

# **Questionnaire for Non-Sensitive Positions**

OMB No. 3206-0261

Form: SF 85

Interactive/Branching  
Electronic Questionnaire

## ***Questionnaire Content Guide***

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

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 additional questions to be presented based on the subject's responses to previous questions 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 Non-Sensitive Positions (SF 85)" 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.

# OFFICE OF PERSONNEL MANAGEMENT

## Questionnaire for Non-Sensitive Positions, SF 85

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| <b>Questionnaire for Non-Sensitive Positions</b><br><i>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.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p>All questions on this form must be answered <b>completely and truthfully</b> in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. <b>If you are a current civilian employee of the federal government:</b> 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 17 and 20, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Purpose of this Form</b><br>This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations of persons under consideration for, or retention of, non-sensitive low risk positions as defined in 5 CFR 731. It is also used for determining fitness of individuals under consideration for, or retention in positions in the excepted service when the duties to be performed are equivalent to a low risk position. This form may also be used by agencies in determining whether a subject should be issued a Federal credential for access to federally controlled facilities and information systems. For applicants, this form is to be used only after a conditional offer of employment has been made, unless OPM has provided for an exception. This form is not to be used for National Security sensitive positions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>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 position or your ability to obtain or retain Federal or contract employment, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for positions, physical and /or logical access required to perform duties, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, or prosecution.</p> <p>This form may become a permanent document that may be used as the basis for future investigations, determinations of 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 questionnaires.</p> <p>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.</p> |
| <b>Authority to Request this Information</b><br>Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 13764, 13741, 10577, 13467, and 13488, as amended; sections 3301, 3302, 7301, and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 6, 731, and 736 of title 5, Code of Federal Regulations (CFR), Homeland Security Presidential Directive (HSPD) 12, and Federal information processing standards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 13478.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>The Investigative Process</b><br><br>Background investigations for non-sensitive positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and will not present an unacceptable risk,. The information that you provide on this form and your Declaration for Federal Employment (OF 306) may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable or trustworthy, or poses an unacceptable risk to the life, safety, or health of employees, contractors, vendors or visitors to a Federal facility; the Government's physical assets or information systems; personal property; records, or, the privacy of the individuals whose data the Government holds in its systems. After an eligibility determination is made, you may also be subject to reinvestigations to ensure your continuing suitability for employment.</p> <p><b>The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Your Personal Interview</b><br>Some investigations may include an interview with you as needed as 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. If contacted, it is imperative that the interview be conducted as soon as possible after contact is made by the investigator. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Instructions for Completing this Form</b><br>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. <b>You should retain a copy of the completed form for your records.</b><br>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.<br>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.<br>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.<br>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.<br>6. For telephone numbers in the U.S., ensure that the area code is included.<br>7. All dates provided in this form must be in Month/Day/Year or Month/Year format. The month and day should be entered as a two character numbers (i.e., 01 for January and 29 for 29 <sup>th</sup> day of the month). The year should be entered as a four character number (i.e., 1978 or 2001). 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 "Estimated." box.                                                                                                                                                                                                                                                                                                                                |
| <b>Final Determination on Your Eligibility</b><br>Final determination on your eligibility for a position and/or physical or logical access to federal facilities and information is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity to explain, refute, or clarify any information before a final decision is made, 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, and sexual orientation, when making determinations of eligibility for non-sensitive positions, physical and/or logical access required to perform duties.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Penalties for Inaccurate or False Statements</b><br>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 <b>five (5)</b> years imprisonment. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Disclosure Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

The information you provide is for the purpose of investigating you for a position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. **You will not receive prior notice of such disclosures under a routine use.**

The Defense Counterintelligence and Security Agency, the Government's primary investigative service provider, has published its routine uses in the Federal Register at the following address: <https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records>. If another agency is conducting your investigation, it will inform you of its routine uses.

**Public Burden Information**

The public reporting burden to complete this information collection is estimated at 120 minute per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. 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 OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to the Office of Personnel Management, ATTN: Suitability Executive Agent Programs. Current information regarding this collection of information -- including all background materials -- can be found at <https://www.reginfo.gov/public/do/PRAMain> by using the search function to enter either the title of the collection (Suitability Executive Agent Programs) or the OMB Control Number (3206-0261).

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

|                                                                                                                                                                                                                                                                                        |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.</b>                                                                                                                                                                                   |     |    |
| I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), or removal and debarment from Federal Service. | 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: AS A REMINDER, AGENCIES ARE RESPONSIBLE FOR REVIEWING INFORMATION PROVIDED ON THE OF 306, RESUME, AND OTHER DOCUMENTATION PROVIDED AS PART OF THE HIRING PROCESS TO IDENTIFY POSSIBLE DISCREPANCIES WITH INFORMATION PROVIDED ON THE STANDARD FORM QUESTIONNAIRE. AGENCIES MUST NOTIFY THEIR INVESTIGATIVE SERVICE PROVIDER OF ANY DISCREPANCIES THAT MAY EXIST BETWEEN THE FORMS, AND REQUEST RESOLUTION OF THE CONFLICT THROUGH THE INVESTIGATION PROCESS. IN THIS SITUATION THE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION. |                                       |                                                                                 |          |                                                |                    |
| A – Type of Investigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B – Extra coverage / advanced results | C –Risk level                                                                   |          |                                                |                    |
| D – Nature of action code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | E – Date of action                    | F – Geographic location                                                         |          | G – Position code                              |                    |
| H – Position title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I – SON (Submitting Office Number )   |                                                                                 |          |                                                |                    |
| J – Location of Official Personnel Folder _ None _ NPRC _ At SON _e-OPF _ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | Other address / web address of e-OPF                                            |          | Zip Code                                       |                    |
| K – SOI (Security Office Identifier)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                                                                 |          |                                                |                    |
| L – Location of Security Folder _ None _ NPI _ At SOI _ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | Other address                                                                   |          | Zip Code                                       |                    |
| M – IPAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N – TAS                               | O – Obligating document number                                                  | P - BETC | Q – Accounting data and /or Agency case number |                    |
| R – Investigative requirement _Initial _Reinvestigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | S – Requesting Official: Name, Title, Signature, Email Address, Telephone, Date |          |                                                |                    |
| T – Secondary Requesting Official: Name, Title, Email Address, Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                 |          |                                                |                    |
| U – Applicant Affiliation _ FED CIV _ CON _ MIL _ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                 |          |                                                |                    |
| V – Deployment/PCS (if Imminent):<br>From Est.-To Dates, Est., 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 | First | Middle | Suffix |
|------|-------|--------|--------|

#### Section 2 – Date of Birth

Provide your date of birth. Date \_\_\_\_-\_\_\_\_-\_\_\_\_ Est. ☐

#### Section 3 – Place of Birth

Provide your Place of birth. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

#### Section 4 – SSN

Provide your U.S. Social Security Number. ☐ 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

|                                                                            |                                                                                                                                                                                                                                                                                                                                                                            |      |       |        |                              |              |                                  |    |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|--------|------------------------------|--------------|----------------------------------|----|
| <b>Branch</b><br>If Yes to "Other Names"<br><br>(Multiple Entries Allowed) | Provide your other name used and the period of time you used it [for example: your maiden name, name by a former marriage, former name, alias, or nickname]. 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 | First | Middle | 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)          |              |                                  |    |
|                                                                            | 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<br>Extension Time Day Night Both<br>__Check box if International or DSN phone number | Work telephone number<br>Extension Time Day Night Both<br>__Check box if International or DSN phone number | Mobile/Cell telephone number<br>Extension Time Day Night Both<br>__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

|                                       |                                                                                                                                                                                    |  |                  |            |                                          |              |                  |  |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|------------|------------------------------------------|--------------|------------------|--|
| <b>Branch</b><br>If Yes to "passport" | Provide the following information for the most recent U.S. passport you currently possess:                                                                                         |  |                  |            |                                          |              |                  |  |
|                                       | Provide your U.S. passport number                                                                                                                                                  |  |                  |            | Passport (Free Text)                     |              |                  |  |
|                                       | Click <a href="http://travel.state.gov/passport">HERE</a> for U.S. State Department passport help. <a href="http://travel.state.gov/passport">http://travel.state.gov/passport</a> |  |                  |            |                                          |              |                  |  |
|                                       | Provide the issue date of passport.                                                                                                                                                |  | Date (Estimated) |            | Provide the expiration date of passport. |              | Date (Estimated) |  |
|                                       | 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: ☐ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.

☐ I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country. ☐ I am a naturalized U.S. citizen. ☐ I am a derived U.S. citizen. ☐ I am not a U.S. citizen.

Provide your Mother's Maiden Name Last Name/First Name/ Middle Name/Suffix

|                                                                        |                                                                                                                           |  |  |  |                                                        |             |                  |         |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------|-------------|------------------|---------|
| <b>Branch</b><br><br>Foreign Born to U.S. Parents in a Foreign Country | 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.<br><b>FS 240, DS 1350, FS 545, Other (Provide explanation)</b> |  |  |  |                                                        |             | Explanation      |         |
|                                                                        | Provide document number for U.S. citizen born abroad:                                                                     |  |  |  | Document Number (Free Text)                            |             |                  |         |
|                                                                        | Provide the date the document was issued.                                                                                 |  |  |  | Date ____-____-____ Estimated <input type="checkbox"/> |             |                  |         |
|                                                                        | 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.                                                                              |  |  |  | Date ____-____-____ Estimated <input type="checkbox"/> |             |                  |         |
|                                                                        | 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      |
|                                                                        | You answered that you were born on a U.S. military installation.                                                          |  |  |  |                                                        |             |                  |         |
|                                                                        | Provide the name of the base.                                                                                             |  |  |  |                                                        |             | Name (Free Text) |         |

|                                                             |                                                                                                                                         |                                                                                                                                            |                                                                               |                                                                                                     |                                                            |        |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------|
| <b>Branch</b><br><br>Citizenship Naturalization U.S Citizen | 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.                                                                                              |                                                                                                                                            | Country (Allows for Multiples)                                                |                                                                                                     |                                                            |        |
|                                                             | Do/did you have a U.S. alien registration number?                                                                                       |                                                                                                                                            |                                                                               | YES                                                                                                 | NO                                                         |        |
|                                                             | <b>Branch</b> If Yes                                                                                                                    | Provide your U.S. alien registration number on Certificate of Naturalization-utilize USCIS, CIS, or INS registration number, 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 issued 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"/>                    |                                                                                                     |                                                            |        |
|                                                             | Provide the name in which the Certificate of Naturalization was issued.                                                                 |                                                                                                                                            | Last name:                                                                    | First name:                                                                                         | Middle name:                                               | Suffix |
|                                                             | Provide the basis of naturalization. - Based on my own individual naturalization application, - Other (Provide explanation)             |                                                                                                                                            |                                                                               |                                                                                                     | Explanation                                                |        |
| <b>Branch</b><br><br>Citizenship Derived                    | 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 document was issued Date ____ - ____ - ____ Estimated ____                                                             |                                                                                                                                            |                                                                               |                                                                                                     |                                                            |        |
|                                                             | Provide the basis of derived citizenship. -By operation of law through my U.S. citizen parent. -Other (Provide explanation) Explanation |                                                                                                                                            |                                                                               |                                                                                                     |                                                            |        |
| <b>Branch</b><br><br>Citizenship Not a U.S. citizen         | 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-1551, 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) |                                                                                                     | Explanation                                                |        |
|                                                             | Provide document number:                                                                                                                |                                                                                                                                            | Document Number (Free Text)                                                   |                                                                                                     |                                                            |        |
|                                                             | Provide the name in which the document was issued.                                                                                      |                                                                                                                                            | Last name:                                                                    | First name:                                                                                         | Middle name:                                               | Suffix |
| Provide the date document was issued.                       |                                                                                                                                         | Date ____ - ____ - ____ Estimated <input type="checkbox"/>                                                                                 | Provide document expiration date.                                             |                                                                                                     | Date ____ - ____ - ____ Estimated <input type="checkbox"/> |        |

## Section 10 – Dual/Multiple Citizenship

|                                                                       |                                                                                                                                                                |                                  |                                                                        |                           |                             |    |     |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------|---------------------------|-----------------------------|----|-----|
| Do you now or have you <b>EVER</b> held dual/multiple citizenships?   |                                                                                                                                                                |                                  |                                                                        |                           | YES                         | NO |     |
| <b>Branch</b><br><br>Dual/Multiple Citizenship                        | You answered “Yes” to having <b>EVER</b> 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 you now have or previously had?                                                                                  |                                  |                                                                        |                           | How (Free Text)             |    |     |
|                                                                       |                                                                                                                                                                |                                  |                                                                        |                           |                             |    |     |
|                                                                       |                                                                                                                                                                |                                  |                                                                        |                           |                             |    |     |
|                                                                       | (Multiple Entries Allowed)                                                                                                                                     | <b>Branch</b> If Present/Current | Do you currently hold citizenship with this country?                   |                           |                             |    | YES |
| 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) |                             |    |     |

## Section 11 – Where You Have Lived

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                        |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------------------|
| List the places where you have lived beginning with your present residence and working back <b>5 years</b> . 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                       |                              |                                                                                                                                                 |                               |          |                           |                                                                              |                                                                                       |  |  |  |  |
| <b>Branch</b><br>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 |                               |                              |                                                                                                                                                 |                               |          |                           |                                                                              |                                                                                       |  |  |  |  |
| <b>Branch</b><br>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                                                                                                                                              |                               |          |                           |                                                                              |                                                                                       |  |  |  |  |
|                                                                                        | <b>Branch</b> You have indicated that you have or had an APO/FPO while at this location.                                                                                                                   |                                                                                                                                                                                                            |  |            |                         |                                                                                       |            |                               |                               |                              |                                                                                                                                                 |                               |          |                           |                                                                              |                                                                                       |  |  |  |  |
|                                                                                        | Provide APO/FPO address:                                                                                                                                                                                   |                                                                                                                                                                                                            |  |            |                         | Address                                                                               |            | APO or FPO                    |                               | APO/FPO State Code           |                                                                                                                                                 | Zip Code                      |          |                           |                                                                              |                                                                                       |  |  |  |  |
| <b>Branch</b><br><br>Person Who Knew you<br><br>(if address dates within last 3 years) | Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.                                                                                                       |                                                                                                                                                                                                            |  |            |                         |                                                                                       |            |                               |                               |                              |                                                                                                                                                 |                               |          |                           |                                                                              |                                                                                       |  |  |  |  |
|                                                                                        | Provide the full name:                                                                                                                                                                                     |                                                                                                                                                                                                            |  | Last name: |                         | First name:                                                                           |            | Middle name:                  |                               | Suffix                       |                                                                                                                                                 | Provide date of last contact: |          |                           | Date MM-YYYY_ Estimated <input type="checkbox"/>                             |                                                                                       |  |  |  |  |
|                                                                                        | Provide your relationship to this person (select all that apply)                                                                                                                                           |                                                                                                                                                                                                            |  |            |                         |                                                                                       |            |                               |                               |                              | <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 the following contact information for this person :                                                                                                                                                |                                                                                                                                                                                                            |  |            |                         |                                                                                       |            |                               |                               |                              |                                                                                                                                                 |                               |          |                           |                                                                              |                                                                                       |  |  |  |  |
|                                                                                        | Provide evening phone number for this person:                                                                                                                                                              |                                                                                                                                                                                                            |  |            |                         | Number/Extension<br>__Check box if International or DSN phone number<br>_I don't know |            |                               |                               |                              | Provide daytime phone number for this person:                                                                                                   |                               |          |                           |                                                                              | Number/Extension<br>__Check box if International or DSN phone number<br>_I don't know |  |  |  |  |
|                                                                                        | Provide cell/mobile phone number for this person:                                                                                                                                                          |                                                                                                                                                                                                            |  |            |                         |                                                                                       |            |                               |                               |                              | Number/Extension Time Day Night Both<br>__Check box if International or DSN phone number<br>_I don't know                                       |                               |          |                           |                                                                              |                                                                                       |  |  |  |  |
|                                                                                        | Provide e-mail address for this person:                                                                                                                                                                    |                                                                                                                                                                                                            |  |            |                         |                                                                                       |            |                               |                               |                              | Email (Free Text) _I don't know                                                                                                                 |                               |          |                           |                                                                              |                                                                                       |  |  |  |  |
|                                                                                        | Provide street address for this person (including apartment number).                                                                                                                                       |                                                                                                                                                                                                            |  |            |                         |                                                                                       |            |                               |                               |                              | Street address                                                                                                                                  |                               |          |                           |                                                                              | City                                                                                  |  |  |  |  |
|                                                                                        | Provide Country if outside the United States; otherwise, provide State and Zip Code                                                                                                                        |                                                                                                                                                                                                            |  |            |                         |                                                                                       |            |                               |                               |                              | State                                                                                                                                           |                               | Zip Code |                           | Country                                                                      |                                                                                       |  |  |  |  |
|                                                                                        | <b>Branch</b><br>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 |                              |                                                                                                                                                 |                               |          |                           |                                                                              |                                                                                       |  |  |  |  |
|                                                                                        | <b>Branch</b><br>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                            |          |                           |                                                                              |                                                                                       |  |  |  |  |
| <b>Branch</b> 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 5 years? |                                                                                                                                                                                                                                                                                                                     |  |  |  |  |                                                   |  |                                                                   |  | YES         |                             | NO                                                                              |    |  |                                                       |
| <b>Branch</b><br><br>If Yes to Attending Schools   | Have you received a degree or diploma more than 5 years ago?                                                                                                                                                                                                                                                        |  |  |  |  |                                                   |  |                                                                   |  |             | YES                         |                                                                                 | NO |  |                                                       |
|                                                    | Provide the dates of attendance.                                                                                                                                                                                                                                                                                    |  |  |  |  | From Date (Estimated)                             |  |                                                                   |  |             | To Date (Estimated/Present) |                                                                                 |    |  |                                                       |
|                                                    | Select the most appropriate box 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 <a href="http://ope.ed.gov/accreditation/search.aspx">http://ope.ed.gov/accreditation/search.aspx</a> |  |  |  |  |                                                   |  | Street address                                                    |  |             | City                        |                                                                                 |    |  |                                                       |
|                                                    | Provide 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"/><br>No First Name <input type="checkbox"/> |    |  |                                                       |
|                                                    | Provide current address for this person (including apartment number).                                                                                                                                                                                                                                               |  |  |  |  |                                                   |  | Street                                                            |  |             | City                        |                                                                                 |    |  |                                                       |
|                                                    | Provide Country if outside the United States; otherwise, provide State and Zip Code                                                                                                                                                                                                                                 |  |  |  |  |                                                   |  | State                                                             |  | Zip Code    |                             | Country                                                                         |    |  |                                                       |
|                                                    | Provide telephone number for this person.                                                                                                                                                                                                                                                                           |  |  |  |  |                                                   |  | Number/Extension Both                                             |  |             | Time Day Night              |                                                                                 |    |  |                                                       |
|                                                    |                                                                                                                                                                                                                                                                                                                     |  |  |  |  |                                                   |  | __Check box if International or DSN phone number<br>_I don't know |  |             |                             |                                                                                 |    |  |                                                       |
|                                                    | Provide email address for this person: <input type="checkbox"/> I don't know                                                                                                                                                                                                                                        |  |  |  |  |                                                   |  | Email (Free Text)                                                 |  |             |                             |                                                                                 |    |  |                                                       |
|                                                    | Did you receive a degree/diploma?                                                                                                                                                                                                                                                                                   |  |  |  |  |                                                   |  |                                                                   |  |             | YES                         |                                                                                 | NO |  |                                                       |
| <b>Branch</b><br>If Yes to Receiving Degree        | Provide type of degrees(s)/diploma(s) received and date(s) awarded:                                                                                                                                                                                                                                                 |  |  |  |  |                                                   |  |                                                                   |  |             |                             |                                                                                 |    |  |                                                       |
|                                                    | Degree/diploma                                                                                                                                                                                                                                                                                                      |  |  |  |  | • High School Diploma                             |  |                                                                   |  |             | Other degree/diploma        |                                                                                 |    |  |                                                       |
|                                                    |                                                                                                                                                                                                                                                                                                                     |  |  |  |  | • Associate's • Bachelor's • Master's • Doctorate |  |                                                                   |  |             | Other Degree (Free Text)    |                                                                                 |    |  |                                                       |
|                                                    |                                                                                                                                                                                                                                                                                                                     |  |  |  |  | • Professional Degree (e.g. MD, DVM, JD) • Other  |  |                                                                   |  |             | Month / Year                |                                                                                 |    |  | Date __-__-____<br>Estimated <input type="checkbox"/> |

|  |  |                                                                                                                                              |                              |                           |
|--|--|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|
|  |  | Do you have additional education to enter (include education within the last 5 years, as well as degrees or diplomas more than 5 years ago)? | YES (Yes adds another entry) | NO (Required to validate) |
|--|--|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|

  

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                    |                             |                                                                                                    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------|--------------------------|
| <b>Section 13a – Employment Activities – Employment &amp; Unemployment Record</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                    |                             |                                                                                                    |                          |
| List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 5 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.<br>(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<br><input type="checkbox"/> Other Federal employment <input type="checkbox"/> State Government (Non-Federal employment) <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment<br><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) |                                                                                                    |                          |
| <b>Branch</b><br><br>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<br>___ Check box if International or DSN phone number |                             |                                                                                                    |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Branch</b><br>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       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Branch</b><br>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?                                                                                                                            |                                                                                                    |                             | YES   NO                                                                                           |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                | <b>Branch</b> 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<br>___ Check box if International or DSN phone number |                             |                                                                                                    |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Branch</b><br>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 and Zip Code or Country                                                                      |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Branch</b><br>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?                                                                                                                     |                                                                                                    |                             | YES   NO                                                                                           |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                | <b>Branch</b> if Yes                                                                                                                                                                                                                                     | Provide APO/FPO address:                                                                           | Address                     | APO/FPO                                                                                            | APO/FPO State   Zip Code |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Branch</b><br><br>If Employment Type is Other Federal employment, State Government, Federal Contractor, Non-government employment, or Other | 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<br>___ 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                    | YES   NO                    |                                                                                                    |                          |
| <b>Branch</b><br>Physical Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                | 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 the telephone number                                                                                                                                                                                                                             |                                                                                                    |                             | Number/Extension   Time   Day   Night   Both<br>___ Check box if International or DSN phone number |                          |
| <b>Branch</b><br>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       |
| <b>Branch</b><br>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?                                                                                                                            |                                                                                                    |                             | YES   NO                                                                                           |                          |

|                                                                                              |                                                                                                                                      |                                                                                                                                                                                                                                                                     |                                                                                           |                                                                                           |                                                                                              |                                                                                              |                               |          |         |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------|----------|---------|
|                                                                                              | 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<br>Both<br>__ 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 and Zip Code or 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? |                                                                                                                                                                                                                                                                     |                                                                                           |                                                                                           |                                                                                              | YES                                                                                          | NO                            |          |         |
|                                                                                              | Branch if Yes                                                                                                                        | Provide APO/FPO address:                                                                                                                                                                                                                                            | Address                                                                                   | APO/FPO                                                                                   | APO/FPO State                                                                                | Zip Code                                                                                     |                               |          |         |
| Branch<br><br>If Employment Type is Self-Employment                                          | 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<br>Both<br>__ Check box if International or DSN phone number |                               |          |         |
|                                                                                              | Is your physical work address different than your employment address?                                                                |                                                                                                                                                                                                                                                                     |                                                                                           |                                                                                           |                                                                                              |                                                                                              |                               | YES      | NO      |
|                                                                                              | Branch Physical Location                                                                                                             | 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/Extension Time Day Night<br>Both<br>__ 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?                                                                                                                                       |                                                                                           |                                                                                           |                                                                                              |                                                                                              | YES                           | NO       |         |
|                                                                                              |                                                                                                                                      | 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                                                                                         |                                                                                              | First                         |          |         |
|                                                                                              | 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<br>__ 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<br><br>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<br>__ 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                                                                                       |                                                                                                                                      | You have indicated an address outside of the United States. Does your unemployment verifier                                                                                                                                                                         |                                                                                           |                                                                                           |                                                                                              |                                                                                              | YES                           | NO       |         |

|                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                                                                             |                                                                                                 |                           |                              |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------|------------------------------|---------------------------|
| <b>Branch</b><br><br>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 | Verifier APO/FPO Address                                                                                                                  | have an APO/FPO address?                                                                                                                                                                                                                                                                                    |                                                                                                 |                           |                              |                           |
|                                                                                                                                                                                                                                              | <b>Branch</b><br><br>If Fired, Quit, Left by Mutual Agreement, or Left After Unsatisfactory Performance<br><br>(Multiple Entries Allowed) | <b>Branch</b> if Yes<br>Provide APO/FPO address for this person:<br>APO/FPO State                                                                                                                                                                                                                           | Address                                                                                         |                           | APO/FPO                      |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                           | Provide the reason for leaving the employment activity.                                                                                                                                                                                                                                                     |                                                                                                 |                           | Zip Code                     |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                           | For this employment have any of the following happened to you <b>in the last five (5) years</b> ?<br>• 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 |                                                                                                 |                           | YES                          | NO                        |
|                                                                                                                                                                                                                                              |                                                                                                                                           | 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>                                             |                                                                                                 |                           |                              |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                           | <b>Branch</b> If Fired                                                                                                                                                                                                                                                                                      | Provide the reason for being fired.                                                             | Reason (Free Text)        |                              |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                                                                             | Provide the date you were fired.                                                                | Date (Estimated)          |                              |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                           | <b>Branch</b> If Quit                                                                                                                                                                                                                                                                                       | Provide the reason for quitting.                                                                | Reason (Free Text)        |                              |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                                                                             | Provide the date you quit after being told you would be fired.                                  | Date (Estimated)          |                              |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                           | <b>Branch</b> 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)          |                              |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                           | <b>Branch</b> 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)          |                              |                           |
|                                                                                                                                                                                                                                              |                                                                                                                                           | <b>In the last five (5) years</b> do you have another reason for leaving to report for this employment?                                                                                                                                                                                                     |                                                                                                 |                           | YES (Yes adds another entry) | NO (Required to validate) |
|                                                                                                                                                                                                                                              |                                                                                                                                           | For this employment, <b>in the last five (5) years</b> 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                        |
| <b>Branch</b> 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 Record

|                                                                                                                                                                                                                                                                                                                                                |  |  |                     |                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------|---------------------------------------------------|
| Have any of the following happened to you <b>in the last five (5) years</b> 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?<br>• Left a job by mutual agreement following notice of unsatisfactory performance?<br>• 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     |
| <b>Branch</b><br><br>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                    | YES NO |
|                                                           | <b>Branch</b> If Yes                                         | The Selective Service website, <a href="http://www.sss.gov">www.sss.gov</a> , 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) |        |
|                                                           | <b>Branch</b> If No                                          | You responded 'No' to having registered with the Selective Service System (SSS)                                                                                                                                           |                                 |        |
|                                                           |                                                              | Provide explanation                                                                                                                                                                                                       | Explanation (Free Text)         |        |
|                                                           | <b>Branch</b> If I Don't Know                                | You responded 'I don't know' to having registered with the Selective Service System (SSS)                                                                                                                                 |                                 |        |
|                                                           | Provide explanation                                          | Explanation (Free Text)                                                                                                                                                                                                   |                                 |        |

### Section 15 – Military History

|                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                         |                                                                                                                                          |                                         |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----|
| Have you <b>EVER</b> served in the U.S. Military?                                                                                                                                          |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                         | YES                                                                                                                                      | NO                                      |    |
| <b>Branch</b><br><br>If Yes to Serving in the U.S. Military<br><br>(Multiple Entries Allowed)                                                                                              | You responded 'Yes' to having served in the U.S. Military:                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                         |                                                                                                                                          |                                         |    |
|                                                                                                                                                                                            | Provide the branch of service you served in:<br><input type="checkbox"/> Army <input type="checkbox"/> Army National Guard<br><input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Air National Guard<br><input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard | State of service, if National Guard<br>Provide your status<br><input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve<br><input type="checkbox"/> Inactive Reserve                                                                                                                 | Officer or enlisted:<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Officer<br><input type="checkbox"/> Enlisted | Provide your service number (Free Text) |    |
|                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                         |                                                                                                                                          | 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 |
|                                                                                                                                                                                            | <b>Branch</b> 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)                                                                                                                         |                                         |    |
|                                                                                                                                                                                            | <b>Branch</b> 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)               |    |
| <b>In the last 5 years</b> , 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, |                                                                                                                                                                                                                                                                                                                          | YES                                                                                                                                                                                                                                                                                                     | NO                                                                                                                                       |                                         |    |

|                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                         |  |                             |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|-----------------------------|----|
|                                                                                                                                                                                              |                                         | Article 135 Court of Inquiry, etc?                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                         |  |                             |    |
| <b>Branch</b>                                                                                                                                                                                | 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 5 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 5 years do you have an additional instance of military discipline to report?                                                                                                                                                                                                                                                                                                                                                       |  | YES (Yes adds another entry)            |  | NO (Required to validate)   |    |
| Have you <b>EVER</b> 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 |
| <b>Branch</b>                                                                                                                                                                                | If Yes to Serving in a Foreign Military | You responded 'Yes' to having <b>EVER</b> 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 have an additional foreign military service to report?                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | YES (Yes adds another entry)            |  | NO (Required to validate)   |    |

## Section 16 – 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 five (5) 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 five (5) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- **In the last 7 five (5) 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 7 five (5) 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 |
|-----|----|

|                                                                                                                                               |                               |                                        |                                                                                                                                                                                                                                                                                                                          |                             |                                                                                                                                                                                    |  |                                                              |  |                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|-------------------------------|--|
| <b>Branch</b>                                                                                                                                 | If Yes to the Above Happening | <b>(Multiple Entries Allowed)</b>      |                                                                                                                                                                                                                                                                                                                          |                             |                                                                                                                                                                                    |  |                                                              |  |                               |  |
|                                                                                                                                               |                               |                                        | Provide the date of offense.                                                                                                                                                                                                                                                                                             |                             | Date (Estimated)                                                                                                                                                                   |  | Provide a description of the specific nature of the offense. |  | Description (Free Text)       |  |
|                                                                                                                                               |                               |                                        | 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?                                                                                                                             |                             |                                                                                                                                                                                    |  | YES                                                          |  | NO                            |  |
|                                                                                                                                               |                               |                                        | <b>Branch</b>                                                                                                                                                                                                                                                                                                            |                             | 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, County                              |  | 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?                                                                                                                                                               |                             |                                                                                                                                                                                    |  | YES                                                          |  | NO                            |  |
|                                                                                                                                               |                               |                                        | <b>Branch - If No to Charged or Convicted</b>                                                                                                                                                                                                                                                                            |                             | 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)                                      |  |                               |  |
|                                                                                                                                               |                               |                                        | 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                                                                                                                                                                                                                                                                                                       |                             | Felony, Misdemeanor, Other                                                                                                                                                         |  | Charge                                                       |  | Charge (Free Text)            |  |
|                                                                                                                                               |                               |                                        | Outcome                                                                                                                                                                                                                                                                                                                  |                             | Outcome (Free Text)                                                                                                                                                                |  | Date (Month/Year)                                            |  | Date (Est.)                   |  |
|                                                                                                                                               |                               |                                        | Were you sentenced as a result of this offense?                                                                                                                                                                                                                                                                          |                             |                                                                                                                                                                                    |  | YES                                                          |  | NO                            |  |
|                                                                                                                                               |                               |                                        | <b>Branch</b>                                                                                                                                                                                                                                                                                                            |                             | Conviction detail                                                                                                                                                                  |  |                                                              |  |                               |  |
| If Yes to Being Sentenced                                                                                                                     |                               | Provide a description of the sentence. |                                                                                                                                                                                                                                                                                                                          |                             |                                                                                                                                                                                    |  |                                                              |  |                               |  |
| 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                                                                                    |                               |                                        |                                                                                                                                                                                                                                                                                                                          | From Date (Estimated)       |                                                                                                                                                                                    |  |                                                              |  |                               |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                               |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------|------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | dates of probation or parole. (Not Applicable <input type="checkbox"/> ) |                                                                                                                                                                                                                                                                                                                                                                                                                                  | To Date (Estimated/Present)                                           |                               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Branch</b><br>If No to<br>Being<br>Sentenced                                                                                                                                                                                                                                                                                                                                               | 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 where any of the following has happened to you?<br>• <b>In the last five (5) years</b> 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)<br>• <b>In the last five (5) years</b> have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?<br>• <b>In the last five (5) years</b> 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.)<br>• <b>In the last five (5) years</b> have you been or are you currently on probation or parole?<br>• Are you currently on trial or awaiting a trial on criminal charges? |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | YES<br>(Yes adds another entry)                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  | NO<br>(Required to validate)                                          |                               |                  |
| Is there currently a domestic violence protective order or restraining order issued against you?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | YES                           | NO               |
| <b>Branch</b><br>If Yes to<br>Domestic<br>Violence<br>(Multiple<br>Entries<br>Allowed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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<br>(Yes adds another entry)                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | NO<br>(Required to validate)  |                  |
| <b>Section 17 – Illegal Use of Drugs and Drug Activity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                               |                  |
| 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. This particular section applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity not in accordance with Federal laws, even if permissible under state laws.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                               |                  |
| <b>In the last year</b> 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               |
| <b>Branch</b><br>If Yes to<br>Illegally Using<br>Drugs or<br>Controlled<br>Substances<br><br>(Multiple<br>Entries<br>Allowed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | You answered 'Yes' to <b>in the last year</b> 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.)<br><input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)<br><input type="checkbox"/> Ketamine (Such as special K, jet, etc.)<br><input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)<br><input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |                                                                                                            |                                                                          | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)<br><input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)<br><input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)<br><input type="checkbox"/> Steroids (Such as the clear, juice, etc.)<br><input type="checkbox"/> Other (Provide explanation):           |                                                                       |                               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Do you have an additional instance(s) of illegal use of a drug or controlled substance to enter?                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                          | YES<br>(Yes adds another entry)                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | NO<br>(Required to validate)  |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>In the last year</b> , have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?                                                                                                                                                                             |                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                               |                  |
| <b>Branch</b><br>If Yes to<br>Illegal Drug<br>Activity<br><br>(Multiple<br>Entries<br>Allowed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | You answered 'Yes' to <b>in the last year</b> 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.                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)<br><input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)<br><input type="checkbox"/> Ketamine (Such as special K, jet, etc.)<br><input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)<br><input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |                                                                                                            |                                                                          | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)<br><input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)<br><input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)<br><input type="checkbox"/> Steroids (Such as the clear, juice, etc.)<br><input type="checkbox"/> Other (Provide explanation free text): |                                                                       |                               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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)                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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<br>(Yes adds another entry)                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | NO<br>(Required to validate)  |                  |
| <b>In the last year</b> 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               |
| <b>Branch</b><br>If Yes to<br>Misuse of<br>Prescription<br>Drugs<br><br>(Multiple<br>Entries<br>Allowed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | You responded 'Yes' to <b>in the last year</b> 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)                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Do you have an additional instance(s) of intentionally engaging in the misuse of prescription drugs <b>in the last year</b> to enter?                                                                                                                                                                                                                                                         |                                                                                                            |                                                                          | YES<br>(Yes adds another entry)                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | NO<br>(Required to validate)  |                  |
| <b>In the last year</b> have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | YES                           | NO               |

|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                      |                                                                           |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------|
| <b>Branch</b><br>If Yes to Being Ordered Treatment for the Misuse of Drugs<br><br>(Multiple Entries Allowed)                                            | You responded 'Yes' to having <b>in the last year</b> , 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? (Select all that apply)<br><input type="checkbox"/> An employer, military commander, or employee assistance program <input type="checkbox"/> A medical professional<br><input type="checkbox"/> A mental health professional <input type="checkbox"/> A court official / judge<br><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                                                                        |                               |
|                                                                                                                                                         | <b>Branch</b> If No to Action Taken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | You have indicated that you did not receive treatment. Provide explanation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | Explanation (Free Text)                                              |                                                                           |                               |
|                                                                                                                                                         | <b>Branch</b> If Yes to Action Taken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Provide the type of drug or controlled substance for which you were treated.<br><input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)<br><input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)<br><input type="checkbox"/> Ketamine (Such as special K, jet, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)<br><input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)<br><input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)<br><input type="checkbox"/> Other (Provide explanation): |                                                                     |                                                                      |                                                                           |                               |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Explanation (Free Text)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Provide the name of the treatment provider. (Last name, First name) |                                                                      | Name (Last name, First name)                                              |                               |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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/Ext. 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                            |
| <b>Branch</b> 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<br>(Yes adds another entry)                                     | NO<br>(Required to validate)                                         |                                                                           |                               |
| <b>In the last year</b> have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?      YES      NO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                      |                                                                           |                               |
| <b>Branch</b><br>If Yes to Voluntarily Seeking Treatment for the Misuse of Drugs<br><br>(Multiple Entries Allowed)                                      | Voluntary treatment detail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                      |                                                                           |                               |
|                                                                                                                                                         | Provide the type of drug or controlled substance for which you were treated.<br><input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)<br><input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)<br><input type="checkbox"/> Ketamine (Such as special K, jet, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)<br><input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.)<br><input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) <input type="checkbox"/> Other (Provide 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                                                                        |                               |
|                                                                                                                                                         | <b>Branch</b> 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 voluntarily seeking counseling or treatment as a result of your use of a drug or controlled substance in the last year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | YES<br>(Yes adds another entry)                                      | NO<br>(Required to validate)                                              |                               |

|                                                                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                  |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|------------------|--|
| <b>Section 18 – Investigations and Clearance Record</b>                                                                                                |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                  |                  |  |
| Has the U.S. Government (or a foreign government) <b>EVER</b> investigated your background and/or granted you a security clearance eligibility/access? |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | YES              | NO               |  |
| <b>Branch</b><br>If Yes to Having Ever Been Investigated<br><br>(Multiple Entries Allowed)                                                             | 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. Department of State<br><input type="checkbox"/> U.S. Office of Personnel Management <input type="checkbox"/> Federal Bureau of Investigation<br><input type="checkbox"/> U.S. Department of Treasury (Provide name of bureau)<br><input type="checkbox"/> U.S. Department of Homeland Security<br><input type="checkbox"/> Foreign government (Provide name of government) <input type="checkbox"/> I don't know<br><input type="checkbox"/> Other (Provide explanation) |  |                  |                  |  |
|                                                                                                                                                        | Explanation or name of government or bureau. (Free Text)                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                  |                  |  |
|                                                                                                                                                        | Date the investigation was completed. <input type="checkbox"/> I don't know                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Date (Estimated) |                  |  |
|                                                                                                                                                        | Was a clearance eligibility/access granted?    Yes    No                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                  |                  |  |
|                                                                                                                                                        | If yes, to having clearance eligibility/access granted<br>(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) |  |



|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                    |  |                                |                                 |                                 |                              |                              |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|---------------------------------|---------------------------------|------------------------------|------------------------------|----|
| Member of a Terrorist Organization<br><br>(Multiple Entries Allowed)                                                                                                                                                                                                                                          | 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.                                                                                                                                                                                                                                     |  |                                |                                 | 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<br>(Yes adds another entry) | NO<br>(Required to validate) |                              |    |
| Have you <b>EVER</b> knowingly engaged in any acts of terrorism?                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |  |                                |                                 |                                 |                              | YES                          | NO |
| Branch If Yes Engaging in Terrorism<br>(Multiple Entries Allowed)                                                                                                                                                                                                                                             | You responded 'Yes' to <b>EVER</b> 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<br>(Yes adds another entry) |                                 | NO<br>(Required to validate) |                              |    |
| Have you <b>EVER</b> advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                    |  |                                |                                 |                                 |                              | YES                          | NO |
| Branch If Yes to Advocating<br>(Multiple Entries Allowed)                                                                                                                                                                                                                                                     | You responded 'Yes' to having <b>EVER</b> 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<br>(Yes adds another entry) |                                 | NO<br>(Required to validate) |                              |    |
| Have you <b>EVER</b> been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? |                                                                                                                                                                                                                                                                                                                                    |  |                                |                                 |                                 |                              | YES                          | NO |
| Branch If Yes to being Member of Organization Using Violence to Overthrow the U.S. Govt.<br>(Multiple Entries Allowed)                                                                                                                                                                                        | You responded 'Yes' to having <b>EVER</b> been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities. |  |                                |                                 |                                 |                              |                              |    |
|                                                                                                                                                                                                                                                                                                               | 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<br>(Yes adds another entry) |                              | NO<br>(Required to validate) |    |
| Have you <b>EVER</b> 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<br>(Multiple Entries Allowed)                                                                                                                                                                                                                  | You responded 'Yes' to being or <b>EVER</b> 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<br>(Yes adds another entry) |                              | NO<br>(Required to validate) |    |
| Have you <b>EVER</b> knowingly engaged in activities designed to overthrow the U.S. Government by force?                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                    |  |                                |                                 |                                 |                              | YES                          | NO |
| Branch If Yes to Activities to Overthrow<br>(Multiple Entries Allowed)                                                                                                                                                                                                                                        | You responded 'Yes' to having <b>EVER</b> 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<br>(Yes adds another entry) |                                 | NO<br>(Required to validate) |                              |    |
| Have you <b>EVER</b> associated with anyone involved in activities to further terrorism?                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                    |  |                                |                                 |                                 |                              | YES                          | NO |
| 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 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, or falsifying information may have a negative effect on my employment prospects, or job status, or my removal and debarment from Federal service.

Signature (*Sign in ink*)

Date (*mm/dd/yyyy*)

Standard Form 85  
Revised  
U.S. Office of Personnel Management  
5 CFR Parts 731 and 736  
OMB No. 3206-0261

**QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS  
UNITED STATES OF AMERICA  
AUTHORIZATION FOR RELEASE OF INFORMATION**

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

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities, conduct, and character from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability or eligibility for a non-sensitive position and/or for physical or logical access to federal facilities and information systems.

**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 release 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, 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 suitability or eligibility for appointment to, or retention in, a non-sensitive position, in accordance with 5 U.S.C. 9101 or my eligibility for logical or physical access. 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 85, and that it may be disclosed by the Government only as authorized by law.

**I Authorize** the information to be used to conduct officially sanctioned and approved suitability-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization is valid for five (5) years from the date signed or upon the 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                 |                         |                                            | Date of birth | Social Security Number            |
| Current street address Apt. #    | City ( <i>Country</i> ) | State                                      | ZIP Code      | Telephone number                  |

Standard Form 85  
Revised  
U.S. Office of Personnel Management  
5 CFR Parts 731 and 736  
OMB No. 3206-0261

**SF 85 QUESTIONNAIRE FOR NON-SENSITIVE 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**

Depending on circumstances within your background, the Federal government may require 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) for positions designated as low risk, non-sensitive, and for physical and logical access. 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) for positions designated as low risk, non-sensitive, and for physical and logical access to request, and any consumer reporting agency to provide, such reports for the purposes described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a non-sensitive position.

|            |                        |
|------------|------------------------|
| Print name | Social Security Number |
|------------|------------------------|

Draft version 9

|                                  |                            |
|----------------------------------|----------------------------|
| Signature ( <i>Sign in ink</i> ) | Date ( <i>mm/dd/yyyy</i> ) |
|----------------------------------|----------------------------|