc.)	O Inhalants	(Such as toluene, amyl nitra	te, etc.)	
Stimulant	s (Such as amphetamines, spee	ed, crystal meth, ecstasy, etc.)	Other (Pr	rovide explanation) >		
Provide the name	ame of the treatment provider.	First name				
Provide the a Street	ddress for this treatment provide		le the United State State			
Sileei		City	State	Zip Code Co	ountry	
Provide a tele treatment pro	phone number for the vider.	Extension International of number Day Nigl	or DSN phone	Provide the dates of treatr From Date (Month/Year)	nent. To Date (Month/Year)	Present
			16			Est.
Did you succe	essfully complete the treatment?	$\bigcirc$ YES $\bigcirc$ NO $\rightarrow$ (Pro	vide explanatio	n)		

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Complete the following if you responded 'Yes' to your alcohol use having had elationships, your finances, or resulted in intervention by law enforcement/pu	
Entry #1	, , ,
Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year)	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 #2	
Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year)	From Date (Month/Year) To Date (Month/Year) Present
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.	_
	Est.
Provide an explanation of the circumstances and the negative impact.  Provide circumstances.	Provide negative impact.
	Trondo negatiro impacti
Entry #4	l .
Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year)	From Date (Month/Year) To Date (Month/Year) Present
Est.	Est.
Provide an explanation of the circumstances and the negative impact.	
Provide circumstances.	Provide negative impact.

Provide telephone number.

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### Section 22 - Use of Alcohol - (Continued) In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a YES NO (If NO, proceed to 22.3) result of your use of alcohol? 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 YES (If YES, complete (b)) NO (If NO, complete (a)) Did you take action to receive counseling or treatment? 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. (b) 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) Zip Code Street City State 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 YES (If YES, complete (b)) NO (If NO, complete (a)) Did you take action to receive counseling or treatment? 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. 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

Extension

Did you successfully complete the treatment program?  $\bigcirc$  YES  $\bigcirc$  NO  $\longrightarrow$  (Provide explanation)  $\blacktriangleright$ 

Day

International or DSN phone number

Night

#### **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

2.3 In the last seven (7) years have	ou voluntarily sought couns	eling or treatment as a resul	It of your use of alco	ohol? YES NO (If NO, proceed to 23,
Complete the following if you respond	led 'Yes' to voluntarily seeki	ng counseling or treatment.		
Entry #1				
Provide the dates of counseling or tre From Date (Month/Year) To	atment. Date (Month/Year) Pre	sent	he individual counse	elor or treatment provider.
Provide the full address of the counse Street	eling or treatment provider. ( City	Provide City and Country if outsid State	de the United States; oti Zip Code	herwise, provide City, State and Zip Code) Country
Provide telephone number.	Extensio	n International or DSN	I phone number	
Did you successfully complete the tre	atment program?	YES ○ NO → (Provide	e explanation) >	
Entry #2				
Provide the dates of counseling or tre From Date (Month/Year) To	eatment.  Date (Month/Year) Pre		he individual counse	elor or treatment provider.
Est.	Est.			
Provide the full address of the counse Street	eling or treatment provider. ( City	Provide City and Country if outsic	de the United States; oti Zip Code	herwise, provide City, State and Zip Code) Country
Provide telephone number.	Extensio	n International or DSN	I phone number	
Did you successfully complete the tree	atment program?	YES ○ NO → (Provide	e explanation) >	

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 23 - Investigations and Clearance Record				
Has the U.S. Government (or a foreign gove a security clearance eligibility/access?	rnment) <b>EVER</b> inve	estigated your background and/or granted you	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.				having
Entry #1				
Provide the investigating agency:				
U.S. Department of Defense	U.S. Departm	ent of Homeland Security		
U.S. Department of State	Foreign gover	rnment (Provide name of government) >		
U.S. Office of Personnel Management	I don't know			
Federal Bureau of Investigation	Other (Provid	e explanation) ▶		
U.S. Department of Treasury (Provide name o	f bureau) 🕨			
Provide the name of agency that issued the clearar	nce eligibility/acces	ss if different from the investigating agency.		
Date the investigation was completed (Month/Year)	I don't know Est.	Provide the date clearance eligibility/access wa	as granted. (Month/Year)	I don't know Est.
Provide the level of clearance eligibility/access gra	nted:			
□ None □ Q				
Confidential	 L			
Secret	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 Defense U.S. Department of Homeland Security			
U.S. Department of State				
U.S. Office of Personnel Management				
☐ Federal Bureau of Investigation ☐ Other (Provide explanation) ▶				
U.S. Department of Treasury (Provide name o	f bureau) ▶			
Provide the name of agency that issued the clearar	ice eligibility/acces	s if different from the investigating agency.		
Date the investigation was completed (Month/Year)	I don't know	Provide the date clearance eligibility/access wa	as granted. (Month/Year) [	I don't know
Provide the level of clearance eligibility/access gran	_			
None	∐ Q			
Confidential	L desit los s			
Secret	I don't know			
Top Secret	Issued by fore			
Sensitive Compartmented Information (SCI) ☐ Other (Provide explanation) ▶				

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

OT K Fails 731, 732, and 730			
Section 23 - Investigations and Clearance I	Record	- (Continued)	
		gibility/access authorization denied, suspend e or administrative termination of a security of	
Complete the following if you responded 'Ye	es' to ha	ving EVER had a security clearance eligibilit	y/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?  One of the process			
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)		Provide an explanation of the circumstances of the debarment.
		Est.	
Entry #2			
Provide the name of the government agency taking debarment action.	Provid (Month)	e the date the debarment occurred. 'Year)	Provide an explanation of the circumstances of the debarment.
		Est.	

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### 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. Provide the bankruptcy court docket/account number. Chapter 7 Chapter 11 Chapter 12 Chapter 13 Provide the date bankruptcy was Provide the date of bankruptcy Provide the total amount (in U.S. filed. (Month/Year) discharge. (Month/Year) Not Applicable dollars) involved in the bankruptcy. Est. Est. Est. Provide the name debt is recorded under. Suffix Last name First name Middle name 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) City Street State Zip Code Country Were you discharged of all debts claimed in the bankruptcy? YES (Provide explanation) ( ) NO (Provide explanation) Provide Explanation. Entry #2 Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number. () Chapter 7 Chapter 11 Chapter 12 Chapter 13 Provide the date of bankruptcy Provide the date bankruptcy was Provide the total amount (in U.S. filed. (Month/Year) discharge. (Month/Year) Not Applicable dollars) involved in the bankruptcy. Est. Est. Est. Provide the name debt is recorded under. Middle name Suffix Last name First name 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 Country City State Zip Code (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? YES (Provide explanation) NO (Provide explanation) Provide Explanation. Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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)
Complete the following if you responded 'Yes' to having failed to m	eet financial obligations due to gambling.	
Entry #1		
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S. of	dollars) of gambling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present		
Est.		
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify you a description of your actions. If you have not	r financial problems due to gambling, provide 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. d	lollars) of gambling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present	,	, 0
Est.		
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify you a description of your actions. If you have not	r financial problems due to gambling, provide taken any action(s), provide explanation.
24.3 In the last seven (7) years have you failed to file or pay Fed or ordinance?	l eral, state, or other taxes when required by la	NO (If NO, proceed to 24.4)
Complete the following if you responded 'Yes' to having failed to file	e or pay Federal, state, or other taxes when re	equired by law or ordinance.
Entry #1		
	ne year you failed to file or pay your Federal, s	
File Pay Both		Est.
1	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.	Provide date satisfied. (Month/Year)	Not Applicable
Est.		Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and ar	mount of payments, etc.). If you have not
Entry #2		
	ne year you failed to file or pay your Federal, s	·
File Pay Both		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.	Provide date satisfied. (Month/Year)	Not Applicable Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	l debt (such as withholdings, frequency and ar	mount of payments, etc.). If you have not

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 24 - Financial Record - <i>(Contine</i>	ued)					
	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?					(If NO, proceed to 24.5)
Complete the following if you responder provided by your employer.	Complete the following if you responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit care				a travel or credit card	
Entry #1						
Provide the name of the agency or com	pany.					
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	g, warning	l , or disciplinary action.				
Provide the amount (in U.S. dollars) of violation.		Provide a description of any action(s) provide explanation		ve taken to rectify t	his situation. If you ha	ave not taken any
	Est.					
Entry #2						
Provide the name of the agency or com	pany.					
Provide the address of the agency or co	ompany. (i	Provide City and Country if outside	the United States; o	otherwise, provide City	, State and Zip Code)	
Street		City	State	Zip Code	Country	
Provide the reason(s) for the counseling	g, warning	, or disciplinary action.	·	-1		
Provide the amount (in U.S. dollars) of violation.		Provide a description of any action(s) provide explanation		ve taken to rectify t	his situation. If you ha	ave not taken any
	Est.					
4.5 Are you currently utilizing, or see resolve an inability to meet finance	cial obligat	ions?				(If NO, proceed to 24.6,
Complete the following if you responde an inability to meet financial obligations		currently utilizing, or seeking a	assistance from,	a credit counseling	g service or other simi	lar resource to resolv
Entry #1						
Provide explanation.		Pro	vide the name of	the credit counseli	ing organization or res	source.
Provide the telephone number of the cre	edit couns	eling organization.		Provide the loc	cation of the credit cou	ınseling organization.
Telephone number	Extensio		phone number	City		State
As a result of this counseling, provide a any action(s), provide explanation.	description	on of any action(s) you have ta	ken to resolve y	our inability to mee	t financial obligations	. If you have not take
Entry #2						
Provide explanation.		Pro	vide the name of	the credit counseli	ing organization or res	source.
Provide the telephone number of the creater Telephone number	edit couns Extensio	· _ ·	phone number	Provide the loc City	eation of the credit cou	inseling organization. State
As a result of this counseling, provide a any action(s), provide explanation.	description	on of any action(s) you have ta	ken to resolve y	our inability to mee	t financial obligations	. If you have not take
nter your Social Security Number b	pefore go	oing to the next page			,	

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 24 - Financial Record - (Continued) 24.6 Other than previously listed, have any of the following happened to you? (You will be asked to provide YES NO (If NO, proceed to 24.7) 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). 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. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. Est. Provide the date the financial Provide date the financial issue Provide the name of the court involved. issue began. (Month/Year) was resolved. (Month/Year) Not Resolved 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.

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### Section 24 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to	having experienced one or me	ore of the previousl	y stated financial is:	sues.
Entry #2				
Provide the name of agency/organization/indiv	dual to which debt is/was owed	l.		
Did/does this financial issue include any of the	following? (Select all that apply	)	I	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 judg for which you were a cosigner or guarantor	,	lude financial oblig	ations for which you	u were the sole debtor, as well as those
In the last seven (7) years, you had a lien you were the sole debtor, as well as those			es or other debts. (In	nclude financial obligations for which
You are currently delinquent on any Federa cosigner or guarantor).	ıl debt. (Include financial obliga	tions for which you	are the sole debtor	, as well as those for which you are a
Provide the associated loan/account number(s	involved. Identify/describe t	he type of property	involved (if any).	
Provide the amount (in U.S. dollars) of the fina	ncial issue. Provide the reaso	n(s) for the financia	Il issue. Provide	the current status of the financial issue.
	Est.			
	vide date the financial issue		Provide the name	e of the court involved.
issue began. (Month/Year) was	resolved. (Month/Year)	☐ Not Resolved	I	
Est.		Est.		
Provide the address of the court involved. (Provide the address)	ide City and Country if outside the U	nited States; otherwise	e, provide City, State an	nd Zip Code)
Street	City	State	Zip Code	Country
Provide a description of any action(s) you have taken any action(s), provide explanation.	taken to satisfy this debt (such	as withholdings, fi	requency and amou	int of payments, etc.). If you have not

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

GIN Fails 731, 732, and 730		
Section 24 - Financial Record - (Continued)		
<ul> <li>Other than previously listed, have any of the following happened? <ul> <li>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).</li> <li>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).</li> <li>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).</li> <li>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).</li> <li>In the last seven (7) years, you were evicted for non-payment?</li> <li>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).</li> <li>You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are a cosigner or guarantor).</li> </ul> </li> </ul>	,	NO (If NO, proceed to Section 25)
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated final	ncial 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 which you were the sole debtor, as well as those for which you were a cosigner or guarantor).	or foreclosed	d? (Include financial obligations for
In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you which you were a cosigner or guarantor).	u were the so	ole debtor, as well as those for
In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial o as well as those for which you were a cosigner or guarantor).	oligations for	which you were the sole debtor,
In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for foobligations for which you were the sole debtor, as well as those for which you were a cosigner or guaranto		as agreed? (Include financial
In the last seven (7) years, you were evicted for non-payment?		

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 invowhich you were the sole debtor, as well as those for which you were a cosigner or go	
In the last seven (7) years, you defaulted on any type of loan? (Include financial ob which you were a cosigner or guarantor).	ligations for which you were the sole debtor, as well as those for
In the last seven (7) years, you had bills or debts turned over to a collection agency as well as those for which you were a cosigner or guarantor).	? (Include financial obligations for which you were the sole debtor,
In the last seven (7) years, you had any account or credit card suspended, charged obligations for which you were the sole debtor, as well as those for which you were a	
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	ed for any reason?
In the last seven (7) years, you were over 120 days delinquent on any debt not pre the sole debtor, as well as those for which you were a cosigner or guarantor).	viously entered? (Include financial obligations for which you were
You are currently over 120 days delinquent on any debt? (Include financial obligation are a cosigner or guarantor).	is for which you are the sole debtor, as well as those for which you
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	e 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  Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withhous taken any action(s), provide explanation.	Idings, frequency and amount of payments, etc.). If you have not

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### Section 24 - Financial Record - (Continued)

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.

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### 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.

rage or protection of information.
YES NO (If NO, proceed to 25.2)
authorization entered or attempted to enter into
vide City, State and Zip Code)
Country
vide City, State and Zip Code)
Country
d, or YES NO (If NO, proceed to 25.3)
zation, modified, destroyed, manipulated, or ve.
vide City, State and Zip Code)
vide City, State and Zip Code) Country
_
_
_
_
Country
Country
Country
Country  vide City, State and Zip Code)
Country  vide City, State and Zip Code)
Country  vide City, State and Zip Code)
Country  vide City, State and Zip Code)
Country  vide City, State and Zip Code)

#### **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

ection 25 - Use of Information Technology Sys	stems - (Continued)			
In the last seven (7) years have you intro connection with any information technolog by rules, procedures, guidelines, or regula	gy system without authorization, w	hen specifically		YES NO (If NO, proceed to Section 26
Complete the following if you responded 'Yes' to connection with any information technology syste attempted any of the above.				
Entry #1				
Provide the date of the incident. (Month/Year)  Est.	Provide a description of the nat	ure of the incide	ent or offense.	
Provide the location where the incident took place	Ce. (Provide City and Country if outside	the United States	s; otherwise, provide City	y, State and Zip Code)
Street	City	State	Zip Code	Country
Describe a description of the action (administration	animainal an ath an talean as a na	and af this is air	la a t	
Provide a description of the action (administrativ	e, criminal or other) taken as a re	suit of this incid	aent.	
Entry #2				
Provide the date of the incident. (Month/Year)  Est.	Provide a description of the nat	ure of the incide	ent or offense.	
Provide the location where the incident took place Street	Ce. (Provide City and Country if outside City	the United States State	s; otherwise, provide City Zip Code	y, State and Zip Code) Country
Provide a description of the action (administrativ	re, criminal or other) taken as a re	sult of this incid	dent.	
er your Social Security Number before g	joing to the next page			
,	,			<u> </u>

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

# In the last seven (7) years, have you been a party to any public record civil court action not listed elsewhere on YES NO (If NO, proceed to Section 27) this form? 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. 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

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### Section 27 - Association Record

adverse employment, security, or credentialing decision. For the purpos	the questions fully and truthfully, and your failure to do so could be grounds for an se of this question, terrorism is defined as any criminal acts that involve violence or are erce a civilian population to influence the policy of a government by intimidation or assassination or kidnapping.			
27.1 Are you now or have you EVER been a member of an organization awareness of the organization's dedication to that end, or with				
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 Count Street City	ntry if outside the United States; otherwise, provide City, State and Zip Code)  State Zip Code Country			
Provide the dates of your involvement with the organization.  From Date (Month/Year) To Date (Month/Year) Present  Est.	Provide all positions held in the organization, if any. No positions held			
Provide all contributions made to the Organization, if any.	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 Count Street City	ntry if outside the United States; otherwise, provide City, State and Zip Code)  State Zip Code Country			
Provide the dates of your involvement with the organization.  From Date (Month/Year) To Date (Month/Year) Present  Est.	Provide all positions held in the organization, if any.    No positions held			
Provide all contributions made to the Organization, if any.	Provide a description of the nature of and reasons for your involvement with the organization.			

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### 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 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. To Date (Month/Year) Present From Date (Month/Year) 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.

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 27 - Association Record - <i>(Continued)</i>	
Have you <b>EVER</b> 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?	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 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 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 position	s held
From Date (Month/Year)  To Date (Month/Year)  Present  Est.	
Provide all contributions made to the organization, if any.  Provide a description of the nature of and reasons for your involvement organization.	vith the
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.	is held
From Date (Month/Year)  To Date (Month/Year)  Present  Est.	
Provide all contributions made to the organization, if any.  Provide a description of the nature of and reasons for your involvement organization.	vith the

#### **QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

Sectio	n 27 - Association Record - <i>(Con</i> t	tinued)						
27.5	Have you <b>EVER</b> been a member or violence to discourage others f United States with the specific int	rom exercising t	heir rights ur				O YES	NO (If NO, proceed to 27.6)
force	nplete the following if you responded e or violence to discourage others for a action.							
Entr	y #1							
Prov	ide the full name of the organization	٦.						
Prov	ride the address/location of the orga et	nization. (Provide	e City and Cour	ntry if outside the	United States; of State	therwise, provide City, Zip Code	State and Zip Country	Code)
Prov	ride the dates of your involvement w	ith the organiza	tion.	Provide all p	ositions held in	the organization, i	f any.	No positions held
	Est.	ate (Month/Year)	Present Est.				,	
Prov mad	ride all contributions (in U.S. dollars) e to the organization, if any.	No contribu	itions made	Provide a de organization		e nature of and reas	sons for you	r involvement with the
Entr	y #2							
	y #2 ride the full name of the organization	າ.						
Prov	ride the address/location of the orga	nization. (Provide	e Citv and Cour	ntry if outside the	e United States: of	therwise, provide City.	State and Zip	Code)
Stre	_	City	ony ana ooa	my m outordo un	State	Zip Code	Country	
Prov	ride the dates of your involvement w	ith the organiza	tion	Provide all r	l ositions held in	l n the organization, i	l f anv	No positions held
		ate (Month/Year)		Tovido dii p		r aro organization, r	i dily.	TTO POSITIONS HOLD
	Est.	( ,	Est.					
Prov	ride all contributions (in U.S. dollars	)  No contribu	ıtions made	Provide a de	escription of the	nature of and reas	ons for you	involvement with the
	e to the organization, if any.		illons made	organization		, nature of and reas	ons for you	involvement with the
enter v	our Social Security Number h	efore going t	o the next	nage			_	

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

	27 - Association Record - (						
	Have you <b>EVER</b> knowingly e					YES NO (If NO, pr	
		onded 'Yes' to having	g <b>EVER</b> knowingly e	ngaged in activit	ies designed to overthrow the	U.S. Government by fo	rce.
Entry #						-	
Describ	be the nature and reasons for	or the activity.			ovide the dates of such activit	ies.	_
				Fro	om Date (Month/Year)	To Date (Month/Year)	Preso
Entry #	#2						
Describ	be the nature and reasons for	or the activity.		Pro	ovide the dates of such activity	ies.	
				Fro	om Date (Month/Year)	To Date (Month/Year)	Pres
					Est.		Est.
<b>7</b> H	Have you <b>EVER</b> associated	with anyone involved	d in activities to furth	er terrorism?		○ YES ○ NO	
Comple	ete the following if you respe	onded 'Yes' to having	g <b>EVER</b> associated	with anyone invo	lved in activities to further ter	orism.	
Entry #	#1						
rovide	e explanation.						
Entry #	 #2						
	e explanation.						
	, o.,p.aa						

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### **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)

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

# 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 prin			gibly)		Date signed (mm/dd/yyyy)
Other names used	,			Date of birth	Social Security Number
Current street address Apt. #	City (Cou	intry)	State	ZIP Code	Telephone number

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Date signed (mm/dd/yyyy)

Social Security 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

Signature (Sign in ink)

Other names used

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.

Full name (Type or print legibly)

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.

				,			
Current street address Apt. #	City (Country)	State	ZIP Code	Telephone number			
For Use By Practitioner(s) Only							
Does the person under investigation have a position of public trust?	condition that could impair hi	s or her jud	dgment, reliability, c	or ability to perform a			
○ YES ○ NO	○ 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)			

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

#### **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)