

Questionnaire for National Security Positions

OMB No. 3206-0005

Form: SF 86

Interactive/Branching
Electronic Questionnaire

Questionnaire Content Guide

(DRAFT)

**FOR REFERENCE ONLY
NOT A FORM FOR COMPLETION**

Federal Register /

General Electronic Form Notes/Notices (all Sections)

The questions/content captured in this document are intended to display what data will be captured from the subject and the questions to be presented based on the subject's responses during data capture.

Question numbering and "electronic form navigation notes" have been made throughout this form to help facilitate review and navigation. These items are subject to change based on the data collection or processing systems this form may be implemented in. Additionally numbering and electronic form notes are not to be considered part of the content of the form. Only the section numbers are applicable as the official numbering for this form.

Screens may vary based on html style formatting, java scripting, data capture formatting, system functionality, validation, and navigation. Systems that are used for the collection of the "Questionnaire for National Security Positions (SF 86)" data for investigative purposes are subject to OMB review and approval.

Dropdown lists throughout this form (such as listings of countries, document types, etc.) are subject to change based on changes or requirements of federal information processing standards and other updates/changes to pertinent information collection, consistent with approved content.

DRAFT

OFFICE OF PERSONNEL MANAGEMENT

Questionnaire for National Security Positions, SF 86

Questionnaire for National Security Positions

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 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. 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 the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

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 national security position, eligibility for access to classified information, 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 access to classified information, eligibility for a sensitive 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, loss of eligibility for access to classified information, or prosecution.

This form may become a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, 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-86 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 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

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.

The Investigative Process

Background investigations for national security 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 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 national security position. To avoid such delays, you should 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, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse or legally recognized civil union/domestic partner, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.

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 documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
6. For telephone numbers in the U.S., ensure that the area code is included.
7. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the dropdown lists to select the month and day. The year should be entered as a four character number (i.e. 1978 or 2001.), or selected from a dropdown list. 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 "Est." box.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. 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 granting access to classified information.

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, do not grant a security clearance, 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 or security clearance 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 national security 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.

DRAFT PRE-DECISIONAL DELIBERATIVE

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

In addition to those disclosures generally permitted under the Privacy Act, all or a portion of the records or information you provide on this form or during your investigation may be disclosed outside of OPM as a routine use as outlined below.

Office of Personnel Management (OPM) Routine Uses

OPM has published the following Privacy Act routine uses for its system of records for background investigations:

- a. 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.
- b. 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.
- h. 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.
- i. 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.
- 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.
- l. 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.
- m. 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 5 U.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 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.
- u. 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 counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and 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 manmade 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 to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

-----END OF INSTRUCTION PAGES -----

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), denial or revocation of a security clearance, and/or removal and debarment from Federal Service. | YES | NO |
|--|-----|----|

Agency Use Block "AUB"

| | | | | | |
|---|---------------------------------------|--------------------------------------|---|--|--------------------|
| <i>Investigating agency user only</i> | | <i>Codes: (FIPC CODES)</i> | | <i>Case Number:</i> | |
| FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION. | | | | | |
| A – Type of Investigation | B – Extra coverage / advanced results | C – Sensitivity level | D – Access / Eligibility | | |
| E – Nature of action code | F – Date of action | G – Geographic location | H – Position code | | |
| I – Position title | J – SON (Submitting Office Number) | | | | |
| K – Location of Official Personnel Folder _ None _ NPRC _ At SON _ e-OPF _ Other | | Other address / web address of e-OPF | | Zip Code | |
| L – SOI (Security Office Identifier) | | | | | |
| M – Location of Security Folder _ None _ NPI _ At SOI _ Other | | Other address | | Zip Code | |
| N – IPAC | O – TAS | P – Obligating document number | Q – BETC | R – Accounting data and /or Agency case number | |
| S – Investigative requirement Initial Reinvestigation T – Requesting Official: Name, Title, Signature, Email Address, Telephone, Date | | | | | |
| U – Secondary Requesting Official: Name, Title, Email Address, Telephone Number | | | V – Applicant Affiliation FED CIV CON MIL Other | | |
| W – Deployment/PCS (if Imminent): From-To Dates, Estimated, Permanent Relocation, Reason(s) for temporary duty assignment or PCS, point of contact at location, Telephone number (Include Ext.), Address/Unit/Duty location (Include City or Post Name) | | | | | |
| Agency Special Instructions for the Investigative Service Provider: | | | | Cage Code | Contracting Number |

Beginning of Questionnaire

FOR REFERENCE ONLY, NOT A FORM FOR COMPLETION

| | | | | | | | | | |
|---|--|--|-------------|------------------------------------|---|------------------------------|----------------------------------|-------------------|--------|
| Section 1 – Full Name | | | | | | | | | |
| Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. | | | | | | Last name: | First name: | Middle name: | Suffix |
| Section 2 – Date of Birth | | | | | | | | | |
| Provide your date of birth. | | Date __ - __ - __ | | Estimated <input type="checkbox"/> | | | | | |
| Section 3 – Place of Birth | | | | | | | | | |
| Provide your Place of birth. | | City | County | State | Country | | | | |
| Section 4 – SSN | | | | | | | | | |
| Provide your U.S. Social Security Number. | | <input type="checkbox"/> Not applicable ____ - ____ - ____ | | | | | | | |
| Section 5 – Other Names Used | | | | | | | | | |
| Provide your other names used and the period of time you used them (for example: your maiden name, name(s) by a former marriage(s), former name(s), alias(es), or nickname(s)). | | | | | | | | | |
| Have you used any other names? | | | | | | | YES | NO | |
| Branch If Yes to "Other Names" (Multiple Entries Allowed) | Provide your other name used and the period of time you used it [for example: your maiden name, name(s) by a former marriage(s), former name(s), alias(es), or nickname(s)]. 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" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix. | | | | | | | | |
| | Provide other name used. | Last name: | First name: | Middle name: | Suffix | Maiden name? | YES | NO | |
| | Provide dates used. | | | From Date (Estimated) | | To Date (Estimated/Present) | | | |
| | Provide the reason(s) why the name changed. | | | Reason: (Free Text) | | | | | |
| | Summary of other names used: | | | | | | | | |
| Do you have additional names to enter? | | | | | | Yes (Yes adds another entry) | No (Required to pass validation) | | |
| Section 6 – Your Identifying Information | | | | | | | | | |
| Provide your Identifying Information | | Height | (feet) | (inches) | Weight (in pounds) | Hair Color | Eye Color | Sex (M/F) | |
| Section 7 – Your Contact Information | | | | | | | | | |
| Provide three contact numbers. At least one telephone number is required. Additional numbers provided may assist in the completion of your background investigation. | | | | | | | | | |
| Provide your contact information. Email addresses may be used as a contact method, and identify subject in records. | | Home email address | | Email (Free Text) | | Work email address | | Email (Free Text) | |
| Home telephone number Extension Time Day Night Both __Check box if International or DSN phone number | | Work telephone number Extension Time Day Night Both __Check box if International or DSN phone number | | | Mobile/Cell telephone number Extension Time Day Night Both __Check box if International or DSN phone number | | | | |

| Section 8 – U.S. Passport Information | | | | |
|--|--|---|--|---|
| Do you possess a U.S. passport (current or expired)? | | | YES NO | |
| Branch | Provide the following information for the most recent U.S. passport you currently possess: | | | |
| | Provide your U.S. passport number. | | Passport (Free Text) | |
| | Click HERE for U.S. State Department passport help. http://travel.state.gov/passport | | | |
| | Provide the issue date of passport. | Date __-__-____ Estimated <input type="checkbox"/> | Provide the expiration date of passport. | Date __-__-____ Estimated <input type="checkbox"/> |
| | Provide the name in which passport was first issued. | | Last name: | First name: Middle name: Suffix |

| Section 9 – Citizenship | | | |
|--|--|--|--|
| Select the box that reflects your current citizenship status and click Save. | | | |
| Provide your current citizenship status: <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth. <input type="checkbox"/> I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country. <input type="checkbox"/> I am a naturalized U.S. citizen. <input type="checkbox"/> I am a derived U.S. citizen <input type="checkbox"/> I am not a U.S. citizen. | | | |

| | | | | |
|--------|---|------|--------------------------------|---------------------------------|
| Branch | You answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country. | | | |
| | Provide type of documentation of U.S. citizen born abroad. FS 240, DS 1350, FS 545, Other (Provide explanation) | | Explanation | |
| | Provide document number for U.S. citizen born abroad: | | Document Number (Free Text) | |
| | Provide the date the document was issued. | | | |
| | Provide the place of issuance. | City | State | Country |
| | Provide the name in which document was issued. | | Last name: | First name: Middle name: Suffix |
| | Provide your Certificate of Citizenship number. | | Certificate Number (Free Text) | |
| | Provide the date the certificate was issued. | | | |
| | Provide the name in which the certificate was issued. | | Last name: | First name: Middle name: Suffix |
| | Were you born on a U.S. military installation? | | | YES NO |

| | | | | |
|--------|---|---|--|-------------------|
| Branch | You answered that you are a naturalized U.S. citizen. | | | |
| | Provide the date of entry into the U.S. | | Date __-__-____ Estimated <input type="checkbox"/> | |
| | Provide the location of entry into the U.S. | | City | State |
| | Provide country(ies) of prior citizenship. | | | |
| | Do/did you have a U.S. alien registration number? | | | YES NO |
| | Branch If Yes | Provide your U.S. alien registration number on Certificate of Naturalization USCIS, CIS, or INS registration, I-551, I-766. | Alien Registration Number (Free Text) | |
| | Provide your Certificate of Naturalization number (N550 or N570). | | Certificate of Naturalization number (Free Text) | |
| | Provide the name of the court that issues the Certificate of Naturalization. | | | Court (Free Text) |
| | Provide the address of the court that issued the Certificate of Naturalization. | | Street | City State Zip |
| | Provide the date the Certificate of Naturalization was issued. | | Date __-__-____ Estimated <input type="checkbox"/> | |

| | | | |
|--------|---|--|--|
| Branch | You answered that you are a derived U.S. citizen. | | |
| | Provide your alien registration number (on Certificate of Citizenship—utilize USCIS, CIS or INS registration number). | | Alien Registration number. (Free Text) |
| | Provide your Permanent Resident Card number (I-551) | | Permanent Resident Card number (I-551) (Free Text) |
| | Provide your Certificate of Citizenship number (N560 or N561) | | Certificate of Citizenship number (N560 or N561) (Free Text) |
| | Provide the name in which the document was issued. | | Last name: First name: Middle name: Suffix: |
| | Provide the date the document was issued. | | Date __-__-____ Estimated <input type="checkbox"/> |

| | | | | |
|--------|---|--------------------|--|--|
| Branch | Not a U.S. Citizen | | | |
| | Provide your residence status. | Status (Free Text) | Provide your date of entry into the U.S. | Date __-__-____ Estimated <input type="checkbox"/> |
| | Provide your country(ies) of citizenship: Allow multiple | | Provide your place of entry in the U.S. | City (Free Text) State |
| | Provide your alien registration number. (I-551, I-766) | | Registration Number (Free Text) | |
| | Provide document expiration date (I-766 ONLY). | | | Date __-__-____ Estimated <input type="checkbox"/> |
| | Provide type of document issued. (I-94, U.S. Visa-red foil number, I-20, DS-2019, etc.) | | I-94, U.S. Visa (red foil number), I-20, DS-2019, Other (Provide explanation) | |
| | Provide document number. | | Document Number (Free Text) | |
| | Provide the name in which the document was issued. | | Last name: | First name: Middle name: Suffix: |

| Section 10 – Dual/Multiple Citizenship & Foreign Passport Information | | | |
|---|--|--|-----------------------------|
| Do you now or have you EVER held dual/multiple citizenships? | | | YES NO |
| Branch | You answered "Yes" to having EVER held dual/multiple citizenship | | |
| | Provide country of citizenship. | During what period of time did you hold citizenship with this country? | |
| | Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate. | From Date (Estimated) | To Date (Estimated/Present) |
| | How did you acquire this non-U.S. citizenship? | How (Free Text) | |

| | | | | | | | |
|---|---|--|---|----------------------------------|-------------------------------------|----------------------------------|--------------------|
| (Multiple Entries Allowed) | Have you taken any action to renounce your foreign citizenship? | | | YES | NO | | |
| | Provide explanation: (Free Text) | | | | | | |
| | Branch If Present/Current | Do you currently hold citizenship with this country? | | | YES | NO | |
| | | Provide explanation: | | | | | |
| | Summary of dual/multiple citizenships you have listed: Allow multiple | | | | | | |
| Select Country Value | | Dates of Citizenship | | Actions | | | |
| Do you have an additional citizenship to provide? | | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| Have you EVER been issued a passport (or identity card for travel) by a country other than the U.S.? | | | | | YES | NO | |
| Branch Foreign Passport (or Identity Card) | You responded "Yes" to having been issued a passport (or identity card for travel) by a country other than the U.S. | | | | | | |
| | Provide the country in which the passport (or identity card) was issued. | | | Country: | | | |
| | Provide the date the passport (or identity card) was issued. | | | Date __-__-__ | Estimated <input type="checkbox"/> | | |
| | Provide the place the passport (or identity card) was issued. | | | City | Country | | |
| | Provide the name in which passport (or identity card) was issued: | | | Last name: | First name: | Middle name: | Suffix |
| | Provide the passport (or identity card) number. | | | Passport# (Free Text) | | | |
| | Provide the passport (or identity card) expiration date. | | | Date __-__-__ | Estimated <input type="checkbox"/> | | |
| | Have you EVER used this passport (or identity card) for foreign travel? | | | | | YES | NO |
| | (Multiple Entries Allowed) | Branch (Multiple Entries Allowed) | Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each. | | Country | From Date (Estimated) | To Date (Est/Pres) |
| | | | Do you have an additional foreign passport (or identity card) to report? | | YES (Yes adds another entry) | NO (Required to validate) | |

Section 11 – Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 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 residences completely outside this 3 year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

Enter residence information. **(Multiple Entries Allowed)**

| | | | | | | | |
|--|--|--------------------------|--|---|----------------------------------|-----------------------------|----------|
| Provide dates of residence. | | From Date (Estimated) | | To Date (Estimated/Present) | | | |
| Is/was this residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other (Provide explanation) | | | | Explanation (Free Text) | | | |
| Provide the street address. | | Street address and City | | | | | |
| Provide the country if outside the United States; otherwise provide State and Zip Code. | | State | Zip Code | Country | | | |
| Branch Physical Location | You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data: | | | | | | |
| | Street Address/Unit/Duty Location: | | | City or Post Name | | | |
| Provide State for ports in United States, or Country location. | | | State and Zip Code or Country | | | | |
| Branch APO/FPO Address | You have indicated an address outside of the United States. | | | | | | |
| | Do/did you have an APO/FPO address while at this location? | | | | YES | NO | |
| Branch Person Who Knew you (if address dates within last 3 years) | Branch If Yes Provide APO/FPO address: | | | | | | |
| | Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address. | | Address | | | | |
| | Provide the full name: | | Last name: | First name: | Middle name: | Suffix | |
| | Provide your relationship to this person (check all that apply) | | Provide date of last contact: Date __-__-__ Estimated <input type="checkbox"/> | | | | |
| | Provide the following contact information for this person: | | <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Landlord <input type="checkbox"/> Business associate <input type="checkbox"/> Other (Provide explanation) Explanation (Free Text) | | | | |
| | Provide evening phone number for this person: | | Number/Extension | Provide daytime phone number for this person: | | Number/Extension | |
| | | | _Check box if international | | | _Check box if international | |
| | | | _I don't know | | | _I don't know | |
| | Provide cell/mobile phone number for this person: | | Number/Extension _Check box if international | | | | |
| | Provide e-mail address for this person: | | _I don't know <input type="checkbox"/> | | | | |
| | Provide street address for this person (including apartment number). | | Street address | | City | | |
| | Provide the country if outside the United States; otherwise provide State and Zip Code. | | State | Zip Code | Country | | |
| Branch Physical Location | You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data: | | | | | | |
| | Street Address/Unit/Duty Location: | | | City or Post Name | | | |
| Provide State for ports in United States, or Country location. | | | State and Zip Code or Country | | | | |
| Branch APO/FPO Address | You have indicated an address outside of the U.S. | | | | | | |
| | Does the person who knew you have an APO/FPO address? | | | | YES | NO | |
| Branch You have indicated that the person who knew you well has or had an APO/FPO address. | | | | | | | |
| Branch If Yes | | Provide APO/FPO address: | | Address | APO or FPO | APO/FPO State Code | Zip Code |
| Do you have an additional residence to report? | | | YES (Yes adds another entry) | | NO (Required to validate) | | |

Section 12 – Where You Went to School

| | | | | | | | | | | |
|--|--|--|--|---|------------------------------------|---|---------------------------|--|---------|----|
| Do not list education before your 18th birthday, unless to provide a minimum of two years education history. (Multiple Entries Allowed) | | | | | | | | | | |
| Have you attended any schools in the last 10 years? | | | | | | | | YES | NO | |
| Branch If No to Attending Schools | | | | Have you received a degree or diploma more than 10 years ago? | | | | YES | NO | |
| Branch If Yes to Attending Schools OR Yes to Receiving a Degree or Diploma | Provide the dates of attendance. | | From Date (Estimated) | | | To Date (Estimated/Present) | | | | |
| | Select the most appropriate code to describe your school. <input type="checkbox"/> High School <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School | | | | | | | | | |
| | Provide the name of the school: | | | | | Name (Free Text) | | | | |
| | Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx | | | | | Street address | | City | | |
| | Provide the country if outside the United States; otherwise provide State and Zip Code. | | | | | State | | Zip Code | Country | |
| | For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education. | | | | | | | | | |
| | Provide the name of person who knows/knew you at school: <input type="checkbox"/> I don't know | | | Last name: | | First name: | | Initial Only <input type="checkbox"/> No First Name <input type="checkbox"/> | | |
| | Provide current address for this person (including apartment number). | | | | | Street | | City | | |
| | Provide the country if outside the United States; otherwise provide State and Zip Code. | | | | | State | | Zip Code | Country | |
| | Provide telephone number for this person. | | | | | Number/Extension Time Day Night Both _Check box if International or DSN phone number | | | | |
| | Provide email address for this person: <input type="checkbox"/> I don't know | | | | | Email (Free Text) | | | | |
| | Did you receive a degree/diploma? | | | | | | | | YES | NO |
| | Branch Provide type of degrees(s)/diploma(s) received and date(s) awarded: | | | | | | | | | |
| | If Yes to Receiving Degree | | | | | | | | | |
| | Degree/diploma | | | • <i>High School Diploma</i> | | | Other degree/diploma | | | |
| • <i>Associate's</i> • <i>Bachelor's</i> • <i>Master's</i> • <i>Doctorate</i> | | | • <i>Professional Degree (e.g. MD, DVM, JD)</i> • <i>Other</i> | | | Other Degree (Free Text) | | | | |
| Month / Year | | | Date - - | | Estimated <input type="checkbox"/> | | | | | |
| Do you have additional education to enter (include education within the last 10 years, as well as degrees or diplomas more than 10 years ago)? | | | | | YES (Yes adds another entry) | | NO (Required to validate) | | | |

| | | | | | | | | | | |
|--|---|--|------------------------------|--|---|---|----------|-----------------------------|---------|--|
| Section 13a – Employment Activities – Employment & Unemployment Record | | | | | | | | | | |
| List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years . The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history. (Multiple Entries Allowed) | | | | | | | | | | |
| Select your employment activity: <input type="checkbox"/> Active military duty station <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/> USPHS Commissioned Corps <input type="checkbox"/> Other Federal employment <input type="checkbox"/> State Government (Non-Federal employment) <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Federal Contractor <input type="checkbox"/> Non-government employment (excluding self-employment) <input type="checkbox"/> Other (Provide explanation) | | | | | | | | | | |
| Other Type Explanation (Free Text) | | | Provide dates of employment. | | | From Date (Estimated) | | To Date (Estimated/Present) | | |
| Branch If Employment Type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps | Active Duty, National Guard/Reserve, or USPHS Commissioned Corps | | | | | | | | | |
| | Select the employment status for this position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | | | | | | | | |
| | Provide your assigned duty station during this period. | | Duty station (Free Text) | | | Provide your most recent rank/position title. | | Rank/position (Free Text) | | |
| | Provide address of duty station. | | | | | Street address | | City | | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | | | State | | Zip Code | Country | |
| | Telephone number. | | | | | Number/Extension Time Day Night Both _Check box if International or DSN phone number | | | | |
| | Branch Physical Location You have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data: | | | | | | | | | |
| | Street Address/Unit/Duty Location: | | | | | City or Post Name: | | | | |
| | Provide state for ports in the United States, or country location. | | | | | State | | Zip Code | Country | |
| | Branch APO/FPO Address You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location? | | | | | | | | | |
| | Branch If Yes Provide APO/FPO address: Address APO/FPO APO/FPO State Zip Code | | | | | | | | | |
| | Provide the name of your supervisor. | | | | | Supervisor name (Free Text) | | | | |
| | Provide the rank/position title of your supervisor. | | | | | Supervisor rank/position (Free Text) | | | | |
| | Provide the email address of your supervisor. <input type="checkbox"/> I don't know | | | | | Supervisor email (Free Text) | | | | |
| | Provide the physical work location of your supervisor. | | | | | Street address | | City | | |
| Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | | | State | | Zip Code | Country | | |
| Provide supervisor telephone number. | | | | | Number/Extension Time Day Night Both _Check box if International or DSN phone number | | | | | |
| Branch Physical Location You have indicated an APO/FPO address for your supervisor; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data of your supervisor: | | | | | | | | | | |
| Street Address/Unit/Duty Location: | | | | | City or Post Name: | | | | | |
| Provide state for ports in the United States, or country location. | | | | | State | | Zip Code | Country | | |
| Branch APO/FPO Address You have indicated an address outside of the United States. Did/does your supervisor have an APO/FPO address while at this location? | | | | | | | | | | |
| Branch if Yes Provide APO/FPO address: Address APO/FPO APO/FPO State Zip Code | | | | | | | | | | |
| Branch Other Federal employment, State Government, Federal Contractor, Non-government employment, or Other | | | | | | | | | | |

| | | | | | | | | |
|---|---|---|-------------------------------|----------------|--|--|-------------|----|
| If Employment Type is Other Federal employment, State Government, Federal Contractor, Non-government employment, or Other | Provide most recent position title. | | | | | Position (Free Text) | | |
| | Select the employment status for this position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | | | | | | |
| | Provide the name of your employer. | | | | | Employer name (Free Text) | | |
| | Provide the address of employer. | | | Street address | | City | | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | | Zip Code | Country | |
| | Provide telephone number. | | | | | Number/Extension Time Day Night Both <input type="checkbox"/> Check box if International or DSN phone number | | |
| | Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable <input type="checkbox"/> (Multiple Entries Allowed) | | | | | | | |
| | Dates of employment | | From Date (Estimated) | | To Date (Estimated/Present) | | | |
| | Position title | | Position (Free Text) | | Supervisor | Supervisor (Free Text) | | |
| | Is/was your physical work address different than your employer's address? | | | | | | Y E S | NO |
| | Provide the work address where you are/were physically located. | | | Street Address | | City | | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | | Zip Code | Country | |
| | Provide telephone number: | | | Number/Ext. | | | | |
| | Branch | You have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data: | | | | | | |
| | Physical Location | Street Address/Unit/Duty Location: | | | | City or Post Name: | | |
| | Provide state for ports in the United States, or country location. | | | State | Zip Code | Country | | |
| | Branch | You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location? | | | | | | |
| | APO/FPO Address | Branch if Yes | Provide APO/FPO address: | Address | APO/FPO | APO/FPO State | Zip Code | |
| | Provide the name of your supervisor. | | | | | Supervisor name (Free Text) | | |
| | Provide the position title of your supervisor. | | | | | Supervisor position (Free Text) | | |
| | Provide the email address of your supervisor. <input type="checkbox"/> I don't know | | | | | Supervisor email (Free Text) | | |
| Provide the physical work location of your supervisor. | | | Street address | | City | | | |
| Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | | Zip Code | Country | | |
| Provide the telephone number for this supervisor. | | | | | Number/Extension Time Day Night Both <input type="checkbox"/> Check box if International or DSN phone number | | | |
| Branch | You have indicated an APO/FPO address for your supervisor; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data of your supervisor: | | | | | | | |
| Physical Location | Street Address/Unit/Duty Location: | | | | City or Post Name: | | | |
| Provide state for ports in the United States, or country location. | | | State and Zip Code or Country | | | | | |
| Branch | You have indicated an address outside of the United States. Did/does your supervisor have an APO/FPO address while at this location? | | | | | | | |
| APO/FPO Address | Branch if Yes | Provide APO/FPO address: | Address | APO/FPO | APO/FPO State | Zip Code | | |
| Self-Employment | | | | | | | | |
| Provide most recent position title. | | | | | Position (Free Text) | | | |
| Select the employment status for this position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | | | | | | | |
| Provide the name of your employment | | | | | Employment name (Free Text) | | | |
| Provide the address of employment. | | | Street address | | City | | | |
| Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | | Zip Code | Country | | |
| Provide telephone number. | | | | | Number/Extension Time Day Night Both <input type="checkbox"/> Check box if International or DSN phone number | | | |
| Is your physical work address different than your employment address? | | | | | | YES | NO | |
| Provide the work address where you are/were physically located. | | | Street address | | City | | | |
| Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | | Zip Code | Country | | |
| Branch | You have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data: | | | | | | | |
| Physical Location | Street Address/Unit/Duty Location: | | | | City or Post Name: | | | |
| Provide state for ports in the United States, or country location. | | | State | Zip Code | Country | | | |
| Branch | You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location? | | | | | | | |
| APO/FPO Address | Branch if Yes | Provide APO/FPO address: | Address | APO/FPO | APO/FPO State | Zip Code | | |
| Provide the name of someone that can verify your self-employment | | | | | Last name: | | First name: | |

| | | | | | | |
|--|--|---|--|--|--|---------|
| | Provide the address of this verifier. | | Street address | City | | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | State | Zip Code | Country | |
| | Provide the telephone number for this person. | | Number/Extension Time Day Night Both <input type="checkbox"/> Check box if International or DSN phone number | | | |
| | Branch Verifier Physical Location | You have indicated an APO/FPO address for your self-employment verifier; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data for this person. | | | | |
| | | Street Address/Unit/Duty Location: | | City or Post Name: | | |
| | Provide state for ports in the United States, or country location. | | State | Zip Code | Country | |
| Branch Verifier APO/FPO Address | You have indicated an address outside of the United States. Does your self employment verifier have an APO/FPO address? | | | YES | NO | |
| | Branch if Yes | Provide APO/FPO address for this person: | | Address | APO/FPO | |
| | | APO/FPO State | | Zip Code | | |
| Branch If Employment Type is Unemployment | Unemployment | | | | | |
| | Provide the name of someone who can verify your unemployment activities and means of support. | | | Last name: | First name: | |
| | Provide the address of this verifier. | | Street address | City | | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | State | Zip Code | Country | |
| | Provide the telephone number for this person. | | Number/Extension Time Day Night Both <input type="checkbox"/> Check box if International or DSN phone number | | | |
| | Branch Verifier Physical Location | You have indicated an APO/FPO address for your unemployment verifier; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data for this person: | | | | |
| | | Street Address/Unit/Duty Location: | | City or Post Name: | | |
| | Provide state for ports in the United States, or country location. | | State | Zip Code | Country | |
| | Branch Verifier APO/FPO Address | You have indicated an address outside of the United States. Does your unemployment verifier have an APO/FPO address? | | | YES | NO |
| | | Branch if Yes | Provide APO/FPO address for this person: | | Address | APO/FPO |
| | | APO/FPO State | | Zip Code | | |
| Branch If Employment Type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non- government employment, Self- Employment, Unemployment, or Other | Provide the reason for leaving the employment activity. | | Reason (Free Text) | | | |
| | For this employment have any of the following happened to you in the last seven (7) years ? | | | | YES | NO |
| | • Fired • Quit after being told you would be fired • Left by mutual agreement following charges or allegations of misconduct • Left by mutual agreement following notice of unsatisfactory performance | | | | | |
| | Branch If Fired, Quit, Left by Mutual Agreement, or Left After Unsatisfactory Performance (Multiple Entries Allowed) | Select the type of incident: • <i>Fired</i> • <i>Quit after being told you would be fired</i> • <i>Left by mutual agreement following charges or allegations of misconduct</i> • <i>Left by mutual agreement following notice of unsatisfactory performance</i> | | | | |
| | | Branch If Fired | Provide the reason for being fired. | | Reason (Free Text) | |
| | | | Provide the date you were fired. | | Date/ Estimated <input type="checkbox"/> | |
| | | Branch If Quit | Provide the reason for quitting. | | Reason (Free Text) | |
| | | | Provide the date you quit after being told you would be fired. | | Date/ Estimated <input type="checkbox"/> | |
| | | Branch If Left after Charges | Provide the charges or allegations of misconduct. | | Charges (Free Text) | |
| | | | Provide the date you left following charges or allegations of misconduct. | | Date/ Estimated <input type="checkbox"/> | |
| | Branch If Left Unsatisfactory performance | Provide the reason(s) for unsatisfactory performance. | | Reason (Free Text) | | |
| | | Provide the date you left by mutual agreement following a notice of unsatisfactory performance. | | Date/ Estimated <input type="checkbox"/> | | |
| | In the last seven (7) years do you have another reason for leaving to report for this employment? | | | YES (Yes adds another entry) | NO (Required to validate) | |
| For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? | | | | YES | NO | |
| Branch If Disciplined, Warned, Reprimanded, or Suspended (Multiple Entries Allowed) | Officially reprimanded, suspended, or disciplined for misconduct. | | | | | |
| | Provide the month and year you were warned, reprimanded, suspended or disciplined. | | | Date/ Estimated <input type="checkbox"/> | | |
| | Provide the reason(s) for being warned, reprimanded, suspended or disciplined. | | | Reason (Free Text) | | |
| | Do you have another instance of discipline or a warning to provide? | | YES (Yes adds another entry) | NO (Required to validate) | | |
| Do you have an additional employment activity to enter? | | | YES (Yes adds another entry) | NO (Required to validate) | | |
| Section 13b – Employment Activities – Former Federal Service | | | | | | |
| Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report? | | | | YES | NO | |
| Branch If Yes to Former Federal Service (Multiple Entries Allowed) | Former Federal Service Detail | | | | | |
| | Provide dates of federal civilian employment. | | From Date (Estimated) | To Date (Estimated/Present) | | |
| | Provide the name of the federal agency for which you are/were employed. | | | Name | | |
| | Provide your position title. | | | Position title (Free Text) | | |
| | Provide the location of the agency. | | Street address | City | | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | State | Zip Code | Country | |
| | Do you have additional former federal civilian employment, excluding military service, NOT indicated previously, to report? | | | YES (Yes adds another entry) | NO (Required to validate) | |
| 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? (If Yes, you will be required to add an additional employment in Section 13a) | | | | | | |
| • 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 | NO |
|---------|-----|----|

Section 14 – Selective Service Record

| | | | |
|---|---|---|--|
| Were you born a male after December 31, 1959? | | YES | NO |
| Branch If Yes to Born Male After 12/31/1959 | Selective Service Registration | | |
| | Have you registered with the Selective Service System (SSS)? | | I don't know <input type="checkbox"/> YES NO |
| | Branch If Yes | The Selective Service website, www.sss.gov , can help provide the registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number | |
| | Provide registration number: | | Registration number (Free Text) |
| | Branch If No | You responded 'No' to having registered with the Selective Service System (SSS) | |
| Branch If I Don't Know | Provide explanation | | Explanation (Free Text) |
| | You responded 'I don't know' to having registered with the Selective Service System (SSS) | | Explanation (Free Text) |

Section 15 – Military History

| | | | | |
|--|--|---|--|--|
| Have you EVER served in the U.S. Military? | | YES | NO | |
| Branch If Yes to Serving in the U.S. Military (Multiple Entries Allowed) | You responded 'Yes' to having served in the U.S. Military: | | | |
| | Provide the branch of service you served in: <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Air National Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard | State of service, if National Guard | Officer or enlisted: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted | Provide your service number. |
| | | Provide your status <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve | | Number (Free Text) |
| | Provide your dates of service. | | From Date (Estimated) | To Date (Estimated/Present) |
| | Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard? | | YES | NO |
| | Branch If Yes to Discharged | You responded 'Yes' to being discharged from U.S. military service, to include Reserves or National Guard. | | |
| | | Provide the type of discharge you received: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> General <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Other (provide type) | | |
| | | Provide other discharge type: | | Discharge explanation (Free Text) |
| | Provide the date of discharge listed above. | | Date/Estimated <input type="checkbox"/> | |
| | Branch If Discharge Not Honorable | Provide the reason(s) for the discharge. | | Reason(s) (Free Text) |
| | Do you have additional military service to report? | | YES (Yes adds another entry) | NO (Required to validate) |
| | In the last 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? | | | |
| | Branch If Yes to Military Discipline | You responded 'Yes' to having 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. in the last 7 years. | | |
| | | Provide the date of the court martial or other disciplinary procedure. | | Date (Estimated) |
| | | Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged. | | Description (Free Text) |
| Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc. | | Name (Free Text) | | |
| Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas). | | Description (Free Text) | | |
| Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc. | | Description (Free Text) | | |
| In the last 7 years do you have an additional instance of military discipline to report? | | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you EVER served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency? | | YES | NO | |
| Branch If Yes to Serving in a Foreign Military (Multiple Entries Allowed) | You responded 'Yes' to having EVER served as a civilian or military member, in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency. | | | |
| | During your foreign service, which organization were you serving under: <input type="checkbox"/> Military (Army, Navy, Air Force, Marines, etc.), Specify <input type="checkbox"/> Intelligence Service <input type="checkbox"/> Diplomatic Service <input type="checkbox"/> Security Forces <input type="checkbox"/> Militia <input type="checkbox"/> Other Defense Forces, Specify <input type="checkbox"/> Other Government Agency, Specify | | | |
| | Provide the name of the foreign organization. | | Name (Free Text) | |
| | Provide your period of service. | | From Date (Estimated) | To Date (Estimated/Present) |
| | Provide the name of the country. | | Provide your highest position/rank held | |
| | | | Position held (Free Text) | |
| | Provide the division/department/office in which you served. | | Division (Free Text) | |
| | Provide a description of the circumstances of your association with this organization. | | Description (Free Text) | |
| | Provide a description of the reason for leaving this service. | | Description (Free Text) | |
| | Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization? | | YES | NO |
| | Branch If Yes to Maintain Contact (Multiple Entries Allowed) | You responded 'Yes' to maintaining contact with current or former associates, colleagues, acquaintances from your service in this organization; provide full name, address (if known), official title, length of association, and frequency of contact for each former associate, colleague or acquaintance with whom you maintain contact. | | |
| | | Provide the contact's full name. | | Last name: First name: Middle name: Suffix |
| Provide the contact's address. | | Street address City | | |
| Provide Country if outside the United States; otherwise, provide State and Zip Code. | | State | Zip Code Country | |
| Provide the contact's official title. | | Official title (Free Text) | | |
| Provide the length of your association with the contact. | | From Date (Estimated) | To Date (Estimated/Present) | |
| Provide the frequency of contact. | | Frequency (Free Text) | | |
| Do you have an additional foreign military service contacts to report? | | YES (Yes adds another entry) | NO (Required to validate) | |
| Do you have an additional foreign military service to report? | | YES (Yes adds another entry) | NO (Required to validate) | |

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**. **(Multiple Entries Allowed)**

| | | | | | | | |
|---|------------------------|---|-------------------|---------------------------|-------------------------|--|--------|
| Provide dates known. | From Date (Estimated) | To Date (Estimated/Present) | Provide full name | Last name: | First name: | Middle name: | Suffix |
| Provide rank/title. <input type="checkbox"/> Not applicable | Rank/title (Free Text) | Provide relationship to you: (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Work associate <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other (Provide explanation) | | | Explanation (Free Text) | | |
| Provide phone number for this person. <input type="checkbox"/> I don't know | | | | | | Telephone/Extension Time Day Night Both _Check box if International or DSN phone number | |
| Provide mobile/cell phone number for this person. <input type="checkbox"/> I don't know | | | | | | Telephone/Extension Time Day Night Both _Check box if International or DSN phone number | |
| Provide e-mail address for this person. <input type="checkbox"/> I don't know | | | Email (Free Text) | | | | |
| Provide home or work address for this person. | | Street address | | City | | State | |
| Provide Country if outside the United States; otherwise, provide State and Zip Code. | | State | | Zip Code | | Country | |
| Do you have an additional person who knows you well to list? | | YES (Yes adds another entry) | | NO (Required to validate) | | | |

Section 17 – Marital/Relationship Status

Provide your current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership: *Never entered into a civil marriage, legally recognized civil union, or legally recognized domestic partnership* *Currently in a legally recognized domestic partnership or legally recognized civil union* *Separated* *Annulled* *Divorced/Dissolved* *Widowed*

| | | | | | | | |
|--|--|---|-------------|--|--------|--|-------------|
| You selected "Currently in a civil marriage," "currently in a legally recognized civil union or legally recognized domestic partnership" or "Separated." Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated. | | | | | | | |
| Provide full name. | | Last name: | First name: | Middle name: | Suffix | Provide date of birth. | Date (Est.) |
| Provide place of birth. | | | | City | County | State or Country | |
| Branch If In A Marriage, Civil Union, or Domestic Partnership or Separated | Branch If the person is Foreign Born | If the person is foreign born, provide one type of documentation that he or she possesses and the document number. | | | | | |
| | | Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 | | | | | |
| | | Naturalized: __Alien Registration-(on Certificate of Naturalization—utilize USCIS, CIS, or INS Registration number) __Permanent Resident Card (I-551) __Certificate of Naturalization (N550 or N570) | | | | | |
| | | Derived: __Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS, or INS Registration number) __Permanent Resident Card (I-551) __Certificate of Citizenship (N560 or N561) | | | | | |
| | | Not a U.S. Citizen: __I-551 Permanent Resident __I-766 Employment Authorization __I-94 Arrival-Departure Record __U.S. Visa (red foil number) __I-20 Certificate of Eligibility for Non-Immigrant-F1-Student __DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status <input type="checkbox"/> Other (Provide explanation) | | | | | |
| Explanation (Free Text) | | Provide document number | | Number (Free Text) | | Date of expiration _ _ _ _ _ Estimated _ _ | |
| Provide U.S. Social Security Number. <input type="checkbox"/> Not applicable | | _ _ - - - - - | | | | | |
| Provide other names used (such as maiden name, names by other marriages, civil marriages, legally recognized civil unions, or legally recognized domestic partnerships, nicknames, etc., and provide dates used for each name). <input type="checkbox"/> Not applicable | | | | Last name: | | First name: | |
| | | | | Suffix | | <input type="checkbox"/> Maiden Name | |
| Dates Used | | From Date (Estimated) | | To Date (Estimated/Present) | | | |
| Provide country(ies) of Citizenship. | | Provide date when you entered into your civil marriage, civil union, or domestic partnership. | | Date (Estimated) | | | |
| Provide location. | | City | | County | | State or Country | |
| Provide current address, if different than your current address. <input type="checkbox"/> Use my current address. | | | | Street address and City | | State and Zip Code or Country | |
| Provide telephone number. <input type="checkbox"/> Use my current telephone number | | | | Number/Ext Extension Time Day Night Both | | _Check box if International or DSN phone | |

| | | | | | | | | | | |
|-----------------------------------|--|---|--|---|--|--------------------------------------|--|-------------------------------|--|--|
| | | | | | | | | | number | |
| | Provide email address | Email (Free Text) | Does the person have an APO/FPO address? | | | | YES | NO | | |
| Branch | APO/FPO | Address | APO/FPO | APO State Code | Zip | | | | | |
| Branch | You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. | | | | | | | | | |
| Physical Location | Provide physical location data: | Street Address/unit/duty location | City/Post Name | State | Zip | Country | | | | |
| | Are you separated? | | | | | | | YES | NO | |
| Branch | Provide date of separation. | | | Date (Estimated) | | | | | | |
| If Separated | If legally separated, provide the location of the record. <input type="checkbox"/> Not Applicable | | | | | | | | | |
| | City | | | | | | | State and Zip Code or Country | | |
| | Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report? | | | | | | | YES | NO | |
| | Provide information about any person from whom you are divorced/dissolved, annulled, or widowed. | | | | | | | | | |
| | Provide the full name. | | | Last name: | First name: | Middle name: | Suffix | | | |
| | Provide the date of birth. | | | Date (Estimated) | | | | | | |
| | Provide the place of birth. | | | City | State | Country | | | | |
| | Provide the country(ies) of citizenship. | | | | | | Country | | | |
| | Provide the telephone number. | | | | | | | | <input type="checkbox"/> I don't know | |
| | Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. | | | | | | | | | |
| | Provide the location. | | City | State or Country | Provide the date divorced/dissolved, annulled or widowed | | | Date (Estimated) | | |
| | Provide the status. | | | | | | | | <input type="checkbox"/> Divorced/Dissolved <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled | |
| Branch | Provide where the record of divorce/dissolution or annulment is located. | | | City | State and Zip Code or Country | | | | | |
| If Divorced/Dissolved or Annulled | Is this person deceased? | | | I don't know | | | YES | NO | | |
| | Branch | If Not Deceased | Provide last known address of the person from whom you are divorced/dissolved or annulled. <input type="checkbox"/> I don't know | | | Street and City | | | | |
| | | | | | | State and Zip Code or Country | | | | |
| | Do you have any additional person(s) from whom you are divorced/dissolved, annulled, or widowed to report? | | | YES (Yes adds another entry) | NO (Required to validate) | | | | | |
| | Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate)? If so, complete the following. If the person was born outside the U.S., provide citizenship information. | | | | | | | YES | NO | |
| | You have indicated that you currently have a cohabitant. | | | | | | | | | |
| | Provide the cohabitant full name. | | | Last name: | First name: | Middle name: | Suffix | | | |
| | Provide the date of birth. | | Date (Estimated) | Provide the place of birth. | | City | State | Country | | |
| | | For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number. Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 Naturalized: ___ Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS, or INS Registration number) ___ Permanent Resident Card (I-551) ___ Certificate of Naturalization (N550 or N570) Derived: ___ Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS, or INS Registration number) ___ Permanent Resident Card (I-551) ___ Certificate of Citizenship (N560 or N561) Not a U.S. Citizen: ___ I-551 Permanent Resident ___ I-766 Employment Authorization ___ I-94 Arrival-Departure Record ___ U.S. Visa (red foil number) ___ I-20 Certificate of Eligibility for Non-Immigrant-F1-Student ___ DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status <input type="checkbox"/> Other (Provide explanation) | | | | | | | | |
| | Explanation (Free Text) | | | Provide document number | | | Number (Free Text) | | | |
| | | | | Provide document expiration date, if applicable. | | | Date of expiration ____-____-____ Estimated ____ | | | |
| | Provide your cohabitant's U.S. Social Security Number. <input type="checkbox"/> Not applicable | | | | | | | | | |
| | Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used) <input type="checkbox"/> Not applicable | | | Last name: | First name: | Middle name: | | | | |
| | | | | Suffix | | <input type="checkbox"/> Maiden Name | | | | |
| | Dates Used | | | From Date (Estimated) | | | To Date (Estimated/Present) | | | |
| | Provide your cohabitant's country(ies) of Citizenship. | | | Provide date cohabitation residing with person began. | | | Date (Estimated) | | | |
| | Do you have an additional cohabitant to report? | | | YES (Yes adds another entry) | | | NO (Required to validate) | | | |

Section 18 – Relatives

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.) Check **all** that apply. 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

Provide relative type. (Multiple Entries Allowed)
 Mother Father Stepmother Stepfather Foster parent Child (including adopted/foster) Stepchild Brother Sister Stepbrother

| | | | | | | | | | | |
|--|--|---|-----------------------------|-------------|---|------------------------------|---|---------------------------|---|---------------------------|
| <input type="checkbox"/> Stepsister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Father-in-law <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Guardian | | | | | | | | | | |
| Provide your relative's full name. | | | Last name: | First name: | Middle name: | Suffix | Provide your relative's date of birth. | | Date/Estimated <input type="checkbox"/> | |
| Provide your relative's place of birth. | | | City | State | Country | | Provide your relatives country(ies) of citizenship. | | | |
| Branch - If Mother | Provide your mother's maiden name. (<input type="checkbox"/> same as listed) | | | | | Last name: | First name: | Middle name: | Suffix | |
| Branch If Father, Mother, Child, Stepchild, Brother, Sister, Half-Brother, Half-Sister, Step-Brother, Step-Sister, Step-Mother, Step-Father | Relatives other names used. | | | | | | | | | |
| Branch | Has this relative used any other names? | | | | | | | | YES | NO |
| Branch If Other Names (Multiple Entries Allowed) | 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). | | | | | | | | | |
| | Last name: | First name: | Middle name: | Suffix | Maiden name? | | | YES | NO | |
| | From Date (Estimated) | | To Date (Estimated/Present) | | Provide the reason(s) why the name changed. | | | Reason (Free Text) | | |
| | Has this relative used any additional names? | | | | | | | | YES (Yes adds another entry) | NO (Required to validate) |
| Is your relative deceased? | | | | | | | | | | |
| Branch If Not Deceased | Provide your relative's current address. | | | | Street address | | City | | | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | | | | State | Zip Code | Country | |
| | Does this relative have an APO/FPO address? | | | | | | I don't know | | YES | NO |
| Branch If APO/FPO | Provide your relative's APO/FPO address | | Address | | APO/FPO | | APO/FPO State | | Zip | |
| Branch If Father, Mother, Child, Stepchild, Brother, Sister, Half-Brother, Half-Sister, Step-Brother, Step-Sister, Step-Mother, Step-Father AND Relative is U.S. Citizen AND Relative POB is Foreign AND Relative is Deceased --- OR --- Relative Current Address is in U.S. AND Relative POB is Foreign AND Relative is U.S. Citizen --- OR --- Relative has APO/FPO Address AND Relative POB is Foreign AND Relative is U.S. Citizen --- OR --- Relative POB is Foreign AND Relative is U.S. Citizen | U.S. Citizenship Documentation | | | | | | | | | |
| | Provide one type of citizenship documentation and document number below: Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 Naturalized: ___Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS, or INS Registration number) ___Permanent Resident Card (I-551) ___Certificate of Naturalization (N550 or N570) Derived: ___Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS, or INS Registration number) ___Permanent Resident Card (I-551) ___Certificate of Citizenship (N560 or N561) <input type="checkbox"/> Other (Provide explanation) | | | | | | | | | |
| | Provide the document number. | | Number (Free Text) | | | | | | | Explanation (Free Text) |
| | Provide the name of the court that issued the Certificate of Naturalization. | | | | | | | | | |
| | Court Name (Free Text) | | | | | | | | | |
| | Provide the address of the court that issued the Certificate of Naturalization. | | | | | | | | | |
| | Street address | | City | | State | | | Zip Code | | |
| Branch If Relative does not have U.S. Citizenship AND Relative is Not Deceased | Branch If Relative has U.S. Address | Provide type of documentation he or she possesses to support U.S. residence: Not a U.S. Citizen: ___I-551 Permanent Resident ___I-766 Employment Authorization ___I-94 Arrival-Departure Record ___U.S. Visa (red foil number) ___I-20 Certificate of Eligibility for Non-Immigrant-F1-Student ___DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status <input type="checkbox"/> Other (Provide explanation) | | | | | Explanation (Free Text) | | | |
| | | Provide the document number. | | | | | Document Number (Free Text) | | | |
| | | Provide document expiration date. | | | | | Expiration date. _ _ _ _ _ Estimated _ _ _ _ _ | | | |
| | Branch If Relative has Foreign Address | Provide approximate date of first contact. | | | Date/Estimated <input type="checkbox"/> | | | | | |
| | | Provide approximate date of last contact. | | | Date/Estimated <input type="checkbox"/> | | | | | |
| | | Provide methods of contact (check all that apply) <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc.) <input type="checkbox"/> Written correspondence <input type="checkbox"/> Other (Provide explanation) | | | | | Explanation (Free Text) | | | |
| | | Provide Approximate frequency of contact <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (Provide explanation) | | | | | Explanation (Free Text) | | | |
| | | Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). <input type="checkbox"/> I don't know | | | | | Employer Name (Free Text) | | | |
| | | Provide the address of current employer, or provide the address of their most recent employer if not currently employed. <input type="checkbox"/> I don't know | | | | | Street address | | City | |
| | | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | | | | State | Zip Code | Country |
| | | Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? | | | | | I don't know | | YES | NO |
| | Branch - If Relative has Foreign Affiliation | Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. | | | | | Description (Free Text) | | | |
| | Do you have an additional relative to enter? | | | | | YES (Yes adds another entry) | | NO (Required to validate) | | |

Section 19 – Foreign Contacts

A foreign national is defined as any person who is not a citizen or national of the U.S.

| | | | |
|--|--|-----|----|
| Do you have, or have you had, close and/or continuing contact with a foreign national within the last seven (7) years with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common | | YES | NO |
|--|--|-----|----|

| | | | | | | |
|---|---|---|---|---|---|---------|
| interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18. | | | | | | |
| Branch If Yes to having contact with a Foreign National (Multiple Entries Allowed) | You indicated that you have, or have had, close and/or continuing contact with a foreign national. | | | | | |
| | Provide the full name of the foreign national, if known <input type="checkbox"/> I don't know | Last name: | First name: | Middle name: | Suffix | |
| | Explanation if name is unknown. | | Explanation (Free Text) | | | |
| | Provide approximate date of first contact. | Date/Estimated <input type="checkbox"/> | Provide approximate date of last contact. | Date/Estimated <input type="checkbox"/> | | |
| | Provide methods of contact (check all that apply) <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc) <input type="checkbox"/> Written correspondence <input type="checkbox"/> Other (Provide explanation) | | | | Explanation (Free Text) | |
| | Provide approximate frequency of contact. <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (Provide explanation) | | | | Explanation (Free Text) | |
| | Provide the nature of relationship (select all that apply) <input type="checkbox"/> Professional or Business <input type="checkbox"/> Personal (Such as family ties, friendship, affection, common interests, etc) <input type="checkbox"/> Obligation (Provide explanation) <input type="checkbox"/> Other (Provide explanation) | | | | Explanation (Free Text) | |
| | Provide other names and/or nicknames, as appropriate. | | Last name: | First name: | Middle name: | Suffix |
| | Provide country(ies) of citizenship. | Country | Provide date of birth <input type="checkbox"/> I don't know | | Date/Estimated <input type="checkbox"/> | |
| | Provide place of birth. | <input type="checkbox"/> I don't know | | City | Country | |
| | Provide current address. <input type="checkbox"/> I don't know | | Street address | | City | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | Zip Code | Country |
| | Does this person have an APO/FPO address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know | | | | | |
| | Branch APO/FPO | Provide the foreign national's APO/FPO address. | Address | APO/FPO | APO/FPO State | Zip |
| | Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed. <input type="checkbox"/> I don't know | | | | Employer Name (Free Text) | |
| | Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. <input type="checkbox"/> I don't know | | | Street address | City | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | Zip Code | Country |
| | Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know | | | | | |
| | Branch Contact Foreign Military | Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service. | | | Description (Free Text) | |
| | Do you have, or have you had, close and/or continuing contact with any additional foreign national within the last seven (7) years with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18. | | | YES (Yes adds another entry) | NO (Required to validate) | |

Section 20a – Foreign Activities

| | | | | | | | |
|--|--|--------------------------|---|------------------------------------|-------------------------|--------------|--------|
| Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.) | | | | | YES | NO | |
| Branch If Yes to Having Foreign Financial Interests (Multiple Entries Allowed) | You responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, ownership of corporate entities, corporate interests or businesses exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.) | | | | | | |
| | Specify: (check all that apply) <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse or legally recognized civil union/domestic partner <input type="checkbox"/> Cohabitant <input type="checkbox"/> Dependent children | | | | | | |
| | Provide the type of financial interest. | Type (Free Text) | Provide the date acquired | Date (Estimated) | | | |
| | Provide how the financial interest was acquired (such as purchase, gift, etc.) | How Acquired (Free Text) | Provide the cost (in U.S. dollars) at time of acquisition. <input type="checkbox"/> Estimated | Cost (Free Text) | | | |
| | Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of. <input type="checkbox"/> Estimated | | | Value (free Text) | | | |
| | Provide the date control or ownership was relinquished. <input type="checkbox"/> Not applicable: | Date (Estimated) | Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of. | | Explanation (Free Text) | | |
| | Are there any co-owners of this foreign financial interest? | | | | YES | NO | |
| | You responded 'Yes' to there being co-owners; provide the name, address, citizenship, and relationship of the co-owner(s). | | | | | | |
| | Branch If Yes to Having Co-Owners (Multiple Entries Allowed) | | Provide full name of co-owner. | Last name: | First name: | Middle name: | Suffix |
| | | | Provide co-owner current address. | Street address | | City | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | Zip Code | Country | |
| | Provide co-owner's country(ies) of citizenship. | | | Country | | | |
| | Provide the nature of your relationship with the co-owner. | | | Nature of relationship (Free Text) | | | |
| Are there any additional co-owners of this foreign financial interest? | | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| Do you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children have any additional foreign financial interests? | | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER had any foreign financial interests that someone controlled on your behalf? | | | | | YES | NO | |
| Branch | You responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf. | | | | | | |
| | Specify: (check all that apply) <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse or legally recognized civil union/domestic partner <input type="checkbox"/> Cohabitant <input type="checkbox"/> Dependent children | | | | | | |
| | Provide the type of financial interest. | | | Type (Free Text) | | | |
| Provide the name of the individual who controls this financial interest on your behalf. | | | Last name: | First name: | | | |

| | | | | | | | |
|--|---|--|------------------------------------|---|-------------------------|-------------------------------|---------|
| If Yes to Having Foreign Financial Interests Controlled on Your Behalf (Multiple Entries Allowed) | Provide this individual's relationship to you. | | | Relationship (Free Text) | | | |
| | Provide the date the financial interest was acquired. | | | Date (Estimated) | | | |
| | Provide the cost (in U.S. dollars) at time of acquisition. <input type="checkbox"/> Estimated | | | Cost (Free Text) | | | |
| | Provide details regarding how it was acquired (such as purchase, gift, etc.). | | | How acquired (Free Text) | | | |
| | Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of. <input type="checkbox"/> Estimated | | | Value (Free Text) | | | |
| | Provide the date interest was sold, lost, or otherwise disposed of. <input type="checkbox"/> Not applicable | | | Date (Estimated) | | | |
| | Provide explanation if interest was sold, lost, or otherwise disposed of. | | | Explanation (Free Text) | | | |
| | Are there any co-owners of the foreign financial interest controlled on your behalf? | | | | | YES | NO |
| | Branch If Yes to Having Co-Owners (Multiple Entries Allowed) | You responded 'Yes' to there being any co-owners. | | | | | |
| | | Provide full name of co-owner. | | Last name: | First name: | Middle name: | Suffix |
| Provide the current address of the co-owner. | | Street address | | City | | | |
| Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | Zip Code | Country | | |
| Provide co-owner's country(ies) of citizenship. | | | Country | | | | |
| Provide the nature of your relationship with the co-owner. | | | Relationship (Free Text) | | | | |
| Are there any additional co-owners for this foreign financial interest controlled on your behalf to report? | | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| Do you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children have any additional foreign financial interests controlled on your behalf? | | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country? | | | | | YES | NO | |
| Branch If Yes to Having Foreign Real Estate (Multiple Entries Allowed) | You responded 'yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having ever owned, or anticipate owning, or planning to purchase real estate in a foreign country. | | | | | | |
| | Specify: (check all that apply) <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse or legally recognized civil union/domestic partner <input type="checkbox"/> Cohabitant <input type="checkbox"/> Dependent children | | | | | | |
| | Provide the type of real estate property (such as home, business, etc.). | | | Real estate type (Free Text) | | | |
| | Provide the location/address of property. | | Street | | City | Country | |
| | Provide the date of purchase or to be acquired. | | | Date (Estimated) | | | |
| | Provide how the foreign real estate was or is to be acquired (such as purchase, gift, etc.). | | | How acquired (Free Text) | | | |
| | Provide the date sold, if applicable. | | | Date (Estimated) | | | |
| | Provide the cost (in U.S. dollars) when sold or expected at time of acquisition. <input type="checkbox"/> Estimated | | | Cost (Free Text) | | | |
| | Are/were/will there any co-owners of this foreign real estate? | | | | | YES | NO |
| | Branch If Yes to Having Co-Owners (Multiple Entries Allowed) | You responded 'Yes' to there being any co-owners. | | | | | |
| | | Provide full name of co-owner. | | Last name: | First name: | Middle name: | Suffix |
| | | Provide co-owner current address. | | Street address | | City | |
| | | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | Zip Code | Country |
| Provide co-owner's country(ies) of citizenship. | | | Country | | | | |
| Provide the nature of your relationship with the co-owner. | | | Nature of relationship (Free Text) | | | | |
| Are there any additional co-owners of this foreign real estate? | | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| Do you have an additional instance of you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER having owned, or anticipate owning, or planning to purchase real estate in a foreign country? | | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last seven (7) years , or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country? | | | | | YES | NO | |
| Branch If Yes to Having Foreign Benefit (Multiple Entries Allowed) | You responded 'Yes' that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last seven (7) years , or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country; | | | | | | |
| | Specify: (check all that apply) <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse or legally recognized civil union/domestic partner <input type="checkbox"/> Cohabitant <input type="checkbox"/> Dependent children | | | | | | |
| | Provide the type of benefit. <i>Educational, Medical, Retirement Social Welfare, Other such benefit (Provide explanation)</i> | | | Provide the frequency of the benefit. <i>Onetime benefit, Future benefit, Continuing benefit, Other (Provide explanation)</i> | | | |
| | Explanation (Free Text) | | | Explanation (Free Text) | | | |
| | Branch If Onetime Benefit | You have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received a onetime benefit from a foreign country | | | | | |
| | | Provide the date the benefit was received. | | | Date (Estimated) | | |
| | | Provide the name of the country providing the benefit. | | | Country | | |
| | | Provide the total value (in U.S. dollars) of the benefit received. <input type="checkbox"/> Estimated | | | Value (Free Text) | | |
| | | Provide the reason this benefit was received. | | | Reason (Free Text) | | |
| | | As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependent children obligated in any way to this foreign country? If yes provide explanation | | | YES | NO Explanation (Free Text) | |
| | Branch If Future Benefit | You have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a benefit from a foreign country. | | | | | |
| | | Provide the date the benefit will begin. | | | Date (Estimated) | | |
| | | Provide the frequency the benefit will be received. <i>Annually Quarterly Monthly Weekly Other (Provide explanation)</i> | | | Explanation (Free Text) | | |
| Provide the name of the country providing this benefit. | | | Country | | | | |
| Provide the value (in U.S. dollars) of the benefit to be received. <input type="checkbox"/> Estimated | | | Value (Free Text) | | | | |

| | | | | | | | |
|---|---|---|--------------------------|------------------------------------|--|--------------|--------|
| | Provide the reason this benefit will be received. | | Reason (Free Text) | | | | |
| | As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependent children obligated in any way to this foreign country? If yes provide explanation. | | YES | NO | | | |
| | You have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive a continuing or other benefit from a foreign country. | | Explanation (Free Text) | | | | |
| | Branch If Continuing Benefit | Provide the date the benefit began. | | Date (Estimated) | | | |
| | | Provide the date the benefit is expected to end. | | Date (Estimated) | | | |
| | | Provide the frequency that this benefit is received. <i>Annually Quarterly Monthly Weekly Other (Provide explanation)</i> | | Explanation (Free Text) | | | |
| | | Provide the name of the country providing this benefit. | | Country | | | |
| | | Provide the total value (in U.S. dollars) of the benefit to be received. <input type="checkbox"/> Estimated | | Value (Free Text) | | | |
| | | Provide the reason this benefit will be received. | | Reason (Free Text) | | | |
| | | As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependent children obligated in any way to this foreign country? If yes provide explanation. | | YES | NO | | |
| | | (Yes adds another entry) | | (Required to validate) | | | |
| Do you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive any additional benefits from a foreign country? | | | | | | | |
| Have you EVER provided financial support for any foreign national? | | | | YES NO | | | |
| Branch If Yes to Foreign National Support (Multiple Entries Allowed) | You responded 'Yes' to providing financial support for any foreign national. | | | | | | |
| | Provide the name of the foreign national you support or have supported financially. | | | Last name: | First name: | Middle name: | Suffix |
| | Provide the address of the foreign national listed above. | | Street address | | City | | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | | | State | Zip Code | Country | |
| | Provide the nature of your relationship with the foreign national listed above. | | | Nature of relationship (Free Text) | | | |
| | Provide the amount (in U.S. dollars) of all financial support provided. <input type="checkbox"/> Estimated | | | Amount (Free Text) | | | |
| | Provide the frequency of your support. | | Frequency (Free Text) | | Provide this foreign national's country(ies) of citizenship. | | |
| | Have you additionally provided financial support for any foreign national? | | | YES | NO | | |
| | | | (Yes adds another entry) | | (Required to validate) | | |

Section 20b – Foreign Business, Professional Activities, and Foreign Government Contacts

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| Have you in the last seven (7) years provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer "No" if all your advice or support was authorized pursuant to official U.S. Government business.) | | | | YES | NO | |
| Branch If Yes to Advice or Support (Multiple Entries Allowed) | You responded 'Yes' to having in the last seven (7) years provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer. | | | | | |
| | Provide a description of advice/support provided. | | Description (Free Text) | | | |
| | Provide the name of the individual to whom advice or support was provided. | | Last name: | First name: | Middle name: | Suffix |
| | Provide the name of the foreign organization or foreign business with whom the individual is associated. | | | | | |
| | Provide the country of origin for the organization or business. | | | | | |
| | Provide the date(s) during which this advice or support was provided. | | From date (Estimated) | | To date (Estimated/Present) | |
| | Describe what compensation, if any, was provided for your service. | | Compensation (Free Text) | | | |
| Have you in the last seven (7) years provided advice or support to any other individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer "No" if all your advice or support was authorized pursuant to official U.S. Government business.) | | | YES (Yes adds another entry) | NO (Required to validate) | | |
| For this question, "Immediate Family" means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or any member of your immediate family in the last seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer "No" if all the advice or support was authorized pursuant to official U.S. Government business.) | | | | YES | NO | |
| Branch If Yes to Foreign Consulting (Multiple Entries Allowed) | You responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or any member of your immediate family having in the last seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency. | | | | | |
| | Provide the name of the government official. | | Last name: | First name: | Middle name: | Suffix |
| | Provide the name of the agency. | | | Agency name (Free Text) | | |
| | Provide the country with which the government official or agency is affiliated. | | | | | |
| | Provide the date of the request. | | Date (Estimated) | Provide the circumstances of request. | | Circumstances (Free Text) |
| | Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or any member of your immediate family in the last seven (7) years been asked to provide advice or serve as a consultant, even informally, by any other foreign government official or agency? (Answer "No" if all the advice or support was authorized pursuant to official U.S. Government business.) | | | YES (Yes adds another entry) | NO (Required to validate) | |
| Has any foreign national in the last seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them? | | | | YES | NO | |
| Branch If Yes to Offered Job (Multiple Entries Allowed) | You responded 'Yes' to any foreign national having in the last seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them. | | | | | |
| | Provide the name of the foreign national who made the offer. | | Last name: | First name: | Middle name: | First |
| | Provide a description of the position offered. | | Description (Free Text) | | | |
| | Provide the date when this offer was extended. | | Date (Estimated) | | | |
| | Provide the location where this occurred. | | City | State and Zip Code or Country | | |
| | Did you accept the offer? | | | Explanation (Free Text) | | YES NO |
| | Has any additional foreign national in the last seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them? | | | YES | NO | |

| | | | | |
|---|---|--|---|------------------------------|
| | a job, asked you to work as a consultant, or consider employment with them? | (Yes adds another entry) | (Required to validate) | |
| Have you in the last seven (7) years been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? | | YES | NO | |
| Branch If Yes to Other Foreign Business Ventures (Multiple Entries Allowed) | You responded 'Yes' to having in the last seven (7) years been involved in any other type of business venture with a foreign national not described above. | | | |
| | Provide the full name of this foreign national. | Last name: | First name: | |
| | Provide the full current address of this foreign national. | Street address | City | |
| | Provide Country if outside the United States; otherwise, provide State and Zip Code. | State | Zip Code | |
| | Provide the citizenship(s) of this foreign national. | Provide a description of the business venture. | Description (Free Text) | |
| | Provide your relationship to this foreign national. | Relationship (Free Text) | | |
| | Provide the length of time you have been involved in the business venture. | From Date (Estimated) | To Date (Estimated/Present) | |
| | Provide the nature of association with this business venture. | Nature of association (Free Text) | | |
| | Provide the position you held. | Position (Free Text) | | |
| | Provide the service you provided. | Service (Free Text) | Provide the financial support involved. | Support (Free Text) |
| Provide a description of what compensation was provided for your service. | Description of compensation (Free Text) | | | |
| Have you, in the last seven (7) years , been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? | | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you in the last seven (7) years attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.) | | YES | NO | |
| Branch If Yes to Attending Foreign Conferences (Multiple Entries Allowed) | You responded 'Yes' to in the last seven (7) years having attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S. | | | |
| | Provide the name and description of event. | Name and description (Free Text) | | |
| | Provide the name of sponsoring organization. | Organization name (Free Text) | | |
| | Provide the city where the event was held. | City (Free Text) | Provide the country where the event was held. | Country |
| | Provide the dates for the event. | From Date (Estimated) | To Date (Estimated/Present) | |
| | Provide the purpose of the event. | Purpose (Free Text) | | |
| | Was there any subsequent contact with any foreign nationals as a result of the event? | | | YES NO |
| | Branch If Yes to Subsequent Contact (Multiple Entries Allowed) | You responded 'Yes' to there having been subsequent contact with any foreign nationals as a result of the event. | | |
| | | Provide explanation. | Explanation (Free Text) | |
| | Branch If Yes to Subsequent Contact (Multiple Entries Allowed) | Do you have another subsequent contact to report for this event? | YES (Yes adds another entry) | NO (Required to validate) |
| Have you in the last seven (7) years , attended or participated in any additional conferences, trade show, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.) | | YES (Yes adds another entry) | NO (Required to validate) | |
| For Section 20b, "Immediate Family" means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you or any member of your immediate family in the last seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.) | | YES | NO | |
| Branch If Yes to Foreign Government Contact (Multiple Entries Allowed) | You responded 'Yes' to you or any member of your immediate family having in the last seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S. | | | |
| | Provide the name of the individual involved in the contact. | Last name: | First name: | |
| | Provide the location of the contact. | City | State and Zip Code or Country | |
| | Provide the date of contact. | Date (Estimated) | Provide the foreign government(s) involved. | |
| | Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. | Establishment type (Free Text) | | |
| | Provide the names of the foreign representatives involved in contact. | Foreign representatives (Free Text) | | |
| | Provide the purpose/circumstances of contact. | Purpose/circumstances (Free Text) | | |
| | Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? | | YES | NO |
| | Branch If Yes to Subsequent Contact (Multiple Entries Allowed) | You responded 'Yes' to there having been subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization. | | |
| | | Provide the purpose of the subsequent contact. | Purpose (Free Text) | |
| Provide the date of most recent contact. | | Date (Estimated) | | |
| Provide plans for future contact. | | Plans (Free Text) | | |
| Branch If Yes to Subsequent Contact (Multiple Entries Allowed) | Do you have another subsequent contact to report for this event? | YES (Yes adds another entry) | NO (Required to validate) | |
| | Have you or any member of your immediate family in the last seven (7) years had any additional contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.) | | YES (Yes adds another entry) | NO (Required to validate) |
| Have you in the last seven (7) years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence? | | YES | NO | |
| Branch If Yes to Sponsorship of a Foreign National | You responded 'Yes' to in the last seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence. | | | |
| | Provide the name of the sponsored foreign national. | Last name: | First name: | |
| | Provide the date of birth for the sponsored foreign national. <input type="checkbox"/> I don't know | City | Date (Estimated) | |
| | Provide the place of birth for the sponsored foreign national. | City | State and Zip Code or Country | |

| | | | | |
|-----------------------------------|---|------------------------------|------------------------------------|--|
| (Multiple Entries Allowed) | Provide the current street address of the sponsored foreign national. | Street address and city | State and Zip Code or Country | |
| | Provide the country(ies) of citizenship for the sponsored foreign national. | | | |
| | Provide the name of the organization through which sponsorship was arranged, if applicable. Not Applicable <input type="checkbox"/> | Name (Free Text) | | |
| | Provide the address of the organization through which sponsorship was arranged, if applicable. Not Applicable <input type="checkbox"/> | | | |
| | Street address and city | | State and Zip Code | |
| | Provide the dates of stay in the U.S. for the sponsored foreign national. | From date (Estimated) | To date (Estimated/Present) | |
| | Provide the address of the sponsored foreign national while residing in the U.S. | | | |
| | Street address and city | | State and Zip Code | |
| | Provide the purpose of stay in the U.S. for the sponsored foreign national. | | Purpose of stay (Free Text) | |
| | Provide the purpose of your sponsorship for the sponsored foreign national. | | Purpose of sponsorship (Free Text) | |
| | Have you in the last seven (7) years sponsored any additional foreign national to come to the U.S. as a student, for work, or for permanent residence? | YES (Yes adds another entry) | NO (Required to validate) | |

Have you **EVER** held political office in a foreign country? YES NO

| | | | | |
|---|---|---|-----------------------------|--|
| Branch If Yes to Held Political Office (Multiple Entries Allowed) | You responded 'Yes' to having EVER held political office in a foreign country. | | | |
| | Provide the position held. | Position (Free Text) | | |
| | Provide the dates you held political office. | From Date (Estimated) | To Date (Estimated/Present) | |
| | Provide the name of the country involved. | Provide the reason(s) for these activities. | Reasons (Free Text) | |
| | Provide your current eligibility to hold political office in a foreign country. | Current eligibility (Free Text) | | |
| | Have you EVER held any additional political office in a foreign country? | YES (Yes adds another entry) | NO (Required to validate) | |

Have you **EVER** voted in the election of a foreign country? YES NO

| | | | | |
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| Branch If Yes to Voting in Foreign Election (Multiple Entries Allowed) | You responded 'Yes' to having EVER voted in the election of a foreign country. | | | |
| | Provide the date you voted in the foreign election. | Date (Estimated) | | |
| | Provide the name of the country involved. | Provide the reason(s) for these activities. | Reasons (Free Text) | |
| | Provide your current eligibility to vote in a foreign country. | Current eligibility (Free Text) | | |
| | Do you have other instances of voting in the election of a foreign country to report? | YES (Yes adds another entry) | NO (Required to validate) | |

Section 20c – Foreign Countries You have Visited

Have you traveled outside the U.S. **in the last past seven (7) years**? YES NO

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

| | | | | |
|--|---|---|---------------------------|---------------------|
| Branch If Yes to Having Traveled Outside the U.S. on Other than Official Business (Multiple Entries Allowed) | Your response indicates you have traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders. | | | |
| | Provide the country visited. | Provide the dates of your travel to this country. | From Date (Estimated) | To Date (Estimated) |
| | Provide the total number of days involved in the visit. <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Many short trips | | | |
| | Provide the purpose of the travel to this country (Check all that apply) <input type="checkbox"/> Business/professional <input type="checkbox"/> Volunteer activities <input type="checkbox"/> Education <input type="checkbox"/> Tourism <input type="checkbox"/> Trade shows, conferences, and seminars <input type="checkbox"/> Visit family or friends <input type="checkbox"/> Other | | | |
| | While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? If yes provide explanation. | Explanation (Free Text) | YES | NO |
| | While traveling to or in this country, were you involved in any encounter with the police? If yes provide explanation. | Explanation (Free Text) | YES | NO |
| | While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? If yes provide explanation. | Explanation (Free Text) | YES | NO |
| | While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? If yes provide explanation. | Explanation (Free Text) | YES | NO |
| | While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? If yes provide explanation. | Explanation (Free Text) | YES | NO |
| | While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? If yes provide explanation. | Explanation (Free Text) | YES | NO |
| | While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes provide explanation. | Explanation (Free Text) | YES | NO |
| | Respond for the time frame of the last seven (7) years , beginning with the most recent and working backwards (Do not list trips that ONLY involved travel on official U.S. Government business on official government orders, but you must include any personal trips made in conjunction with the official U.S. Government travel). | | | |
| | Do you have additional travel outside the U.S. in the last seven (7) years for other than solely U.S. Government business on official government orders? | YES (Yes adds another entry) | NO (Required to validate) | |

Section 21 – Psychological and Emotional Health

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. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief,

depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

Mental health treatment and counseling, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

| | | | |
|---|--|---|--|
| 21A) Has a court or administrative agency EVER issued an order declaring you mentally incompetent? | | YES | NO (Required to validate) |
| Branch If Yes to Being Declared Incompetent (Multiple Entries Allowed) | You responded 'Yes' to having a court or administrative agency EVER issuing an order declaring you mentally incompetent. | | |
| | Provide the date this occurred. | Date (Month/Year) (Estimated) | |
| | Provide the name of the court or administrative agency that declared you mentally incompetent. | Name (Free Text) | |
| | Provide the address of the court or administrative agency. | | |
| | Street address and city | State and Zip Code or Country | |
| | Was this matter appealed to a higher court or administrative agency? | YES | NO (Required to validate) |
| | Branch | You responded 'Yes' to appealed to a higher court or administrative agency. | |
| | If Yes to Appealed to a Higher Court or Administrative Agency. (Multiple Entries Allowed) | Provide the name of the court or administrative agency. | Name (Free Text) |
| | | Provide the address of the court or administrative agency | |
| | | Street address and city | State and Zip Code or Country |
| | | Provide the final disposition. | Disposition (Free Text) |
| | Do you have an additional instance where this matter was appealed to a higher court or administrative agency? | YES (Yes adds another entry) | NO (Required to validate) |
| Do you have an additional instance where a court or administrative agency EVER issued an order declaring you mentally incompetent? | YES (Yes adds another entry) | NO (Required to validate) | |
| 21B) Has a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.) | | YES | NO (Required to validate) |
| Branch If Yes to Court or Administrative agency EVER ordered you to consult with a mental health professional (Multiple Entries Allowed) | You responded 'Yes' to having a court or administrative agency EVER ordered you to consult with a mental health professional. | | |
| | Provide the date this occurred. | Date (Month/Year) (Estimated) | |
| | Provide the name of the court or administrative agency that declared you mentally incompetent. | Name (Free Text) | |
| | Provide the address of the court or administrative agency. | | |
| | Street address and city | State and Zip Code or Country | |
| | Provide the final disposition | Disposition (Free Text) | |
| | Was this matter appealed to a higher court or administrative agency? | YES | NO (Required to validate) |
| | Branch | You responded 'Yes' to appealed to a higher court or administrative agency. | |
| | If Yes to Appealed to a Higher Court or Administrative Agency. (Multiple Entries Allowed) | Provide the name of the court or administrative agency. | Name (Free Text) |
| | | Provide the address of the court or administrative agency | |
| | | Street address and city | State and Zip Code or Country |
| | | Provide the final disposition. | Disposition (Free Text) |
| Do you have an additional instance where this matter was appealed to a higher court or administrative agency? | YES (Yes adds another entry) | NO (Required to validate) | |
| Do you have an additional instance where a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.) | YES (Yes adds another entry) | NO (Required to validate) | |
| 21C) Have you EVER been hospitalized for a mental health condition? | | YES | NO (Required to validate) |
| Branch If Yes to EVER been hospitalized for a mental health condition (Multiple Entries Allowed) | You responded 'Yes' to EVER been hospitalized for a mental health condition. | | |
| | Was the admission voluntary or involuntary? | Voluntary (Provide explanation) | Explanation |
| | | Involuntary (Provide explanation) | Explanation |
| | Provide the dates of treatment. | From Date (Month/Year) (Estimated) | To Date (Month/Year) (Estimated/Present) |
| | Provide the name and address of the facility where treatment was provided. | | Name (Free Text) |
| | Provide the address of the facility where treatment was provided. | | |
| | Street address and city | State and Zip Code or Country | |
| | Do you have an additional instance where you have EVER been hospitalized for a mental health condition? | YES (Yes adds another entry) | NO (Required to validate) |
| <i>The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, is not a reason to revoke or deny eligibility/or access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.</i> | | | |
| 21D) Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, | | YES | NO (Required to validate) |

| | | | | | |
|--|--|---|---|---------------------------|--|
| schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? | | | | | |
| Branch If Yes to EVER been diagnosed by a physician or other health professional (Multiple Entries Allowed) | You responded 'Yes' to having EVER been diagnosed by a physician or other health professional. | | | | |
| | Identify the diagnosis or health condition. | Diagnosis or health condition (Free Text) | | | |
| | Provide the dates of diagnosis. | From Date (Month/Year) (Estimated) | To Date (Month/Year) (Estimated/Present) | | |
| | Provide the name, address, and telephone number of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. | Name (Free Text) | Telephone Number (Free Text) | | |
| | Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. | Street address and city | State and Zip Code or Country | | |
| | Provide the name, address, and telephone number of any agency/organization/facility where counseling/treatment was provided | Name or same as above (Free Text) | Telephone Number or same as above (Free Text) | | |
| | Provide the address of any agency/organization/facility where counseling/treatment was provided | Street address and city or same as above | State and Zip Code or Country or same as above | | |
| | Was the counseling/treatment effective in managing your symptoms? Provide explanation. | YES | NO (Provide explanation) (Required to validate) | Explanation (Free Text) | |
| Do you have an additional instance where you EVER had been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? | YES (Yes adds another entry) | | NO (Required to validate) | | |
| In the last seven years, have there been any occasions when you did not consult with a medical professional before altering or discontinuing, or failing to start a prescribed course of treatment for any of the listed diagnoses? | YES | NO (Required to validate) | | | |
| Branch If Yes to currently in treatment. (Multiple Entries Allowed) | Are you currently in treatment? | | YES | NO (Required to validate) | |
| | Provide the name, address, and telephone number of the healthcare professional providing such treatment. | Name (Free Text) | Telephone Number (Free Text) | | |
| | Provide the address of the healthcare professional providing such treatment. | Street address and city | State and Zip Code or Country | | |
| | Do you have an additional instance where you are currently in treatment? | YES (Yes adds another entry) | NO (Required to validate) | | |
| 21E) Do you have a mental health or other health condition that substantially adversely affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today? <i>Note: If your judgment, reliability, or trustworthiness is not substantially adversely affected by a mental health or other condition, then you should answer "no" even if you have a mental health or other condition requiring treatment. For example, if you are in need of emotional or mental health counseling as a result of service as a first responder, service in a military combat environment, having been sexually assaulted or a victim of domestic violence, or marital issues, but your judgment, reliability or trustworthiness is not substantially adversely affected, then answer "no."</i> | | YES | | NO (Required to validate) | |
| Branch If Yes to having a mental health condition that adversely affects your judgment, reliability, or trustworthiness. (Multiple Entries Allowed) | You responded 'Yes' to having a mental health condition that substantially adversely affects your judgment, reliability, or trustworthiness. | | | | |
| | Did you ever receive or are you currently receiving counseling or treatment for that condition? (You may choose not to answer this question. However, such consultation or treatment will not disqualify you and is considered to be a positive action.) | YES | NO (Provide explanation) (Required to validate) | Explanation (Free Text) | I decline to answer (Required to validate) |
| | Provide the following about your counseling or treatment. | | | | |
| | Provide the dates of counseling or treatment. | To Date (Month/Year) (Estimated) | To Date (Month/Year) (Estimated/Present) | | |
| | Provide the name, address, and telephone number of the health care professional. | Name (Free Text) | Telephone Number (Free Text) | | |
| | Provide the address of the health care professional. | Street address and city | State and Zip Code or Country | | |
| | Provide the name, address, and telephone number of the agency/organization/facility where counseling/treatment was provided | Name or same as above (Free Text) | Telephone Number or same as above (Free Text) | | |
| | Provide the address of the agency/organization/facility where counseling/treatment was provided | Street address and city or same as above | State and Zip Code or Country or same as above | | |
| Do you have an additional instance where you ever received or are you currently receiving counseling or treatment for that | YES (Yes adds another entry) | NO (Required) | I decline to answer | | |

| | | | | | |
|--|---|-----|-------------------------|---------------------------|------------------------|
| | condition? (You may choose not to answer this question. However, such consultation or treatment will not disqualify you and is considered to be a positive action.) | | | to validate) | (Required to validate) |
| | Have you ever chosen not to follow a prescribed course of treatment for any of these conditions? | YES | Explanation (Free Text) | NO (Required to validate) | |

Section 22 – 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.)

- **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?

| | |
|-----|----|
| YES | NO |
|-----|----|

| | | | | | | | |
|---|---|--|--|-------------------------------|-------------------------------|-----|----|
| Branch If Yes to the Above Happening (Multiple Entries Allowed) | Provide the date of offense. | Date (Estimated) | Provide a description of the specific nature of the offense. | Description (Free Text) | | | |
| | Did this offense involve any of the following? (Check all that apply) <input type="checkbox"/> 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? <input type="checkbox"/> Involve firearms or explosives? <input type="checkbox"/> Involve alcohol or drugs? | | | | | | |
| | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO |
| | YES | NO | | | | | |
| | Provide the location where the offense occurred. | Street address and city | | State and Zip Code or Country | | | |
| | Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official? | | | | | | |
| | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO |
| | YES | NO | | | | | |
| | Branch | Arresting/citing/summoning agency | | | | | |
| | If Yes to Being Arrested/Cited/Summoned | Provide the name of the law enforcement agency that arrested/cited/summoned you. | | | Name (Free Text) | | |
| | | Provide the location of the law enforcement agency. | Street address and city | | State and Zip Code or Country | | |
| | As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you? | | | | | | |
| | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO |
| | YES | NO | | | | | |
| | Branch - If No to Charged or Convicted | You responded 'No' to "As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?" | | | | | |
| Provide Explanation | | | | | | | |
| Explanation (Free Text) | | | | | | | |
| Branch If Yes to the Above Happening (Multiple Entries Allowed) | Branch Court information | | | | | | |
| | Provide the name of the court. | | | Name of court (Free Text) | | | |
| | Provide the location of the court. | | Street address and city | | State and Zip Code or 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 | <i>Felony, Misdemeanor, Other</i> | | Charge | Charge (Free Text) | | |
| | Outcome | Outcome (Free Text) | | Date (Month/Year) | | | |
| | Were you sentenced as a result of this offense? | | | | | | |
| | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO |
| | YES | NO | | | | | |
| | Branch If Yes to Charged or Convicted | Branch Conviction detail | | | | | |
| Provide a description of the sentence. | | | | | | | |
| Were you sentenced to imprisonment for a term exceeding 1 year? | | | | | | | |
| <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO | |
| YES | | NO | | | | | |
| Branch If Yes to Being Sentenced | Were you incarcerated as a result of that sentence for not less than 1 year? | | | | | | |
| | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO |
| | YES | NO | | | | | |
| If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. (Not Applicable <input type="checkbox"/>) | | | From Date (Estimated) | | | | |
| | | | To Date (Estimated/Present) | | | | |
| If conviction resulted in probation or parole, provide the dates of probation or parole. (Not Applicable <input type="checkbox"/>) | | | From Date (Estimated) | | | | |
| | | | To Date (Estimated/Present) | | | | |
| Branch If No to Being Sentenced | Branch Trial detail | | | | | | |
| | Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? | | | | | | |
| <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO | |
| YES | NO | | | | | | |
| Provide Explanation | | | | Explanation (Free Text) | | | |

Do you have any other offenses where any of the following has happened to you?

- **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 include citations involving 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 a 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?

YES
(Yes adds another entry)

NO
(Required to validate)

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

- Have you EVER been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime,

and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form.)

- Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses.)
- Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Have you **EVER** been charged with an offense involving firearms or explosives?
- Have you **EVER** been charged with an offense involving alcohol or drugs?

YES NO

| | | | | | | |
|--|---|--|--|----------------------------------|-----|----|
| <p>Branch</p> <p>If Yes to the Above Happening</p> <p>(Multiple Entries Allowed)</p> | Provide the date of the offense. | | Date (Estimated) | | | |
| | Provide a description of the specific nature of the offense. | | Description of nature of offense (Free Text) | | | |
| | Did this offense involve any of the following? (Check all that apply) | | | | | |
| | <input type="checkbox"/> 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? | | | | | |
| | <input type="checkbox"/> Involve firearms or explosives? | | | | | |
| | <input type="checkbox"/> Involve alcohol or drugs? | | | | | |
| | | | | | YES | NO |
| | Provide the name of the court. | | Name of court (Free Text) | | | |
| | Provide the location of the court. | | Street address and city | State and Zip Code or Country | | |
| | Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. | | | | | |
| | Felony/Misdemeanor | <i>Felony, Misdemeanor, Other</i> | Charge | Charge (Free Text) | | |
| | Outcome | Outcome (Free Text) | Date Month/Year | Date | | |
| | Were you sentenced as a result of these charges? | | | | YES | NO |
| | <p>Branch</p> <p>If Yes to Being Sentenced</p> | Conviction Detail | | | | |
| | | Provide a description of the sentence. | | Sentence description (Free Text) | | |
| 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 actually were incarcerated. (Not Applicable <input type="checkbox"/>) | | From Date (Estimated) | | | | |
| | | To Date (Estimated/Present) | | | | |
| If the conviction resulted in probation or parole, provide the dates of probation or parole. (Not Applicable <input type="checkbox"/>) | | From Date (Estimated) | | | | |
| | | To Date (Estimated/Present) | | | | |
| <p>Branch</p> <p>If No to Being Sentenced</p> | Trial detail | | | | | |
| | Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? | | | YES | NO | |
| | Provide Explanation | Explanation (Free Text) | | | | |
| Do you have any other offenses to list where the following has EVER happened to you? | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| <ul style="list-style-type: none"> • Have you EVER been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form) • Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian offenses). • Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? • Have you EVER been charged with an offense involving firearms or explosives? • Have you EVER been charged with an offense involving alcohol or drugs? | | | | | | |

Is there currently a domestic violence protective order or restraining order issued against you? YES NO

| | | | | | |
|---|---|--|------------------------------|-------------------------------|--|
| <p>Branch</p> <p>If Yes to Domestic Violence</p> <p>(Multiple Entries Allowed)</p> | You responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you. | | | | |
| | Provide explanation: | | Explanation (Free Text) | | |
| | Provide the date the order was issued. | | Date (Estimated) | | |
| | Provide the name of the court or agency that issued the order. | | Name of court (Free Text) | | |
| | Provide the location of the court or agency that issued the order. | | Street address and city | State and Zip Code or Country | |
| | Do you have another domestic violence protective order or restraining order currently issued against you to report? | | YES (Yes adds another entry) | NO (Required to validate) | |

Section 23 – Illegal Use of Drugs and Drug Activity

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 in accordance with Federal laws, even though permissible under state laws.

In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. YES NO

| | | | | | |
|--|---|--|----------------------------------|--|--|
| <p>Branch</p> <p>If Yes to Illegally Using Drugs or Controlled Substances</p> | You answered 'Yes' to in the last seven (7) years having illegally used a drug or controlled substance. | | | | |
| | Provide the type of drug or controlled substance. | | Explanation if other (Free Text) | | |
| | <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | | | |
| | <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) | | | |
| | <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | | | |
| | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) | | | |
| | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) | <input type="checkbox"/> Other (Provide explanation): | | | |

| | | | | | |
|--|--|-----------------------|--|---------------------------------|------------------------------|
| (Multiple Entries Allowed) | Provide an estimate of the month and year of first use. | Date (Estimated) | Provide an estimate of the month and year of most recent use. | Date (Estimated) | |
| | Provide nature of use, frequency, and number of times used. | | Nature of use (Free Text) | | |
| | Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public | | | YES | NO |
| | Was your use while possessing a security clearance? | | | YES | NO |
| | Do you intend to use this drug or controlled substance in the future? | | | YES | NO |
| | Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future. | | | Explanation (Free Text) | |
| | Do you have an additional instance(s) of illegal use of a drug or controlled substance to enter? | | YES (Yes adds another entry) | NO (Required to validate) | |
| In the last seven (7) years , have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance? | | | | YES | NO |
| Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) | You answered 'Yes' to in the last seven (7) years having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance. | | | | |
| | Provide the type of drug or controlled substance. | | If other explanation (Free Text) | | |
| | <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | | |
| | <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) | | |
| | <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | | |
| | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) | | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) | | |
| | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) | | <input type="checkbox"/> Other (Provide explanation): | | |
| | Provide an estimate of the month and year of first involvement. | Date (Estimated) | Provide an estimate of the month and year of most recent involvement. | Date (Estimated) | |
| | Provide nature of and frequency of activity. | | Nature of activity (Free Text) | | |
| | Provide the reason(s) why you engaged in the activity. | | Reason(s) (Free Text) | | |
| Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? | | | YES | NO | |
| Was your involvement while possessing a security clearance? | | | YES | NO | |
| Do you intend to engage in this activity in the future? | | | YES | NO | |
| Branch If Yes to Future Activity | You have indicated that you plan to engage in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance in the future. Provide explanation. | | Explanation (Free Text) | | |
| Do you have an additional instance(s) of having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance to enter? | | | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing a security clearance other than previously listed? | | | | YES | NO |
| Branch If Yes to Use While Possessing a Clearance (Multiple Entries Allowed) | You responded 'Yes' to having EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance, other than previously listed. | | | | |
| | Provide a description of your involvement. | | Description (Free Text) | | |
| | Provide the dates of involvement/use. | From Date (Estimated) | To Date (Estimated/Present) | | |
| | Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance. | | Estimate (Free Text) | | |
| | Do you have an additional instance(s) of the illegal use or involvement with a drug or controlled substance while possessing a security clearance to enter? | | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed? | | | | YES | NO |
| Branch If Yes to Use While in Law Enforcement (Multiple Entries Allowed) | You responded 'Yes' to having EVER illegally used, or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed. | | | | |
| | Provide a description of the drugs or controlled substances used and your involvement. | | Description (Free Text) | | |
| | Provide the dates of involvement/use. | From Date (Estimated) | To Date (Estimated/Present) | | |
| | Provide an estimate the number of times you used and/or were involved this drug or controlled substance while employed in this capacity. | | Estimate (Free Text) | | |
| | Do you have an additional instance(s) of illegal use or involvement with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety to enter? | | | YES (Yes adds another entry) | NO (Required to validate) |
| In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? | | | | YES | NO |
| Branch If Yes to Misuse of Prescription Drugs (Multiple Entries Allowed) | You responded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else. | | | | |
| | Provide the name of the prescription drug that you misused. | | Drug names (Free Text) | | |
| | Provide the dates of involvement in the above. | From Date (Estimated) | To Date (Estimated/Present) | | |
| | Provide the reason(s) for and circumstances of the misuse of the prescription drug. | | Reasons (Free Text) | | |
| | Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? | | | YES | NO |
| | Was your involvement while possessing a security clearance? | | | YES | NO |
| | Do you have an additional instance(s) of intentionally engaging in the misuse of prescription drugs in the last seven (7) years to enter? | | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? | | | | YES | NO |
| Branch If Yes to Being Ordered Treatment for | You responded 'Yes' to having EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances | | | | |
| | 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? (Check all that apply) <input type="checkbox"/> An employer, military commander, or employee assistance program <input type="checkbox"/> A medical professional | | | | |

| | | | | | |
|---|--|---|---|---|---|
| the Misuse of Drugs (Multiple Entries Allowed) | <input type="checkbox"/> A mental health professional <input type="checkbox"/> A court official / judge <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. | | | | |
| | Provide explanation | Explanation (Free Text) | Did you take action to receive counseling or treatment? | YES NO | |
| | Branch If No to Action Taken | You have indicated that you did not receive treatment. Provide explanation. | | Explanation (Free Text) | |
| | Branch If Yes to Action Taken | Provide the type of drug or controlled substance for which you were treated. <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) <input type="checkbox"/> Other (Provide explanation): | | | |
| | | Explanation (Free Text) | Provide the name of the treatment provider. (Last name, First name) | Name (Free Text) | |
| | | Provide the address for this treatment provider. | Street address and city | State and Zip Code or Country | |
| | | Provide a telephone number for the treatment provider. | | Number/Extension | Time Day Night Both _Check box if International |
| | | Provide the dates of treatment. | Date From (Estimated) | Date To (Estimated/Present) | |
| | | Did you successfully complete the treatment? | | | YES NO |
| | | Branch If No to Successful Treatment | You have indicated that you did not successfully complete the treatment. Provide explanation. | | Explanation (Free Text) |
| Do you have another instance of having been ordered, advised, or asked to seek drug or controlled substance counseling or treatment to enter? | | YES (Yes adds another entry) | NO (Required to validate) | | |
| Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance? | | | YES NO | | |
| Branch If Yes to Voluntarily Seeking Treatment for the Misuse of Drugs (Multiple Entries Allowed) | Voluntary treatment detail | | | | |
| | Provide the type of drug or controlled substance for which you were treated. <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) <input type="checkbox"/> Other (Provide explanation): | | | | |
| | Provide the name of the treatment provider. (Last name, First name) | | Name (Free Text) | | |
| | Provide the address for this treatment provider. | Street address and city | State and Zip Code or Country | | |
| | Provide a telephone number for the treatment provider. | | Number/Extension | Time Day Night Both _Check box if International | |
| | Provide the dates of treatment. | Date From (Estimated) | Date To (Estimated/Present) | | |
| | Did you successfully complete the treatment? | | | YES NO | |
| | Branch If No to Successful Treatment | You have indicated that you did not you successfully complete the treatment. Provide explanation. | | Explanation (Free Text) | |
| | Do you have another instance of EVER voluntarily seeking counseling or treatment as a result of your use of a drug or controlled substance? | | YES (Yes adds another entry) | NO (Required to validate) | |
| | Section 24 – Use of Alcohol | | | | |
| In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? | | | YES NO | | |
| Branch If negative impact (Multiple Entries Allowed) | You responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel. | | | | |
| | Provide the month/year when this negative impact occurred. | | Date (Estimated) | | |
| | Provide an explanation of the circumstances and the negative impact. | | Provide circumstances (Free Text) | | |
| | | | Provide negative impact (Free Text) | | |
| | Provide dates of involvement or use. | | From Date (Estimated) | To Date (Estimated/Present) | |
| Has the use of alcohol had other negative impacts on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? | | YES (Yes adds another entry) | NO (Required to validate) | | |
| Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? | | | YES NO | | |
| Branch If Yes to Ordered to Seek Counseling (Multiple Entries Allowed) | You responded 'Yes' to having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol. | | | | |
| | Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply) <input type="checkbox"/> An employer, military commander, or employee assistance program <input type="checkbox"/> A medical professional <input type="checkbox"/> A mental health professional <input type="checkbox"/> A court official / judge <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. <input type="checkbox"/> Other (Provide Explanation) | | | | |
| | Other explanation (Free Text) | | Did you take action to seek counseling or treatment? | YES NO | |
| | Branch If No Action Taken | You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. | | Explanation (Free Text) | |
| | Branch | You responded 'Yes' to having taken action to seek counseling or treatment. | | | |
| | | Provide the dates of counseling or treatment. | From Date (Estimated) | To Date (Estimated/Present) | |
| | | Provide the name of the individual counselor or treatment provider. | | Counselor name (Free Text) | |

| | | | | | | | | |
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| | If Yes to Taking Action | Provide the full address of the counseling/treatment provider. | | Provide telephone number. | Number/Extension Time Day Night Both _Check box if International | | | |
| | | Street address and city | | State and Zip Code or Country | | | | |
| | | Did you successfully complete the treatment program? | | | | | YES | NO |
| | | Branch If No to Successful Completion | | You responded "No" to having successfully completed the treatment program. Provide explanation | | Explanation (Free Text) | | |
| | | Do you have additional instances of having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol to enter? | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| | | Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol? | | | | YES | NO | |
| Branch | You responded 'Yes' to voluntarily seeking counseling or treatment. | | | | | | | |
| | Provide the dates of counseling or treatment. | | From Date (Estimated) | | To Date (Estimated/Present) | | | |
| | Provide the name of the individual counselor or treatment provider. | | | | | | | |
| | Provide the full address of the counseling/treatment provider. | | Street address and city | | State and Zip Code or Country | | | |
| | If Yes to Seeking Counseling | Provide telephone number. | | Number/Extension Time Day Night Both _Check box if International | | Did you successfully complete the treatment program? | | |
| | | | | | | YES | NO | |
| (Multiple Entries Allowed) | Branch If Unsuccessful | | You answered 'No' to having successfully completed the treatment program. Provide explanation: | | Explanation (Free Text) | | | |
| | | | Do you have additional instances where you have voluntarily sought counseling or treatment as a result of your use of alcohol to enter? | | YES (Yes adds another entry) | NO (Required to validate) | | |
| | | Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form? | | | | YES | NO | |
| Branch | You responded 'Yes' to having EVER received counseling or treatment as a result of your use of alcohol. | | | | | | | |
| | Provide the name of individual counselor or treatment provider. | | | | | | | |
| | Provide the full address of counseling/treatment provider. | | Street address and city | | County | | | |
| | State and Zip Code or Country | | | | | | | |
| | If Yes to Receiving Counseling | Provide the name of agency/organization where counseling/treatment was provided. | | | | Agency name (Free Text) | | |
| | | Provide the address of agency/organization where counseling/treatment was provided: <input type="checkbox"/> Same as above | | | | | | |
| | (Multiple Entries Allowed) | Street address and city | | State and Zip Code or Country | | | | |
| | | Provide the date counseling or treatment began. | | Date (Estimated) | | Provide the date counseling or treatment ended | | |
| | | | | Date (Estimated/Present) | | | | |
| Did you successfully complete your counseling or treatment? | | Explanation for Yes or No (Free Text) | | YES | NO | | | |
| | | Did you receive alcohol-related counseling or treatment another time? | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| Section 25 – Investigations and Clearance Record | | | | | | | | |
| | | Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access? | | | | YES | NO | |
| Branch | 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. | | | | | | | |
| | Provide the investigating agency: | | <input type="checkbox"/> U.S. Department of Defense <input type="checkbox"/> U.S. Office of Personnel Management <input type="checkbox"/> U.S. Department of Treasury (Provide name of bureau) <input type="checkbox"/> U.S. Department of Homeland Security <input type="checkbox"/> Foreign government, (Provide name of government) <input type="checkbox"/> I don't know | | | | | |
| | Explanation or name of government (Free Text) | | <input type="checkbox"/> Other (Provide explanation) | | | | | |
| | | | Date the investigation was completed. | | <input type="checkbox"/> I don't know | | | |
| | | | Date (Estimated) | | | | | |
| | (Multiple Entries Allowed) | Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. | | | | Name (Free Text) | | |
| | | Provide the date clearance eligibility/access was granted. <input type="checkbox"/> I don't know | | | | Date (Estimated) | | |
| Provide the level of clearance eligibility/access granted. | | <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Sensitive Compartmented Information (SCI) <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> I don't know | | | | | | |
| Explanation (Free Text) | | <input type="checkbox"/> Issued by foreign country <input type="checkbox"/> Other (Provide explanation) | | | | | | |
| | | Do you have another investigation to enter? | | YES (Yes adds another entry) | NO (Required to validate) | | | |
| | | Have you EVER had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.) | | | | YES | NO | |
| Branch | You responded 'Yes' to having EVER had a security clearance eligibility/access authorization denied, suspended, or revoked. | | | | | | | |
| | Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. | | Date (Estimated) | | | | | |
| | Provide the name of the agency that took the action. | | | | Name (Free Text) | | | |
| | Provide an explanation of the circumstances of the denial, suspension or revocation action. | | | | Explanation (Free Text) | | | |
| (Multiple Entries Allowed) | Do you have another denied, revoked or suspended security clearance eligibility/access authorization to enter? | | YES (Yes adds another entry) | | NO (Required to validate) | | | |
| | | | | | | | | |
| | | Have you EVER been debarred from government employment? | | | | YES | NO | |
| Branch | You responded 'Yes' to having EVER been debarred from government employment. | | | | | | | |
| | Provide the name of the government agency taking debarment action. | | | | Agency name | | | |
| | Provide the date the debarment occurred. | | | | Date (Estimated) | | | |
| | Provide an explanation of the circumstances of the debarment. | | | | Circumstances (Free text) | | | |
| | (Multiple Entries Allowed) | Do you have another Government debarment to enter? | | YES (Yes adds another entry) | | NO (Required to validate) | | |
| | | | | | | | | |
| Section 26 – Financial Record | | | | | | | | |
| | | In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code? | | | | YES | NO | |
| Branch | | You responded 'Yes' to having filed a petition under any chapter of the bankruptcy code. | | | | | | |

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| If Yes to Having Filed Bankruptcy (Multiple Entries Allowed) | Select the applicable bankruptcy petition type: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 | | | | | |
| | Provide the bankruptcy court docket/account number. | | Account Number (Free Text) | | | |
| | Provide the date bankruptcy was filed. | | Date (Estimated) | | | |
| | Provide date of bankruptcy discharge. <input type="checkbox"/> Not Applicable | | Date (Estimated) | | | |
| | Provide the total amount (in U.S. dollars) involved in the bankruptcy. <input type="checkbox"/> Estimated | | Amount (Free Text) | | | |
| | Provide the name debt is recorded under. | | Last | First | Middle | Suffix |
| | Provide the name of the court involved. | | Court Name (Free Text) | | | |
| | Provide the address of the court involved. | | Street address and City | | State and Zip Code or Country | |
| | Branch If Chapter 13 | Provide the name of the trustee for this bankruptcy. | | Name (Free Text) | | |
| | | Provide the address of the trustee for this bankruptcy. | | State and Zip Code or Country | | |
| | | Street address and City | | | | |
| | Were you discharged of all debts claimed in the bankruptcy? Provide Explanation | | Explanation (Free Text) | | YES | NO |
| | In the last seven (7) years, have you filed any additional petitions under any chapter of the bankruptcy code? | | YES (Yes adds another entry) | | NO (Required to validate) | |
| Have you EVER experienced financial problems due to gambling? | | | | YES | NO | |
| Branch If Yes to Financial Problems Due to Gambling (Multiple Entries Allowed) | You responded 'Yes' to having EVER experienced financial problems due to gambling. | | | | | |
| | Provide the date range of your financial problems due to gambling. | | From Date (Estimated) | To Date (Estimated/Present) | | |
| | Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred. | | Amount (Free Text) | | | |
| | Provide a description of your financial problems due to gambling. | | Description (Free Text) | | | |
| | If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s) provide explanation. | | Description (Free Text) | | | |
| | Have you EVER experienced additional financial problems due to gambling? | | YES (Yes adds another entry) | | NO (Required to validate) | |
| In the last seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance? | | | | YES | NO | |
| Branch If Yes to Failing to File/Pay Taxes (Multiple Entries Allowed) | You responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by law or ordinance. | | | | | |
| | Did you fail to file, pay as required, or both? <input type="checkbox"/> File <input type="checkbox"/> Pay <input type="checkbox"/> Both | | | | | |
| | Provide the year you failed to file or pay your Federal, state or other taxes. (Estimated) | | | | | |
| | Provide the reason(s) for your failure to file or pay required taxes. | | Reasons (Free Text) | | | |
| | Provide the Federal, state or other agency to which you failed to file or pay taxes. | | Agency (Free Text) | | | |
| | Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.). | | Tax Type (Free Text) | | | |
| | Provide the amount (in U.S. dollars) of the taxes. <input type="checkbox"/> Estimated | | Amount (Free Text) | | | |
| | Provide date satisfied. <input type="checkbox"/> Not applicable | | Date (Estimated) | | | |
| | 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. | | Description (Free Text) | | | |
| | Are there any other instances in the last seven (7) years where you failed to file or pay Federal, state or other taxes when required by law or ordinance? | | YES (Yes adds another entry) | | NO (Required to validate) | |
| In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer? | | | | YES | NO | |
| Branch If Yes to Violation of Credit/Travel Card Terms (Multiple Entries Allowed) | You responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer. | | | | | |
| | Provide the name of the agency or company. | | Agency (Free Text) | | | |
| | Provide the address of the agency or company. | | Street address and City | | State and Zip Code or Country | |
| | Provide the date of your counseling, warning, or disciplinary action. | | Month/Year Est. | | | |
| | Provide the reason(s) for the counseling, warning or disciplinary action. | | Reasons (Free Text) | | | |
| | Provide the amount (in U.S. dollars) of violation. <input type="checkbox"/> Estimated | | Amount (Free Text) | | | |
| | Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation. | | Description (Free Text) | | | |
| | Are there any other instances in the last seven (7) years where you have been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer? | | YES (Yes adds another entry) | | NO (Required to validate) | |
| Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties? | | | | YES | NO | |
| Branch If Yes to Seeking Credit Counseling (Multiple Entries Allowed) | You responded 'Yes' to currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties. | | | | | |
| | Provide explanation (Free Text) | | Provide the name of the credit counseling organization or resource. | | Name (Free Text) | |
| | Provide the phone number of the credit counseling organization. | | Number / Ext | | | |
| | Provide the location of the credit counseling organization. | | City | State | | |
| | As a result of this counseling provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s) provide explanation. | | Description (Free Text) | | | |
| | Are you currently utilizing, or seeking assistance from any other credit counseling service or other similar resource to resolve your financial difficulties? | | YES (Yes adds another entry) | | NO (Required to validate) | |
| Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below). <ul style="list-style-type: none"> • In the last seven (7) years, you have been delinquent on alimony or child support payments. • In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). | | | | | | |
| | | | | YES | NO | |
| You answered 'Yes' to having experienced one or more of the previously stated financial issues. | | | | | | |
| Provide the name of agency/organization/individual to which debt is/was owed. | | Name (Free Text) | | | | |

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|--|--|--|-----------------------------------|-------------------------------|-----|----|
| Branch If Yes to Having Financial Issues Involving Enforcement (Multiple Entries Allowed) | Did/does this financial issue include any of the following: (Check all that apply) <input type="checkbox"/> In the last seven (7) years , you have been delinquent on alimony or child support payments. <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). | | YES | NO | | |
| | Provide the associated loan / account number(s) involved. | | Loan / account number (Free Text) | | | |
| | Identify/describe the type of property involved (if any). | | Property type (Free Text) | | | |
| | Provide the amount (in U.S. dollars) of the financial issue. <input type="checkbox"/> Estimated | | Amount (Free Text) | | | |
| | Provide the reason(s) for the financial issue. | | Reasons (Free Text) | | | |
| | Provide the current status of the financial issue. | | Status (Free Text) | | | |
| | Provide the date the financial issue began. | | Date (Estimated) | | | |
| | Provide date the financial issue was resolved. <input type="checkbox"/> Not resolved | | Date (Estimated) | | | |
| | Provide the name of the court involved. | | Court name (Free Text) | | | |
| | Provide the address of the court involved. | | Street address and City | State and Zip Code or 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 provide explanation. | | Description (Free Text) | | | |
| | Other than previously listed, are there any other instances of the following occurrences? <ul style="list-style-type: none"> • In the last seven (7) years, you have been delinquent on alimony or child support payments. • In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). | | YES (Yes adds another entry) | NO (Required to validate) | | |
| | Other than previously listed, have any of the following happened? <ul style="list-style-type: none"> • 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 your wages, benefits, or assets garnished or attached for any reason? • In the last seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). | | | | YES | NO |
| | Branch If Yes to Having Financial Issues Involving Routine Accounts (Multiple Entries Allowed) | You answered "Yes" to having experienced one or more of the previously stated financial issues. Provide the name of agency/organization/individual to which debt is/was owed. | | | | |
| Did/does this financial issue include any of the following: (Check all that apply) <input type="checkbox"/> In the last seven (7) years you had your 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). <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> In the last seven (7) years you had an 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). <input type="checkbox"/> In the last seven (7) years you were evicted for non-payment. <input type="checkbox"/> In the last seven (7) years you had wages, benefits, or assets garnished or attached for any reason. <input type="checkbox"/> 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). <input type="checkbox"/> You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). | | YES | NO | | | |
| Provide the associated loan / account number(s) involved. | | Loan / account number (Free Text) | | | | |
| Identify/describe the type of property involved (if any). | | Property type (Free Text) | | | | |
| Provide the amount (in U.S. dollars) of the financial issue. <input type="checkbox"/> Estimated | | Amount (Free Text) | | | | |
| Provide the reason(s) for the financial issue. | | Reasons (Free Text) | | | | |
| Provide the current status of the financial issue. | | Status (Free Text) | | | | |
| Provide date the financial issue was resolved. <input type="checkbox"/> Not resolved | | Date (Estimated) | | | | |
| Provide the date the financial issue began. | | Date (Estimated) | | | | |
| 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. | | Description (Free Text) | | | | |

| | | | |
|--|--|------------------------------|---------------------------|
| | Other than previously listed, are there any other instances of the following occurrences? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • 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 have been evicted for non-payment. • In the last seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason. • In the last seven (7) years, you have been over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). • You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). | YES (Yes adds another entry) | NO (Required to validate) |
|--|--|------------------------------|---------------------------|

Section 27 – 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.

| | | |
|--|-----|----|
| In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system? | YES | NO |
|--|-----|----|

| | | | |
|--|--|------------------------------|-------------------------------------|
| Branch If Yes to Unauthorized Access (Multiple Entries Allowed) | You responded 'Yes' to having in the last seven (7) years illegally or without proper authorization entered or attempted to enter into any information technology system. | | |
| | Provide the date of the incident. | Date (Estimated) | |
| | Provide a description of the nature of the incident or offense. | | Description of incident (Free Text) |
| | Provide the location where the incident took place. | Street address and City | State and Zip Code or Country |
| | Provide a description of the action (administrative, criminal or other) taken as a result of this incident. | | Description (Free Text) |
| | Are there any other incidents to report? | YES (Yes adds another entry) | NO (Required to validate) |

| | | |
|--|-----|----|
| In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above? | YES | NO |
|--|-----|----|

| | | | |
|--|---|------------------------------|-------------------------------------|
| Branch If Yes to Manipulating Access (Multiple Entries Allowed) | You responded 'Yes' to having in the last seven (7) years illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above. | | |
| | Provide the date of the incident. | Date (Estimated) | |
| | Provide a description of the nature of the incident or offense. | | Description of incident (Free Text) |
| | Provide the location where the incident took place. | Street address and City | State and Zip Code or Country |
| | Provide a description of the action (administrative, criminal or other) taken as a result of this incident. | | Description (Free Text) |
| | Are there any other incidents to report? | YES (Yes adds another entry) | NO (Required to validate) |

| | | |
|--|-----|----|
| In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? | YES | NO |
|--|-----|----|

| | | | |
|---|---|------------------------------|-------------------------------|
| Branch If Yes to Unlawful Use (Multiple Entries Allowed) | You responded 'Yes' to having in the last seven (7) years introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above. | | |
| | Provide the date of the incident. | Date (Estimated) | |
| | Provide a description of the nature of the incident or offense. | | Description (Free Text) |
| | Provide the location where the incident took place. | Street address and City | State and Zip Code or Country |
| | Provide a description of the action (administrative, criminal or other) taken as a result of this incident. | | Description (Free Text) |
| | Are there any other incidents to report? | YES (Yes adds another entry) | NO (Required to validate) |

Section 28 – Involvement in Non-Criminal Court Actions

| | | |
|--|-----|----|
| In the last ten (10) years , have you been a party to any public record civil court action not listed elsewhere on this form? | YES | NO |
|--|-----|----|

| | | | |
|--|---|------------------------------|-------------------------------|
| Branch If Yes to Having Non Criminal Court Actions (Multiple Entries Allowed) | 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 ten (10) years . | | |
| | Provide the date of the civil action | Date (Estimated) | Provide the court name |
| | Provide the address of the court. | | Court name (Free Text) |
| | Provide details of the nature of the action. | | State and Zip Code or Country |
| | Provide a description of the results of the action. | | Details (Free Text) |
| | Provide the name(s) of the principal parties involved in the court action. | | Results (Free Text) |
| | Are there any other civil court actions in the last ten (10) years to report? | YES (Yes adds another entry) | NO (Required to validate) |

Section 29 – Association Record

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion or to affect the conduct of a government by mass destruction, assassination or kidnapping.

| | | |
|---|-----|----|
| Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities? | YES | NO |
|---|-----|----|

| | | | |
|--|--|-------------------------|-------------------------------|
| Branch If Yes to Being a Member of a | 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. | | |
| | Provide the full name of the organization. | | Organization name (Free Text) |
| | Provide the address/location of the organization. | Street address and City | State and Zip Code or Country |

| | | | | |
|---|--|---------------------------------|-------------------------------|----------|
| Terrorist Organization (Multiple Entries Allowed) | Provide the dates of your involvement with the organization. | From Date (Estimated) | To Date (Estimated/Present) | |
| | Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held | Positions (Free Text) | | |
| | Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made | Contributions (Free Text) | | |
| | Provide a description of the nature of and reasons for your involvement with the organization. | Involvement (Free Text) | | |
| | Do you have any other instances of being 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 to report? | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you EVER knowingly engaged in any acts of terrorism? | | | | YES NO |
| Branch If Yes Engaging in Terrorism (Multiple Entries Allowed) | You responded 'Yes' to EVER having knowingly engaged in any acts of terrorism. | | | |
| | Describe the nature and reasons for the activity. | Nature and reasons (Free Text) | | |
| | Provide the dates for any such activities. | From Date (Estimated) | To Date (Estimated/Present) | |
| | Do you have any other instances of knowingly engaging in acts of terrorism to report? | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force? | | | | YES NO |
| Branch If Yes to Advocating (Multiple Entries Allowed) | You responded 'Yes' to having EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force. | | | |
| | Provide the reason(s) for advocating acts of terrorism. | Reasons (Free Text) | | |
| | Provide the dates of advocating acts of terrorism. | From Date (Estimated) | To Date (Estimated/Present) | |
| | Do you have any other instances of advocating acts of terrorism or activities designed to overthrow the U.S. Government by force to report? | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? | | | | YES NO |
| Branch If Yes to being Member of Organization Using Violence to Overthrow the U.S. Govt. (Multiple Entries Allowed) | You responded 'Yes' to having EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities. | | | |
| | Provide the full name of the organization. | Organization name (Free Text) | | |
| | Provide the address/location of the organization. | Street address and City | State and Zip Code or Country | |
| | Provide the dates of your involvement with the organization. | From Date (Estimated) | To Date (Estimated/Present) | |
| | Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held | Positions (Free Text) | | |
| | Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made | Contributions (Free Text) | | |
| | Provide a description of the nature of and reasons for your involvement with the organization. | Description (Free Text) | | |
| | Do you have any other instances of being a member of an organization dedicated to the use of violence or force to overthrow the United States Government, 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 to report? | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? | | | | YES NO |
| Branch If Yes to Being a Member of Organization Using Violence (Multiple Entries Allowed) | You responded 'Yes' to being or EVER having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action. | | | |
| | Provide the full name of the organization. | Organization Name (Free Text) | | |
| | Provide the address/location of the organization. | Street address and City | State and Zip Code or Country | |
| | Provide the dates of your involvement with the organization. | From Date (Estimated) | To Date (Estimated/Present) | |
| | Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held | Positions (Free Text) | | |
| | Provide all contributions (in U.S. dollars) made to the organization, if any. <input type="checkbox"/> No contributions made | Contributions (Free Text) | | |
| | Provide a description of the nature of and reasons for your involvement with the organization. | Involvement (Free Text) | | |
| | Do you have any other instances of being a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action to report? | YES (Yes adds another entry) | NO (Required to validate) | |
| Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force? | | | | YES NO |
| Branch If Yes to Activities to Overthrow (Multiple Entries Allowed) | You responded 'Yes' to having EVER knowingly engaged in activities designed to overthrow the U.S. Government by force. | | | |
| | Describe the nature and reasons for the activity. | Reasons (Free Text) | | |
| | Provide the dates of such activities. | From Date (Estimated) | To Date (Estimated/Present) | |
| | Do you have any other instances of having knowingly engaged in activities designed to overthrow the U.S. Government by force to report? | YES (Yes adds another entry) | NO (Required to validate) | |
| | Have you EVER associated with anyone involved in activities to further terrorism? | | | |
| Branch If Yes to Having Terrorism Association | Terrorism Association Detail | | | |
| | Provide Explanation. | Explanation (Free Text) | | |

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 security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (*Sign in ink*)

Date (*mm/dd/yyyy*)

DRAFT

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities 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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability or initial or continued eligibility for a national security position or eligibility for access to classified information.

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, the Office of the Director of National Intelligence, 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 national security 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 86, 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 personnel security-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 shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

| | | |
|----------------------------------|--|-----------------------------------|
| Signature (<i>Sign in ink</i>) | Full name (<i>Type or print legibly</i>) | Date signed (<i>mm/dd/yyyy</i>) |
|----------------------------------|--|-----------------------------------|

| | | | | |
|-------------------------------|-------------------------|-------|---------------|------------------------|
| Other names used | | | Date of birth | Social Security Number |
| Current street address Apt. # | City (<i>Country</i>) | State | ZIP Code | Telephone number |
| | | | | |

DRAFT

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**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 21 of the Standard Form 86 (SF-86), carefully read this authorization to release information about you, then sign and date it in ink.

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 security risks, there may be times when such a condition can affect a person's eligibility for a security clearance. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility. Your signature will allow the practitioner(s) to answer only those questions identified below.

Authorization

I am seeking assignment to or retention in a national security sensitive position. As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information or eligibility to hold a national security sensitive position to request, 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. Revocation of this authorization is not effective until received by 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 for use by the Federal Government only for purposes provided in the Standard Form 86 will no longer be covered by the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

| | | | | |
|----------------------------------|-------------------------|--|----------|-----------------------------------|
| Signature (<i>Sign in ink</i>) | | Full name (<i>Type or print legibly</i>) | | Date signed (<i>mm/dd/yyyy</i>) |
| Other names used | | | | Social Security Number |
| Current street address Apt. # | City (<i>Country</i>) | State | ZIP Code | Telephone number |

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or trustworthiness?

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 (<i>Sign in ink</i>) | Practitioner name | Date signed (<i>mm/dd/yyyy</i>) |

DRAFT

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**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 Federal government requires information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. 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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive 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 national security 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 national security sensitive position or require eligibility for access to classified information.

| | |
|----------------------------------|----------------------------|
| Print name | Social Security Number |
| Signature (<i>Sign in ink</i>) | Date (<i>mm/dd/yyyy</i>) |