

Reciprocity Questionnaire

Last Name:	First Name:	Middle Name:	Suffix:	SSN (last 4 digits):
------------	-------------	--------------	---------	----------------------

Date of Birth:	Place of Birth:	Current Citizenship:	Aliases (other names used):
----------------	-----------------	----------------------	-----------------------------

In order for the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) to determine if any of your past Federal background investigations and polygraph examinations (if applicable) can be obtained and/or utilized for reciprocity, you must respond to the questions below. By applying reciprocity procedures, ATF may be able to avoid duplication of investigative efforts, which may expedite your employment or service opportunities with ATF. ATF is also requesting information on any employer investigations (e.g., integrity, ethics, and conduct) for which you are currently the subject of the investigations.

ATF is requesting that you provide specific data pertaining to any previous background investigations and/or security clearances you have received, any polygraph examinations you have received during the past 3 years, and any investigations being conducted on you by your current employer. If additional space is required when completing this form, please provide the information on a separate sheet of paper. Once completed, please sign and date this questionnaire.

1. Has the U.S. Government ever investigated your background and/or granted you a security clearance? Yes No
 (If yes, provide the details below to the best of your ability starting with the most recent investigation or clearance.)

Type of Investigation Conducted	Agency that Conducted Investigation	Month/Year Investigated	Security Clearance Granted (If yes, please provide level, date granted, and whether it is currently active.)		
			Level:	Date Granted:	Active: Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Have you ever had a security clearance or access authorization denied, suspended, or revoked; or been debarred from Federal employment? Yes No
 (If yes, provide the date(s) of action(s), department or agency taking the action, type of action taken, and circumstances surrounding the action in the space provided below.) **Note:** An administrative downgrade or termination of a security clearance is not considered a revocation.

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

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

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

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

4. To your knowledge, are you currently the subject of any investigations (*e.g., integrity, ethics, and conduct*) being conducted by your current employer? Yes No

(If yes, please provide the below information.)

Name of Employer	Type of Investigation (If known)	Name of Office Conducting Investigation	Investigating Office Contact Information

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

Signature:

Date:

Privacy Act Statement

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

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

Paperwork Reduction Act

This request is in accordance with the Paperwork Reduction Act of 1995. This information collection will be used to determine if a candidate for Federal or contractor employment at the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) previously completed a background investigation and/or polygraph examination with another Federal agency; and whether the candidate is the subject of any investigation being currently conducted by the individual's current employer. The appropriate ATF office (i.e., Personnel Security Division) will maintain a copy of this form. It will be used to document the authorized disclosure of the background information.

The estimated average burden associated with this collection is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to: Reports Management Officer, Resource Management Staff, Contracts and Forms Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Ave, N.E. Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.