



# WHITE HOUSE COMMUNICATIONS AGENCY SECURITY SCREENING QUESTIONNAIRE (SSQ)

Code: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Initials

Current Clearance: Secret  TS  Clearance Date: \_\_\_\_\_ Projected Investigation: SSBI  PR

**PRIVACY ACT STATEMENT:** The Authority for collecting the requested information resides in Executive Orders 10450 (Security requirements for Government employment), 11652 (Classification and declassification of national security information and material) & 9397 (Federal Agency Use of Social Security Numbers). The information is used in making security determinations, granting access to classified/PSD protected information and for making personnel management decisions. Routine uses include determining the scope and coverage of a personnel security investigation, checking investigative leads assuring completeness of the investigation, and providing evaluators and/or adjudicators with basic personal history information relevant to security/suitability and are referenced in the SORN. Information may be disclosed to and maintained by Government agencies and administrative personnel involved in processing security actions that evolve during the course of these determinations. When populated with data, this questionnaire becomes PII and must be encrypted prior to transmittal. The personal data collection will be transferred into an approved system of record, under an Authority to Operate, granted on 10 Jul 09, under federal register chronicle 78 FR 70543, 26 Nov 13, 79 FR 34299, 16 Jun 14 and maintained for up to 75 years. The SORN allowing this collection can be found at: <http://dpcl.dod.mil/Privacy/SORNsIndex/DOD-Component-Article-View/Article/570748/kwhc08/>.

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ DATE OF BIRTH: (Month Day Year): \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ MOS/AFSC/RATE: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ RANK/PAY GRADE: \_\_\_\_\_ / \_\_\_\_\_

DELAYED ENTRY DATE: \_\_\_\_\_ (Month Day Year) BASIC ACTIVE SERVICE DATE: \_\_\_\_\_ (Month Day Year)

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE# HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ FAX: \_\_\_\_\_

OFFICIAL E-MAIL ADDRESS: \_\_\_\_\_

Have you ever applied for an assignment or been assigned to the White House Communications Agency in the past? YES \_\_\_ NO \_\_\_

**GENERAL INFORMATION CONCERNING THIS PACKAGE:** Completion of this questionnaire represents a security screening by representatives of the WHCA Security Office. **Please NOTE: This questionnaire covers LIFE, not simply the last 5 to 10 years of your history.** If favorably reviewed and you become selected for a WHCA position, additional security screening may follow, including a detailed single scope background investigation (SSBI) conducted by the Defense Counterintelligence and Security Agency (DCSA) or Office of Personnel Management (OPM). This investigation encompasses extensive checks with appropriate law enforcement agencies, credit and financial institutions, schoolteachers and administrators, friends, neighbors, employers and other persons who know and are willing to provide information about you. Upon completion of all screening and investigations, a determination will be made concerning your eligibility for Presidential Support Duty (PSD). **BE ADVISED**, falsification of this questionnaire may result in denial of PSD, denial or revocation of a security clearance or access to sensitive information, or possible separation from the military service. **DISREGARD ANY ADVICE YOU MAY HAVE RECEIVED CONCERNING THE WITHHOLDING OF INFORMATION.** It is in your best interest to complete all questions honestly and accurately by selecting the appropriate "YES" or "NO" response. For any "YES" answer, briefly explain your answer on the last page.

**DISCLOSURE:** Voluntary; however, if WHCA does not receive this information, the member will not be considered for Presidential Support Duty.

Please see the Agency Disclosure Notice at the bottom of page 5.

**(Applicant's Signature and Date)**

CONTROLLED UNCLASSIFIED INFORMATION  
(WHEN FILLED IN)

## WHCA SECURITY SCREENING QUESTIONNAIRE (SSQ)

**The SSQ covers LIFE (NOT simply the last 5 – 10 years)**

**(Answering “YES” to any question(s) must be explained in the REMARKS section found at the end of this questionnaire)**

<b>Loyalty and Character</b>	<b>Yes</b>	<b>No</b>
1. Have you ever committed or attempted to commit sabotage, subversion, espionage, treason, terrorism, or sedition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever knowingly established an association with a spy, terrorist, traitor, espionage agent, or representative of a foreign nation whose views or beliefs are contrary to the interests of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you (or persons associated with you) ever advocated the use of force or violence to overthrow the Government of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever expressed ( <b><i>verbally or in writing</i></b> ) a preference or allegiance to another country?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever publicly (in person or via social media) expressed discontent for the United States Government or President?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foreign Relationships, Travel, Assets, Associations and Relatives</b>	<b>Yes</b>	<b>No</b>
6. Do you have parent(s), brother(s), sister(s), spouse, children, or close friends residing outside of the United States (U.S. Military assignments not included)	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have immediate family members who are citizens of another country, or do you maintain a close personal relationship with a citizen of another country ( <b><i>i.e., cohabitate with, date, routinely communicate with, etc?</i></b> )	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you made any personal/unofficial foreign travel? Did you develop and lasting relationships (continued contact via telephone, email, social networks)? Please list all personal foreign travel to include length and purpose.	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you own (fully or partially) any asset(s) in a foreign country (property, bank accounts, investments, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Falsification of Information</b>	<b>Yes</b>	<b>No</b>
10. Have you ever mistakenly or deliberately misrepresented, falsified, or omitted significant information from a Personnel Security Questionnaire, a personnel qualifications statement, a personnel security interview, or official correspondence, including your enlistment into the Military?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security Violations</b>	<b>Yes</b>	<b>No</b>
11. Have you ever failed to protect or safeguard classified or cryptographic information or material?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been counseled or charged ( <b><i>verbally or written</i></b> ) with violating a security regulation or security procedure?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever disclosed classified information to a person unauthorized to receive such information?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been counseled or charged (verbally or written) with violating COMSEC procedures or IT policy?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emotional and Mental Disorders</b>	<b>Yes</b>	<b>No</b>
15. Do you have an illness or mental health condition of a nature which, in the opinion of a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist, causes, or may cause, a defect in judgment or reliability?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been counseled in the past for mental, marital, emotional, stress, behavioral, or performance related problems?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Undesirable Character Traits</b>	<b>Yes</b>	<b>No</b>
17. If we were to interview friends, family, supervisors, or co-workers, would any of them accuse you of engaging in any unusual conduct or behavior which would show that you are not honest, reliable, or trustworthy?	<input type="checkbox"/>	<input type="checkbox"/>
18. Would anyone we interview in reference to your security clearance tell us you may be subject to pressure, coercion, exploitation, or duress which may cause you to act contrary to the best interests of national security? Such conduct or circumstances may include: criminal behavior, a pattern of financial irresponsibility, blackmail, or violations of any military of government regulations.	<input type="checkbox"/>	<input type="checkbox"/>
19. If we were to interview friends, family, former spouses, supervisors, or co-workers, would any of them say you have displayed poor judgment, you were unreliable, or that you are untrustworthy?	<input type="checkbox"/>	<input type="checkbox"/>

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20. Have you ever been counseled by supervisors or co-workers for poor work performance or received unfavorable actions based on an unsatisfactory efficiency report?	<input type="checkbox"/>	<input type="checkbox"/>																		
21. Have you ever been forced to resign or asked to resign in lieu of termination?	<input type="checkbox"/>	<input type="checkbox"/>																		
22. Would a check of your employment history have any derogatory comments from supervisors or coworkers?	<input type="checkbox"/>	<input type="checkbox"/>																		
<b>Financial Irresponsibility</b>	<b>Yes</b>	<b>No</b>																		
23. Do you currently have financial difficulties or problems meeting your financial obligations?	<input type="checkbox"/>	<input type="checkbox"/>																		
24. Have you ever defaulted on a loan or had a debt turned over to a credit collection agency?	<input type="checkbox"/>	<input type="checkbox"/>																		
25. Would a credit search of your records reveal late payments or financial difficulties ( <b>such as but not limited to bankruptcy, foreclosure, repossession, etc.</b> )?	<input type="checkbox"/>	<input type="checkbox"/>																		
26. Have you ever failed to file your taxes? Have you ever been notified by the IRS in regards to failing to file your taxes?	<input type="checkbox"/>	<input type="checkbox"/>																		
27. Have you ever been charged, informally or formally, about misuse of a Government or Corporate Credit Card?	<input type="checkbox"/>	<input type="checkbox"/>																		
<b>Moral Conduct</b>	<b>Yes</b>	<b>No</b>																		
28. Have you ever been involved in or suspected/accused of child molesting, adultery, rape, indecent exposure, child/spouse abuse, prostitution, sexual harassment or group sex?	<input type="checkbox"/>	<input type="checkbox"/>																		
29. Have you participated in any conduct that could cause embarrassment to you or your family, or which could cause you to be blackmailed if such conduct were uncovered?	<input type="checkbox"/>	<input type="checkbox"/>																		
30. Have the police ever come to your home or interviewed you for any reason?	<input type="checkbox"/>	<input type="checkbox"/>																		
<b>Record of Law Violation</b>	<b>Yes</b>	<b>No</b>																		
31. Have you ever been suspected of, accused, charged, placed on probation ( <i>to include academic probation</i> ) or prosecuted with any law violation*, including, but not limited to:	<input type="checkbox"/>	<input type="checkbox"/>																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Writing bad checks</td> <td>Vandalism</td> </tr> <tr> <td>Failure to pay alimony or child support</td> <td>Disturbing the peace</td> </tr> <tr> <td>Shoplifting or theft</td> <td>Traffic violations</td> </tr> <tr> <td>Disorderly conduct</td> <td>Vagrancy</td> </tr> <tr> <td>Malicious mischief</td> <td>Trespassing or hunting violation</td> </tr> <tr> <td>Breaking and entering</td> <td>Misuse of identification</td> </tr> <tr> <td>Drinking underage</td> <td>Illegal possession of weapon</td> </tr> <tr> <td>Curfew violation</td> <td>Contributing to delinquency of minor</td> </tr> <tr> <td>Any Misdemeanor or felony</td> <td>Convicted of a courts-martial or UCMJ offense</td> </tr> </table>			Writing bad checks	Vandalism	Failure to pay alimony or child support	Disturbing the peace	Shoplifting or theft	Traffic violations	Disorderly conduct	Vagrancy	Malicious mischief	Trespassing or hunting violation	Breaking and entering	Misuse of identification	Drinking underage	Illegal possession of weapon	Curfew violation	Contributing to delinquency of minor	Any Misdemeanor or felony	Convicted of a courts-martial or UCMJ offense
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*** Any YES answers must be fully explained in the Remarks section***																				
<b>Alcohol Usage and Abuse</b>	<b>Yes</b>	<b>No</b>																		
32. Do you drink alcoholic beverages? If you answer YES, check one choice from each column to reflect your frequency of alcohol use:	<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/> 1 - 3 drinks																				
<input type="checkbox"/> 4 - 6 drinks																				
<input type="checkbox"/> 7 - 11 drinks																				
<input type="checkbox"/> 12 + drinks																				
<input type="checkbox"/> Daily																				
<input type="checkbox"/> Every other day																				
<input type="checkbox"/> Three times weekly																				
<input type="checkbox"/> Weekly																				
<input type="checkbox"/> Twice monthly																				
<input type="checkbox"/> Monthly																				
33. Have you been or are you a user of alcohol habitually to excess or have you been diagnosed by a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist as alcohol dependent or as suffering from alcohol abuse.	<input type="checkbox"/>	<input type="checkbox"/>																		
34. Have you ever been formally or informally counseled concerning your drinking habits?	<input type="checkbox"/>	<input type="checkbox"/>																		
35. Have you ever been involuntarily referred to an alcohol treatment program?	<input type="checkbox"/>	<input type="checkbox"/>																		
36. Have you ever lost consciousness or could not recall your actions after drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>																		
37. Have you ever been cited, charged, accused, or prosecuted for DUI or DWI?	<input type="checkbox"/>	<input type="checkbox"/>																		
38. Have you ever had a charge of DUI or DWI downgraded to a lesser charge?	<input type="checkbox"/>	<input type="checkbox"/>																		
39. Have you ever been cited, detained, arrested, or charged with a crime involving alcohol?	<input type="checkbox"/>	<input type="checkbox"/>																		

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<b>Illegal Drugs and Drug Abuse</b>	<b>Yes</b>	<b>No</b>
<p>40. Have you ever used or experimented with, even one time, an illegal drug (except as prescribed or administered by a physician licensed to dispense drugs in the practice of medicine, or as otherwise authorized by law) such as but not limited to:</p> <p style="padding-left: 40px;">Cannabis (marijuana, tetrahydrocannabinol (THC), hashish)                      Cocaine (crack, opium)                      Depressants (barbiturates, methaqualone)                      Hallucinogens (ecstasy, LSD, mescaline)                      Narcotics (heroin, morphine, opium)</p> <p>*** Fully explain all illegal drug use to include years of use, frequency, duration, and reason for use***</p>	<input type="checkbox"/>	<input type="checkbox"/>
41. Have you ever abused or misused prescribed or over the counter medication?	<input type="checkbox"/>	<input type="checkbox"/>
42. Have you ever taken another person's prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>
43. Have you ever been trafficked, transferred, possessed, produced, or sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU ANSWERED ALL THE PREVIOUS QUESTIONS HONESTLY? (INITIAL THE CORRECT RESPONSE)  
 YES  NO

READ AND SIGN BELOW:

I certify that I have read and understand the advisement statements listed on the cover page of this packet, and that the answers on this packet are true, complete and correct to the best of my knowledge, memory and belief. I understand that willfully making false statements or omissions of pertinent information may result in my not receiving a security clearance, Sensitive Compartmented Information access, or approval for Presidential Support Duty and further that such actions may result in punishment under the UCMJ and/or separation from military service.

I further understand full disclosure is required until I am removed from WHCA and that I am obligated to inform WHCA Security of any substantial changes which occur after this security screening.

\*\*\*CREDIT CHECK AUTHORIZATION\*\*\*: I hereby authorize the Security representatives for WHCA to obtain my credit information for the purpose of determining my eligibility for Presidential Support Duty.  (Initial)

\_\_\_\_\_  
Printed Full Name (Last, First, MI)   
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
STOP FOR INTERVIEWER USE ONLY STOP

I certify that the interview conducted on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Location)  
was conducted in a fair and impartial manner. Applicant was given ample opportunity to explain any issues that were disclosed. The interview notes and credit report are attached.  (initials).

\_\_\_\_\_  
Printed Name of Interviewer   
Signature of Interviewer

*The public reporting burden for this collection of information, 0704-0507, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.*

**REMARKS:** Use this page if you need additional space to explain your "YES" answers.

Question No.	Remarks
	<p><i>Who, What, When, Where, Why, How. Limit remarks to pertinent information and be sure to provide a date (<b>month and year</b>) for when the incident occurred.</i></p>