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DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY  
 FEDERAL INVESTIGATIONS PROCESSING CENTER  
 PO BOX 618  
 BOYERS, PA 16018-0618

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[Empty box for recipient information]

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

**PRIVACY ACT STATEMENT:** The information you provide, including your identity, will be furnished to the agency requesting the investigation, other agencies as warranted, and to the person investigated upon his or her specific request. **AUTHORITY:** Section 925 of Public Law 115-91; 5 USC 301; Executive Order 13467, as amended by Executive Order 13869; and, 5 CFR 736. **PRINCIPAL PURPOSE:** To obtain background information and personal records for investigating and determining an individual's initial or continued: eligibility for access to classified national security information or assignment to positions with sensitive duties, suitability for enlistment or appointment into military service, suitability for federal employment, fitness for assignment to work under contract for or on behalf of the government, or eligibility for physical or logical access to U.S. Government systems or facilities. **ROUTINE USES:** The information collected may be disclosed to DCSA personnel and shared externally with other authorized government agency personnel as a routine use when necessary and relevant to personnel vetting investigations, determinations, and adjudications; and, for other purposes permitted under subsection (b) of the Privacy Act of 1974, as amended (5 USC §552a). Information obtained will also be released to the person being investigated upon their request unless otherwise exempt. A complete list of the routine uses can be found in the system of records notice for the Department of Defense Personnel Vetting Records System, "DUSDI 02-DoD" at: <https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records>. **DISCLOSURE:** Disclosure is voluntary. However, failure to provide DCSA access to the requested information may result in our agency's inability to conduct a thorough investigation and may prevent the government from making a determination or adjudication regarding the qualifications, suitability, eligibility or fitness of the person being investigated.

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

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

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

CASE NUMBER: CASE TYPE: ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)			
OTHER NAMES USED			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION	
PLACE OF BIRTH			
CLAIMED EMPLOYMENT			
FROM	TO	POSITION	NAME OF SUPERVISOR
ACTUAL JOB LOCATION (IF DIFFERENT THAN ABOVE ADDRESS)			

## MARKING INSTRUCTIONS

### CORRECT MARK:



- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

### INCORRECT MARKS:



## PLEASE COMPLETE THE ITEMS SHOWN BELOW

<b>1</b>	<b>IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS?</b> a <input type="radio"/> YES    b <input type="radio"/> NO (Please explain in item 6)    c <input type="radio"/> WE HAVE NO RECORD ON THIS PERSON    d <input type="radio"/> RECORD AT ANOTHER LOCATION (Enter address and ZIP Code in #6)			
<b>2</b>	<b>MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:</b> a <input type="radio"/> SUBJECT CURRENTLY EMPLOYED HERE    e <input type="radio"/> FIRED (Please explain in item 6)  b <input type="radio"/> LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE    f <input type="radio"/> QUIT AFTER BEING TOLD THEY WOULD BE FIRED (Please explain in item 6)  c <input type="radio"/> SEPARATED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS    g <input type="radio"/> LEFT BY MUTUAL AGREEMENT FOLLOWING CHARGES OR ALLEGATIONS OF MISCONDUCT (Please explain in item 6)  d <input type="radio"/> LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6)    h <input type="radio"/> LEFT BY MUTUAL AGREEMENT FOLLOWING NOTICE OF UNSATISFACTORY PERFORMANCE (Please explain in item 6)			
<b>3</b>	<b>IS THIS PERSON ELIGIBLE FOR REHIRE?</b> a <input type="radio"/> YES    b <input type="radio"/> NO - DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMENT    c <input type="radio"/> NO - FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)			
<b>4</b>	<b>DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?</b> a <input type="radio"/> NO    c <input type="radio"/> I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND b <input type="radio"/> YES (Please explain in item 6)    d <input type="radio"/> I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE			
<b>5</b>	<b>DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;">           YES NO            a <input type="radio"/> <input type="radio"/> VIOLATIONS OF THE LAW            b <input type="radio"/> <input type="radio"/> FINANCES            c <input type="radio"/> <input type="radio"/> ABUSE OF ALCOHOL         </td> <td style="width: 33%; vertical-align: top;">           YES NO            d <input type="radio"/> <input type="radio"/> ABUSE/ILLEGAL USE OF DRUGS            e <input type="radio"/> <input type="radio"/> MENTAL OR EMOTIONAL STABILITY            (If YES to any of these questions, please explain in item 6)         </td> <td style="width: 33%; vertical-align: top;">           YES NO            f <input type="radio"/> <input type="radio"/> GENERAL BEHAVIOR OR CONDUCT            g <input type="radio"/> <input type="radio"/> OTHER MATTERS  <input type="radio"/> I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE         </td> </tr> </table>	YES NO a <input type="radio"/> <input type="radio"/> VIOLATIONS OF THE LAW b <input type="radio"/> <input type="radio"/> FINANCES c <input type="radio"/> <input type="radio"/> ABUSE OF ALCOHOL	YES NO d <input type="radio"/> <input type="radio"/> ABUSE/ILLEGAL USE OF DRUGS e <input type="radio"/> <input type="radio"/> MENTAL OR EMOTIONAL STABILITY (If YES to any of these questions, please explain in item 6)	YES NO f <input type="radio"/> <input type="radio"/> GENERAL BEHAVIOR OR CONDUCT g <input type="radio"/> <input type="radio"/> OTHER MATTERS <input type="radio"/> I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE
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<b>7</b>	<b>DO YOU RECOMMEND THIS PERSON FOR ELIGIBILITY FOR EMPLOYMENT OR SECURITY CLEARANCE?</b> a <input type="radio"/> YES    c <input type="radio"/> I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION b <input type="radio"/> NO (Please explain in item 6)			

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