Part A - Mandatory for All Positions

Introduction

All questions on this form must be answered completely and truthfully in order for the United States (U.S.) Government to make trust determinations described below on a complete record.

AUTHORITY TO REQUEST THIS INFORMATION

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under

- Executive Orders 9397, as amended, 10577 and 10865, 12333, and 12968, 13467, 13488, as amended; and

- Sections 3301, 3302, 7301, 9101, and 11001 of title 5, United States Code (U.S.C.);
- Sections 272b, 290a, and 2519 of title 22, U.S.C.;
- Section 1537 of title 31, U.S.C.;
- Sections 1874, 2165 and 2201 of title 42, U.S.C.;
- Section 803 of Chapter 23 of title 50, U.S.C.;
- Section 20132 of title 51, U.S.C;
- Section 925 of Public Law 115-91;
- Parts 2, 5, 6, 731, 736, and 1400 of title 5, Code of Federal Regulations (CFR); and,
- Homeland Security Presidential Directive-12 (HSPD-12).

PURPOSE OF THIS FORM

This personnel vetting form will be used by the U.S. Government in conducting personnel vetting investigations for persons under consideration for, or retention in low risk, public trust, or national security positions as defined in 5 CFR 731 and 5 CFR 1400, as well as for individuals requiring eligibility for access to classified information under Executive Order 12968, as amended. This form may also be used by agencies in determining whether an individual performing work for, or on behalf of, the U.S. Government under a contract should be deemed fit to perform the duties and eligible for logical or physical access when duties to be performed by an employee of a contractor are equivalent to the duties performed by an employee in a low risk position, a public trust position or when the nature of the work to be performed is sensitive and could bring about an adverse effect on national security.

This form may also be used for making ongoing trust determinations associated with your suitability or fitness for Federal employment, fitness for contract employment, eligibility for access to classified information or to hold a sensitive position, 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 previously completed personnel vetting forms or other employment documents.

Providing this information is voluntary. However, if you do not provide each item of requested information, we will not be able to complete your investigation, which may adversely affect your eligibility for the U.S. Government related position you hold or for which you are being considered. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated based on its recency, seriousness, relevance to the position and duties, and consistency with all other information about you.

Withholding, misrepresenting, or falsifying information may negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, loss of eligibility to hold a sensitive position, loss of eligibility for physical or logical access to federally controlled facilities or information systems, or prosecution. If you are a current civilian employee of the federal government: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to the Psychological and Emotional Health Sections, Section 12-Drug Activity, Section 13-Marijuana and Cannabis Derivative Use, Section 16-Information Technology Systems, Section 17-Handling Protected Information, and Section 18-Associations, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a criminal proceeding.

Investigations conducted based on information provided on this form may be selected for anonymous studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. Investigations reviewed and all study results released to the public will delete personal identifiers such as name, Social Security Number, and date and place of birth.

INSTRUCTIONS FOR COMPLETING THIS FORM

- 1. To avoid delays or possibly discontinuation of the personnel vetting process you must follow instructions completely in completing this form. If you have any questions, contact the office that requested you complete this form.
- 2. The office requesting you to complete this form will keep you informed as your application moves through the personnel vetting investigation process, as appropriate. To facilitate your investigation, should any information you provided change, please contact the requesting office with the additional information.
- 3. The accuracy of the information on this form must be certified by you and by your electronic signature. If you are asked to submit a hard copy, paper form, you must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- 4. You will need to have on hand some or all of the following documents and items of information, to include but not limited to, state issued driver's license, U.S. passport (and passport card if you have one and foreign passport, if applicable), naturalization documentation, birth certificate, Social Security Number, contact information for current and former employers, educational institutions attended, locations of military assignments, and details regarding criminal history records. Contact information required will be in the form of phone numbers, email addresses and/or physical address. If you are undergoing investigation for a position of public trust or a national security sensitive position, you will need to provide details regarding foreign contacts, dates and locations of foreign travel, and details regarding certain financial delinquencies. Please make sure you have all relevant information on hand to facilitate completion of the form.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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 such as one located on www.usps.com.
- 9. For telephone numbers in the U.S., ensure that the area code is included.
- 10. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the Dropdown lists to select the month and day. The year should be entered as a four-character number (i.e., 1978 or 2001.), or selected from a Dropdown list. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Est." box.
- 11. For military service members, do not list military services as one entry. List each military duty station as separate entries. Be sure to include the physical address, to include if you were stationed or deployed overseas. Reserve/National Guard Service must be listed. Avoid using acronyms/abbreviations.

THE INVESTIGATIVE PROCESS

Personnel vetting investigations are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this personnel vetting form may be confirmed during the investigation and may be used for identification purposes throughout the vetting process. 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.

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.

In addition to the questions on this form, inquiries may also be made about your adherence to security requirements, your honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that will allow for evaluation of your conduct, integrity, judgment, loyalty, and reliability.

If you are undergoing a personnel vetting investigation for a sensitive position, federal agency records checks may be conducted on your spouse or legally recognized civil union/domestic partner, cohabitant(s), and immediate family members. Your spouse/partner/cohabitant or family member is not the subject of the investigation. Any relevant information obtained will be included in your personnel vetting record only; there will not be a separate record created on your spouse/partner/cohabitant or family member.

After a favorable trust determination has been made, you may be subject to continuous vetting. Continuous vetting means reviewing the background of an individual on an on-going basis or at any time to determine whether that individual continues to meet applicable requirements.

YOUR INDIVIDUAL INTERVIEW

Some personnel vetting investigations will include an individual interview with you as a routine part of the personnel vetting process. The investigator may ask you to explain your answers to any question on this form. The interview provides you the opportunity to update, clarify, and explain information on your form, which often assists in completing your investigation. It is imperative that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your personnel vetting investigation and declining to be interviewed may result in your investigation being delayed or canceled.

If you are interviewed, 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 assist with your investigation such as passport or other identity document, as instructed by the investigator. You may also be asked about matters requiring specific attention as relevant to the type of background investigation required for your position.

TRUST DETERMINATION

A trust determination will be made by the office that requested your personnel vetting investigation. Depending on the nature of the position for which you are being investigated, the trust determination may include your suitability or fitness for employment or to perform work on behalf of the U.S. Government, your eligibility to occupy a national security position or eligibility for access to classified information, and/or your eligibility for a personal identity credential permitting access to federal facilities or information systems.

The U.S. Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex, national origin, age, disability, genetic information, or pregnancy when making a trust determination.

PENALTIES FOR INACCURATE OR FALSE STATEMENTS

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, disqualify, or debar individuals who have materially and deliberately falsified these forms, and this remains a part of your vetting record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

DISCLOSURE INFORMATION

The information you provide is for the purpose of investigating you for a suitability, fitness, national security, and/or credentialing trust determination.

This information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of Federal personnel vetting 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 office that gave you this form can provide you with its routine uses.

The Defense Counterintelligence and Security Agency, the U.S. 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

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 150 minutes per response for individuals completing all parts of this form, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management (OPM), Attn: SuitEA, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-[final number to be inserted upon issuance], is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Attestation

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 (in accordance with U.S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance or eligibility to occupy a national security sensitive position, and/or removal and debarment from Federal Service. [] Yes

[] No

Section 01 - General Information

The purpose of this section is to collect information from you that helps us verify your identity. We ask for your name, date of birth, place of birth, Social Security Number, and contact information. This helps make sure we only collect information that pertains to you.

Full Name

This section asks for information regarding your full legal name. Your full legal name is usually the name you have on your most recently issued, unexpired government-issued picture identification. This is the name that identifies you for legal, administrative, and other official purposes, such as Social Security, census, taxes, and other official transactions or records.

• If your name is one alpha character or a string of alpha characters (such as "Z" or "T.J.", where "T." and

"J." are not initials for names), check the "Letter(s) Only" box.

• If you do not have a middle name, check the "No Middle Name" box.

• If you are a "Jr.," "Sr.," "II," "III", "IV," etc. enter this under Suffix.

• If you have a hyphenated name, put the entire hyphenated name in the applicable block (for example, if your last name is "Smith-Jones", put "Smith-Jones" in the "Last Name" block.)

• If you have two last names that are not hyphenated (such as Smith Jones), please enter them as separate word in the "Last Name" block.

• If you only have one name, put it in the "Last Name" block.

What is your full name?

| Last Name | [Text] | [] Letter(s) Only | |
|-------------|--------------|-------------------|-------------------|
| First Name | [Text] | [] Letter(s) Only | |
| Middle Name | [Text] | [] Letter(s) Only | [] No Middle Name |
| Suffix | [Dropdown] | | |

Date of Birth

This section asks for information regarding your date of birth. If you do not know your date of birth, put the date of birth you have been using on official documents, check the 'Estimated' box, and provide an explanation.

| What is your date of birth? | [mm/dd/yyyy] | [] Estimated |
|-----------------------------|-----------------------------------|----------------------------|
| [1] Bra | anch Auto Populate for Affirmativ | e Estimated Date of Birth. |
| Please explain. | [Text] | |

| *** | End | Of | Branch | *** |
|-----|-----|----|--------|-----|
|-----|-----|----|--------|-----|

Place of Birth

This section asks for information regarding your place of birth. The United States (U.S.) is defined as the 50 U.S. states, the District of Columbia, and the U.S. territories.

| Were you born in the U.S.? | | [] Yes | [] No |
|--|----------------------|-------------------|----------------------------|
| [1] Branch Auto Popula | te for Affirmative U | .S. Born, Locatio | on in the U.S. |
| Where were you born? | | | |
| City | [Text] | | |
| County Or County Equivalent | [Text] | | |
| State or Territory | [Dropdown] | | |
| [1] Branch Auto Populate | e for Affirmative to | U.S. Born, Locat | ion in the U.S. |
| The following information will assist the pertinent Bureau of Vital Statistics. | investigative agenc | y to verify your | birth certificate with the |
| What is your mother's name at birth? Middle Name [Text] | Last Name [| Text] | First Name [Text] |
| If your mother used any other names Please provide her name at your time of Middle Name [Text] | birth. Last Name | [Text] | First Name [Text] |
| [1] Branch Au | to Populate for Not | U.S. Born, Locat | ion |
| Where were you born? | | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| | *** End Of Branch | ו *** | |
| U.S. Social Security Number | | | |
| This section asks for information regardin | g your U.S. Social S | ecurity Number | |
| What is your U.S. Social Security Number? | [Number] | | [] Not Applicable |
| [1] Branch Auto Populate for | r Not Applicable Sel | ection for Social | Security Number |
| Please explain. | [Text] | | |

*** End Of Branch ***

Additional Names

Additional name(s) you provide are used to check for records about you. Having your additional names will assist investigators using your correct name and identifiers while conducting interviews or record checks for various activities and timeframes related to your background.

• You must include the name on your birth certificate.

•If your name is one alpha character or a string of alpha characters (such as "Z" or "T.J.", where "T." and "J." are not initials for names), check the "Letter(s) Only" box.

• If you do not have a middle name, check the "No Middle Name" box.

• If you are a "Jr.," "Sr.," "II," "III", "IV," etc. enter this under Suffix.

• If you have a hyphenated name, put the entire hyphenated name in the applicable block (for example, if your last name is "Smith-Jones", put "Smith-Jones" in the "Last Name" block.)

• If you only have one name, put it in the "Last Name" block.

• For nicknames and aliases, put them in the "First Name" block and leave the "Last Name" and "Middle Name" blocks blank.

• Make sure the dates you provide for legal name changes (such as due to a marriage, civil union, or partnership; divorce, dissolution of, or annulment; or any other legal name changes) are the same as the dates on the applicable legal documents.

| Have you ever used a different name? | | [] Yes | [] No |
|--|------------------------------------|-----------------------|--------------------------|
| [1] Branch Auto Populat | e for Affirmative Ar | nswer on Different Na | ame Used |
| What is the other name? | | | |
| Last Name | [Text] | [] Letter(s) Only | |
| First Name | [Text] | [] Letter(s) Only | |
| Middle Name | [Text] | [] Letter(s) Only | [] No Middle Name |
| Suffix | [DROPDOWN] | [] None | |
| | | | |
| [2] Branch Auto Populate for Affirmative A | Answer on Differen Explanation. | t Name Used, Selecti | on of "Other" for Suffix |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate for Affirmative | Answer on Differen | t Name Used. Dates | Used. Another Name Used. |
| When did you use this name? | | | |
| From | [mm/yyyy] | [] Estimated | |
| То | [mm/yyyy] | [] Estimated | [] Present |
| Do you have another name to report? | | [] Yes | [] No |

Contact Information

The following contact information is requested in the event we have additional questions for you. If we do, you will receive a call or contact by email. It is recommended for privacy and efficiency you provide a phone number and email address unique to you. Additional phone numbers and email addresses provide more opportunities to contact you when needed. This could minimize any unnecessary delays of your personnel vetting investigation.

| What is your phone number? (You may list more than one.) | [Country Code Number Extension Type] | [] Cell [] Home []Work |
|---|--|------------------------------|
| What is your email address? (You may list more than one.) | [Address + Type] | |

Section 02 - U.S. Passport

This section asks for information regarding your U.S. passport, if you have one. This information is one way we verify citizenship for U.S. citizens and travel to non-U.S. countries. If you have a U.S. passport book, passport card, or both, answer the questions for the most recently issued book or card you have. If you cannot find or you do not have access to your most recently issued passport book or card, answer the questions using the most recently issued one you have. For more information on U.S. passports, go to the U.S. State Department web site -- https://travel.state.gov/passport.

| Have you ever had a U.S. passport book? | | [] Yes | [] No |
|---|----------------------|-------------------------------|-----------------------|
| | | [] I Don't Know | |
| [1] Branch Auto Popul | ate for "I Don't Kno | w" Answer to Passpo | ort Book. |
| Please explain. | [Text] | | |
| [2] Branch Auto Populate for Affi | irmative Answer on | Passport Book and A | Access. Details. |
| What is the passport number on your passport book? | [Text] | [] Unable to obtain passport. | Please explain [Text] |
| | | | |
| What name is used on your passport boo | k? | | |
| Last Name | [Text] | | |
| First Name | [Text] | [] Letter(s) Only | |
| Middle Name | [Text] | [] Letter(s) Only | [] No Middle Name |
| Suffix | [Dropdown] | | |
| What is the issue date on your passport book? | [mm/dd/yyyy] | | |

| What is the expiration date on your passport book? | [mm/dd/yyyy] | | |
|--|--------------------------------|---|--|
| ls this your most recently issued passport book? | | [] Yes | [] No |
| [2] Branch Auto Populate for A Please explain. [Text] | ffirmative Answer o | on Passport Book bu | ut No to Access. |
| [1] Branch Auto Pop | ulate Another Activ | e U.S. Passport to I | Report |
| Do you have any other active U.S. passport to report? | []Yes | | [] No |
| | *** End Of Bran | ch *** | |
| Have you ever had a U.S. passport card? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [1] Branch Auto Popu | ulate for I Don't Kno | ow Answer to Passp | ort Card. |
| Please explain. | [Text] | | |
| [2] Branch Auto Populate fo What is the passport number on your passport card? | r Affirmative Answ [Text] | er on Passport Carc [] Unable to obtain passport card. | l and Access. Please explain [Text] |
| What name is used on your passport ca | rd? | | |
| Last Name | [Text] | | |
| First Name | [Text] | [] Letter(s) Only | |
| Middle Name | [Text] | [] Letter(s) Only | [] No Middle Name |
| Suffix | [Dropdown] | | |
| What is the issue date on your passport card? | [mm/dd/yyyy] | | |
| What is the expiration date on your passport card? | [mm/dd/yyyy] | | |
| Is this your most recently issued | 10 | [] Yes | [] No |

passport card?

[2] Branch Auto Populate for Affirmative Answer on Passport Book but no Access to it. Explanation Please explain. [Text]

*** End Of Branch ***

Section 03 - U.S. Citizenship

This section asks for information regarding your citizenship. The information helps us verify U.S. citizenship -- an eligibility requirement for most federal, military, and national security positions and/or those performing work for or on behalf of government to include employment authorization for non-U.S. citizens. If you are not a U.S. citizen, we use the requested information to verify you are authorized to work for or on behalf of the Federal Government. The United States (U.S.) is defined as the 50 U.S. states, the District of Columbia, and the U.S. territories.

| What is your citizenship status? | [Dropdown] | | |
|---|--|-----------------------------|---------------------|
| [1] Branch Auto Populate for U.S. Citizen Born Abroad | | | |
| What document do you have proving you are a U.S. citizen born abroad? | [Dropdown] | | |
| | n for "Other" Form down Menu. Title c | | Abroad Selection in |
| What is the title of the form? | [Text] | | |
| [1] Branch Auto Populate for U | .S. Citizen Born Ab | road Additional Docu | iment Questions. |
| What is the serial number on your document? (This is typically the number in the top right hand corner of your document (it is often in red ink).) | [Text] | [] Not Applicable (Text) | |
| What is the issue date of your document? | [mm/dd/yyyy] | [] Estimated | |
| | | | |
| Was your document issued in the U.S.? | | [] Yes | [] No. |
| [2] Branch Auto Populate for U.S | . Citizen Born Abroa | | |
| - | . Citizen Born Abroa | | |
| [2] Branch Auto Populate for U.S | . Citizen Born Abroa [Text] | | |
| [2] Branch Auto Populate for U.S Where was it issued? | | | |
| [2] Branch Auto Populate for U.S Where was it issued? City | [Text] [Text] | ad, Document Issued | l Outside of U.S. |
| [2] Branch Auto Populate for U.S Where was it issued? City Country | [Text] [Text] | ad, Document Issued | l Outside of U.S. |
| [2] Branch Auto Populate for U.S Where was it issued? City Country [1] Branch Auto Populate for U | [Text] [Text] | ad, Document Issued | l Outside of U.S. |

| Middle Name | [Text] | [] Letter(s) Only | [] No Middle Name |
|--|------------------------------|-----------------------|----------------------------|
| Suffix | [Dropdown] | | |
| Were you born on an overseas U.S. military installation? | | [] Yes | [] No |
| [2] Branch Auto Populate for U.S. Citize | n Born Abroad Affir Name. | mative Answer on U | .S. Military Installation. |
| What is the name of the overseas U.S. military installation? | [Text] | | |
| [1] Branch Auto Pop | oulate for Naturalize | ed U.S. Citizen. Docu | ments |
| What is your U.S. Alien Registration Number? | | [Text] | |
| • You can find your Alien Registration Number on your Certificate of Naturalization (N-550 or N-570). It is a 7- to 9-digit number typically listed as the "USCIS Registration No.", "INS Registration No.", "CIS Registration No." It is not the "No." (short for number) in the top right hand corner often seen in red ink. | | | |
| • You can also find your Alien Registration Number on your Permanent Resident Card/Resident Alien Card (Form I-551). It is a 7- to 9- digit number typically listed as the "A#", "INS A#", "Alien Number", or "USCIS#". On the Machine Readable Immigrant Visa (MRIV), it is the "Registration Number". | | | |
| What is your Naturalization Certificate Number or Naturalization Number? This is the "No." (short for number) in the top right hand corner of your Certificate of Naturalization (N-550 or N-570) (it is often in red ink). | [Text] | | |
| What is the issue date of your Certificate of Naturalization? | [mm/dd/yyyy] | | |
| What is your name on your Certificate of | Naturalization? | | |
| Last Name | [Text] | [] Letter(s) Only | |

| First Name | [Text] | [] Letter(s) Only | |
|--|--------------------|-----------------------------|-------------------|
| Middle Name | [Text] | [] Letter(s) Only | [] No Middle Name |
| Suffix | [DROPDOWN] | | |
| [1] Branch Auto Po | pulate for Derived | U.S. Citizen. Docume | ents. |
| What is your U.S. Alien Registration Number? | [Text] | | |
| • If you have a Certificate of Citizenship (Form N-560 or Form N- 561), your Alien Registration Number is the 7- to 9-digit number typically listed as the "USCIS Registration No.", "CIS Registration No.", or "INS Registration No.". | | | |
| • If you do not have a Certificate of Citizenship, you can find your Alien Registration Number on your Permanent Resident Card/Resident Alien Card (Form I-551). It is a 7- to 9- digit number typically listed as the "A#", "INS A#", "Alien Number", or "USCIS#". On the Machine Readable Immigrant Visa (MRIV), it is the "Registration Number". | | | |
| What is your Permanent Resident Card or Resident Alien Card number (Form I- 551)? | [Text] | | |
| What is your Citizenship Certificate Number or Citizenship Number? This is the "No." (short for number) in the top right hand corner of your Certificate of Citizenship (Form N-560 or Form N- 561) It is often in red ink. | [Text] | [] Not Applicable (Text) | |
| What is your name on your Certificate of | Citizenship? | | |
| Last Name | [Text] | [] Letter(s) Only | |
| First Name | [Text] | [] Letter(s) Only | |
| Middle Name | [Text] | [] Letter(s) Only | [] No Middle Name |

| Suffix | [Dropdown] | |
|---|--------------------------------|--|
| What is the issue date of your Certificate of Citizenship? | [mm/dd/yyyy] | |
| [1] Branch Auto Pop | oulate for Non-U.S. | Citizen. Residency Status. |
| What is your residence status? | [Dropdown] | |
| [2] Branch Auto Populate for Non-U.S. Cit Please explain. | izen Residence Sta [Text] | tus Selection of "Other" in Dropdown Menu. |
| [1] Branch Auto Populate | e Non-U.S. Citizen S | Status Entry Details Questions. |
| When did you enter the U.S.? (This is the date you entered the U.S. on your current visa.) | [mm/dd/yyyy] | [] Estimated |
| Where did you enter the U.S.? | | |
| City | [Text] | |
| State or Territory | [Dropdown] | |
| [2] Branch Auto Populate Provide country(ies) of citizenship. (Select all that apply.) | e for Non-U.S. Citizo | en. Citizenship Information. |
| Country | [Dropdown] | |
| [1] Branch Auto Populate | Non-U.S. Citizen Re | esidency Details Documentation. |
| What is your Alien Registration Number? | [Text] | [] Not Applicable (Text) |
| • You can find your Alien Registration Number on your Permanent Resident Card/Resident Alien Card (Form I-551) or on your Employment Authorization Card (Form I-766), as applicable. Your Alien Registration Number may be listed as the "A#", "A" number, "INS A#", "Alien Number", or "USCIS#". On the Machine Readable Immigrant Visa (MRIV) Form I-551, it is the "Registration Number".) | | |
| When does your Employment Authorization Card (Form I-766) expire? | [mm/dd/yyyy] | [] Not Applicable (Text) |
| | | ncy Verification Document Details. |
| What document do you have verifying your legal residency? | [Dropdown] | |

| [3] Branch Auto Populate Non-U.S. Ci | tizen Explanation Dropdown M | for Selection of "Other" on Document Details enu. |
|---|---------------------------------|--|
| What is the title of the form? | [Text] | |
| [1] Branch Auto Populate | Non-U.S. Citizen | Documentation Additional Details |
| What is the document number? | [Text] | [] Not Applicable (Text) |
| For the Form I-94, list the 11-digit number labeled either "Admission Number", "Departure Number", "Admission Record (I-94) Number", or "I-94#". Or, you may have an "Admission Stamp" in your unexpired foreign passport. If this is the case, also list your passport number and the country that issued the passport. | | |
| • For the U.S. Visa Card (nonimmigrant visa) the visa number, also called a visa foil number, is a red number that is generally printed on the bottom right corner of newer visa documents. In most cases, the U.S. visa number contains eight numeric characters. In some cases, the number contains one letter followed by seven numeric characters. | | |
| • For the Form I-20, list the "SEVIS ID" number near the top left or top right corner of the document (depending on the document version). All SEVIS ID numbers start with the letter N. If you also have an "Admission Number" on your Form I-20 document, list this number as well (this is your Form I-94 number). | | |
| • For the Form DS-2019, list the number on the top right hand side of the page in the box above the barcode. This is the SEVIS number. All SEVIS ID numbers start with the letter N. | | |
| What is the issue date of your document? | [mm/dd/yyyy] | |
| What is the expiration date of your document? | [mm/dd/yyyy] | |

What is your name on this document?

| Last Name | [Text] | [] Letter(s) Only | |
|-------------|------------------|-------------------|-------------------|
| First Name | [Text] | [] Letter(s) Only | |
| Middle Name | [Text] | [] Letter(s) Only | [] No Middle Name |
| Suffix | [Dropdown] | | |
| | *** End Of Branc | h *** | |
| | | | |

Section 04 - Additional Citizenships

This section asks for information regarding any additional citizenships you currently hold or have previously held that you did not list above. These citizenships could be held at the same time as another citizenship (that is, simultaneously as in dual or multiple citizenships) or sequentially (one at a time).

| Have you ever been a citizen of another country? (Answer "Yes" if you currently hold or have previously held a citizenship with a country you did not list in Section 3. Otherwise, answer "No".) | | [] Yes | [] No |
|--|--------------------|----------------------|-------------------|
| [1] Branch Auto Populate for Af | firmative Answer o | n Citizen of Another | Country. Details. |
| Provide country(ies) of citizenship. (Select all that apply.) | [Dropdown] | | |
| How did you become a citizen of this country? (For example, by birth, applied for, or through your parents) | [Text] | | |
| When were you a citizen of this country? | | | |
| From | [mm/dd/yyyy] | [] Estimated | |
| То | [mm/dd/yyyy] | [] Estimated | [] Present |
| Were you ever issued a passport by this country? | | []Yes []No | |
| Is the passport still active? | | []Yes []No | |
| | *** End Of Branch | ן *** | |

Section 05 - Residences

This section asks for information regarding where you have lived for the past five years. Only report information prior to your 18th birthday if necessary to report a minimum of 2 years of information.

• Start with your current address and work back.

• You must account for all periods of time without breaks: however, you do not need to account for temporary addresses of fewer than 90 days -- such as vacations, conferences, or military training or temporary duty stations of less than 90 days.

• List temporary addresses -- those where you were away from your home address for a period of 90 days or more (for example, extended travel, school, military training, military deployments). It does not matter if you intended to return to your home address or move to a new home address. You may or may not have changed your mailing address from your home address to the temporary address.

• List your home addresses -- those where you physically resided.

• Do not list a Post Office box.

• List all addresses even if you split your time between one or more addresses.

| [1] Branch | Auto Populate Resi | dence Information. | |
|--|----------------------|-----------------------------|---------------------|
| Do you currently live in the U.S.? | | [] Yes | [] No |
| | Auto Populate for L | J.S. Residence. | |
| What is the address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [3] Branch Auto Populate f | or U.S. Residence a | and in Military Installa | ation. Name. |
| What is the name of this U.S. military installation? | [Text] | | |
| [2] Branch Auto Popula Where is the residence located? | ate for Non-U.S. Res | idence. City and Co | untry. |
| Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| [3] Branch Auto Populate for Nor | n-U.S. Residence bu | t Affirmative on U.S. | Military Residence. |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] Not Applicable (Text) | |

| What is the APO/FPO/DPO ZIP Code? | [Text] | | |
|--|--------------------------------------|--------------------------------------|---------------------|
| [2] Branch Auto Po When did you start living here? | opulate for When St [mm/yyyy] | art Date of Residenc [] Estimated | e. |
| [3] Branch A | uto Populate for En | d Date of Residence. | |
| When did you stop living here? | [mm/yyyy] | [] Estimated | [] Present |
| | opulate for Tempor | ary Address Question | |
| Is this a temporary address over 90 days? | | [] Yes | [] No |
| [3] Branch A | uto Populate for Te | mporary Residence. | |
| What is or was the purpose of your temporary living situation? | [Dropdown] | | |
| [4] Branch Auto Populate Explanation | on for Selection of " Dropdown Me | | Temporary Residence |
| Please explain. | [Text] | | |
| [2] Branch Auto P | opulate for Addition | nal Address to Repor | t. |
| Do you have another address to report? (Only report information prior to your 18th birthday if necessary to report a minimum of 2 years of information.) | | [] Yes | [] No |
| [3] Branch Auto Populate for | If Additional Report | ed Address in U.S. o | r Outside of U.S |
| | in Additional Report | | |
| Is your next address in the U.S.? | | [] Yes | [] No |
| | *** End Of Brand | -h *** | |

Section 06 - Education

This section asks for information regarding schools you have attended in the past five years and whether you received a degree or diploma. (Only report information prior to your 18th birthday if necessary to report a minimum of 2 years of information.) This question includes all types of schools -- both in-person and distance learning. Distance learning includes by correspondence, extension (such as foreign exchange program sponsored by a college or university), online, and other similar distance learning education. For assistance determining school addresses refer to http://ope.ed.gov/accreditation/search.aspx. If your attendance was not consecutive, please report each period of attendance separately. If the institution is no longer in business please check "[] School no longer in business" box. However, please provide the address where it was located and all pertinent information asked below to the best of your ability.

| Have you attended any schools in the | [] Yes | [] No |
|---|--------|-------|
| past five years? (Only report | •• | |
| information prior to your 18th birthday | | |
| if necessary to report a minimum of 2 | | |
| years of information.) | | |

[1] Branch Auto Populate for Education in the Last Five Years.

What is the name of the school? (Do [Text]

| not use abbreviations or acronyms.) | | | |
|--|--|-----------------------|------------------------|
| []School no longer in business | | | |
| What type of school is this? | [Dropdown] | | |
| [2] Branch Auto Populate for Education | n in the Last Five Yo Dropdown Menu | | election of "Other" in |
| Please explain. | [Text] | | |
| [1] Branch Auto | Populate Education | n Additional Questior | IS. |
| Which best describes your learning experience at this type of school? | [Dropdown] | | |
| When did you attend this school? | | | |
| From | [mm/yyyy] | [] Estimated | |
| То | [mm/yyyy] | [] Estimated | [] Present |
| Is this school in the U.S.? (For distance-learning schools use the address where your school records are kept.) | | [] Yes | [] No |
| [2] Branch Auto Popula | ate Education Yes t | o U.S. Location. Add | ress. |
| What is this school's address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| [2] Branch Auto Populate Where is this school located? | Education but Not | in the U.S. City and | Country. |
| | | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Pop | ulate Education De | gree or Diploma Que | estion. |
| Did you receive a degree or diploma from this school? | | [] Yes | [] No |

[2] Branch Auto Populate Education Yes to Degree or Diploma.

What type of degree or diploma did [Dropdown] you receive?

 [3] Branch Auto Populate Education. Explanation for Selection of "Other" in Dropdown Menu for Degree/Diploma Type.

 Please explain.
 [Text]

 [2] Branch Auto Populate Education, Yes to Degree - Date Awarded.

 When were you awarded this degree or [mm/yyyy] [] Estimated

 diploma?

 [1] Branch Auto Populate for Education in the Last Five Years. Education Experience of "In-Person" or "Combination" at Different Physical Location Question.

Is or was the physical location different than the school address entered above, such as at another campus or other location? [] Yes [] No

| [2] Branch Auto Populate for Affirma Education Experience of "In-Person" o Education Loc | | t Different Physical L | |
|--|---|--|--|
| Is or was your school physical address in the U.S.? (Your school address is where you physically attend or attended.) | [] Ye | s [] No | |
| [3] Branch Auto Populate for Education Person" or "Combination" at Di | | | |
| What is or was your school address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [4] Dreve els Auste Devendente feur Esternit | | | |
| [4] Branch Auto Populate for Education Person" or "Combination" at Different Ph | | | |
| | nysical Location in | | |
| Person" or "Combination" at Different Ph What is the name of this U.S. military | iysical Location in [Text] in the Last Five Ye | U.S. Military Instalia ears. Education Expe | tion Question. |
| Person" or "Combination" at Different Ph What is the name of this U.S. military installation? [3] Branch Auto Populate for Education | iysical Location in [Text] in the Last Five Ye | U.S. Military Instalia ears. Education Expe | tion Question. |
| Person" or "Combination" at Different Ph What is the name of this U.S. military installation? [3] Branch Auto Populate for Education Person" or "Combination" at Different Ph | iysical Location in [Text] in the Last Five Ye | U.S. Military Instalia ears. Education Expe | tion Question. |
| Person" or "Combination" at Different Ph What is the name of this U.S. military installation? [3] Branch Auto Populate for Education Person" or "Combination" at Different Ph Where is or was your school located? Please provide physical address | iysical Location in [Text] in the Last Five Ye hysical Location. | U.S. Military Instalia ears. Education Expe | tion Question. |
| Person" or "Combination" at Different Ph What is the name of this U.S. military installation? [3] Branch Auto Populate for Education Person" or "Combination" at Different Ph Where is or was your school located? Please provide physical address (not mailing address). City | in the Last Five Ye nysical Location in in the Last Five Ye nysical Location. | U.S. Military Instalia ears. Education Expe | tion Question. |
| Person" or "Combination" at Different Ph What is the name of this U.S. military installation? [3] Branch Auto Populate for Education Person" or "Combination" at Different Ph Where is or was your school located? Please provide physical address (not mailing address). City | iysical Location in [Text] in the Last Five Yenysical Location. [Text] [Text] | U.S. Military Instalia ears. Education Expe | tion Question. |
| Person" or "Combination" at Different Ph What is the name of this U.S. military installation? [3] Branch Auto Populate for Education Person" or "Combination" at Different Ph Where is or was your school located? Please provide physical address (not mailing address). City Country Is this a U.S. military installation or U.S. diplomatic facility? [4] Branch Auto Populate for Education Person" or "Combination" at Different | in the Last Five Ye (Text] [Text] [Text] [Text] [Dropdown] | U.S. Military Instalia ears. Education Expe School Address Not i [] Yes ears. Education Expe | tion Question. rience of "In- n U.S. Details. [] No |

What is the APO/FPO/DPO ZIP Code? [Text]

[1] Branch Auto Populate Another Education Physical Location to Report.

[] Yes

[] No

Do you have another instance to report where the physical location you attended school is different than the school address entered above (such as at another campus or other location.)

[1] Branch Auto Populate Education Person to Verify.

List a counselor, instructor, student, or other person who knew you at this school. For distance learning list someone who knew you received this education. Do not list your spouse; partner from a civil union, domestic partnership, or common law marriage; person you are in a committed, spouse-like relationship with; or other relatives.

| Last Name | [Text] | | | | |
|--|--|---------|---------------------|---------|----------------|
| First Name | [Text] | | | | |
| Middle Name | [Text] | [] Do | n't Know | | |
| Suffix | [Dropdown] | | | | |
| What is your relationship with this individual? (Select all that apply.) | [Dropdown] | | | | |
| [2] Branch Auto Populate Person to | | | ion for Selection | on of " | 'Other" for |
| Please explain. | elationship Categori [Text] | zea. | | | |
| [2] Branch Auto Popu | | erence | Phone Numbe | er. | |
| What is their phone number? (You may list more than one.) | [Country Code Number Extensior Type] | n | [] [Day/Night/Bo | th] | [] Don't Know |
| [2] Branch Auto | Populate Education | n Refer | ence Email. | | |
| What is their email address? (You may list more than one.) | [Address + Type] | [] D(| on't Know | | |
| | opulate Education | Refere | nce Address. | | |
| Do they currently live or work in the U.S.? | | [] Yes | | [] No | |
| [3] Branch Auto Popula | te Education Refer | ence A | ddress Yes in t | he U.S | 5. |
| What is the address? | | [] Do | n't Know | | |

| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
|--|---------------------|---------------------------|-----------------------------|
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes [] I Don't Know | [] No |
| [4] Branch Auto Populate Educatio | on Reference Yes ir | the U.S. and Yes to | Military Installation |
| What is the name of the U.S. military installation? | [Text] | [] I Don't Know | |
| [3] Branch Auto Popula | ate Education Refe | rence Address Not in | the U.S. |
| What is the location? | | [] I Don't Know | |
| Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [4] Branch Auto Populate Education R | eference Address | Not in the U.S. but a | U.S. Military Installation. |
| What is the name of the U.S. military installation or U.S. diplomatic facility? | [Text] | [] I Don't Know | |
| What is the APO/FPO/DPO ZIP Code for the U.S. military installation or U.S. diplomatic facility? | [Text] | | |
| [1] Branch Aut | o Populate Another | r Education to Report | t. |
| Do you have another school to report? (Only report information prior to your 18th birthday if necessary to report a minimum of 2 years of information.) | | [] Yes | [] No |

| | *** End Of Branc | h *** | | |
|--|--------------------------------------|------------|---------------|----------------------------|
| Did you receive enother desires as | | | | |
| Did you receive another degree or diploma over five years ago? | | [] Yes | | [] No |
| [1] Branch Auto Populate Degree Re | ceived Over Five Yo Awarding Degr | | Education, | Information of School |
| What is the name of the school that awarded you this degree or diploma? (Do not use abbreviations or acronyms.) | [Text] | | | |
| What type of school is this? | [Dropdown] | | | |
| [2] Branch Auto Populate Education, Ex | vplanation for Scho Menu. | ol Type s | election of ' | "Other" in Dropdown |
| Please explain. | [Text] | | | |
| [1] Branch Auto Populate Education, De | scribe School Expe | rience (in | person, no | t-in person, combination). |
| Which best describes your learning experience at this school? | [Dropdown] | | | |
| [2] Branch Auto Populate Education, | Explanation for Sc Dropdown Menu | • | rience Sele | ection of "Other" in |
| Please explain. | [Text] | | | |
| [1] Branch Auto Po | pulate Dates Atten | ded Scho | ol and Loca | tion. |
| When did you attend this school? | | | | |
| From (Month/Year) | [mm/yyyy] | | | |
| To (Month/Year) | [mm/yyyy] | | | |
| Is this school in the U.S.? (For distance-learning schools use the address where your school records are kept.) | | [] Yes | | [] No |
| | opulate Education | Yes to U.S | 6. Location. | |
| What is this school's address? | | | | |
| Street | [Text] | | | |
| City | [Text] | | | |
| State or Territory | [Dropdown] | | | |
| ZIP Code | [Text] | | | |
| [2] Branch Auto F Where is this school located? | opulate Education | No to U.S | . Location. | |

Please provide physical address (not mailing address).

[Text]

| City |
|------|
|------|

[Text]

| Coun | try |
|------|-----|
|------|-----|

[Text]

[1] Branch Auto Populate Education Diploma or Degree Type.

What type of degree or diploma did [Dropdown] you receive?

[2] Branch Auto Populate Education Explanation for Selection of "Other" for Diploma/Degree Type. Please explain. [Text]

| [1] Branch Auto P | opulate Educatior | n Diploma or | Degree Additional Questions. | |
|-------------------|-------------------|--------------|------------------------------|--|
| | | | | |

| When were you awarded this degree or diploma? | [mm/yyyy] | [] Estimated | |
|--|-------------|--------------|-------|
| Do you have another degree or diploma to report? (You must report all | | [] Yes | [] No |

diploma to report? (You must report all degrees and diplomas you have received; however, you do not need to report a High School diploma if you have achieved a higher degree.)

*** End Of Branch ***

Section 07 - Employment Activities

This section asks questions regarding your employment activities for the past five years. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history. (Start with your current employment activity and work back.) You must list all periods of employment, whether they are full-time or part-time, as well as periods of unemployment and self-employment without any breaks. Include paid and unpaid internships or fellowships, but do not include volunteer work. For military and uniformed service, list each duty station you were assigned to as a separate employment activity.

| What type of employment activity do you have to report? | [Dropdown] | |
|---|--------------------|--------------------------|
| [1] Branch Auto P | opulate for Employ | ment Type U.S. Military. |
| Which branch of service are you or were you in? | [Dropdown] | |
| What is the name of the duty station you are or were assigned to? | [Text] | |
| When were you assigned here? | | |
| From | [mm/yyyy] | [] Estimated |

| То | [mm/yyyy] | [] Estimat | ted | [] Present |
|--|--|---------------|-----------------|------------------|
| Is this duty station in the U.S.? | | [] Yes | | [] No |
| [2] Branch Auto Populate for Emp What is the address for this duty station? | oloyment Type Milit | ary, U.S. № | lilitary Sta | tion in the U.S. |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | | |
| City | [Text] | | | |
| State or Territory | [Dropdown] | | | |
| ZIP Code | [Text] | | | |
| Where is this duty station located? | | | | |
| City | [Text] | | | |
| Country | [Dropdown] | | | |
| | | | | |
| [2] Branch Auto Populate fo What unit or organization are you or were you assigned to? | r Employment Type [Text] | e U.S. Milita | ary, Unit Q | uestions. |
| When were you assigned to this unit or or (These dates may or may not match the or assigned to the duty station above it de whether or not you were assigned to mor or organization while assigned to this dut | dates you were epends on e than one unit | | | |
| From (Month/Year) | [mm/yyyy] | [] Estimat | ted | |
| To (Month/Year) | [mm/yyyy] | [] Estimat | ted | [] Present |
| What is the phone number of your unit or organization? | [Country Code Nu Extension Type] | mber | [] [Day/Nigh | t/Both] |
| What is or was your duty status while assigned to this unit or organization? | [Dropdown] | | | |

| What is or was your duty or job title while assigned to this unit or organization? | [Text] | | | | |
|---|------------------------------------|-----------------------------|-----------------|------------|-----------------|
| Do you have another unit or organization you were assigned to while at this duty station? (Answer "Yes" if the assignments were consecutive (back-to-back). Answer "No" if you left this duty station and there was a time gap before returning to this duty station.) | | [] Yes | | [] No | |
| [1] Branch Auto Populate f | or Employment Typ | be U.S. Mili | itary, Super | visor Deta | ails. |
| Who is or was your most recent supervis | or? | | | | |
| Last Name | [Text] | [] Letter | (s) Only | | |
| First Name | [Text] | [] Letter | (s) Only | | |
| Suffix | [Dropdown] | | | | |
| What is or was this supervisor's duty or job title? | [Text] | [] I Don' | t Know | | |
| What is this supervisor's phone number? | [Country Code N Extension Type] | umber | [] [Day/Nigh | nt/Both] | [] l Don't Know |
| What is this supervisor's email address? | [Address + Type] | [] I Don' | t Know | | |
| What unit or organization is this supervisor currently assigned to? | [Text] | [] I Don' | t Know | | |
| Does this supervisor currently work in the U.S.? | | [] Yes | | [] No | |
| | | [] l Don' | t Know | | |
| [2] Branch Auto Populate for Em What is this supervisor's current work address? | ployment Type U.S | . Military, S [] I Don'i | | Address, i | n U.S. |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | | | |

| City | [Text] | | |
|--|-----------------------------------|--|--------------------------------|
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes [] l Don't Know | [] No |
| [3] Branch Auto Populate for Employme | nt Type U.S. Militar | y, Supervisor Addres | s, U.S. Military Installation. |
| What is the name of this U.S. military installation? | [Text] | [] I Don't Know | |
| [2] Branch Auto Populate for Emplo Where does this supervisor currently work? | oyment Type U.S. M | lilitary, Supervisor Ad [] I Don't Know | ddress, Not in U.S. |
| Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [3] Branch Auto Populate for Employme | nt Type U.S. Militar | y, Supervisor Addres | s, U.S. Installation Abroad. |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] I Don't Know | |
| | | [] Not Applicable | |
| What is the APO/FPO/DPO ZIP Code? | [Text] | [] I Don't Know | |
| [1] Branch Auto Populate fo | or Employment Typ | e U.S. Military Discip | line Question. |
| Did you receive any disciplinary actions assigned to this duty station? | while | [] Yes | [] No |
| [2] Branch Auto Populate for Em Which disciplinary action did you receive? (Check one. There will be an opportunity to input multiple entries.) | ployment Type U.S [Dropdown] | . Military, Yes to Disc | ciplinary Action. Military |
| Why did you receive this disciplinary action? (Include a description of the offense for which you received this | [Text] | | |

| disciplinary action, when the offense occurred, and any other important details.) | | | |
|--|---|------------------------|-----------------------------|
| When did you receive this disciplinary action? | [mm/yyyy] | [] Estimated | |
| Who gave you this disciplinary action? | | [] I Don't Know | |
| Rank | [Text] | | |
| Last Name | [Text] | | |
| First Name | [Text] | | |
| Suffix | [Dropdown] | [] None | |
| What were the consequences of this disciplinary action? (Select all that apply.) | [Dropdown] | | |
| [3] Branch Auto Populate for Employ | ment Type U.S. Milit | ary, Yes to Disciplina | ry Action, Type is Other. |
| Please explain. | [Text] | | |
| [3] Branch Auto Populate for Employme | ent Type U.S. Military | , Yes to Disciplinary | Action, Type Court Martial. |
| You indicated you were court-martialed your court-martial in Section 9, U.S. Mil | | | for information regarding |
| [2] Branch Auto Populate for Employ | ment Type U.S. Milit Action Question | | |
| Do you have another disciplinary action while assigned to this duty station to report? | | [] Yes | [] No |
| [1] Branch Auto Popu | llate for Employment | . Another Instance to | Report. |
| Do you have another employment activity to report? (Do not list employments before your 18th birthday unless to provide a minimum of 2 years employment history) | | [] Yes | [] No |
| [1] Branch Auto Populate for Empl Contractor, State Governmer | | | |
| Who is or was your employer? (Do not use abbreviations unless the name of this employment includes | | | |
| | 29 | | |

abbreviations.)

When did you work for this employer?

| From | [mm/yyyy] | [] Estimated | |
|---|-------------------------------------|--------------|---------------------------|
| То | [mm/yyyy] | [] Estimated | [] Present |
| Is this employer still in business? | | [] Yes | [] No [] I Don't Know |
| [2] Branch Auto Populate for Employr Contractor, State Government Employ | | | |
| What is this employer's phone number? | [Country Code Nu Extension Type] | | ht/Both] |
| Is this employer's current address in the U.S.? | | [] Yes | [] No |
| [3] Branch Auto Populate for Emplo Contractor, State Government Em | | | |
| What is this employer's address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [4] Branch Auto Populate for Emplo Contractor, State Government Employme | | | |
| What is the name of this U.S. military installation? | [Text] | | |
| [3] Branch Auto Populate for Emplo Contractor, State Government Emplo | | | |
| Where is this employer currently located | | | |
| Please provide physical address (not mailing address). | [Text] | | |

| City | [Text] | | |
|--|--------------|-----------------------------|-------|
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| [4] Branch Auto Populate for Emplo Contractor, State Government Em | | | |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] Not Applicable (Text) | |
| What is the APO/FPO/DPO ZIP Code? | [Text] | | |
| [1] Branch Auto Populate for Emplo Contractor, State Government Employn | | | |
| ls or was your work address different than this employer's address? (Your work address is where you physically work or worked.) | | [] Yes | [] No |
| [2] Branch Auto Populate for Employ Contractor, State Government Employ | | | |
| ls or was your work address in the U.S.? (Your work address is where you physically work or worked.) | [] Yes [] N | 0 | |
| [3] Branch Auto Populate for Emplo Contractor, State Government Emplo | | | |
| What is or was your work address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |

| [4] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Work Address in U.S. Military Installation Question. | | | | |
|--|--------------|-----------------------------|--------------|--|
| What is the name of this U.S. military installation? | [Text] | | | |
| [3] Branch Auto Populate for Employ Contractor, State Government Employm | | | | |
| Where is or was your work located? | | | | |
| Please provide physical address (not mailing address). | [Text] | | | |
| City | [Text] | | | |
| Country | [Dropdown] | | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No | |
| [4] Branch Auto Populate for Employ Contractor, State Government Employn | | nment Employment. | | |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] Not Applicable (Text) | | |
| What is the APO/FPO/DPO ZIP Code? | [Text] | | | |
| [1] Branch Auto Populate for Employ Contractor, State Government Employ | | | | |
| What is or was your job title? | [Text] | | | |
| ls this an internship? Were you full-time or part-time? | [] Yes | [] No [] Full time | [] Part time | |
| Who is or was your most recent superviso | or? | | | |
| Last Name | [Text] | [] Letter(s) Only | | |
| First Name | [Text] | [] Letter(s) Only | | |
| Suffix | [Dropdown] | [] None | | |
| | | | | |
| What is or was this supervisor's job | [Text] | [] l Don't Know | | |

title? [1] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Supervisor Phone Number. What is your supervisor's phone [Country Code|Number| [] [] I Don't Know number? (You may list more than one.) Extension[Type] [Day/Night/Both] [1] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Supervisor Email Address. What is your supervisor's email [Address + [] | Don't Know address? (You may list more than Type] one.) [1] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Supervisor in the U.S. Does this supervisor currently work in [] Yes [] No the U.S.? [] I Don't Know [2] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Supervisor Address. [] I Don't Know What is this supervisor's current work address? Street (include Apt #, Unit #, or Suite [Text] *#*, if applicable) City [Text] State or Territory [Dropdown] **ZIP** Code [Text] Is this a U.S. military installation? [] Yes [] No [] I Don't Know [3] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Supervisor Address in U.S. and Military Installation. What is the name of this U.S. military [Text] [] | Don't Know installation? [2] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Supervisor Address Not in U.S. Where does this supervisor currently [] I Don't Know work? Please provide physical address [Text] (not mailing address).

| City | [Text] | | | |
|---|--------------|-------------------|-------|--|
| Country | [Dropdown] | | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No | |
| | | [] I Don't Know | | |
| [3] Branch Auto Populate for Emplo Contractor, State Government Employ Fore | | rnment Employment | | |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] I Don't Know | | |
| | | [] Not Applicable | | |
| What is the APO/FPO/DPO ZIP Code? | [Text] | [] I Don't Know | | |
| [1] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Disciplinary Action Question. | | | | |
| Did you receive any disciplinary actions during this employment? (Examples of disciplinary actions include written warnings, official reprimands, official counseling, demotions, and suspensions) | | [] Yes | [] No | |
| [2] Branch Auto Populate for Employr Contractor, State Government Empl | | ernment Employme | | |
| Which disciplinary action did you receive? (Check one. There will be an opportunity to input multiple entries.) | [Dropdown] | | | |
| Why did you receive this disciplinary action? (Include a description of the offense for which you received this disciplinary action, when the offense occurred, and any other important details.) | [Text] | | | |
| When did you receive this disciplinary action? | [mm/yyyy] | [] Estimated | | |

| [3] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Affirmative on Disciplinary Actions, Explanation for Selection of "Other" in Disciplinary Action Dropdown Menu. | | | | | | | |
|---|-------------------------------------|-----------------------|-----------------------------|--|--|--|--|
| Please explain. | [Text] | | | | | | |
| [2] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Affirmative on Disciplinary Actions Additional Questions. | | | | | | | |
| Who gave you this disciplinary action? | | [] I Don't Know | | | | | |
| Last Name | | | | | | | |
| First Name | [Text] | | | | | | |
| Suffix | [Dropdown] | | | | | | |
| | | [] None | | | | | |
| [3] Branch Auto Populate for Emplo Contractor, State Government Employm A | | ment Employment. | | | | | |
| What is their phone number? (You may list more than one.) | [Country Code Nu Extension Type] | ımber [] [Day/Nig | [] l Don't Know ht/Both] | | | | |
| What is their email address? (You may list more than one.) | [Address + Type] | [] I Don't Know | | | | | |
| [2] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Another Disciplinary Actions. | | | | | | | |
| Do you have another disciplinary action during this employment to report? | | [] Yes | [] No | | | | |
| [1] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Reason for Leaving. | | | | | | | |
| Were you fired from this job? | | [] Yes | [] No | | | | |
| [2] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Fired Explanation. | | | | | | | |
| When were you fired? | [mm/yyyy] | [] Estimated | [] Don't Know | | | | |
| Why were you fired? | [Text] | | | | | | |
| Were you fired in writing? | | [] Yes | [] No | | | | |
| Were you fired in person? | | [] Yes | [] No | | | | |
| Who fired you (in writing or in person)? | | | | | | | |
| Last Name | [Text] 35 | [] Letter(s) Only | | | | | |
| | CC . | | | | | | |

| First Name | [Text] | [] Letter(s | s) Only | | | |
|--|-------------------------------------|-------------|------------------------|-----------------|--|--|
| What is this person's phone number? (You may list more than one.) | [Country Code Nu Extension Type] | ımber | [] [Day/Night/Both] | [] l Don't Know | | |
| What is this person's email address? (You may list more than one.) | [Address + Type] | [] I Don't | Know | | | |
| [1] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. In Lieu of Firing Question. | | | | | | |
| Did you quit this job after being told you would be fired? | | [] Yes | [] No | | | |
| [2] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Yes to in Lieu of Firing Question. | | | | | | |
| Why were you going to be fired? | [Text] | | | | | |
| Were you notified in writing that you were going to be fired? | | [] Yes | [] No | | | |
| Were you notified in person that you were going to be fired? | | [] Yes | [] No | | | |
| Who told you that you were going to be fired (in writing or in person)? | | | | | | |
| Last Name | [Text] | [] Letter(s | s) Only | | | |
| First Name | [Text] | [] Letter(s | s) Only | | | |
| What is this person's phone number? (You may list more than one.) | [Country Code Nu Extension Type] | ımber | [] [Day/Night/Both] | [] l Don't Know | | |
| What is this person's email address? (You may list more than one.) | [Address + Type] | [] I Don't | Know | | | |
| [1] Branch Auto Populate for Employment Type Selection of Other Federal Employment, Federal Contractor, State Government Employment or Non-government Employment. Misconduct Question. | | | | | | |
| Did you leave this job after receiving allegations or a notice of misconduct? | | [] Yes | [] No | | | |
| [2] Branch Auto Populate for Employr Contractor, State Government Employ Provide a description of the misconduct. What was the alleged or actual misconduct? (Include a description of the misconduct, when | | | | | | |

| the misconduct occurred, and any other important details.) | | | | |
|--|-------------------------------------|-------------|------------------------|-----------------|
| Were you made aware or notified, in writing, of this alleged or actual misconduct? | | [] Yes | [] No | |
| Were you made aware or notified, in person, of this alleged or actual misconduct? | | [] Yes | [] No | |
| Who notified you of the alleged or actual | misconduct in writ | ing or in p | erson? | |
| Last Name | [Text] | [] Letter | (s) Only | |
| First Name | [Text] | [] Letter | (s) Only | |
| What is this person's phone number? (You may list more than one.) | [Country Code No Extension Type] | umber | [] [Day/Night/Both] | [] l Don't Know |
| What is this person's email address? (You may list more than one.) | [Address + Type] | [] I Don't | Know | |
| [1] Branch Auto Populate for Emplo Contractor, State Government En Unsat | | governmer | nt Employment. Alle | |
| Did you leave this job after receiving allegations or a notice of unsatisfactory performance? | | [] Yes | [] No | |
| [2] Branch Auto Populate for Employ Contractor, State Government Emp Unsa | | vernment | | |
| Provide a description of the unsatisfactory performance. What was the alleged or actual unsatisfactory performance? (Include a description of the unsatisfactory performance, when the unsatisfactory performance occurred, and any other important details.) | [Text] | | | |
| Were you made aware or notified, in writing, of unsatisfactory performance? | | [] Yes | [] No | |
| Were you made aware or notified, in person, of unsatisfactory | | [] Yes | [] No | |

performance?

Who notified you of the unsatisfactory performance?

| Last Name | [Text] | [] Letter(| s) Only | |
|---|-------------------------------------|------------|------------------------|-----------------|
| First Name | [Text] | [] Letter(| s) Only | |
| What is this person's phone number? (You may list more than one.) | [Country Code Nu Extension Type] | ımber | [] [Day/Night/Both] | [] l Don't Know |
| What is this person's email address? (You may list more than one.) | [Address + Type] | [] l Don't | Know | |
| [1] Branch Auto Populate for Emplo Contractor, State Government Employ | | | | |
| Did you leave this job pending the outcome of any investigation, review, or inquiry into your performance, conduct, or behavior? | | [] Yes | [] No | |
| [2] Branch Auto Populate for Employn Contractor, State Government Employn Provide a description of the reason for the investigation, review, or inquiry. Why was your performance, conduct, or behavior being investigated, reviewed, or looked into? | | | | |
| Were you made aware or notified, in writing, of an investigation, review, or inquiry into your performance, conduct, or behavior? | | [] Yes | [] No | |
| Were you made aware or notified, in person, of an investigation, review, or inquiry into your performance, conduct, or behavior? | | [] Yes | [] No | |
| Who notified you of an investigation, revi | ew, or inquiry into | your perfo | rmance, conduct, or | behavior? |
| Last Name | [Text] | [] Letter(| s) Only | |
| First Name | [Text] | [] Letter(| s) Only | |
| What is this person's phone number? (You may list more than one.) | [Country Code Nu Extension Type] | ımber | [] [Day/Night/Both] | [] l Don't Know |

| What is this person's email address? (You may list more than one.) | [Address + Type] | [] I Don't Know | |
|--|-----------------------|--------------------|-----------------------|
| [1] Branch Auto Populate for Emplo Contractor, State Government Employ | | ernment Employme | |
| Why did you leave this job? | [Text] | | |
| Did you work for this employer for another period during the past five years? (Do not list employments before your 18th birthday unless to provide a minimum of 2 years employment history) | | [] Yes | [] No |
| [2] Branch Auto Populate for Employ Contractor, State Government Employ | | | |
| When did you work for this employer? | | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present |
| [1] Branch Auto Populate for Emplo Contractor, State Government Emplo | | ernment Employm | |
| Do you have another employment activity to report? (Do not list employments before your 18th birthday unless to provide a minimum of 2 years employment history) | | [] Yes | [] No |
| [1] Branch Auto Populate for Empl | oyment Type Self- | employment (Self). | Existence of Company |
| ls or was there a company associated with this self- employment? | [] | Yes [] | No |
| [2] Branch Auto Populate for Employme | ent Type Self. Affir | mative Response fo | or Company. Names |
| What is or was the name of your compar not use abbreviations, unless the name i abbreviations.) | ny? (Do [Text] | | |
| Is your company still in business? | | [] Yeas | [] No |
| [2] Branch Auto Populate for Employme | ent Type Self. Con | pany or No Compa | ny. Dates and Details |
| | | | |

When were you self-employed?

| From | [mm/yyyy] | [] Estimated | |
|---|-------------------------------------|-----------------------------|-----------------------------|
| То | [mm/yyyy] | [] Estimated | [] Present |
| [2] Branch Auto Populat | e for Employment | Type Self. Title and | d Status |
| What is or was your job title? | [Text] | | |
| Were you self-employed full time or part time? | | [] Full time | [] Part time |
| [1] Branch Auto Populate for | Employment Type S | Self. Company. Emp | ployment Details. |
| What is or was your company's phone number? | [Country Code Nu Extension Type] | | ght/Both] |
| What is or was your company's email address? | [Text] | [] Not Applicable (Text) | |
| What is or was your company's web address? | [Text] | [] Not Applicable (Text) | |
| Is or was your company's address the same as your current home address? | | [] Yes | [] No |
| [2] Branch Auto Populate for Er | mployment Type Se | | |
| Is or was your company based in the U.S.? | | [] Yes | [] No |
| [3] Branch Auto Populate | for Employment Ty | pe Self. Company | U.S. Address. |
| What is or was your company's address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [4] Branch Auto Populate for Employ | ment Type Self. Co | ompany. U.S. Dome | stic Military Installation. |
| What is the name of the U.S. military installation? | [Text] | | |

| [3] Branch Auto Populate f | or Employment Ty | pe Self. Company. O | utside of U.S. |
|--|--|-----------------------------|--------------------------------|
| Where is or was your company located? | | | |
| Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| [4] Branch Auto Populate for Employmen | t Type Self. Compa | any. Address in Forei | gn U.S. Military Installation. |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] Not Applicable (Text) | |
| What is the APO/FPO/DPO ZIP Code? | [Text] | | |
| [1] Branch Auto Populate for Employr | nent Type Self. Co | mpany. Work Locati | on Difference Question. |
| ls or was your work address different than your company's address? | | [] Yes | [] No |
| [2] Branch Auto Populate for Er | nployment Type Se | elf. Work Location in | U.S. Question. |
| ls or was your work location in the U.S.? | | [] Yes | [] No |
| [3] Branch Auto Populate for Employn | nent Type Self. Cor | npany or No Compar | y. Work Location in U.S. |
| What is or was your work address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [4] Branch Auto Populate for Employmer | nt Type Self. Comp n U.S. Military Inst | | Work Location in U.S. and |
| What is the name of the U.S. military installation? | [Text] | | |

| [3] Branch Auto Populate for Employmer | nt Type Self. Com | pany or No | Company. W | ork Loca | ation Not in U.S. |
|---|--|-------------|--------------------|-----------|-------------------|
| Where is or was your work address? | | | | | |
| Please provide physical address (not mailing address). | [Text] | | | | |
| City | [Text] | | | | |
| Country | [Dropdown] | | | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] |] No | |
| [4] Branch Auto Populate for Employmer and in U.S. Milita | nt Type Self. Com ary Installation or | | | ork Loca | ation Not in U.S. |
| What is the name of the U.S. military installation or U.S. diplomatic facility? | [Text] | | | | |
| What is the APO/FPO/DPO ZIP Code for the U.S. military installation or U.S. diplomatic facility? | [Text] | | | | |
| [1] Branch Auto Populate | e for Employment | Type Self. | Details and V | Verifier. | |
| What is or was your job title? | [Text] | | | | |
| Who can verify your self-employment? (Unless there is no one else who can verif partner from a civil union, domestic partr spouse-like relationship with; or any relat | ership, or commo | | | | |
| Last Name | [Text] | [] Letter | (s) Only | | |
| First Name | [Text] | [] Letter | (s) Only | | |
| Suffix | [Dropdown] | | | | |
| | | [] None | | | |
| [1] Branch Auto Populate f | or Employment Ty | /pe Self. V | erifier Phone | Number | S. |
| What is their phone number? (You may list more than one.) | [Country Code N Extension Type] | | [] [Day/Night/f | Both] | [] I Don't Know |
| [1] Branch Auto Populate | for Employment T | ype Self. 🕚 | Verifier Email | Address | i. |
| What is their email address? (You may list more than one.) | [Address + Type] | [] I Don't | t Know | | |

| [1] Branch Auto Populate f | or Employment Typ | e Self. Verifier Addre | ess Question. |
|--|--|--|-----------------------------|
| Does this person currently live or work in the U.S.? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [2] Branch Auto Populate for What is their current address? | Employment Type | Self. Verifier Address [] I Don't Know | s in the U.S. |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes [] l Don't Know | [] No |
| [3] Branch Auto Populate for Employ | ment Type Self. Ve Installation. | rifier Address in the l | U.S. and in U.S. Military |
| What is the name of this U.S. military installation? | [Text] | [] I Don't Know | |
| [2] Branch Auto Populate for Er Where are they currently located? | nployment Type Se | elf. Verifier Address N [] l Don't Know | lot in the U.S. |
| Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [3] Branch Auto Populate for Employm Install | ent Type Self. Verif ation or U.S. Diplon | | e U.S. but in U.S. Military |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] I Don't Know | |
| | | [] Not Applicable | |

| What is the APO/FPO/DPO ZIP Code for the U.S. military installation or U.S. diplomatic facility? | [Text] | [] l Don't | Know | | |
|---|-------------------------------------|--------------|-----------------|-----------|-----------------|
| [1] Branch Auto Populate for E | mployment Type S | elf. Additio | onal Emplo | yment Ins | stance. |
| Do you have another self-employment activity to report? (Do not list employments before your 18th birthday unless to provide a minimum of 2 years employment history) | | [] Yes | | [] No | |
| [1] Branch Auto Po | opulate for Unempl | oyed. Date | es and Veri | fier. | |
| When were you unemployed? | | | | | |
| From | [mm/yyyy] | [] Estima | ted | | |
| То | [mm/yyyy] | [] Estima | ted | [] Presen | t |
| Who can verify your activities while unen (Unless there is no one else who can veri partner from a civil union, domestic partr spouse-like relationship with; or any relat | fy the unemploymenership, or commor | ent, please | do not list | yourself, | your spouse; |
| Last Name | [Text] | [] Letter(| s) Only | | |
| First Name | [Text] | [] Letter(| s) Only | | |
| Suffix | [Dropdown] | | | | |
| | | [] None | | | |
| [1] Branch Auto Popu | late for Unemploy | ed. Verifie | r Phone Nu | umber. | |
| What is their phone number? (You may list more than one.) | [Country Code Nu Extension Type] | ımber | [] [Day/Nigł | nt/Both] | [] I Don't Know |
| [1] Branch Auto Pop | ulate for Unemploy | ed. Verifie | r Email Ad | dress. | |
| What is their email address? (You may list more than one.) | [Address + Type] | [] l Don't | Know | | |
| [1] Branch Auto F | Populate for Unemp | loyed. Ver | ifier Addre | SS. | |
| Does this person currently live or work in the U.S.? | | [] Yes | | [] No | |
| | | [] l Don't | Know | | |
| [2] Branch Auto Populate | e for Unemployed. | | | ne U.S. | |
| What is their current address? | | [] l Don't | Know | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | | | |

| City | [Text] | | |
|--|----------------------|--|-------------------------------|
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes [] I Don't Know | [] No |
| [3] Branch Auto Populate for Unemple | oyed. Verifier Addro | ess in the U.S. and U | .S. Military Installation. |
| | [Text] | [] l Don't Know | , |
| [2] Branch Auto Populate f Where are they currently located? | or Unemployed. Ve | rifier Address Not in [] I Don't Know | the U.S |
| Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [3] Branch Auto Populate for Unemployed | | | U.S. Military Installation or |
| | Diplomatic Facil | | |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] I Don't Know | |
| | | [] Not Applicable | |
| What is the APO/FPO/DPO ZIP Code? | [Text] | [] I Don't Know | |
| [1] Branch Auto Popula | te for Unemployed. | Additional Activity | Question. |
| Do you have another unemployment activity to report? (Do not list employments before your 18th birthday unless to provide a minimum of 2 years employment history) | | [] Yes | [] No |

*** End Of Branch ***

Section 08 - Other Federal Employment

This section asks for information regarding former Federal civilian employment that is outside of the past five years and not reported in section 7. Do not repeat employment that occurred in the past five years that you reported in section 7. This information is requested to determine the reason you left the former federal employment and whether you had any conduct issues or any disciplinary actions. This section does not apply to military service.

| Other than employment listed in section 7, have you worked for the U.S. Federal Government outside of the past five years? | | [] Yes | [] No |
|--|------------------------------|------------------------|-------------------------|
| [1] Branch Auto Populate for | Federal Employme | ent Outside Past Five | Years. Dates. |
| When did you work for this federal agenc | y? | | |
| From | [mm/yyyy] | [] Estimated | |
| То | [mm/yyyy] | [] Estimated | |
| [1] Branch Auto Populate for Fede | eral Employment O | utside Past Five Year | s. Identify Agency. |
| What federal agency did you work for? | [Dropdown] | | |
| [1] Branch Auto Populate for Federa | al Employment Out | side Past Five Years. | Disciplinary Actions. |
| Did you receive any disciplinary actions during this employment? (Examples of disciplinary actions include terminations, written warnings, official reprimands, official counseling, and suspensions) | | [] Yes | [] No |
| [2] Branch Auto Populate for Federal Em | ployment Outside Actions. | Past Five Years. Affir | mative for Disciplinary |
| Which disciplinary action did you receive? (Check one. There will be an opportunity to input multiple entries.) | [Dropdown] | | |
| Why did you receive this disciplinary action? (Include a description of the offense for which you received this disciplinary action, when the offense occurred, and any other important details.) | [Text] | | |
| When did you receive this disciplinary action? | [mm/dd/yyyy] | [] Estimated | |
| Who gave you this disciplinary action? | [Text] | | |

| Last Name | [Text] | | | |
|--|--|------------|-----------------------------|--|
| First Name | [Text] | | | |
| Suffix | [Dropdown] | | | |
| | | [] None | | |
| [2] Branch Auto Populate for Federal | Employment Outsic Action Question | | dditional Disciplinary | |
| Do you have another disciplinary action for this period of federal employment to report ? | | [] Yes | [] No | |
| [1] Branch Auto Populate for Federal Em | ployment Outside Report with Same A | | e Left, Another Instance to | |
| Why did you leave this Federal employment? | [Text] | | | |
| Do you have another period of federal employment with this federal agency to report? | | [] Yes | [] No | |
| [1] Branch Auto Populate for Federal | Employment Outsic Employment to R | | nother Instance Federal | |
| Do you have another period of federal employment to report? | | [] Yes | [] No | |
| | *** End Of Brar | nch *** | | |
| Section 09 - U.S. Military and | U.S. Uniforme | ed Service | | |
| This section asks questions regarding your U.S. military or U.S. uniformed service, as applicable. The military service you listed in the employment section, if any, was based on each duty station you were assigned to in the past five years. This section requests each period of military service in which you currently serve or for which you received a DD-214, Certificate of Release or Discharge. Do not break out separate enlistment periods unless you received a DD-214. List all periods of service even if you listed them in Section 7 - Employment Activities. | | | | |

| Have you ever served in the U.S. military or a U.S. uniformed service? | | [] Yes | [] No |
|---|----------------------|----------------------|------------|
| [1] Branc | h Auto Populate for | Military Service. | |
| When did you serve? (Start with your mo | ost recent period of | service and work bac | ck.) |
| From | [mm/dd/yyyy] | [] Estimated | |
| То | [mm/dd/yyyy] | [] Estimated | [] Present |
| Which branch of service are you or were you in? | [Dropdown] | | |

[2] Branch Auto Populate for Military Service, Branch Service, National Guard. Which state or territory do you or did you [Dropdown] serve in the National Guard?

| [1] Branch Auto Populate | e Employment Typ | e as U.S. Military. Ra | ank Details. |
|--|-------------------------------------|--------------------------------------|-------------------------|
| Rank (List the alpha-numeric identifier for highest rank achieved for this period of service such as E-1, O-3, etc.) | [Text] | | |
| [1] Branch Auto Pop | oulate for U.S. Milit | ary Service, Duty St | atus. |
| What is or was your duty status? | [Dropdown] | | |
| [2] Branch Auto Populate for U.S. Military Please explain. | Service, Explanati [Text] | on for Selection of " | Other" for Duty Status. |
| [2] Branch Auto Populate for What type of discharge or separation did you receive? | U.S. Military Servi [Dropdown] | ce, Discharge/Separ | ation Type. |
| [3] Branch Auto Populate for U | .S. Military Service | , Discharge/Separat | ion Explanation. |
| Why were you discharged or separated? | [Text] | | |
| [1] Branch Auto Popula | ate for U.S. Military | Service, Disciplinary | y Action. |
| Did you receive any disciplinary actions for this period of service? | | [] Yes | [] No |
| [2] Branch Auto Populate for Which disciplinary action did you receive? (Check one. There will be an opportunity to input multiple entries.) | U.S. Military Servi [Dropdown] | ce, Disciplinary Action | on Details. |
| [3] Branch Auto Populate for | U.S. Military Servio | e, Disciplinary Actio | n Explanation. |
| Please explain. | [Text] | | |
| [2] Branch Auto Populate for U. When did you receive this disciplinary action? | | Disciplinary Action, [] Estimated | Time Frame. |
| | Military Convice D | incipling my Action D | an antical Electric and |
| [3] Branch Auto Populate for U.S. | | | |
| Did you report this disciplinary action in s (7), Employment Activities? | section seven | [] Yes | [] No |
| [4] Branch Auto Populate for | U.S. Military Servio | ce, Disciplinary Actio | on Description. |
| Why did you receive this disciplinary action? (Include a description of the offense for which you received this disciplinary action, when the offense occurred, and any other important details.) | [Text] | | |
| Who gave you this disciplinary action? | | [] I Don't Know | |

| [3] Branch Auto Populate for | U.S. Military Servic | e, Disciplinary Actior | , Court Martial. |
|---|-----------------------|------------------------------------|-----------------------------|
| What type of court-martial did you have? | [Dropdown] | | |
| Did this court-martial take place in the U.S.? | | [] Yes | [] No |
| [4] Branch Auto Populate for U.S | . Military Service, D | <mark>isciplinary Action, C</mark> | ourt Martial in U.S. |
| Where did this court-martial take place? | | | |
| City | [Text] | | |
| County Or County Equivalent | [Text] | | |
| State or Territory | [Dropdown] | | |
| What is the name of the U.S. military installation? | [Text] | | |
| [4] Branch Auto Populate for U.S. N | Ailitary Service, Dis | ciplinary Action, Cou | rt Martial Not in U.S. |
| Where did this court-martial take place? | | | |
| City | [Text] | | |
| Country | [Text] | | |
| What is the APO or FPO ZIP Code? | [Text] | | |
| What is the name of the U.S. military installation? | [Text] | | |
| [3] Branch Auto Populate for U.S. Militar | y Service, Disciplin | ary Action, Court Ma | rtial Additional Questions. |
| What is the date of the offense for which you were court-martialed? | [mm/yyyy] | [] Estimated | |
| Did this offense occur in the U.S.? | | [] Yes | [] No |
| [4] Branch Auto Populate for U.S. Mili | tary Service, Discip | linary Action, Court | Martial, Offense in U.S. |
| Where did it occur? | | | |
| City | [Text] | | |
| County or County Equivalent | [Text] | | |

| State or Territory | [Dropdown] | | |
|---|---|-----------------------|-------------------------------|
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [5] Branch Auto Populate for U.S. Milita | ry Service, Disciplin U.S. Military Instal | | artial, Offense in U.S. and |
| What is the name of the U.S. military installation? | [Text] | | |
| [4] Branch Auto Populate for U.S. Milita | ry Service, Discipli | nary Action, Court M | artial, Offense Not in U.S. |
| Where did it occur? | | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| [5] Branch Auto Populate for U.S. Military | Service, Disciplina | ry Action, Court Mar | tial, Offense Not in U.S. but |
| on U.S. Milit | ary Installation or I | Diplomatic Facility. | |
| What is the name of the U.S. military installation or U.S. diplomatic facility? | [Text] | | |
| What is the APO/FPO/DPO ZIP Code for the U.S. military installation or U.S. diplomatic facility? | [Text] | | |
| [3] Branch Auto Populate for U.S. Mil | itary Service, Disci Questions. | plinary Action, Court | Martial Circumstances |
| Was domestic violence involved? For this section, "domestic violence" is a crime of violence (such as battery or assault) against your parents or guardians; child; dependent; current or former spouse; current or former partner from a civil union, domestic partnership, or common law marriage; person you are in a committed, spouse-like relationship with; or someone with whom you share a child in common. This includes crimes that meet this definition even if the term "domestic violence" is not specifically | | [] Yes | [] No |

| Were firearms involved? | | [] Yes | [] No |
|--|-------------------------------------|------------------------|-----------------------------|
| Were explosives involved? | | [] Yes | [] No |
| Were drugs involved? | | [] Yes | [] No |
| Was alcohol involved? | | [] Yes | [] No |
| What were the circumstances surrounding this offense? (Include what happened, why you were charged, who was involved, and any other important details.) | [Text] | | |
| [3] Branch Auto Populate for U.S. | Military Service, D | isciplinary Action, Co | urt Martial, Charges. |
| What were your charges under the Uniform Code of Military Justice (UCMJ) for this offense? (Input one charge at a time. There will be an opportunity to input multiple entries.) | [Text] | | |
| What was the outcome for this charge? | [Dropdown] | | |
| - | | | |
| [4] Branch Auto Populate for U.S. Milit | | linary Action, Court I | Martial, Charge Outcome. |
| Please explain. | [Text] | | |
| [4] Branch Auto Populate for U.S. Milit | tary Service, Discip Consequence | | Martial, Charge Outcome |
| What were the consequences of this disciplinary action? (Select all that apply.) | [Dropdown] | | |
| [4] Branch Auto Populate for U.S. Milit | tary Service, Discip | linary Action, Court | Martial, Charge Outcome |
| | Other. | | |
| Please explain. | [Text] | | |
| [3] Branch Auto Populate for U.S. Milita | ary Service, Discipl | inary Action, Court M | lartial, Additional Charge. |
| Do you have another charge for this offense to report? | | [] Yes | [] No |
| [2] Branch Auto Populate for | U.S. Military Servio | | |
| Do you have another disciplinary action for this period of service to report? | | [] Yes | [] No |
| [1] Branch Auto Populate | for U.S. Military Ser | vice, Additional Serv | rice Question. |
| Do you have another period of service to report? | | [] Yes | [] No |

*** End Of Branch ***

Section 10 - People Who Know You Well

This section asks for information regarding people who know you well (such as associates, friends, or peers) and are aware of your activities outside of your neighborhood, school, or workplace. Examples of outside activities include free time, recreational, or social. Please provide three people who you have known collectively for the past five years or longer and who preferably live in the U.S. Do not list your spouse; partner from a civil union, domestic partnership, or common law marriage; person you are in a committed, spouse-like relationship with; relatives; or anyone you've listed previously on this questionnaire.

List an associate, friend, peer, or other person who knows you well and is aware of your activities outside of your neighborhood, school, or workplace.

What is their name?

| Last Name | [Text] | | | |
|---|---------------------------------------|---|--|--|
| First Name | [Text] | | | |
| Middle Name | [Text] | [] I Don't Know | | |
| Suffix | [Dropdown] | [] None | | |
| When did you meet this individual? | [mm/yyyy] | [] Estimated | | |
| When was your last contact with this individual? | [mm/yyyy] | [] Estimated | | |
| How often do you have contact with this individual? | [Dropdown] | | | |
| [2] Branch Auto Populate for Referer | nce, Explanation fo Dropdown Menu. | r Selection of "Other" for Frequency in | | |
| Please explain. [| Text] | | | |
| [1] Branch Auto Po | opulate for Referen | ce, Additional Question. | | |
| What is your current relationship with this individual? | [Text] | | | |
| [1] Branch Auto Populate for Reference, Phone Number. | | | | |
| What is their phone number? | [Country Code Nu Extension Type] | | | |
| [1] Branch Auto Populate for Reference, Email Address. | | | | |
| What is their email address? (You may | [Address + | [] I Don't Know | | |

| list more than one.) | Type] | | |
|--|----------------------|---------------------------|--------------------------|
| [1] Branch Auto Populate for Reference, Address Location. | | | |
| Do they currently live or work in the U.S.? | | [] Yes | [] No |
| | pulate for Reference | e, Address in the U. | S. |
| What is their address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes [] I Don't Know | [] No |
| [3] Branch Auto Populate for Re | eference, Address i | n U.S. and in U.S. Mi | litary Installation. |
| What is the name of this U.S. military installation? | [Text] | [] I Don't Know | |
| [2] Branch Auto Popu | late for Reference, | Address Not in the | U.S. |
| Where are they located? | | | |
| Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | [Text] | [] I Don't Know | |
| [3] Branch Auto Populate for Referen | | U.S. but in Military In | stallation or Diplomatic |
| | Facility. | | |
| What is the name of the U.S. military installation or U.S. diplomatic facility? | [Text] | [] l Don't Know | |
| What is the APO/FPO/DPO ZIP Code for the U.S. military installation or U.S. diplomatic facility? | [Text] | | |

[1] Branch Auto Populate for Reference, Additional Reference.

[] Yes

Do you have another individual who knows you well to report? (You must list three people who you have known collectively for the past five years.)

[] No

*** End Of Branch ***

Section 11 - Police Record

This section asks for information regarding your encounters with law enforcement and court systems, specifically any arrests, charges, convictions, or sentences you have had, as applicable.

• Report applicable incidents (such as arrests, charges, etc.) that occurred in the U.S. or in a foreign country. Foreign country means any geographic location not within the 50 U.S. states, District of Columbia, and U.S. territories.

• Report charges filed in federal, state, local, tribal, or non-U.S. courts, as applicable.

• Report information even if your record was expunged, sealed, or otherwise stricken from the court record. However, do 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.

• Do not report crimes you listed in Section 9 (those you were charged with under the Uniform Code of Military Justice (UCMJ)).

• Omit any violation of law committed before your 18th birthday if finally decided in juvenile court or appealed from juvenile court to a higher court and dismissed.

For this section:

For 11.1.A This question asks for information regarding what are typically low-level civil or traffic violations or offenses (such as, jay walking, or running a red light) in which you have received a written notice from a law enforcement officer or other authorized official to appear in court or to pay a fine. These written notices include citations, summons, or tickets. This question differs from the next in that 11.1.B refers to offenses that rise to a higher level, such as misdemeanors, felonies, or their equivalents.

Have you received a citation, summons, ticket, or other similar written notice to appear in court or pay a fine in the past five years? (Answer "No" if it was for a traffic violation where the fine was under \$1,000 and the offense did not involve alcohol or drugs.) [] Yes

[] No

For 11.1.B This question asks for information regarding offenses where you received a document listing criminal charges and to appear in criminal court. These documents are typically for offenses such as misdemeanors, felonies, or their equivalents. The written documents could include citations, summons, tickets, complaints, arrest warrants, or indictments.

| Were you charged with, convicted of, or sentenced for a crime in the past five years? | [] Yes | [] No |
|---|--------|-------|
| Have you been on probation in the past five years? (Answer "Yes" even if your probation was part of a criminal sentence for a crime in which you | [] Yes | [] No |

| were found guilty) | | | |
|--|--|---|--|
| Have you been on parole or supervised release in the past five years? | | [] Yes | [] No |
| [1] Branch Auto Popul | ate for any Affirma | tive Answer to Police | e Record. |
| What is the date of the offense? | [mm/dd/yyyy] | [] Estimated | |
| Did this offense occur in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate for a Where did it occur? | ny Affirmative Ansv | ver to Police Record, | U.S. Address. |
| City | [Text] | | |
| County or County Equivalent | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| [2] Branch Auto Populate for any Where did it occur? | Affirmative Answe | r to Police Record, N | on-U.S. Address. |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Populate for any | Affirmative Answer | to Police Record, Ac | lditional Information. |
| Domestic violence is a crime of violen guardians; child; dependent; current or domestic partnership, or common law n relationship with; or someone with who meet this definition even if the term "do charge or conviction. | former spouse; cur narriage; person yo m you share a chilo | rent or former partn u are in a committed l in common. This ind | er from a civil union, d, spouse-like cludes crimes that |
| Was domestic violence involved? | | [] Yes | [] No |
| Were firearms involved? | | [] Yes | [] No |
| Were explosives involved? | | [] Yes | [] No |
| Were drugs involved? | | [] Yes | [] No |

| Was alcohol involved? | | [] Yes | [] No |
|---|-----------------------------------|-----------------------|-----------------------|
| Why were you charged, cited, summoned, or ticketed? (Describe the offense to include what happened, who was involved, what the motivation was, and any other details. If domestic violence, firearms, explosives, drugs, or alcohol were involved in the offense, please explain.) | [Text] | | |
| What is the name of the law enforcement agency involved? (Do not use acronyms.) | [Text] | | |
| Is this law enforcement agency in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate for any Affirm | ative Answer to Pol Address. | lice Record, Law Enfo | prcement Agency, U.S. |
| What is the address for this law enforcem | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| [2] Branch Auto Populate for any Affirma | ative Answer to Pol Address. | lice Record, Enforcen | nent Agency, Non-U.S. |
| Where is this law enforcement agency loo | | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Populate for any Affirm | native Answer to Po Questions. | olice Record, Other L | aw Enforcement Agency |
| Were you arrested for this offense? | | [] Yes | [] No |
| [2] Branch Auto Populate for | any Affirmative An | swer to Police Recor | d, Arrested. |
| Did the same law enforcement agency you listed above arrest you? | | [] Yes | [] No |

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| [3] Branch Auto Populate for any Affirm | native Answer to Po | lice Record. | Other Law Enforcement Agency. |
|--|--------------------------------------|-----------------------------|-------------------------------|
| What is the name of the law enforcement agency that arrested you? (Do not use acronyms.) | [Text] | | |
| Is this law enforcement agency in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate for any Affirma | tive Answer to Poli U.S. Address. | ce Record. O | ther Law Enforcement Agency, |
| What is the address for this law enforcem | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| [2] Branch Auto Populate for any Affirma | | | ther Law Enforcement Agency, |
| Where is this law enforcement agency loo | Non-U.S. Address cated? |). | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Populate for an | y Affirmative Answ | er to Police R | ecord. Court Information. |
| Did you go to court or are you waiting to go to court? | | [] Yes | [] No |
| [2] Branch Auto Populate for any | Affirmative Answe | | |
| Did you pay a fine? | any Affirmative And | [] Yes | [] No |
| [3] Branch Auto Populate for a How much was this fine? | I Text] | | Record. Fine Payment. |
| now much was this me: | | | |
| Did you pay this fine in full? | | [] Yes | [] No |
| [4] Branch Auto Populate for a | ny Affirmative Answ | ver to Police | Record, Fine Paid In Full. |
| When did you pay this fine in full? | [mm/yyyy] | [] Estimated | ł |
| [4] Branch Auto Populate for any | Affirmative Answe | <mark>r to Police Re</mark> | cord. Fine Not Paid In Full |
| Please explain. | [Text] | | |
| [2] Branch Auto Populate for any Please explain. | Affirmative Answe [Text] | r to Police Re | cord. Fine Explanation |

| [2] Branch Auto Populate for an What is the name of the court you appeared in or are to appear in? (Do not use acronyms.) | ny Affirmative Answer to Police Record. Court Details [Text] |
|--|--|
| Is this court in the U.S.? | [] Yes [] No |
| [3] Branch Auto Populate for any | Affirmative Answer to Police Record. Court, U.S. Address |
| What is this court's address? | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] |
| City | [Text] |
| State or Territory | [Dropdown] |
| ZIP Code | [Text] |
| [3] Branch Auto Populate for any A | ffirmative Answer to Police Record. Court, Non-U.S. Address |
| Where is this court located? | |
| City | [Text] |
| Country | [Dropdown] |
| [1] Branch Auto Populate for an | y Affirmative Answer to Police Record. Charge and Type. |
| What is or was your charge? (If there is more than one charge for this offense, input one charge at a time. There will be an opportunity to input multiple entries.) | [Text] |
| What type of charge is this? | [Dropdown] |
| | native Answer to Police Record. Explanation for Selection of Type of Charge Dropdown Menu. |
| Please explain. | [Text] |
| [1] Branch Auto Populate for an | y Affirmative Answer to Police Record. Charge, Outcome. |
| What was the outcome for this charge? | [Dropdown] |
| | native Answer to Police Record. Explanation for Selection or in Outcome Dropdown Menu. |
| Please explain. | [Text] |
| [2] Branch Auto Populate for any Affirm What were the specific court requirements you had to complete before this charge was dismissed or | native Answer to Police Record. Charge, Outcome Dismissed. [Dropdown] |

disposed of? (Select all that apply.) [2] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Outcome Awaiting Trial. When is your court date? [mm/yyyy] [] Estimated [2] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Explanation for Selection of "Other" in Court Requirements Dropdown Menu. Please explain. [Text] [2] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Outcome Guilty. [] Yes [] No Were you sentenced? [3] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Outcome Guilty, Date Sentenced. When is your sentencing? [mm/yyyy] [] Estimated [3] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Outcome Guilty, Type of Sentence What was your sentence? (Select all [Dropdown] that apply.) [4] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Outcome Guilty, Explanation for Selection of "Other" in Sentenced Type Dropdown Menu. Please explain. [Text] [4] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Outcome Guilty, Sentenced Imprisoned. Were you sentenced to imprisonment? [] Yes [] No When were you incarcerated? From [mm/yyyy] [] Estimated То [mm/yyyy] [] Estimated What is the name of the facility in [Text] which you were incarcerated? (Do not use acronyms.) [5] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Outcome Guilty, Sentenced Imprisoned, Location Is this facility in the U.S.? [] Yes [] No [6] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Outcome Guilty, Sentenced Imprisoned, U.S. Address. What is the address of this facility? Street [Text] City [Text]

State or Territory

[Dropdown]

| ZIP Code | [Text] | | | |
|---|---|--------------------|---------------------------|--|
| [6] Branch Auto Populate for any Affirma Im | tive Answer to Poli prisoned, Non-U.S. | | Outcome Guilty, Sentenced | |
| Where is this facility located? | | | | |
| City | [Text] | | | |
| Country | [Dropdown] | | | |
| [4] Branch Auto Populate for any Affirma | tive Answer to Poli Imprisoned, Par | | Outcome Guilty, Sentenced | |
| Were you granted parole or supervised release? | | [] Yes | [] No | |
| [5] Branch Auto Populate for any Affirma | tive Answer to Poli mprisoned, Parole | | Outcome Guilty, Sentenced | |
| What are or were the dates of your parole | e or supervised rele | ease? | | |
| From | [mm/yyyy] | [] Estimated | | |
| То | [mm/yyyy] | [] Estimated | | |
| [3] Branch Auto Populate for any Affirmative Answer to Police Record. Charge, Outcome Guilty, Sentenced Imprisoned, Probation. | | | | |
| Were you given probation? | | [] Yes | [] No | |
| [4] Branch Auto Populate for any Affirma Im | tive Answer to Poli prisoned, Probatio | | Outcome Guilty, Sentenced | |
| What are or were the dates of your proba | tion? | | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | | |
| [2] Branch Auto Populate for any Affirma | ative Answer to Pol Another Charge | | Case Closed Question. | |
| Do you have another charge for this offense to report? | Another energe. | [] Yes | [] No | |
| Is your case closed? | | [] Yes | [] No | |
| [3] Branch Auto Populate for any Aff | irmative Answer to | Police Record. Cha | rge, Case Closed Date. | |
| When was your case closed? | [mm/yyyy] | [] Estimated | | |

| [3] Branch Auto Populate for any Affirm | native Answer to Po Closed. | lice Record. Charge, | Explanation for Case not |
|--|--------------------------------|----------------------|---------------------------|
| Please explain. | | [] Yes | [] No |
| | *** End Of Branc | h *** | |
| Were you arrested for a crime in the past five years but not charged? | | [] Yes | [] No |
| [1] Branch Auto Populate for Affirmat | ive Answer to Arre | sted Not Charged in | Past Five Years. Details. |
| When were you arrested? | [mm/yyyy] | [] Estimated | |
| What is the name of the law enforcement agency that arrested you? (Do not use acronyms.) | [Text] | | |
| Is this law enforcement agency in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmative | Answer to Arrested U.S. | l Not Charged, Law E | Enforcement Location in |
| What is the address for this law enforcen | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| [2] Branch Auto Populate for Affirmative | Not in U.S. | ed Not Charged, Law | Enforcement Location |
| Where is this law enforcement agency lo | cated? | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Populate for Affi | rmative Answer to | Arrested Not Charge | ed, Offense Details. |
| Why were you arrested? (Describe the circumstances that led to your arrest.) | [Text] | | |
| What is the date of the offense for which you were arrested? | [mm/yyyy] | [] Estimated | |

| Did this offense occur in the U.S.? | | [] Yes | [] No |
|--|--------------------------------------|-------------------|--------------------------------|
| [2] Branch Auto Populate for Affirmati Where did it occur? | ve Answer to Arres | sted Not Charged | , Offense Location in U.S. |
| County or County Equivalent | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| [2] Branch Auto Populate for Affirma Where did it occur? | ative Answer to Ar | rested Not Charge | ed, Location Not in U.S. |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Populate for Affirmat | ve Answer to Arre | sted Not Charged | l, Additional Offense Details. |
| Was domestic violence involved? | | [] Yes | [] No |
| Were firearms involved? | | [] Yes | [] No |
| Were explosives involved? | | [] Yes | [] No |
| Were drugs involved? | | [] Yes | [] No |
| Was alcohol involved? | | [] Yes | [] No |
| [2] Branch Auto Populate for A Please explain. | Affirmative Answei [Text] | r to Arrested Not | Charged, Explain |
| [1] Branch Auto Populate for Affirmative | e Answer to Arrest Instance to Re | | Additional Questions. Another |
| What was the official reason you weren't charged? | [Text] | | |
| Do you have another instance in which you were arrested for a crime in the past five years but not charged to report? | | [] Yes | [] No |
| | *** End Of Bran | ch *** | |
| Is there currently a domestic violence, restraining, protective, stay-away, no- | | [] Yes | [] No |

contact, anti-harassment order, or similar order issued against you?

| [1] Branch Auto Populate for Affirm | ative Answer Orde | rs against Individual | . Date and Location. |
|--|--|------------------------|----------------------------|
| When was this order issued? | [mm/yyyy] | [] Estimated | |
| ls the court that issued this order in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate for Affirm | native Answer Orde | ers against Individual | I. U.S. Location. |
| What is this court's address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| [2] Branch Auto Populate for Affirma Where is this court located? | tive Answer Orders | against Individual. | Non-U.S. Location. |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Populate for Affir | mative Answer Ord | lers against Individua | al. Protected Party. |
| Who is the protected party in the order? (List all if more than one party.) | [Dropdown] | | |
| [2] Branch Auto Populate for Affirmative "Other" for | Answer Orders aga Protected Party Dro | | anation for Selection of |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate for Affirmative | e Answer Orders ag | ainst Individual. Add | itional Details Questions. |
| What is the expiration date of the order? | [mm/yyyy] | [] Estimated | |
| Why was this order issued against you? (Describe the circumstances that led to this order being issued.) | [Text] | | |
| | *** End Of Branc | h *** | |

Section 12 - Drug Activity

This section asks for information regarding your use of illegal drugs or misuse of controlled substances (excluding marijuana or cannabis derivatives which are discussed in the next section) or prescription drugs as applicable. Questions focus on the type of illegal drugs, controlled substances, or prescription drugs; the

frequency of your use; the circumstances surrounding your use; the impacts on your personal and professional activities; and any actions you've taken to overcome any drug-related concerns, as applicable. Your truthful responses and any information derived from your responses will not be used as evidence against you in a subsequent criminal proceeding. This applies whether or not you are employed by the Federal government.

For this section:

• A controlled substance is as defined in 21 U.S.C. 802.

• A prescription drug (also referred to as prescription medication or prescription medicine) is a pharmaceutical drug that legally requires a medical prescription to be dispensed.

• An illegal drug is a drug or substance which a person is forbidden by law to own, possess, distribute, or use.

• Use of a drug or controlled substance includes injecting, snorting, smoking, inhaling, swallowing,

experimenting with, or otherwise consuming any drug or controlled substance.

• Report your use of an illegal drug or your misuse of a controlled substance or prescription drug whether or not you were arrested, charged, or convicted of breaking any laws.

• Report drugs or controlled substances (excluding marijuana or cannabis derivatives which are discussed in the next section) that are illegal under federal law, even if legal under state or foreign (non-U.S.) laws.

| Have you used an illegal drug or misused a controlled substance (excluding marijuana or cannabis derivatives) in the past five years or since the age of 16 (if you are under 21)? | | [] Yes | [] No |
|---|---|--------------|----------------------------|
| [1] Branch Auto Populate for Affirmative | Answer to Drug Use Years. Type of D | | Substance in the past Five |
| What type of illegal drug did you use or controlled substance did you misuse? (Check one. There will be an opportunity to input multiple entries.) | [Dropdown] | | |
| [2] Branch Auto Populate for Affirmative Five Years. Explanation for S Please explain. | | | |
| [1] Branch Auto Populate for Affirmative Ye | Answer to Drug Use ears. Drug Use, Dat | | Substance in the past Five |
| When was the first time you used this illegal drug or misused this controlled substance? | [mm/yyyy] | [] Estimated | |
| When was the last time you used this illegal drug or misused this controlled substance? | [mm/yyyy] | [] Estimated | |
| [2] Branch Auto Populate for Affirmative Five | Answer to Drug Use Years. Additional D | | Substance in the past |
| How many times did you use this illegal drug or misuse this controlled substance? | [Text] | | |
| What were the circumstances | [Text] | | |

surrounding your use of this illegal drug or misuse of this controlled substance?

Did you use this illegal drug or misuse this controlled substance while in a national security position? (A national security position is defined as any position in a department or agency, where the occupant of which could bring about, by virtue of the nature position, a material adverse effect on the national security regardless of whether the occupant has access to classified information and regardless of whether the occupant is an employee, military service member, or contractor.)

[] Yes

[] Yes

[] No

[] No

[3] Branch Auto Populate for Affirmative Answer to Drug Use/Misused Controlled Substance in the past Five Years. Used While in National Security Position.

Please explain. (Include when and how [Text] many times you used this illegal drug or misused this controlled substance while in a national security position)

[2] Branch Auto Populate for Affirmative Answer to Drug Use/Misused Controlled Substance in the past Five Years. Used While Employed in Criminal/Justice Position.

Did you use this illegal drug or misuse this controlled substance while employed in a criminal justice or public safety position? ("While employed" does not necessarily mean your use was "on the clock" or "on duty".)

[3] Branch Auto Populate for Affirmative Answer to Drug Use/Misused Controlled Substance in the past Five Years. Used While Employed in Criminal/Justice Position. Details.

What criminal justice or public safety [Dropdown] position were you in?

Please explain. (Include when and how [Text] many times you used this illegal drug or misused this controlled substance while employed in a criminal justice or public safety position.)

 [2] Branch Auto Populate for Affirmative Answer to Drug Use/Misused Controlled Substance in the past Five Years. Future Intent.
 Do you intend to use this illegal drug [] Yes [] No or misuse this controlled substance in

the future?

| [3] Branch Auto Populate for Affirmative / Years | | | e/Misused Controlled tent to Use. | Substance in the past Five |
|--|--------|-----------------------------|--|-----------------------------|
| Why? | [Text |] | | |
| [3] Branch Auto Populate for Affirmative / Years. I | | | e/Misused Controlled nt to Not Use. | Substance in the past Five |
| Why? | [Text |] | | |
| [2] Branch Auto Populate for Affirmative Five | | to Drug Us Another Ins | | |
| Do you have another instance of using an illegal drug or misusing a controlled substance (excluding marijuana or cannabis derivatives) in the past five years or since the age of 16 (if you are under 21) to report? | | | [] Yes | [] No |
| | *** Er | nd Of Branc | h *** | |
| Have you intentionally misused drugs prescribed for you or someone else in the past five years or since the age of 16 (if you are under 21)? ("Intentionally" means you deliberately misused prescription drugs as opposed to accidently.) | | | [] Yes | [] No |
| [1] Branch Auto Populate for Affirmative | | r to Misusec ug and Date | | in Past Five Years. Type of |
| What prescription drug did you intentionally misuse? (List one at a time. There will be an opportunity to input multiple entries.) | [Text |] | | |
| When was the first time you intentionally misused this prescription drug? | [mm/ | уууу] | [] Estimated | |
| When was the last time you intentionally misused this prescription drug? | [mm/ | уууу] | [] Estimated | |
| [1] Branch Auto Populate for Affirmative | Answe | r to Misused | d Prescription Drugs | in Past Five Years. Details |
| How many times did you intentionally misuse this prescription drug? | [Text |] | | |
| What were the circumstances surrounding your intentional misuse of prescription drugs? | [Text |] | | |
| Did you intentionally misuse this prescription drug while in a national | | 66 | [] Yes | [] No |

security position?

| [2] Branch Auto Populate for Affirmative Answer to Misused in National Security P | | n Past Five Years. While |
|--|--------|----------------------------|
| Please explain. (Include when and [Text] how many times you intentionally misused this prescription drug while in a national security position.) | | |
| [1] Branch Auto Populate for Affirmative Answer to Misus While Employed in Crimina | | s in Past Five Years. Used |
| Did you intentionally misuse this prescription drug while employed in a criminal justice or public safety position? ("While employed" does not necessarily mean your use was "on the clock" or "on duty".) | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmative Answer to Misuse While Employed in Criminal/Justic | | in Past Five Years. Used |
| What criminal justice or public safety [Text] position were you in? | | |
| Please explain. (Include when and how [Text] many times you intentionally misused this prescription drug while employed in a criminal justice or public safety position.) | | |
| [1] Branch Auto Populate for Affirmative Answer to Misus While Employed in Criminal/Justice | | |
| Do you intend to misuse this or any other prescription drugs in the future? | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmative Answer to Misuse While Employed in Criminal/Justice Position | | |
| Why? [Text] | | |
| [2] Branch Auto Populate f for Affirmative Answer to Mis Used While Employed in Criminal/Justice Position Why? | | |
| - | | |
| [1] Branch Auto Populate for Affirmative Answer to Misus While Employed in Criminal/Justice P | | |
| Do you have another instance of intentionally misusing prescription drugs in the past five years or since the age of 16 (if you are under 21) to report? ("Intentionally" means you deliberately misused prescription drugs as opposed to accidently.) | [] Yes | [] No |
| *** End Of Bran | ch *** | |
| Has your use of an illegal drug or misuse of a controlled substance (excluding marijuana or cannabis | [] Yes | [] No |

derivatives) or prescription drug negatively impacted your life in the past five years or since the age of 16 (if you are under 21)? (For example, have you experienced poor work or school performance; professional or personal relationship problems; or, financial, legal, or health issues.)

[1] Branch Auto Populate for Affirmative Answer for Drug Use, Negatively Impact

How has your use of an illegal drug or [Text] misuse of a controlled substance (excluding marijuana or cannabis derivatives) or prescription drug negatively affected your life?

When was your life negatively affected?

| From (Month/Year) | [mm/yyyy] | [] Estimated | |
|---|---|---------------------|--------------------------|
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present |
| | *** End Of Branch | ו *** | |
| Have you illegally possessed, purchased, manufactured, cultivated, trafficked, produced, transferred, shipped, received, handled, or sold any drug or controlled substance (excluding marijuana or cannabis derivatives) in the past five years or since the age of 16 (if you are under 21)? | | [] Yes | [] No |
| [1] Branch Auto Populate for Affi | rmative Answer for | Drug Use, Possesse | d, Purchased, etc. |
| What type of drug or controlled substance did you illegally possess, purchase, manufacture, cultivate, traffic, produce, transfer, ship, receive, handle, or sell? (Check one. There will be an opportunity to input multiple entries.) | [Dropdown] | | |
| [2] Branch Auto Populate for Affirmative "Other" for | Answer for Drug Us Type of Drug in Dro | | ased, etc., Selection of |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate for Affirmativ | ve Answer for Drug Details | Use, Possessed, Pur | chased, etc., Additional |
| When was the first time you illegally possessed, purchased, manufactured, cultivated, trafficked, produced, transferred, shipped, received, handled, or sold this drug or controlled substance? | [mm/yyyy] | [] Estimated | |

| When was the last time you illegally possessed, purchased, manufactured, cultivated, trafficked, produced, transferred, shipped, received, handled, or sold this drug or controlled substance? | [mm/yyyy] | [] Estimated | |
|--|--|--------------|-------------------------|
| How many times did you illegally possess, purchase, manufacture, cultivate, traffic, produce, transfer, ship, receive, handle, or sell this drug or controlled substance? | [Text] | | |
| What were the circumstances surrounding your illegal possession, purchase, manufacturing, cultivation, trafficking, production, transference, shipping, receiving, handling, or selling of this drug or controlled substance? | [Text] | | |
| Did you illegally possess, purchase, manufacture, cultivate, traffic, produce, transfer, ship, receive, handle, or sell this drug or controlled substance while in a national security position? | | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmativ | e Answer to Drug Security Position | | nased, etc., National |
| Please explain. (Include when and how many times you illegally possessed, purchased, manufactured, cultivated, trafficked, produced, transferred, shipped, received, handled, or sold this drug or controlled substance while in a national security position.) | [Text] | | |
| [1] Branch Auto Populate for Affirmat Jus | tive Answer for Dru stice/Public Safety I | | rchased, etc., Criminal |
| Did you illegally possess, purchase, manufacture, cultivate, traffic, produce, transfer, ship, receive, handle, or sell this drug or controlled substance while employed in a criminal justice or public safety position? ("While employed" does not necessarily mean your use was "on the clock" or "on duty".) | | [] Yes | [] No |

| [2] Branch Auto Populate for Affirmativ Justice/P | e Answer for Drug Public Safety Positic | | hased, etc., Criminal |
|--|--|---|-----------------------------|
| What criminal justice or public safety position were you in? | [Dropdown] | | |
| Please explain. (Include when and how many times you illegally possessed, purchased, manufactured, cultivated, trafficked, produced, transferred, shipped, received, handled, or sold this drug or controlled substance while employed in a criminal justice or public safety position.) | [Text] | | |
| [1] Branch Auto Populate for Affirmative | e Answer to Drug U | se, Possessed Purch | ased, etc., Future Intent. |
| Do you intend to illegally possess, purchase, manufacture, cultivate, traffic, produce, transfer, ship, receive, handle, or sell this drug or controlled substance in the future? | | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmative A | Answer to Drug Use Future Intent. | e, Possessed Purchas | ed, etc., Affirmative to |
| Why? | [Text] | | |
| [2] Branch Auto Populate for Affirmative | Answer to Drug Us Future Intent | se, Possessed Purcha | sed, etc., Negative to |
| Why? | [Text] | | |
| [1] Branch Auto Populate for Affirmative A | Answer to Drug Use | e, Possessed Purchas | ed, etc., Another Instance. |
| Do you have another instance of illegally possessing, purchasing, manufacturing, cultivating, trafficking, producing, transferring, shipping, receiving, handling, or selling any drug or controlled substance in the past five years or since the age of 16 (if you are under 21) to report? | | [] Yes | [] No |
| | *** End Of Brancl | ז *** | |
| Have you ever used an illegal drug or misused a controlled substance (excluding marijuana or cannabis derivatives) while in a national security position? (Answer "No" if this occurred in the past five years and you listed it above.) | | [] Yes | [] No |
| [1] Branch Auto Populate for Affirmative Security Position | | susing Controlled Su Years. Type of Drug | |
| What type of drug did you illegally use or controlled substance did you misuse while in a national security position? (Check one. There will be an opportunity to input multiple entries.) | [Dropdown] | | |

| [2] Branch Auto Populate for Affirmat National Security Position Outside past F | | tion for Selection of | |
|---|--------------------------------------|---|----------------------|
| Please explain. | [Text] | | |
| [1] Branch Auto Populate for Affirmative Security Position O | | lisusing Controlled S ars. Additional Ques | |
| When was the first time you used this illegal drug or misused this controlled substance while in a national security position? | [mm/yyyy] | [] Estimated | |
| When was the last time you used this illegal drug or misused this controlled substance while in a national security position? | [mm/yyyy] | [] Estimated | |
| How many times did you use this illegal drug or misuse this controlled substance while in a national security position? | [Text] | | |
| What were the circumstances surrounding your use of this illegal drug or misuse of this controlled substance while in a national security position? | [Text] | | |
| Do you have another instance of using an illegal drug or misusing a controlled substance while in a national security position to report? | | [] Yes | [] No |
| | *** End Of Brand | ch *** | |
| Have you ever used an illegal drug or misused a controlled substance (excluding marijuana or cannabis derivatives) while employed in a criminal justice or public safety position? ("While employed" does not necessarily mean your use was "on the clock" or "on duty". Answer "No" if this occurred in the past five years and you listed it above.) | | [] Yes | [] No |
| [1] Branch Auto Populate for Affirmat | | | d Substance While in |
| Criminal Justice/ What type of drug did you illegally use or controlled substance did you misuse while employed in a criminal justice or public safety position? (Check one. There will be an opportunity to input | Public Safety Positi [Dropdown] | on. Position Details. | |

multiple entries.)

| [2] Branch Auto Populate for Affirmati Criminal Justice/Public Safety Position. E | | | |
|---|--|--|----------------------------|
| Please explain. | [Text] | | |
| [1] Branch Auto Populate for Affirmative Justice/Po | Answer to Using/M ublic Safety Positior | | bstance While in Criminal |
| When was the first time you used this illegal drug or misused this controlled substance while employed in a criminal justice or public safety position? | [mm/yyyy] | [] Estimated | |
| When was the last time you used this illegal drug or misused this controlled substance while employed in a criminal justice or public safety position? | [mm/yyyy] | [] Estimated | |
| [1] Branch Auto Populate for Affirmative Justice/Public | Answer to Using/M Safety Position. Ac | | ıbstance While in Criminal |
| How many times did you use this illegal drug or misuse this controlled substance while employed in a criminal justice or public safety position? | [Text] | | |
| What criminal justice or public safety position were you in? | [Dropdown] | | |
| [2] Branch Auto Populate for Affirmati Criminal Justice/Public Safety Position. E Please explain. | | | |
| [1] Branch Auto Populate for Affirmative Justice/Public Safety | | isusing Controlled Su tances. Another Insta | |
| What were the circumstances surrounding your use of this illegal drug or misuse of this controlled substance while employed in a criminal justice or public safety position? | [Text] | | |
| Do you have another instance of using an illegal drug or misusing a controlled substance (excluding marijuana or cannabis derivatives) while employed in a criminal justice or public safety position to report? | | [] Yes | [] No |

| | *** End Of Branch | *** | |
|---|--|------------------------|-------|
| Were you ordered to get counseling or treatment as a result of your illegal use of drugs or controlled substances (excluding marijuana or cannabis derivatives), or your misuse of prescription drugs in the past five years or since the age of 16 (if you are under 21)? | | [] Yes | [] No |
| [1] Branch Auto Populate for Affirmative Drug Use or Misuse of Pres | | | |
| Who ordered you to get this counseling or treatment? (Check one. There will be an opportunity to input multiple entries.) | [Dropdown] | | |
| | in the Past Five Yea Ordered Dropdown | ars. Explanation for S | |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate for Affirmative Drug Use or Misuse of Pres | | | |
| Did you get this counseling or treatment? | | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmative A Drug Use or Misuse of Prescripti Please explain. (Include why you did not counseling or treatment, the consequence not getting it, if any, and any other impo- details.) | ion Drugs in the Pa get this [Text ces of] | | |
| [2] Branch Auto Populate for Affirmative A Drug Use or Misuse of Prescription Drug Was this order a result of your intentional misuse of prescription drugs? | | | |
| [3] Branch Auto Populate for Affirmative Drug Use or Misuse of Prese | | | |
| What is the name of the prescription drug? (List all, if more than one.) | [Text] | | |
| [2] Branch Auto Populate for Affirmative A Drug Use or Misuse of Prescri Was this order a result of your illegal use of drugs or controlled substances? | | | |
| [3] Branch Auto Populate for Affirmative Drug Use or Misuse of Prescription I | | | |
| What is the type of drug or controlled substance? (Select all that apply.) | [Dropdown] | | |

[4] Branch Auto Populate for Affirmative Answer to Ordered to Counseling/Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Explanation for Selection of "Other" in Type of Controlled Substance Dropdown Menu. Please explain. [Text] [2] Branch Auto Populate for Affirmative Answer to Ordered to Counseling/Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Treatment Details. When did you get this counseling or [Text] [] Present treatment? From [mm/yyyy] [] Estimated То [mm/yyyy] [] Estimated Who is or was your counselor or [Text] [] | Don't Know treatment provider? Last Name [Text] [] Letter(s) Only First Name [Text] [] Letter(s) Only Suffix [Dropdown] [] None Does your treatment provider still [] Yes [] No practice? [] I Don't Know What is the name of the practice? [Text] [] I Don't Know Is your counselor, treatment provider, [] Yes [] No or the practice in the U.S.? [3] Branch Auto Populate for Affirmative Answer to Ordered to Counseling/Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Provider Phone Number What is their phone number? (You may [Country Code|Number] [] I Don't Know [] list more than one.) Extension[Type] [Day/Night/Both] [3] Branch Auto Populate for Affirmative Answer to Ordered to Counseling/Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Provider Email What is their email address? (You may [Address + [] | Don't Know list more than one.) Type 1 [4] Branch Auto Populate for Affirmative Answer to Ordered to Counseling/Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Provider U.S. Address

What is the address of your counselor, treatment provider, or the practice?

| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
|--|--|--|---|
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [5] Branch Auto Populate for Affirmativ Drug Use or Misuse of Prescription D | | | |
| What is the name of the U.S. military installation? | [Text] | | |
| [4] Branch Auto Populate for Affirmativ Drug Use or Misuse of Prescriptio | | | |
| Where is your counselor, treatment provi | - | | |
| City | [Text] | | |
| - | | | |
| Country | [Dropdown] | | |
| Country Is this a U.S. military installation or U.S. diplomatic facility? | [Dropdown] | [] Yes | [] No |
| Is this a U.S. military installation or U.S. diplomatic facility? [5] Branch Auto Populate for Affirmativ Drug Use or Misuse of Prescription Dr | e Answer to Ordere | ed to Counseling/Trea Years. Provider Add | atment because of Illegal |
| Is this a U.S. military installation or U.S. diplomatic facility? [5] Branch Auto Populate for Affirmativ Drug Use or Misuse of Prescription Dr | re Answer to Ordere ugs in the Past Five | ed to Counseling/Trea Years. Provider Add | atment because of Illegal |
| Is this a U.S. military installation or U.S. diplomatic facility? [5] Branch Auto Populate for Affirmativ Drug Use or Misuse of Prescription Dr Military In: What is the name of the U.S. military | e Answer to Ordere ugs in the Past Five stallation or U.S. Di | ed to Counseling/Trea Years. Provider Add plomatic Facility. [] Not Applicable | atment because of Illegal |
| Is this a U.S. military installation or U.S. diplomatic facility? [5] Branch Auto Populate for Affirmativ Drug Use or Misuse of Prescription Dr Military In: What is the name of the U.S. military installation or U.S. diplomatic facility? What is the APO/FPO/DPO ZIP Code? [2] Branch Auto Populate for Affirmative Drug Use or Misuse of Prescript Did you complete this counseling or | e Answer to Ordere ugs in the Past Five stallation or U.S. Di [Text] [Text] Answer to Ordered | ed to Counseling/Treat e Years. Provider Add plomatic Facility. [] Not Applicable (Text) to Counseling/Treat | atment because of Illegal ress not in U.S. but U.S. ment because of Illegal |
| Is this a U.S. military installation or U.S. diplomatic facility? [5] Branch Auto Populate for Affirmative Drug Use or Misuse of Prescription Dr Military In: What is the name of the U.S. military installation or U.S. diplomatic facility? What is the APO/FPO/DPO ZIP Code? [2] Branch Auto Populate for Affirmative Drug Use or Misuse of Prescript Did you complete this counseling or treatment? | re Answer to Ordere ugs in the Past Five stallation or U.S. Di [Text] [Text] Answer to Ordered ion Drugs in the Pa | ed to Counseling/Trea Years. Provider Add plomatic Facility. [] Not Applicable (Text) to Counseling/Treat st Five Years. Compl [] Yes | ment because of Illegal ment because of Illegal eted Question [] No |
| Is this a U.S. military installation or U.S. diplomatic facility? [5] Branch Auto Populate for Affirmativ Drug Use or Misuse of Prescription Dr Military In: What is the name of the U.S. military installation or U.S. diplomatic facility? What is the APO/FPO/DPO ZIP Code? [2] Branch Auto Populate for Affirmative Drug Use or Misuse of Prescript Did you complete this counseling or | e Answer to Ordere ugs in the Past Five stallation or U.S. Di [Text] [Text] Answer to Ordered ion Drugs in the Pa | ed to Counseling/Trea Pomatic Facility. [] Not Applicable (Text) to Counseling/Treat st Five Years. Compl [] Yes | atment because of Illegal ress not in U.S. but U.S. ment because of Illegal eted Question [] No |
| Is this a U.S. military installation or U.S. diplomatic facility? [5] Branch Auto Populate for Affirmative Drug Use or Misuse of Prescription Dr Military In: What is the name of the U.S. military installation or U.S. diplomatic facility? What is the APO/FPO/DPO ZIP Code? [2] Branch Auto Populate for Affirmative Drug Use or Misuse of Prescript Did you complete this counseling or treatment? [3] Branch Auto Populate for Affirmative | e Answer to Ordere ugs in the Past Five stallation or U.S. Di [Text] [Text] Answer to Ordered ion Drugs in the Pa | ed to Counseling/Trea Pomatic Facility. [] Not Applicable (Text) to Counseling/Treat st Five Years. Compl [] Yes | atment because of Illegal ress not in U.S. but U.S. ment because of Illegal eted Question [] No |

[1] Branch Auto Populate for Affirmative Answer to Ordered to Counseling/Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Another Instance

| Do you have another instance where you were ordered to get counseling or treatment as a result of your illegal use of drugs, controlled substances (excluding marijuana or cannabis derivatives), or misuse of prescription drugs in the past five years or since the age of 16 (if you are under 21) to report? | | [] Yes | [] No |
|--|-------------------|--------|-------|
| | *** End Of Branch | *** | |
| Have you voluntarily been to counseling or treatment as a result of your illegal use of drugs or controlled substances (excluding marijuana or cannabis derivatives), or your misuse of prescription drug in the past five years or since the age of 16 (if you are under 21)? | | [] Yes | [] No |
| [1] Branch Auto Populate for Affirmativ Misuse of Prescription D | | | |
| Was this voluntary counseling based on advice or a recommendation from one or more of the following? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate for Affirmative Misuse of Prescription Drugs in th Please explain. | | | |
| [1] Branch Auto Populate for Affirmativ Misuse of Prescription Drugs in the | | | |
| Is or was your counseling or treatment a result of your intentional misuse of prescription drugs? | | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmative Misuse of Prescription Drugs What is the name of the prescription drug? (List all, if more than one.) | | | |
| [1] Branch Auto Populate for Affirmativ Misuse of Prescription Drugs in the | | | |
| Is or was your counseling or treatment a result of your illegal use of drugs or controlled substances? | | [] Yes | [] No |

[2] Branch Auto Populate for Affirmative Answer to Voluntary Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Type of Drug or Controlled Substance.

What is the type of drug or controlled [Dropdown] substance? (Select all that apply.)

[3] Branch Auto Populate for Affirmative Answer to Voluntary Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Explanation for Selection of "Other" in Drug Type Dropdown Menu.

| Please explain. | [Text] |
|--|---|
| | ative Answer to Voluntary Treatment because of Illegal Drug Use or rugs in the Past Five Years. Treatment Provider Details. |
| When did you get this counseling or treatment? | [Text] |

| From | [mm/yyyy] | [] Estimated | | |
|--|-------------------------------------|-----------------------|-----------------------|-----------------|
| То | [mm/yyyy] | [] Estimated | [] Present | : |
| Who is or was your counselor or treatment provider? | [Text] | [] I Don't Know | | |
| Last Name | [Text] | [] Letter(s) Only | | |
| First Name | [Text] | [] Letter(s) Only | | |
| Suffix | [Dropdown] | [] None | | |
| What is the name of their practice? | [Text] | [] I Don't Know | | |
| Does your counselor or treatment provider still practice? | | [] Yes | [] No | |
| | | [] I Don't Know | | |
| [2] Branch Auto Populate for Affirmative Misuse of Prescription Drug | s in the Past Five Y | ears. Provider Phon | | - |
| What is their phone number? (You may list more than one.) | [Country Code Nu Extension Type] | mber [] [Day/Nigł | nt/Both] | [] I Don't Know |
| [2] Branch Auto Populate for Affirmative Misuse of Prescription I | Answer to Voluntar | y Treatment becaus | e of Illegal -mail | Drug Use or |
| What is their email address? (You may list more than one.) | [Address + Type] | [] I Don't Know | | |
| [2] Branch Auto Populate for Affirmative Misuse of Prescription Drugs in th | | | | |
| Is your counselor, treatment provider, | | [] Yes | [] No | |

or the practice in the U.S.?

| [3] Branch Auto Populate for Affirmative Answer to Voluntary Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Provider U.S. Address. | | | |
|---|---|---|----------------------------|
| What is the address of your counselor, treatment provider, or the practice? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [4] Branch Auto Populate for Affirmativ Misuse of Prescription Drugs in the P | | | |
| What is the name of the U.S. military installation? | [Text] | | |
| [3] Branch Auto Populate for Affirmativ Misuse of Prescription Drug | | | |
| Where is your counselor, treatment provi | der, or the practice | located? | |
| | | | |
| Please provide physical address (not mailing address). | [Text] | | |
| Please provide physical address | | | |
| Please provide physical address (not mailing address). | [Text] | | |
| Please provide physical address (not mailing address). City | [Text] [Text] | [] Yes | [] No |
| Please provide physical address (not mailing address). City Country Is this a U.S. military installation or | [Text] [Text] [Dropdown] re Answer to Volum | [] Yes tary Treatment beca er Non-U.S. Address, | use of Illegal Drug Use or |
| Please provide physical address (not mailing address). City Country Is this a U.S. military installation or U.S. diplomatic facility? [4] Branch Auto Populate for Affirmativ | [Text] [Text] [Dropdown] re Answer to Volum Five Years. Provide | [] Yes tary Treatment beca er Non-U.S. Address, | use of Illegal Drug Use or |

[1] Branch Auto Populate for Affirmative Answer to Voluntary Treatment because of Illegal Drug Use or Misuse of Prescription Drugs in the Past Five Years. Completed Question.

| Did you complete this counseling or treatment? | [] Yes | [] No |
|--|--------|-------|
| [2] Branch Auto Populate for Affirmative Answer to Misuse of Prescription Drugs in the | | |
| What is the current status of your [Text] counseling or treatment? | | |
| [1] Branch Auto Populate for Affirmative Answer to Misuse of Prescription Drugs in the Past | | |
| Do you have another instance where you voluntarily went to counseling or treatment as a result of your illegal use of drugs, controlled substances, or misuse of prescription drugs in the past five years or since the age of 16 | [] Yes | [] No |

(if you are under 21) to report?

*** End Of Branch ***

Section 13 - Marijuana and Cannabis Derivative Use

In this section, "marijuana and cannabis derivative use," cannabis derivative refers to any cannabisderived substance containing greater than .3% tetrahydrocannabinol (THC). You do NOT need to answer yes to questions regarding your use of cannabis derivatives if you have solely used products that did not exceed .3% THC, such as most products containing CBD oil. Your truthful responses and any information derived from your responses will not be used as evidence against you in a criminal proceeding.

[] Yes

-- - -

[] No

Have you used marijuana or a cannabis derivative in the last 90 days?

[1] Branch Auto Populate for Affirmative Answer to Marijuana/Cannabis Derivative Use in the Last 90 Days. Dates, Frequency, Circumstances, or used while in National Security Position. _

| When, within the last five years, was the first time you used marijuana or a cannabis derivative? | [mm/yyyy] | [] Estimated |
|---|-------------|--------------|
| When, within the last five years, was the most recent time you used marijuana or a cannabis derivative? | [mm/yyyy] | [] Estimated |
| How often have you used marijuana or a cannabis derivative in the last five years? | [Text] | |
| What were the circumstances surrounding your use of marijuana or a cannabis derivative? | [Text] | |

| Did you use marijuana or a cannabis derivative while in a national security position in the last 90 days? (A national security position is defined as any position in a department or agency, where the occupant of which could bring about, by virtue of the nature position, a material adverse effect on the national security regardless of whether the occupant has access to classified information and regardless of whether the occupant is an employee, military service member, or contractor.) | | [] Yes | [] No |
|--|--|--------|-----------------------------|
| [2] Branch Auto Populate for Affirmative | Answer to Marijua Days. Explanation | | ive Use in the Last 90 |
| Please explain. (Include when and how many times you used marijuana or a cannabis derivative while in a national security position.) | [Text] | | |
| [1] Branch Auto Populate for Affirmative A While in Cri | Answer to Marijuan minal Justice/Public | | ve Use in the Last 90 Days. |
| Did you use marijuana or a cannabis derivative while employed in a criminal justice or public safety position in the last 90 days? ("While employed" does not necessarily mean your use was "on the clock" or "on duty".) | | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmative Days. While in Criminal J What criminal justice or public safety position were you in? | ustice/Public Safety | | |
| Please explain. (Include when and how many times you used marijuana or a cannabis derivative while employed in a criminal justice or public safety position.) | [Text] | | |
| | *** End Of Branc | n *** | |
| Have you ever used marijuana or a | | [] Yes | [] No |
| cannabis derivative while in a national security position? (Answer "No" if this occurred in the past 90 days and you listed it above.) | | | |

[1] Branch Auto Populate for Affirmative Answer to Marijuana/Cannabis Derivative Use in the Last 90 Days. While in National Security Position. Dates, Frequency, Circumstances.

| While in National Secu | Inty Position. Date: | s, riequency, circuit | Istances. |
|---|----------------------|-----------------------|-----------|
| When was the first time you used marijuana or a cannabis derivative while in a national security position? | [mm/yyyy] | [] Estimated | |
| When was the most recent time you used marijuana or a cannabis derivative while in a national security position? | [mm/yyyy] | [] Estimated | |
| How often did you use marijuana or a cannabis derivative while in a national security position? | [Text] | | |
| How many times did you use marijuana or a cannabis derivative while in this national security position? | [Text] | | |
| What were the circumstances surrounding your use of marijuana or a cannabis derivative while in a national security position? | [Text] | | |
| Do you have another instance of using marijuana or a cannabis derivative while in a national security position to report? | | [] Yes | [] No |
| | *** End Of Brand | h *** | |
| Have you ever used marijuana or a cannabis derivative while employed in a criminal justice or public safety position? ("While employed" does not necessarily mean your use was "on the clock" or "on duty".) (Answer "No" if this occurred in the past 90 days and you listed it above.) | | [] Yes | [] No |
| [1] Branch Auto Populate for Affirmative Criminal Justice/Public Safety Position | | . Dates, Frequency, | |
| When was the first time you used marijuana or a cannabis derivative while in a criminal justice or public safety position? | [mm/yyyy] | [] Estimated | |
| When was the last time you used marijuana or a cannabis derivative while in a criminal justice or public | [mm/yyyy] | [] Estimated | |

| safety position? | | | |
|--|--------------|--------|-------|
| How often did you use marijuana or a cannabis derivative while in a criminal justice or public safety position? | [Text] | | |
| How many times did you use marijuana or a cannabis derivative while in a criminal justice or public safety position? | [Text] | | |
| What criminal justice or public safety position were you in when you used marijuana or a cannabis derivative? | [Dropdown] | | |
| What were the circumstances surrounding your use of marijuana or a cannabis derivative while in this criminal justice or public safety position? | [Text] | | |
| Do you have another instance of using marijuana or a cannabis derivative while in a criminal justice or public safety position to report? | | [] Yes | [] No |

| Futu Do you intend to cannabis deriva are selected for | are Intent in Criminal Ju o use marijuana or a tive in the future if you employment in a public safety, or | stice, Public Safe | | Use in the last 90 days. curity Position. [] No |
|---|--|---|---------------|---|
| | | | | ois Use in the last 90 days. Ational Security Position. |
| Why? | I | Text] | | |
| | | | | ois Use in the last 90 days. National Security Position. |
| Why? | [| Text] | | |
| [2] Branch Au | | ative Answer to M Intent to Use in O | | s Use in the last 90 days. |
| cannabis deriv occupying any | to use marijuana or a ative in the future while position working for or ederal government? | | [] Yes | [] No |
| [3] Branch | | native Answer to uture Intent to Us | | bis Use in the last 90 days. n. |
| Why? | [Text] | | | |
| [3] Branch | | native Answer to ure Intent to Not | | bis Use in the last 90 days. tion. |
| Why? | [Text] | | | |
| | | | | |
| | | *** End | Of Branch *** | |
| involved in the ill cultivation, traffic transfer, shipping | ears, have you been egal manufacture, cking, production, g, receiving, or sale of annabis derivative? | | [] Yes | [] No |
| [1] Branch Auto P | | Answer to involve Years. Dates, Fre | | facture, Cultivation, Trafficking, tances. |
| | proximate start date ent in the described | [mm/yyyy] | [] Estimated | |
| | proximate end date ent in the described | [mm/yyyy] | [] Estimated | |

| How many times did you illegally manufacture, cultivate, traffic, produce, transfer, ship, receive, or sell marijuana or a cannabis derivative? | [Text] | | |
|---|--------------|--------|-------|
| Describe the circumstances of your involvement in the described activity? | [Text] | | |
| Did you illegally manufacture, cultivate, traffic, produce, transfer, ship, receive, or sell marijuana or a cannabis derivative while in a national security position? | | [] Yes | [] No |
| Do you have another instance of having been involved in the illegal manufacture, cultivation, trafficking, production, transfer, shipping, receiving, or sale of marijuana or cannabis derivative? | | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmativ Trafficking, etc. in Past Five Yea Please explain. (Include when and how many times you illegally manufactured, cultivated, trafficked, produced, transferred, shipped, received, or sold this drug or controlled substance while in a national security position.) | | | |
| [1] Branch Auto Populate for Affirmat Trafficking, etc. in Past Five Y | | | |
| Did you illegally manufacture, cultivate, traffic, produce, transfer, ship, receive, or sell marijuana or a cannabis derivative while employed in a criminal justice or public safety position? ("While employed" does not necessarily mean your use was "on the clock" or "on duty".) | | [] Yes | [] No |
| [2] Branch Auto Populate for Affirmativ Trafficking, etc. in Past Five Years. While | | | |
| What criminal justice or public safety position were you in? | [Dropdown] | | |
| Please explain. (Include when and how many times you illegally manufactured, cultivated, trafficked, produced, transferred, shipped, received, or sold marijuana or a cannabis derivative while employed in | [Text] | | |

a criminal justice or public safety position.)

[1] Branch Auto Populate for Affirmative Answer to involved in the Illegal Manufacture, Cultivation, Trafficking, etc., in the Past Five Years While in Criminal Justice, Public Safety, or National Security Position. Future Intent.

| Do you intend to illegally manufacture, cultivate, traffic, produce, transfer, ship, receive, or sell marijuana or a cannabis derivative in the future if you are selected for employment in a criminal justice, public safety, or national security position? | [] Yes | [] No | |
|---|---------------|-----------------------------------|----|
| [2] Branch Auto Populate for Affirmative Answer Trafficking, etc., in the Past Five Years While in C Position. Affirmat | | blic Safety, or National Security | |
| Why? [Text] | | | |
| [2] Branch Auto Populate for Affirmative Answer Trafficking, etc., in the Past Five Years While in C Position Negativ | | | |
| Why? [Text] | | | |
| [1] Branch Auto Populate for Affirmative Answe Trafficking, etc., in the Past Five Ye | | | ١, |
| Do you intend to illegally manufacture, cultivate, traffic, produce, transfer, ship, receive, or sell marijuana or a cannabis derivative in the future while occupying any position working for or on behalf of the federal government? | [] Yes | [] No | |
| [2] Branch Auto Populate for Affirmative Answ Trafficking, etc., in the Past Five Years W | | | n, |
| Why? [Text] | | | |
| [2] Branch Auto Populate for Affirmative Answ Trafficking, etc., in the Past Five Years W | | | n, |
| Why? [Text] | | | |
| *** End | Of Branch *** | | |

Section 14 - U.S. Personnel Vetting Investigations, Security Clearances, and Federal Debarments

This section asks for information regarding any personnel vetting investigations the U.S. Government has conducted on you as part of the personnel vetting process. All individuals who work for or on behalf of the U.S. federal government are investigated at least once. After the initial investigation, further investigations depend on many variables.

Some investigations result in a security clearance determination or a determination of eligibility to occupy a sensitive position. This section asks questions regarding your eligibility determination or security clearance determination, if applicable. Information requested includes whether or not you were granted eligibility to occupy a sensitive position or a security clearance or have had either denied, suspended, or revoked. The U.S. federal agency that investigated you may or may not be the same U.S. federal agency that granted, denied, suspended, or revoked your security clearance.

This section also asks for information regarding whether or not the U.S. Government has debarred you from Federal employment. If you were found unsuitable under 5 CFR 731 by the U.S. Office of Personnel Management or an agency, a period during which you were denied examination for, and appointment to, all or specific covered positions within the U.S. Government is considered a debarment period. Your debarment could be either government-wide or from a particular agency or positions within that agency.

Investigations are also used to determine whether you are eligible for a Personal Identity Verification (PIV) credential. This credential grants you physical access to Federal space and/or logical access to federal information technology (IT) systems. This section asks questions regarding any prior credentialing decisions where you were denied a PIV or had a PIV suspended or revoked, as applicable.

We also want to know if a foreign government has ever investigated you or granted you a security clearance. Foreign means non-U.S. -- that is, outside of the 50 U.S. states, District of Columbia, and U.S. territories.

In the last five years, has the U.S. Government investigated your background as part of the personnel vetting process, such as for your suitability or fitness for employment, your eligibility for a PIV credential, or for a national security position or security clearance?

[] I Don't Know

[] Yes

[] No

| [1] Branch Auto Popula | ate for Personnel Vetting Investigation | . Agency. |
|---|--|-------------------------|
| Which federal agency investigated your background? | [Dropdown] | |
| [2] Branch Auto Populate for Personnel Dro | Vetting Investigation. Explanation for podown Menu for Agency. | Selection of "Other" in |
| Please explain. | [Text] | |
| [1] Branch Auto Populate for I | Personnel Vetting Investigation. Anoth | er Investigation. |
| Do you have another investigation to report within the last five years? | [] Yes | [] No |
| | *** End Of Branch *** | |
| Has the U.S. Government ever granted you a security clearance? | [] Yes | [] No |
| | [] I Don't Know | |
| [1] Branch Auto Popula | ate for Cleared, Agency that Granted C | learance. |
| Which federal agency granted you this security clearance? | [Dropdown] | |
| | Populate for Cleared, Agency Other. | |
| Please explain. | [Text] | |

| [1] Branch Auto | Populate for Cleare | d, Additional Questic | n. |
|---|---|-------------------------|-----------------------|
| Do you have another security clearance to report? | | [] Yes | [] No |
| | *** End Of Branc | 1 *** | |
| Has the U.S. Government ever suspended your security clearance or your eligibility to occupy a sensitive position? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [1] Branch Auto Po | oulate for Clearance | e or Eligibility Susper | nded. |
| What federal agency suspended your security clearance or your eligibility to occupy a sensitive position? | [Dropdown] | | |
| [2] Branch Auto Populate for Please explain. | Clearance or Eligib [Text] | ility Suspended, Age | ncy Other. |
| [1] Branch Auto Populate for | Clearance or Eligib | ility Suspended, Add | itional Details. |
| When did this federal agency suspend your security clearance or your eligibility to occupy a sensitive position? | [mm/yyyy] | [] Estimated | [] I Don't Know |
| Why did this federal agency suspend your security clearance or your eligibility to occupy a sensitive position? | [Text] | | |
| What was the outcome of your security clearance or your eligibility to occupy a sensitive position suspension? | [Dropdown] | | |
| [2] Branch Auto Populate for Clearance | e or Eligibility Susp Dropdown Menu. | | ection of "Other" in |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate for Clearand | ce or Eligibility Susp Report. | ended, Additional C | earance Suspension to |
| Do you have another instance of a security clearance or eligibility to occupy a sensitive position suspension to report? | | [] Yes | [] No |
| | *** End Of Branc | ר *** ר *** | |
| Has the U.S. Government ever revoked your security clearance or your eligibility to occupy a sensitive position? (An administrative downgrade or administrative termination of a security clearance is | | [] Yes | [] No |

| | | [] I Don't Know | |
|--|--|------------------------|---------------------------|
| [1] Branch Auto Populate | for Clearance or Eli | gibility Revoked. Age | ency Name. |
| What federal agency revoked your security clearance or your eligibility to occupy a sensitive position? | [Dropdown] | | |
| [2] Branch Auto Populate for Clearance A | e or Eligibility Revo gency Dropdown M | | Selection of "Other" |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate for Clearance | or Eligibility Revok Report. | ed, Additional Quest | ions, Another Instance to |
| When did this federal agency revoke your security clearance or your eligibility to occupy a sensitive position? | [mm/yyyy] | [] Estimated | [] l Don't Know |
| Why did this federal agency revoke your security clearance or your eligibility to occupy a sensitive position? | [Text] | | |
| Do you have another security clearance or eligibility to occupy a sensitive position revocation to report? | | [] Yes | [] No |
| | *** End Of Branc | ו ^{***} | |
| Has the U.S. Government ever denied you a security clearance or eligibility to occupy a sensitive position? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [1] Branch Auto P | opulate for Clearar | ce or Eligibility Deni | ed. |
| Which federal agency denied you a security clearance or eligibility to occupy a sensitive position? | [Dropdown] | | |
| [2] Branch Auto Populate for Clearance A | e or Eligibility Denie gency Dropdown M | | election of "Other" in |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate for Clearance or Eligibility Denied, Additional Questions. | | | |
| When did this federal agency deny you a security clearance or eligibility to occupy a sensitive position? | [mm/yyyy] | [] Estimated | [] I Don't Know |
| Why did this federal agency deny you a security clearance or the eligibility to occupy a sensitive position? | [Text] | | |

| Do you have another instance of a security clearance or eligibility to occupy a sensitive position denial to report? | | [] Yes | [] No |
|--|--------------------------------------|-----------------------|--------------------------|
| | *** End Of Branc | h *** | |
| Has the U.S. Government ever suspended your Personal Identity Verification (PIV) credential eligibility? | | [] Yes | [] No [] I Don't Know |
| [1] Branch Aut | o Populate for PIV I | Eligibility Suspended | |
| What federal agency suspended your PIV credential eligibility? | [Dropdown] | | |
| [2] Branch Auto Populate for PIV Eligibil | | | n of "Other" in Agency |
| Please explain. | Dropdown Menu [Text] | • | |
| [1] Branch Auto Populate | for PIV Eligibility Su | ispended Additional | Questions |
| | | | |
| What was the outcome of your PIV credential eligibility suspension? | [Dropdown] | | |
| When did this federal agency suspend your PIV credential eligibility? | [mm/yyyy] | [] Estimated | [] I Don't Know |
| Why did this federal agency suspend your PIV credential eligibility? | [Text] | | |
| [2] Branch Auto Populate for PIV Elig | gibility Suspended, Dropdown Menu | | ction of "Other" in |
| Please explain. | [Text] | • | |
| [2] Branch Auto Populate f | or PIV Eligibility Sus | spended Outcome R | einstated |
| When was your PIV credential eligibility reinstated? | [mm/yyyy] | [] Estimated | [] I Don't Know |
| [1] Branch Auto Populate for | PIV Eligibility Susp | ended, Another Insta | ance to Report. |
| Do you have another instance in which the U.S. Government suspended your PIV credential eligibility? | | [] Yes | [] No |
| | *** End Of Branc | h *** | |
| Has the U.S. Government ever revoked your PIV credential eligibility? | | [] Yes | [] No |
| [1] Branch Au | uto Populate for PIV | Eligibility Revoked. | |
| What federal agency revoked your PIV credential eligibility? | [Dropdown] | | |
| [2] Branch Auto Populate for PIV Eligib | ility Revoked, Expla | anation for Selection | of "Other" in Agency |
| | Dropdown Menu | | |
| Please explain. | | | |
| Please explain. [1] Branch Auto Populat | Dropdown Menu [Text] | | Questions. |

| your PIV credential eligibility? | | | |
|--|---------------------------------------|-----------------------|----------------------|
| Why did this federal agency revoke your PIV credential eligibility? | [Text] | | |
| Do you have another instance in which the U.S. Government revoked your PIV credential eligibility? | *** End Of Branc | [] Yes | [] No |
| | | | •• |
| Has the U.S. Government ever denied you PIV credential eligibility? | | [] Yes | [] No |
| [1] Branch A | uto Populate For Pl | V Eligibility Denied. | |
| Which federal agency denied you [[PIV credential eligibility? | Dropdown] | | |
| [2] Branch Auto Populate For PIV Eligit | oility Denied, Expla Dropdown Menu | | of "Other" in Agency |
| Please explain. [Te: | | • | |
| [1]] Branch Auto Popula | ate for PIV Fligibility | Denied Additional (| Questions |
| When did this federal agency deny you PIV credential eligibility? | | [] Estimated | [] I Don't Know |
| Why did this federal agency deny you a PIV credential eligibility? | [Text] | | |
| Do you have another instance in which the U.S. Government denied you a PIV credential eligibility? | | [] Yes | [] No |
| | *** End Of Branc | h *** | |
| Have you ever been debarred from federal government employment? | | [] Yes | [] No |
| [1] Branch | Auto Populate For A | Agency Debarred. | |
| Which federal agency debarred you from federal government employment? | [Dropdown] | | |
| [2] Branch Auto Populate For Agency | / Debarred, Explana Dropdown Menu | | "Other" in Agency |
| Please explain. | [Text] | | |
| [1] Branch Auto Popula | ate For Agency Deb | barred, Additional Qu | estions. |
| When were you debarred from federal go | 0 | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | |

| Why were you debarred from federal government employment? | [Text] | | |
|---|-----------------------|--------------------|--------------------|
| Do you have another instance in which you were debarred from federal government employment? | | | |
| | | [] Yes | [] No |
| | | | |
| | *** End Of Branc | h *** | |
| Has a foreign (non-U.S.) government ever investigated your background or granted you a security clearance? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [1] Branch Auto Popu | ulate For Investigate | ed by Foreign Gove | ernment. |
| Which foreign government investigated you? | [Dropdown] | | |
| Did this foreign government grant you a security clearance? | | [] Yes | [] No |
| | | [] I Don't Know | |
| [1] Branch Auto Populate For Ir | nvestigated by Fore | eign Government, A | dditional Instance |
| Do you have another instance in which this or another foreign (non-U.S.) government investigated your background or granted you a security clearance? | | [] Yes | [] No |
| | *** End Of Branc | h *** | |

Section 15 – Federal Debt

This section asks for information regarding any federal financial debt you have, including federal tax debt and any federal non-tax debt. Examples of federal non-tax debt include past due federally guaranteed or insured loans such as student and home mortgage loans, overpayment of benefits, or other debts to the U.S. Government. This section also focuses on the actions you have taken to address past due financial obligations, as applicable.

For this section:

• Past due:

- Means a payment was not made by its due date or by the end of the grace period, if applicable.

- For other debts paid in installments, such as loans, "past due" means a payment was not made by its due date or by the end of the grace period, if applicable.

- You are not "past due" if you were approved for a tax extension and you filed and paid your taxes by the extension due date.

• A tax year is the 12 months covered by a tax return.

• A guarantor is an individual who promises to pay a borrower's debt in the event the borrower defaults on their loan obligation.

| Are there any tax year(s) within the past five years for which you have failed to file a federal tax return? Answer "No" if 1) you were not required to file because you did not earn enough money or 2) you were not required by law to file Federal income taxes. | | [] Yes | [] No |
|---|-----------------------|------------------------|------------|
| [1] Branch | Auto Populate, Fail | ed To File Taxes. | |
| What tax year did you fail to file? (Input one tax year at a time. There will be an opportunity to input multiple entries.) | [уууу] | | |
| Why did you not file these taxes? | [Text] | | |
| [2] Branch Auto | Populate, Failed To | o File Taxes, Intent. | |
| Do you intend to file these taxes? | | [] Yes | [] No |
| [3] Branch Auto Po | opulate, Failed To F | ile Taxes, Intent, Tim | ning. |
| When do you intend to file these taxes? | [mm/yyyy] | [] Estimated | |
| [3] Branch Auto Popu | late, Failed To File | Taxes, No Intention | to File. |
| Why? | [Text] | | |
| [1] Branch Auto Populate | e, Failed To File Tax | es, Another Instance | to Report. |
| Do you have another instance in which you failed to file your federal taxes in the past five years? Answer "No" if 1) you were not required to file because you did not earn enough money or 2) you were not required by law to file federal income taxes. | | [] Yes | [] No |
| | *** End Of Brancl | ו ^{***} | |
| [1] Branch Aut | o Populate, Failed 1 | o Pay Federal Taxes | |
| Have you failed to pay the amount due on your federal taxes for any tax year(s) in the past five years? (Answer "No" if you 1) were not required to file or pay because you did not earn enough money, 2) did not owe the IRS money (you received or were entitled to a refund), or 3) were not required | | [] Yes | [] No |
| by law to file or pay federal income | 22 | | |

| taxes.) | | | |
|--|-------------------------------------|------------------------|-----------------------|
| [2] Branch Auto Popula For what tax year have you failed to pay the amount due? (Input one tax year at a time. There will be an opportunity to input multiple entries.) | ate, Failed To Pay I [yyyy] | Federal Taxes, Tax Yo | ear. |
| [2] Branch Auto Popul | late, Failed To Pay | Federal Taxes, Amou | unt. |
| How much do you owe? | [Text] | [] I Don't Know | |
| [2] Branch Auto Populate What actions have you taken to pay these taxes? (Select all that apply.) | , Failed To Pay Feo [Dropdown] | deral Taxes, Actions T | Гaken. |
| [3] Branch Auto Populate, Faile | d To Pay Federal T | Taxes, Explanation No | o Actions Taken |
| Please explain. | [Text] | | |
| [3] Branch Auto Populate, Failed To P | ay Federal Taxes, Explaining. | Explanation Other A | ctions Taken and Year |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate, Fail | ed To Pay Federal | Taxes, Another Insta | ince to Report. |
| Are there other tax year(s) in the past five years for which you have you failed to pay the amount due on your federal taxes? Answer "No" if you 1) were not required to file or pay because you did not earn enough money, 2) did not owe the IRS money (you received or were entitled to a refund), or 3) were not required by law to file or pay federal income taxes. | | [] Yes | [] No |
| | *** End Of Branch | ו ^{***} | |
| Are you currently past due on any federal non-tax debt? (This includes past due federally guaranteed or insured loans such as student and home mortgage loans, overpayment of benefits, and other debts to the U.S. Government. List if you are the sole debtor, a cosigner, or a guarantor.) | | [] Yes | [] No |
| [1] Branch Auto Po | opulate, Overdue o | n Federal Non-Tax D | ebt |
| What is the name of the government agency or organization you owe? (Do not use acronyms or abbreviations in the name.) | | [Text] | |
| What type of federal non-tax debt are you past due on? (Check one. There will be an opportunity to input multiple entries.) | [Dropdown] | | |
| | 93 | | |

| [2] Branch Auto Populate, Overdue on Federal Non-Tax Debt Explanation for Selection of "Other" in Type of Federal Non-Tax Debt Dropdown Menu. | | | |
|---|--------------------|-----------------------------|------------|
| Please explain. | [Text] | | |
| [1] Branch Auto Popul | ate, Overdue On Fe | ederal Non-Tax Debt | , Details. |
| What is the loan or account number associated with this debt? | [Text] | | |
| What type of property is involved? | [Text] | [] Not Applicable (Text) | |
| How much are you past due (in U.S. dollars)? | [Text] | [] Estimated | |
| Why are you past due on this debt? | [Text] | | |
| When did you become past due on this debt? | [mm/yyyy] | [] Estimated | |
| Have you had a judgment entered against you or a lien placed against your property as a result of this debt? | | [] Yes | [] No |
| [2] Branch Auto Populate, O | | | |
| Which did you receive? | [Text] | [] Judgment | [] Lien |
| What is the name of the court or government office where this judgment or lien is recorded? (Do not use acronyms or abbreviations in the name.) | [Text] | | |
| What is the address of this court or gover | rnment office? | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| What is the amount of the judgment or lien (in U.S. dollars)? | [Text] | | |

| [2] Bra | nch Auto Populate, Overd | ue on Federal Non-Tax Deb | t, Actions Taken. |
|--|---------------------------|----------------------------|----------------------|
| What actions have resolve this debt? (apply.) | | opdown] | |
| [3] Brar | ich Auto Populate, Overdu | e on Federal Non-Tax Debt, | Actions Taken Other. |
| Please explain. | [Te | xt] | |
| [3] Brai | ch Auto Populate Overdu | o on Foderal Non-Tay Debt | Actions Taken None |

Please explain.

[Text]

| [2] Branch Auto Populate, Overdue on Federal | Non-Tax Debt, Another | Instance to Report. |
|---|-----------------------|---------------------|
| Do you have another instance in which you are currently past due on federal non-tax debt? (This includes past due federally guaranteed or insured loans such as student and home mortgage loans, overpayment of benefits, and other debts to the U.S. Government. List if you are the sole debtor, a cosigner, or a guarantor.) | [] Yes | [] No |
| | | |

*** End Of Branch ***

Section 16 - Information Technology Systems

This section asks for information regarding your use of information technology (IT) systems.

For this section:

• IT systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage, or protection of information.

• The term "illegal" applies whether or not you were arrested, charged, or convicted of a crime.

• Your truthful responses and any information derived from your responses will not be used as evidence against you in a subsequent criminal proceeding. This applies whether or not you are employed by the Federal Government.

• Do NOT include classified information or any specifics regarding other protected information or classified IT systems in any of your responses.

| Have you illegally or without proper authorization accessed or tried to access any IT system in the past five years? | | [] Yes | [] No |
|---|--------------------------------------|----------------------|------------------------|
| [1] Branch Auto | o Populate, Imprope | er IT Systems Access | |
| When did you illegally or without proper authorization access or try to access an IT system? | [mm/yyyy] | [] Estimated | |
| Where did you illegally or without proper authorization access or try to access this IT system? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate, Improper IT Sy | stems Access. Expl Dropdown Menu. | | of "Other" in Location |
| Please explain. | [Text] | | |

| [1] Branch Auto Populate | e, Improper IT Syst | ems Access, Address | s Question. |
|---|--------------------------------------|-----------------------------|-------------------------------|
| Is this location in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populat | te, Improper IT Syst | tems Access, U.S. Ad | ldress. |
| What is the address? | | , | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [3] Branch Auto Populate, Imprope | er IT Systems Acce | ss, U.S. Address, U.S | . Military Installation |
| What is the name of this U.S. military installation? | [Text] | | |
| [2] Branch Auto Populate, Where is this located? | Improper IT Syste | ms Access, Non-U.S. | Address |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| [3] Branch Auto Populate, Improper IT S | ystems Access, No Diplomatic Faci | | Military Installation or U.S. |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] Not Applicable (Text) | |
| What is the APO/FPO/DPO ZIP Code for the U.S. military installation or U.S. diplomatic facility? | [Text] | | |
| [1] Branch Auto Populate, Improper IT Systems Access, Additional Details. | | | |
| What is the name of the IT system you illegally or without proper authorization accessed or tried to access? | [Text] | | |
| What is the name of the agency, | [Text] | [] I Don't Know | |

| organization, entity, or individual that owned or operated this IT system? | | | |
|---|---------------------------|--------------------------------------|----------------------|
| Did you succeed in accessing this IT system illegally or without proper authorization? | | [] Yes | [] No |
| [2 Branch Auto Populate, Impro | per IT Systems Acc | ess, Type of Informa | tion Accessed. |
| What type of information did you access? | [Dropdown] | | |
| [3 Branch Auto Populate, Imprope | er IT Systems Acce | ss, Type of Informati | on Accessed Other. |
| Please explain. | [Text] | | |
| [2] Branch Auto Popula How many times did you access this IT system? | | stems Access, Frequ | ency. |
| [3] Branch Auto Populat | e, Improper IT Syst | ems Access, Freque | ncy Other. |
| Please explain. | [Text] | | |
| [2] Branch Auto Popu Did you share any of the information you accessed with anyone? | late, Improper IT S | ystems Access, Shar [] Yes | ing. [] No |
| [3] Branch Auto Popula | te, Improper IT Sys | stems Access, Sharin | g Details. |
| Who? | | | |
| Last Name | [Text] | [] Letter(s) Only | |
| First Name | [Text] | [] Letter(s) Only | |
| Middle Name | [Text] | [] Letter(s) Only [] l Don't Know | [] No Middle Name |
| Suffix | [Dropdown] | | |
| [2] Branch Auto Populate, Improper IT S | |] None pe of Information Ac | cessed, Frequency of |
| How many times did you try to access this IT system? | Attempts. [Dropdown] | | |
| | oor IT Custome Ace | and Fragmanay Attac | ant Number Other |
| [3] Branch Auto Populate, Impro | | ess, riequency Atter | npt Number Other. |
| Please explain. | [Text] | | |
| [1] Branch Auto Po | pulate, Improper II | Systems Access, Re | ason |
| Why did you illegally or without proper authorization access or try to access this IT system? | [Text] | | |

| Did you receive any of the following actions for accessing or trying to access this IT system illegally or without proper authorization? (Select all that apply.) | [Dropdown] | | |
|---|--------------------------------|--|-----------------------|
| [2] Branch Auto Populate, Impr Provide details. (Include a description of the action taken against you, who took this action, when you received this action, where you received this action, and any other details.) | oper IT Systems Ad [Text] | ccess, Disciplinary Ad | ction Details. |
| [2] Branch Auto Populate, Imp Please explain. | roper IT Systems A [Text] | ccess, Disciplinary A | ction Other. |
| [1] Branch Auto Populate, Im | oroper IT Systems / | Access, Another Insta | ance to Report. |
| Do you have another instance in which you illegally or without proper authorization accessed an IT system or tried to in the past five years? | | [] Yes | [] No |
| | *** End Of Branc | h *** | |
| Have you illegally or without proper authorization modified, destroyed, or manipulated information on an IT system or tried to in the past five years? | | [] Yes | [] No |
| [1] Branch Auto Populate Illegally or wi information on IT Systen | | | |
| When did you illegally or without proper authorization modify, destroy, or manipulate information on an IT system or try to? | [mm/yyyy] | [] Estimated | |
| Where did you illegally or without proper authorization modify, destroy or manipulate information on an IT system or try to? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate Illegally or with information on IT System | Past Five Years. Ex | | |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate Illegally or wi information on IT Syst | | | |
| Is this location in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate Illegally or with information on IT What is the address? | | zation, Modified, Des Years. U.S. Address | troyed or Manipulated |

Street (include Apt #, Unit #, or Suite [Text] *#*, if applicable) City [Text] State or Territory [Dropdown] ZIP Code [Text] Is this a U.S. military installation? [] Yes [] No [3] Branch Auto Populate Illegally or without Proper Authorization, Modified, Destroyed or Manipulated information on IT System Past Five Years. U.S. Address, U.S. Military Installation What is the name of this U.S. military [Text] installation? [2] Branch Auto Populate Illegally or without Proper Authorization, Modified, Destroyed or Manipulated information on IT System Past Five Years. Non-U.S. Address, U.S. Military Installation. Where is this located? City [Text] Country [Dropdown] Is this a U.S. military installation or [] Yes [] No **U.S. diplomatic facility?** [3] Branch Auto Populate Illegally or without Proper Authorization, Modified, Destroyed or Manipulated information on IT System Past Five Years. Non-U.S. Address, U.S. Military Installation or U.S. Diplomatic Facility. What is the name of this U.S. military [Text] [] Not Applicable installation or U.S. diplomatic facility? (Text) What is the APO/FPO/DPO ZIP Code for [Text] the U.S. military installation or U.S. diplomatic facility? [1] Branch Auto Populate Illegally or without Proper Authorization, Modified, Destroyed or Manipulated information on IT System Past Five Years. Additional Details Question What is the name of the IT system you [Text] illegally or without proper authorization changed or destroyed information on or tried to? [] I Don't Know [Text] What is the name of the agency, organization, entity, or individual that owned or operated this IT system?

| Did you succeed in modifying, destroying, or manipulating information on this IT system illegally or without proper authorization? | | [] Yes | [] No |
|--|--------------|----------------------|-------|
| [2] Branch Auto Populate Illegally or with information on IT System F What type of information did you modify, destroy or manipulate? | | | |
| [3] Branch Auto Populate Illegally or win information on IT System Past Five Yea | | troy, Success. Expla | |
| Please explain. | [Text] | | |
| [2] Branch Auto Populate Illegally or with information on IT System Past F How many times did you modify, destroy, or manipulate information on this IT system illegally or without proper authorization? | | | |
| [3] Branch Auto Populate Illegally or wi information on IT System Past Five | | | |
| Please explain. | [Text] | , | |
| [2] Branch Auto Populate Illegally or with information on IT System Past Five Ye How many times did you try to modify, destroy, or manipulate information on this IT system illegally or without proper authorization? | | | |
| [3] Branch Auto Populate Illegally or win information on IT System Past Five | | | |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate Illegally or wi information on IT System Past Fi | | | |
| Why did you illegally or without proper authorization modify, destroy, or manipulate information on this IT system or try to? | [Text] | | |
| Did you receive any of the following actions for modifying, destroying, or manipulating information on this IT system or trying to illegally or without proper authorization? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate Illegally or with information on IT System Past Five Provide details. (Include a description of the action taken against you, who | | | |

took this action, when you received this action, where you received this action, and any other details.)

| [2] Branch Auto Populate Illegally or with information on IT System Past Fiv | | | |
|--|--|--------------|---------------------------|
| Please explain. | [Text] | | |
| [1] Branch Auto Populate Illegally or wi information on IT System Past Fi | | | |
| Do you have another instance in which you illegally or without proper authorization changed or destroyed information on an IT system or tried to in the past five years? | | [] Yes | [] No |
| | *** END OF BRANG | CH *** | |
| Have you illegally or without proper authorization denied others access to information on an IT system or tried to in the past five years? | | [] Yes | [] No |
| [1] Branch Auto Populate Illegally or Wit Tried to in | hout Authorization Past Five Years. Da | | formation on IT System or |
| When did you illegally or without proper authorization deny others access to information on an IT system or try to? | [mm/yyyy] | [] Estimated | |
| Where did you illegally or without proper authorization deny others access to information on an IT system or try to? (Select all that apply.) | [Dropdown] | | |
| | n Past Five Years. L | | ormation on IT System |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate Illegally or Wit Tried to i | hout Authorization n Past Five Years. I | | formation on IT System or |
| Is this location in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate Illegally or With or Tried to | hout Authorization in Past Five Years. | | ormation on IT System |
| What is the address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |

ZIP Code [Text] Is this a U.S. military installation? [] Yes [] No [3] Branch Auto Populate Illegally or Without Authorization Denied Access to Information on IT System or Tried to in Past Five Years. U.S. Address, U.S. Military Installation What is the name of this U.S. military [Text] installation? [2] Branch Auto Populate Illegally or Without Authorization Denied Access to Information on IT System or Tried to in Past Five Years. Non-U.S. Address. Where is this located? City [Text] [Dropdown] Country Is this a U.S. military installation or [] Yes [] No U.S. diplomatic facility? [3] Branch Auto Populate Illegally or Without Authorization Denied Access to Information on IT System or Tried to in Past Five Years. U.S. Address, U.S. Military Installation or U.S. Diplomatic Facility. [] Not Applicable What is the name of this U.S. military [Text] installation or U.S. diplomatic facility? (Text) What is the APO/FPO/DPO ZIP Code for [Text] the U.S. military installation or U.S. diplomatic facility? [1] Branch Auto Populate Illegally or Without Authorization Denied Access to Information on IT System or Tried to in Past Five Years. Additional Details Questions. What is the name of the IT system you [Text] illegally or without proper authorization denied others access to information on or tried to denv others access to information on? What is the name of the agency, [Text] [] I Don't Know organization, entity, or individual that owned or operated this IT system? Did you succeed in denying others [] Yes [] No access to information on this IT system illegally or without proper authorization? [2] Branch Auto Populate Illegally or Without Authorization Denied Access to Information on IT System or Tried to in Past Five Years. Successful. What type of information did you deny [Dropdown] others access to?

| [3] Branch Auto Populate Illegally or With Tried to in Past Five Yea | | | |
|--|--|---|--------------------------|
| Please explain. | [Text] | | |
| | st Five Years. Succ | Denied Access to Infe essful, Frequency. | ormation on IT System |
| How many times did you deny others access to information on this IT system? | [Dropdown] | | |
| [3] Branch Auto Populate Illegally or With Tried to in Past F | | Denied Access to Inf sful, Frequency Othe | |
| Please explain | [Text] | | |
| | Five Years. Unsuc | Denied Access to Info cessful. Frequency. | ormation on IT System |
| How many times did you try to deny others access to information on this IT system? | [Dropdown] | | |
| [3] Branch Auto Populate Illegally or With Tried to in Past Five Years. Unsuccessfu | | | |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate Illegally or With Tried to in Pa | nout Authorization ast Five Years. Re | | ormation on IT System or |
| Why did you illegally or without proper authorization deny others access to information on this IT system or try to? | [Text] | | |
| Did you receive any of the following actions for denying others access to information on this IT system or trying to illegally or without proper authorization? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate Illegally or With or Tried to in Past Five Years. Exp Provide details. (Include a description of the action taken against you, who took this action, when you received this action, where you received this action, and any other details.) | | | |
| [2] Branch Auto Populate Illegally or With or Tried to in Past Five Years. Expl Please explain. | | | |
| [1] Branch Auto Populate Illegally or With Tried to in Past | | Denied Access to Inf er Instance to Report | |
| Do you have another instance in which you illegally or without proper authorization denied others access to information on an IT system or tried to | | [] Yes | [] No |

| | *** End Of Brand | ch *** | |
|--|------------------|--------------|-------|
| Have you illegally or without proper authorization introduced, used, or removed hardware, software, or media from an IT system or tried to in the past five years? | | [] Yes | [] No |
| [1] Branch Auto Populate Illegally or Software, Media from | | | |
| When did you illegally or without proper authorization introduce, use, or remove hardware, software, or media from an IT system or try to? | [mm/yyyy] | [] Estimated | |
| Where did you illegally or without proper authorization introduce, use, or remove hardware, software, or media from an IT system or try to? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate Illegally or W Software, Media from | | | |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate Illegally or Without Authorization Introduced, Used, or Removed Hardware, Software, Media from IT System in Past Five Years. U.S, Location. | | | |
| Is this location in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate Illegally or Wi Software, Media from What is the address? | | | |
| Street (include Apt #, Unit #, or Suite #, if applicable) | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [3] Branch Auto Populate Illegally or Software, Media from IT System | | | |
| What is the name of this U.S. military | [Text] | | |

What is the name of this U.S. military [Text] installation?

| [2] Branch Auto Populate Illegally or Wi Software, Media from IT | | | |
|---|--------------|-----------------------------|-------|
| Where is this located? Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
| [3] Branch Auto Populate Illegally or V Software, Media from IT System in Pas | | J.S, Address, U.S. Mil | |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] Not Applicable (Text) | |
| What is the APO/FPO/DPO ZIP Code for the U.S. military installation or U.S. diplomatic facility? | [Text] | | |
| [1] Branch Auto Populate Illegally or V Software, Media from IT Sys | | | |
| What is the name of the IT system you illegally or without proper authorization introduced, used, or removed hardware, software, or media from or tried to? | [Text] | | |
| What is the name of the agency, organization, entity, or individual that owned or operated this IT system? | [Text] | [] I Don't Know | |
| Did you succeed in introducing, using, or removing hardware, software, or media from an IT system illegally or without proper authorization? | | [] Yes | [] No |
| [2] Branch Auto Populate Illegally or Wi Software, Media fron | | | |
| How many times did you introduce, use, or remove hardware, software, or media from this IT system? | [Dropdown] | | |
| [3] Branch Auto Populate Illegally or V Software, Media from IT Sys | | | |
| Please explain | [Text] | | |

[2] Branch Auto Populate Illegally or Without Authorization Introduced, Used, or Removed Hardware, Software, Media from IT System in Past Five Years. Reason and Actions.

Why did you illegally or without proper [Text] authorization introduce, use, or remove hardware, software, or media from this IT system or try to?

Did you receive any of the following [Dropdown] actions for introducing, using, or removing hardware, software, or media from this IT system or trying to illegally or without proper authorization? (Select all that apply.)

[3] Branch Auto Populate Illegally or Without Authorization Introduced, Used, or Removed Hardware, Software, Media from IT System in Past Five Years. Disciplinary Action Details.

Provide details. (Include a description of the action taken against you, who took this action, when you received this action, where you received this action, and any other details.)

[3] Branch Auto Populate Illegally or Without Authorization Introduced, Used, or Removed Hardware, Software, Media from IT System in Past Five Years. Explanation for "Other" Disciplinary Action.

Please explain.

[Text]

[Text]

[1] Branch Auto Populate Illegally or Without Authorization Introduced, Used, or Removed Hardware, Software, Media from IT System in Past Five Years. Additional Instance to Report.

[] Yes

[] No

Do you have another instance in which you illegally or without proper authorization introduced, used, or removed hardware, software, or media from an IT system or tried to in the past five years?

*** End Of Branch ***

Section 17 - Handling Protected Information

This section asks for information regarding your handling of protected information, as applicable.

For this section:

 Protected information includes information protected by the Privacy Act, personally identifiable information, proprietary information, classified information, and other sensitive or protected information.

- The term "illegal" applies whether or not you were arrested, charged, or convicted of a crime.
- Your truthful responses and any information derived from your responses will not be used as evidence against you in a subsequent criminal proceeding. This applies whether or not you are employed by the Federal Government.

 Do NOT include classified information or any specifics regarding other protected information or classified IT systems in any of your responses.

| Have you illegally or without proper | [] Yes | [] No |
|--------------------------------------|--------|-------|
| authorization accessed or tried to | | |
| access any protected information in | | |
| the past five years? | | |

| [1] Branch Auto Populate Illegally or Wit Information i | | rization Accessed or Date and Location. | Tried to Access Protected |
|---|---|--|---------------------------|
| When did you illegally or without proper authorization access or try to access this protected information? | [mm/yyyy] | [] Estimated | |
| Where did you illegally or without proper authorization access or try to access this protected information? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate Illegally or Protected Informa | | thorization Accessed ears. Location Other. | or Tried to Access |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate Illegally or Wit Informatic | hout Proper Autho In in Past Five Year | | Tried to Access Protected |
| Is this location in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate Illegally or | | | or Tried to Access |
| Protected Inform What is the address? | lation in Past Five Y | ears. U.S. Address. | |
| | | | |
| Street | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [3] Branch Auto Populate Illegally or Wit Information in P | | rization Accessed or . Address, U.S. Milita | |
| What is the name of this U.S. military installation? | [Text] | | |
| | | thorization Accessed ars. Non-U.S. Address | |
| Where is this located? Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Text] | | |

| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
|---|--------------|-----------------------------|-------|
| [3] Branch Auto Populate Illegally or Without Proper Authorization Accessed or Tried to Access Protected Information in Past Five Years. Non-U.S. Address, U.S. Military or U.S. Diplomatic Facility. | | | |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] Not Applicable (Text) | |
| What is the APO/FPO/DPO ZIP Code? | [Text] | | |
| [1] Branch Auto Populate Illegally or Without Proper Authorization Accessed or Tried to Access Protected Information in Past Five Years. Successful. | | | |
| Did you succeed in accessing protected information? | | [] Yes | [] No |
| [2] Branch Auto Populate Illegally or Without Proper Authorization Accessed or Tried to Access Protected Information in Past Five Years. Successful Action. | | | |
| What did you do with this protected information? | | | |
| [1] Branch Auto Populate Illegally or Without Proper Authorization Accessed or Tried to Access Protected Information in Past Five Years. Reason and Action. | | | |
| Why did you illegally or without proper authorization access or try to access this protected information? | [Text] | | |
| Did you receive any of the following actions for accessing or trying to access this protected information? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate Illegally or Protected Information in Past Five Years. Please explain. | | | |
| [2] Branch Auto Populate Illegally or Protected Information i Provide details. (Include a description of the action taken against you, who took this action, when you received this action, where you received this action, and any other details.) | | | |
| [1] Branch Auto Populate Illegally or Without Proper Authorization Accessed or Tried to Access Protected Information in Past Five Years. Another Instance to Report. | | | |
| Do you have another instance in which you illegally or without proper authorization accessed or tried to access protected information in the past five years? | | [] Yes | [] No |
| *** End Of Branch *** | | | |
| Have you deliberately non-complied with rules or regulations for safeguarding protected information in | 108 | [] Yes | [] No |

the past five years?

| [1] Branch Auto Populate Non-Comp Information in t | | or Regulations for Sa . Dated and Locatior | |
|--|--|---|----------------------|
| When did you deliberately non-comply with rules or regulations for the safeguarding of this protected information? | [mm/yyyy] | [] Estimated | |
| Where did you deliberately non- comply with rules or regulations for the safeguarding of this protected information? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate Non-Compli Information in | ance with Rules or the Past Five Years | | eguarding Protected |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate Non-Comp Information | bliance with Rules of in the Past Five Ye | | feguarding Protected |
| Is this location in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate Non-Compli Information ir | ance with Rules or 1 the Past Five Year | | eguarding Protected |
| What is the address? | | | |
| Street | [Text] | | |
| City | [Text] | | |
| State or Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| Is this a U.S. military installation? | | [] Yes | [] No |
| [3] Branch Auto Populate Non-Comp Information in the Past F | | | |
| What is the name of this U.S. military installation? | [Text] | | |
| [2] Branch Auto Populate Non-Compli Information in the Past Fiv | | | |
| Where is this located? | | | |
| City | [Text] | | |
| Country | [Text] | | |

| Is this a U.S. military installation or U.S. diplomatic facility? | | [] Yes | [] No |
|---|------------------|---|-------|
| [3] Branch Auto Populate Non-Com Information in the Past Five Years. U | | | |
| What is the name of this U.S. military installation or U.S. diplomatic facility? | [Text] | [] Not Applicable (Text) | |
| What is the APO/FPO/DPO ZIP Code? | [Text] | | |
| [1] Branch Auto Populate Non-Com Information in | | or Regulations for Sa . Reason and Actions | |
| Why did you deliberately non-comply with rules or regulations for safeguarding this protected information? | [Text] | | |
| Did you receive any of the following actions for deliberately non-complying with rules or regulations for safeguarding this protected information? (Select all that apply.) | [Dropdown] | | |
| [2] Branch Auto Populate Non-Compl Information in the I | | Regulations for Safe ciplinary Action Othe | |
| Please explain. | [Text] | | |
| [2] Branch Auto Populate Non-Compl Information in the P | | Regulations for Safe ciplinary Action Deta | |
| Provide details. (Include a description of the action taken against you, who took this action, when you received this action, where you received this action, and any other details.) | [Text] | | |
| [1] Branch Auto Populate Non-Com Information in the | | | |
| Do you have another instance in which you deliberately non-complied with rules or regulations for safeguarding protected information in the past five years? | | [] Yes | [] No |
| | *** End Of Branc | h *** | |
| Section 18 - Associations | | | |

PREAMBLE:

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. Your truthful responses and any information derived from your responses will not be used as evidence against you in a criminal proceeding.

For the purposes of this section:

Advocacy is defined as: Attempting to persuade or incite others to act. It includes, but is not limited to, making calls, distributing flyers, fundraising, posting on social media, etc. with the intent to persuade or incite others to engage in acts or activities.

Terrorism is defined as: Any activity that involves criminal acts dangerous to human life or potentially destructive of critical infrastructure, **and** appears to be intended to:

- Intimidate or coerce a civilian population; or
- Influence the policy of a government by intimidation or coercion; or
- Affect the conduct of a government by mass destruction, assassination, or kidnapping

Critical infrastructure is defined as: Assets, systems, and networks, whether physical or virtual, which are considered so vital to the United States that their incapacitation or destruction would have a debilitating effect on security, national economic security, national public health or safety, or any combination thereof.

| Have you ever been a member of an organization that, at the time of your membership, was both (i) dedicated to the use of violence or force to overthrow the United States Government or a State or tribal government of the United States, and (ii) engaged in activities to that end? | | [] Yes | [] No |
|--|--------------|--------|-------|
| [1] Branch Auto Populate Affirmative An Overthrow U.S. Govt, State or Tribal Gove | | | |
| What is the name of this organization? (Provide the full name without acronyms or abbreviations.) | [Text] | | |
| Does this organization have a physical address in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative Ansto to Overthrow U.S. Govt, State or Triba What is the address? | | - | |
| Street | [Text] | | |
| City | [Text] | | |
| U.S. State/Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| [1] Branch Auto Populate Affirmative An Overthrow U.S. Govt, State or Tribal Govt | | | |

Does this organization have a physical [] Yes [] No address outside of the U.S.?

| [2] Branch Auto Populate Affirmative An to Overthrow U.S. Govt, State or Tribal C | | | |
|--|--------------|--------------|------------|
| What is the address? | | | |
| Street | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Populate Affirmative Ar Overthrow U.S. Govt, State or Tri | | | |
| Does this organization have a web page? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative An to Overthrow U.S. Govt, State or Tribal O What is the web page address? | | | |
| [1] Branch Auto Populate Affirmative Ar Overthrow U.S. Govt, State or Tribal C | | | |
| When were you a member of this organiz | | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present |
| [2] Branch Auto Populate Affirmative An to Overthrow U.S. Govt, State or Tribal G | | | |
| Why are you still a member of this organization? | [Text] | | |
| [2] Branch Auto Populate Affirmative An to Overthrow U.S. Govt, State or Tribal Why did you stop being a member of this organization? | | | |
| [1] Branch Auto Populate Affirmative Ar Overthrow U.S. Govt, State or Trib | | | |
| Did you hold any positions in this organization? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative An to Overthrow U.S. Govt, State or Triba What positions did you hold? | | | |
| [1] Branch Auto Populate Affirmative Ar Overthrow U.S. Govt, State or Tribal Go | | | |
| Did you make any financial contributions to this organization? | | [] Yes | [] No |

| [2] Branch Auto Populate Affirmative Answe to Overthrow U.S. Govt, State or Tribal G | | | | |
|---|-------|----------------------|-------|----|
| How much? (Approximate in U.S. [T dollars.) | ext] | | | |
| [1] Branch Auto Populate Affirmative Answe Overthrow U.S. Govt, State or Tribal | | | | to |
| Were you aware of this organization's dedication to the use of violence or force to overthrow the United States Government or a State or tribal government of the United States? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Answe to Overthrow U.S. Govt, State or Tribal (| | | | |
| Please explain. [T | ext] | | | |
| [1] Branch Auto Populate Affirmative Answe Overthrow U.S. Govt, State or Trib | | | | to |
| Were you a member of the organization with the intent to use violence or force to overthrow the United States Government or a State or tribal government of the United States? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Answer to Overthrow U.S. Govt, State or Tribal Govt Please explain. [7] | | | | |
| [1] Branch Auto Populate Affirmative Answe Overthrow U.S. Govt, State or Tribal Go | | | | to |
| As a member, did you use violence or force with the intent to overthrow the United States Government or a State or tribal government of the United States? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Answe to Overthrow U.S. Govt, State or Tribal Go | | | | |
| Please explain. [T | ext] | | | |
| | | in Activities to the | | |
| Why did you become a member of this [T organization? | ēxt] | | | |
| What was your role in this [7 organization? (Describe what you did, who you did it for, why you did it, where you did it, if others were involved, and any other details.) | ēxt] | | | |

| Do you have another instance in which you were a member of an organization that, at the time of your membership, was both (i) dedicated to the use of violence or force to overthrow the United States Government or a State or tribal government of the United States, and (ii) engaged in activities to that end to report? | | [] Yes | [] No |
|---|----------------------------|--------------|-------|
| | *** End Of Branc | h *** | |
| Have you ever knowingly engaged in activities designed to overthrow the United States Government, or a State or tribal government of the United States, by violence or force? | | [] Yes | [] No |
| [1] Branch Auto Populate Affirmative Ansv U.S. Govt, State or Triba | | | |
| Why did you knowingly engage in activities designed to overthrow the United States Government, or a State or tribal government of the United States, by violence or force? | [Text] | | |
| When did you knowingly engage in activit overthrow the United States Government State or tribal government of the United S by violence or force? | , or a | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | |
| To (Month/Year) | [] Present [mm/yyyy] | [] Estimated | |
| What activities did you knowingly engage in that were designed to overthrow the United States Government, or a State or tribal government of the United States, by | [Text] | | |
| violence or force? (Describe what you did, who you did it for, where you did it, if others were involved, and any other details.) | | | |

| | *** End Of Branc | n *** | |
|--|---------------------|-----------------------|-----------------------------|
| Have you ever advocated any acts or activities designed to overthrow the United States Government or a State or tribal government of the United States, by violence or force? | | [] Yes | [] No |
| [1] Branch Auto Populate Affirmative An the U.S. Govt or State or T | | | |
| Why did you advocate activities designed to overthrow the United States Government, or a State or tribal government of the United States, by violence or force? | [Text] | | |
| When did you advocate activities to over United States, by violence or force? | throw the U.S. Gove | ernment, or a State c | or tribal government of the |
| From (Month/Year) | [mm/yyyy] | [] Estimated | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | |
| What activities did you advocate designed to overthrow the United States Government, or a State or tribal government of the United States, by violence or force? (Describe what you did, who you did it for, where you did it, if others were involved, and any other details.) | [Text] | | |
| Do you have another instance in which you advocated activities designed to overthrow the United States Government, or a State or tribal government of the United States, by violence or force to report? | | [] Yes | [] No |
| | *** End Of Branc | h *** | |
| Have you ever been a member of an organization that, at the time of your membership, advocated for acts of force or violence to discourage others from exercising their rights under the United States Constitution or the constitution of any State of the United States? | | [] Yes | [] No |

| [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exe any Stat | | Under the U.S. Cons | |
|--|--|--|--|
| What is the name of this organization? (Provide the full name without acronyms or abbreviations.) | [Text] | | |
| Does this organization have a physical address in the United States? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative An Discourage or Prevent others from Exerc any St | | nder the U.S. Constit | |
| What is the address? | | | |
| Street | [Text] | | |
| City | [Text] | | |
| U.S. State/Territory | [Dropdown] | | |
| | · | | |
| ZIP Code | [Text] | | |
| [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exe | Answer Member Or | Under the U.S. Cons | |
| [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exe | Answer Member Or rcising their Rights | Under the U.S. Cons | |
| [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exe any State of Does this organization have a physical address outside of the United States? [2] Branch Auto Populate Affirmative And Discourage or Prevent others from Exercise | Answer Member Or rcising their Rights of the U.S. Foreign A nswer Member Org ising their Rights U | Under the U.S. Cons Address Question. [] Yes Advocates for Acts on nder the U.S. Constit | titution or Constitution of [] No of Force or Violence to |
| [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exe any State of Does this organization have a physical address outside of the United States? [2] Branch Auto Populate Affirmative And Discourage or Prevent others from Exercise | Answer Member Or rcising their Rights of the U.S. Foreign A nswer Member Org | Under the U.S. Cons Address Question. [] Yes Advocates for Acts on nder the U.S. Constit | titution or Constitution of [] No of Force or Violence to |
| [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exe any State of Does this organization have a physical address outside of the United States? [2] Branch Auto Populate Affirmative And Discourage or Prevent others from Exerco any State | Answer Member Or rcising their Rights of the U.S. Foreign A nswer Member Org ising their Rights U | Under the U.S. Cons Address Question. [] Yes Advocates for Acts on nder the U.S. Constit | titution or Constitution of [] No of Force or Violence to |
| [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exe any State of Does this organization have a physical address outside of the United States? [2] Branch Auto Populate Affirmative Affirm | Answer Member Or rcising their Rights of the U.S. Foreign A nswer Member Org ising their Rights U te of the U.S. Foreig | Under the U.S. Cons Address Question. [] Yes Advocates for Acts on nder the U.S. Constit | titution or Constitution of [] No of Force or Violence to |
| [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exe any State of Does this organization have a physical address outside of the United States? [2] Branch Auto Populate Affirmative Affirmative Affirmative Affirmative any Discourage or Prevent others from Exerc any Sta What is the address? Please provide physical address (not mailing address). | Answer Member Or rcising their Rights of the U.S. Foreign A nswer Member Org ising their Rights U te of the U.S. Foreig [Text] | Under the U.S. Cons Address Question. [] Yes Advocates for Acts on nder the U.S. Constit | titution or Constitution of [] No of Force or Violence to |
| [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exe any State of Does this organization have a physical address outside of the United States? [2] Branch Auto Populate Affirmative Affirmative Affirmative any State Discourage or Prevent others from Exerce any State What is the address? Please provide physical address (not mailing address). City Country [1] Branch Auto Populate Affirmative Discourage or Prevent others from Exerce | Answer Member Or rcising their Rights of the U.S. Foreign A nswer Member Org ising their Rights U te of the U.S. Foreig [Text] [Text] [Dropdown] Answer Member Or | Under the U.S. Cons Address Question. [] Yes Advocates for Acts of nder the U.S. Constit gn Address Tg Advocates for Acts Under the U.S. Cons | titution or Constitution of [] No of Force or Violence to cution or Constitution of |

| [2] Branch Auto Populate Affirmative Discourage or Prevent others from Ex any St | | Jnder the U.S. Cons | |
|---|--|----------------------|------------|
| What is the web page address? | [Text] | | |
| [1] Branch Auto Populate Affirmati Discourage or Prevent others from F | | S Under the U.S. Cor | |
| When were you a member of this orga | anization? | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present |
| | ercising their Rights l | | |
| Why are you still a member of this organization? | [Text] | | |
| | ercising their Rights l of the U.S. Reason No | Jnder the U.S. Cons | |
| Why did you stop being a member of this organization? | f [Text] | | |
| [1] Branch Auto Populate Affirmati Discourage or Prevent others from E a | | Under the U.S. Cor | |
| Did you hold any positions in this organization? | | [] Yes | [] No |
| | ercising their Rights U State of the U.S. Pos | Jnder the U.S. Cons | |
| What positions did you hold? | [Text] | | |
| [1] Branch Auto Populate Affirmati Discourage or Prevent others from E any Sta | | 5 Under the U.S. Cor | |
| Did you make any financial contributions to this organization? | | [] Yes | [] No |
| | ercising their Rights l ate of the U.S. Contrib | Jnder the U.S. Cons | |
| How much? (Approximate in U.S. dollars.) | [Text] | | |
| [1] Branch Auto Populate Affirmati Discourage or Prevent others from E a | | Under the U.S. Cor | |
| While you were a member, were you aware of the organization's advocacy of acts of force or violence to discourage or prevent others from | | [] Yes | [] No |

exercising their rights under the United States Constitution or the constitution of any State of the United States?

[2] Branch Auto Populate Affirmative Answer Member Org Advocates for Acts of Force or Violence to Discourage or Prevent others from Exercising their Rights Under the U.S. Constitution or Constitution of any State of the U.S. Awareness Explanation. Please explain. [Text] [1] Branch Auto Populate Affirmative Answer Member Org Advocates for Acts of Force or Violence to Discourage or Prevent others from Exercising their Rights Under the U.S. Constitution or Constitution of any State of the U.S. Join With Intent Did you join this organization or [] Yes [] No engaged in activities as a member with the intent to advocate acts of force or violence to discourage or prevent others from exercising their rights under the United States Constitution or the constitution of any State of the United States? [2] Branch Auto Populate Affirmative Answer Member Org Advocates for Acts of Force or Violence to Discourage or Prevent others from Exercising their Rights Under the U.S. Constitution or Constitution of any State of the U.S. Join With Intent Explanation. Please explain. [Text] [1] Branch Auto Populate Affirmative Answer Member Org Advocates for Acts of Force or Violence to Discourage or Prevent others from Exercising their Rights Under the U.S. Constitution or Constitution of any State of the U.S. Advocated as Member. As a member, did you advocate acts of [] Yes [] No force or violence to discourage or prevent others from exercising their rights under the United States Constitution or the constitution of any State of the United States? [2] Branch Auto Populate Affirmative Answer Member Org Advocates for Acts of Force or Violence to Discourage or Prevent others from Exercising their Rights Under the U.S. Constitution or Constitution of any State of the U.S. Advocated as Member. Explanation. Please explain. [Text] [1] Branch Auto Populate Affirmative Answer Member Org Advocates for Acts of Force or Violence to Discourage or Prevent others from Exercising their Rights Under the U.S. Constitution or Constitution of any State of the U.S. Additional Questions. Why did you become a member of this [Text] organization? What was your role in this [Text] organization? (Describe what you did, who you did it for, why you did it, where you did it, if others were involved, and any other details.) Do you have another instance in which [] Yes [] No 118

you were a member of an organization that, at the time of your membership, advocated for acts of force or violence to discourage or prevent others from exercising their rights under the United States Constitution or the constitution of any State of the United States to report?

| United States Constitution or the constitution of any State of the United States to report? | | | | |
|---|----------------------|------------------------|-------|--|
| | *** End Of Branc | :h *** | | |
| Have you ever been a member of an organization that at the time of your membership, engaged in acts of force or violence to discourage others from exercising their rights under the United States Constitution or the constitution of any State of the United States? | | [] Yes | [] No | |
| [1] Branch Auto Populate Affirmative Discourage or Prevent Others from Exerc any Sta | | nder the U.S. Constit | | |
| What is the name of this organization? (Provide the full name without acronyms or abbreviations.) | [Text] | | | |
| Does this organization have a physical address in the United States? | | [] Yes | [] No | |
| [2] Branch Auto Affirmative Answer Mer or Prevent Others from Exercising thei State | | J.S. Constitution or t | | |
| What is the address? | | | | |
| Street | [Text] | | | |
| City | [Text] | | | |
| U.S. State/Territory | [Dropdown] | | | |
| ZIP Code | [Text] | | | |
| [1] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Foreign. Address Question | | | | |
| Does this organization have a physical address outside of the United States? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative A Discourage or Prevent Others from Constitution of a | Exercising their Rig | | | |
| | | | | |

What is the address?

Please provide physical address [Text] (not mailing address). [Text] City Country [Dropdown] [1] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Web Page. Does this organization have a web [] Yes [] No page? [2] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Web Page Address. What is the web page address? [Text] [1] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Membership Dates. When were you a member of this organization? From (Month/Year) [mm/yyyy] [] Estimated To (Month/Year) [] Estimated [mm/yyyy] [] Present [2] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. End Date Present. Reason. Why are you still a member of this [Text] organization? [2] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Reason for Ending Membership. Why did you stop being a member of [Text] this organization? [1] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Hold Position. Did you hold any positions in this [] Yes [] No organization? [2] Branch Auto Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Positions Held. What positions did you hold? [Text]

[1] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Financial Contribution. Did vou make anv financial [] Yes [] No contributions to this organization? [2] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Amount. How much? (Approximate in U.S. [Text] dollars.) [1] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Awareness. At the time of your membership, were [] Yes [] No you aware the organization engaged in acts of force or violence to discourage others from exercising their rights under the United States Constitution or the constitution of any State of the United States? [2] Auto Populate Member Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Awareness Explanation. Please explain. [Text] [1] Branch Auto Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Intent Did you join the organization or [] Yes [] No engage in activities as a member with the intent to engage in acts of force or violence to discourage others from exercising their rights under the United States Constitution or the constitution of any State of the United States? [2] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Join With Intent Please explain. [Text] [1] Branch Auto Populate Affirmative Answer Member in Org Engage in Acts of Force or Violence to Discourage or Prevent Others from Exercising their Rights under the U.S. Constitution or the Constitution of any State of the U.S. Engaged in Acts of Force or Violence. As a member, did you engage in acts [] Yes [] No of force or violence to discourage or prevent others from exercising their rights under the United States Constitution or the constitution of any State of the United States?

| [2] Branch Auto Populate Affirmative A Discourage or Prevent Others from Constitution of any State of the U Please explain. | Exercising their Rig | hts under the U.S. C | onstitution or the |
|--|--------------------------------|-----------------------|--------------------------|
| [1] Branch Auto Populate Affirmative Discourage or Prevent Others from Exerc ar | | nder the U.S. Constit | |
| Why did you become a member of this organization? | [Text] | | |
| What was your role in this organization? (Describe what you did, who you did it for, why you did it, where you did it, if others were involved, and any other details.) | [Text] | | |
| Do you have another instance in which you were a member of an organization that, at the time of your membership, engaged in acts of force or violence to discourage others from exercising their rights under the United States Constitution or the constitution of any State of the United States? | | [] Yes | [] No |
| | *** End Of Branc | ר *** איי | |
| Are you now or have you ever been a member of an organization that, at the time of your membership, used unlawful force or violence? | | [] Yes | [] No |
| [1] Branch Auto Populate Affirmative A | nswer to Member O Location. | rg Used Unlawful Fo | rce or Violent. Name and |
| What is the name of this organization? (Provide the full name without acronyms or abbreviations.) | [Text] | | |
| Does this organization have a physical address in the United States? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative | Answer to Member Address. | Org Used Unlawful F | orce or Violent. U.S. |
| What is the address? | | | |
| Street | [Text] | | |
| City | [Text] | | |
| U.S. State/Territory | [Dropdown] | | |

ZIP Code

[Text]

| [1] Branch Auto Populate Affirmative | Answer to Member Address Quest | | Force or Violent. Foreign |
|--|--------------------------------------|----------------------|-------------------------------|
| Does this organization have a physical address outside of the United States? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative A | nswer to Member C Address. |)rg Used Unlawful Fo | orce or Violent. Foreign |
| What is the address? | | | |
| Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Populate Affirmative A | nswer to Member (| Drg Used Unlawful Fo | orce or Violent. Web Page. |
| Does this organization have a web page? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative An | swer to Member Or Address. | g Used Unlawful For | ce or Violent. Web Page |
| What is the web page address? | [Text] | | |
| [1] Branch Auto Populate Affirmative Ar | iswer to Member O Dates. | rg Used Unlawful Fo | rce or Violent. Membership |
| When were you a member of this organiz | zation? | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present |
| [2] Branch Auto Populate Affirmative An | swer to Member O Present | rg Used Unlawful For | rce or Violent. End Date |
| Why are you still a member of this organization? | [Text] | | |
| [2] Branch Auto Populate Affirmative A | nswer to Member (Ending Membersh | | orce or Violent. Reason |
| Why did you stop being a member of this organization? | [Text] | | |
| [1] Branch Auto Populate Affirmative Ans | swer to Member Or | g Used Unlawful Ford | ce or Violent. Hold Position. |
| Did you hold any positions in this organization? | | [] Yes | [] No |

| [2] Branch Auto Populate Affirmative Answer to Member Org Used Unlawful Force or Violent. Positions Held. | | | | |
|--|--|----------------------|----------------------------|--|
| What positions did you hold? | [Text] | | | |
| [1] Branch Auto Populate Affirmative Ar | nswer to Member (Contribution. | Drg Used Unlawful Fo | orce or Violent. Financial | |
| Did you make any financial contributions to this organization? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Ans How much? (Approximate in U.S. dollars.) | wer to Member Or [Text] | g Used Unlawful Ford | ce or Violent. Amount. | |
| [1] Branch Auto Populate Affirmative A Forc | nswer to Member (ce or Violence as a | | orce or Violent. Unlawful | |
| As a member, did you use unlawful force or violence? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Ans Force or Viol | wer to Member Or lence as a Member | | ce or Violent. Unlawful | |
| Please explain. | [Text] | | | |
| [1] Branch Auto Populate Affirmative A | nswer to Member | Org Used Unlawful F | orce or Violent. Details. | |
| Why did you become a member of this organization? | [Text] | | | |
| What was your role in this organization? (Describe what you did, who you did it for, why you did it, where you did it, if others were involved, and any other details.) | [Text] | | | |
| Do you have another instance in which you were a member of an organization that, at the time of your membership, used unlawful force or violence? | | [] Yes | [] No | |
| | *** End Of Branch | ז *** | | |
| Have you ever planned, contributed to, attempted, or carried out an unlawful act of force or violence targeted at a person, group of people, or property? If yes, explain (complete the additional details section), including: | | [] Yes | [] No | |
| [1] Branch Auto Populate Affirmative Answer to Planned, Contributed, Attempted or Carried out Unlawful Act of Force or Violence Targeted at Person, Group, or Property. Additional Question. | | | | |
| Was the target an individual or individuals based on their race, color, religion, sex, national origin, age, disability, genetic information, or pregnancy? | | [] Yes | [] No | |

[2] Branch Auto Populate Affirmative Answer to Planned, Contributed, Attempted or Carried out Unlawful Act of Force or Violence Targeted at Person, Group, or Property. Details.

Why did you target this individual or [Text] individuals?

When did you target this individual or individuals?

| From (Month/Year) | [mm/yyyy] | [] Estimated | | |
|---|-------------|--------------|------------|--|
| To (Month/Year) | [mm/yyyy] | [] Estimated | []Present | |
| What did you do? (Describe how you planned, contributed to, attempted, or carried out this unlawful act of force or violence; who you did it for; where you did it; if others were involved; and any other details.) | [Text] | | | |
| Do you have another instance in which you targeted an individual or individuals based on their race, color, religion, sex, national origin, age, disability, genetic information, or pregnancy? | | [] Yes | [] No | |
| [1] Branch Auto Populate Affirmative Answer to Planned, Contributed, Attempted or Carried out Unlawful Act of Force or Violence Targeted at Person, Group, or Property. Target Government Official. | | | | |
| Was the target an official of the United States Government or the government of a State, local, or tribal government of the United States? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Unlawful Act of Force or Violence Targete Why did you target this government official? | | | | |
| When did you target this government official? | | | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present | |
| What did you do? (Describe how you planned, contributed to, attempted, or carried out this unlawful act of force or violence; who you did it for; where you did it; if others were involved; and any other details.) | [Text] | | | |

| Do you have another instance in which you targeted an official of the United States Government or the Government of a State, local, or tribal government of the United States? | | [] Yes | [] No | |
|---|-------------|--------------|-------|--|
| [1] Branch Auto Populate Affirmative An Act of Force or Violence Target | | | | |
| Was the target property of the United States Government or the government of a State, local or tribal government of the United States? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Unlawful Act of Force or Violence Targete Was this property critical infrastructure? | | | | |
| Why did you target this property? | [Text] | | | |
| When did you target this property? | | | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | | |
| What did you do? (Describe how you planned, contributed to, attempted, or caried out this unlaw act of force or violence; who you did it for; where you did it; if others were involved; and any other details.) | [Text] | | | |
| Do you have another instance in which you targeted property of the United States Government or the Government of a State, local or tribal government of the United States? | | [] Yes | [] No | |
| [1] Branch Auto Populate Affirmative Answer to Planned, Contributed, Attempted or Carried out Unlawful Act of Force or Violence Targeted at Person, Group, or Property. Critical Infrastructure. | | | | |
| Was the targeted property critical infrastructure? (Answer "No" if you listed in the question above.) | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Unlawful Act of Force or Violence Targete Why did you target this critical infrastructure? | | | | |

When did you target this critical infrastructure?

| From (Month/Year) | [mm/yyyy] | [] Estimated | | |
|--|----------------------|------------------------|--------|--|
| To (Month/Year) | [mm/yyyy] | [] Estimated | | |
| What did you do? (Describe how you planned, contributed to, attempted, or caried out this unlaw act of force or violence; who you did it for; where you did it; if others were involved; and any other details.) | [Text] | | | |
| Do you have another instance in which you targeted critical infrastructure? | | [] Yes | [] No | |
| | *** End Of Branc | h *** | | |
| Have you ever advocated unlawful acts of violence against individuals based on their race, color, religion, sex, national origin, age, disability, genetic information, or pregnancy? | | [] Yes | [] No | |
| [1] Branch Auto Populate Affirmative Answer Advocated Unlawful Acts of Violence Against Protected Classes (Identified in Question). Reason, Dates, Specifics. | | | | |
| Why did you advocate unlawful acts of violence against this individual or individuals? | [Text] | | | |
| When did you advocate unlawful acts of v | violence against thi | s individual or indivi | duals? | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | | |
| What did you do? (Describe what you did, who you did it for, where you did it, if others were involved, and any other details.) | [Text] | | | |
| Do you have another instance in which you advocated unlawful acts of violence against an individual or individuals based on their race, color, religion, sex, national origin, age, disability, genetic information, or pregnancy? | | [] Yes | [] No | |

| | *** End Of Bran | ch *** | |
|---|--|---|--------------------------|
| Are you now or have you ever been a member of an organization dedicated to domestic or international terrorism? | | [] Yes | [] No |
| [1] Branch Auto Populate Affirmative A Internatio | nswer to Members nal Terrorism. Nar | | Dedicated to Domestic or |
| What is the name of this organization? (Provide the full name without acronyms or abbreviations.) | [Text] | | |
| Does this organization have a physical address in the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative Ans | | | edicated to Domestic or |
| | ional Terrorism. U | S. Address. | |
| What is the address? | | | |
| Street | [Text] | | |
| City | [Text] | | |
| U.S. State/Territory | [Dropdown] | | |
| ZIP Code | [Text] | | |
| [1] Branch Auto Populate . Affirmative A International | | ship in Organization n Address Question. | Dedicated to Domestic or |
| Does this organization have a physical address outside of the U.S.? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative Ans Internatio | swer to Membersh nal Terrorism. For | | edicated to Domestic or |
| What is the address? | | | |
| Please provide physical address (not mailing address). | [Text] | | |
| City | [Text] | | |
| Country | [Dropdown] | | |
| [1] Branch Auto Populate Affirmative A Inter | nswer to Members national Terrorism | | Dedicated to Domestic or |
| Does this organization have a web page? | | [] Yes | [] No |

| [2] Branch Auto Populate Affirmative Answer to Membership in Organization Dedicated to Domestic or International Terrorism. Web Page | | | | |
|---|--|--------------|--------------------------|--|
| What is the web page address? | [Text] | inco i uge | | |
| [1] Branch Auto Populate Affirmative [Internati | Answer to Members onal Terrorism. Me | | Dedicated to Domestic or | |
| When were you a member of this organi | zation? | | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present | |
| [2] Branch Auto Populate Affirmative Ar Internatio Why are you still a member of this organization? | nswer to Membersh nal Terrorism. End [Text] | | edicated to Domestic or | |
| | nswer to Membersh Terrorism. Reason M | | edicated to Domestic or | |
| Why did you stop being a member of this organization? | [Text] | | | |
| [1] Branch Auto Populate Affirmative Interr | Answer to Members national Terrorism. I | | Dedicated to Domestic or | |
| Did you hold any positions in this organization? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Ar Internat What positions did you hold? | nswer to Membersh ional Terrorism. Po [Text] | | edicated to Domestic or | |
| [1] Branch Auto Populate Affirmative Answer to Membership in Organization Dedicated to Domestic or International Terrorism. Financial Contribution. | | | | |
| Did you make any financial contributions to this organization? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Answer to Membership in Organization Dedicated to Domestic or International Terrorism. Amount. | | | | |
| How much? (Approximate in U.S. dollars.) | [Text] | | | |
| [1] Branch Auto Populate Affirmative Answer to Membership in Organization Dedicated to Domestic or International Terrorism. Awareness. | | | | |
| At the time you were a member, were you aware of the organization's dedication to domestic or international terrorism? | | [] Yes | [] No | |
| [2] Branch Auto Populate Affirmative Answer to Membership in Organization Dedicated to Domestic or International Terrorism. Explanation of Awareness. | | | | |
| Please explain. | [Text] | | | |
| [1] Branch Auto Populate Affirmative Answer to Membership in Organization Dedicated to Domestic or International Terrorism. Intent to Further Acts of Domestic or International Terrorism. | | | | |
| Were you a member of this organization or engage in activities as | | [] Yes | [] No | |

a member with the intent to further acts of domestic or international terrorism?

| [2] Branch Auto Populate Affirmative An International | swer to Membershi Terrorism. Further <i>i</i> | | dicated to Domestic or |
|---|--|----------------------|---------------------------|
| Please explain. | [Text] | | |
| [1] Branch Auto Affirmative Answer to M | embership in Organ Terrorism. Inte | | Domestic or International |
| Did you intentionally engage in acts of domestic or international terrorism? | | [] Yes | [] No |
| [2] Branch Auto Populate Affirmative An Internation | swer to Membershi Ial Terrorism. Inten | | dicated to Domestic or |
| Please explain. | [Text] | | |
| [1] Branch Auto Populate Affirmative A Inte | Answer to Members ernational Terroris | | Dedicated to Domestic or |
| Why did you become a member of this organization? | [Text] | | |
| What was your role in this organization? (Describe what you did, who you did it for, why you did it, where you did it, if others were involved, and any other details.) | [Text] | | |
| Do you have another instance in which you were a member of an organization that, at the time of your membership, was dedicated to domestic or international terrorism? | | [] Yes | [] No |
| | *** End Of Branc | h *** | |
| Have you ever knowingly engaged in any acts of domestic or international terrorism? | | [] Yes | [] No |
| [1] Branch Auto Populate Affirmative A Terrorism. Explanatio | | | |
| What acts of domestic or international terrorism did you engage in? (Describe what you did, who you did it for, why you did it, where you did it, and any other details.) | [Text] | | |
| Why did you engage in these activities of domestic or international terrorism? | [Text] | | |
| When did you engage in these activities of | of domestic or inte | rnational terrorism? | |

| From (Month/Year) | [mm/yyyy] | [] Estimated | |
|--|------------------|---|------------|
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present |
| Do you have another instance in which you engaged in acts of domestic or international terrorism? | | [] Yes | [] No |
| | *** End Of Branc | h *** | |
| Have you ever knowingly associated with anyone involved in activities to further domestic or international terrorism? | | [] Yes | [] No |
| [1] Branch Auto Populate Affirmative Activities to Further | | owingly Associated w ational Terrorism. De | |
| When did you associate with this individu | ial? | | |
| - | | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present |
| Why do you still associate with this individual? | [Text] | | |
| Why did you stop associating with this individual? | [Text] | | |
| What is or was your relationship with this individual? (Describe how you met, how often you are or were in contact, what activities you did together, whether this individual has any leverage over you, and any other details.) | [Text] | | |
| Do you have another instance in which you knowingly associated with an individual involved in activities to further domestic or international terrorism? | | [] Yes | [] No |
| | *** End Of Branc | h *** | |
| Have you ever advocated any acts of domestic or international terrorism? | | [] Yes | [] No |

| [1] Branch Auto Populate for Affirmative Answer to Ever Advocating Any Acts of Domestic or International Terrorism. Details. | | | | |
|--|------------------|--------------|------------|--|
| What acts of domestic or international terrorism did you advocate? (Describe what you did, who you did it for, why you did it, where you did it, and any other details.) | [Text] | | | |
| Why did you advocate these activities of domestic or international terrorism? | [Text] | | | |
| When did you advocate these activities of domestic or international terrorism? | | | | |
| From (Month/Year) | [mm/yyyy] | [] Estimated | | |
| To (Month/Year) | [mm/yyyy] | [] Estimated | [] Present | |
| Do you have another instance in which you advocated acts of domestic or international terrorism? | [Text] | | | |
| | *** End Of Branc | h *** | | |