

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: Council on Environmental Quality
Series/Staff Member: Kathleen (Katie) McGinty
Subseries: [Correspondence]

OA/ID Number: 2257
FolderID:

Folder Title:
Administrative: Staff Assistants

Stack:	Row:	Section:	Shelf:	Position:
S	61	5	3	2

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. phone memo	Jen to CZ [Cathy Zoi] re call from Beth Viola [personally identifiable information] [partial] (1 page)	01/11/1994	b(6)

COLLECTION:

Clinton Presidential Records
Council on Environmental Quality
Kathleen "Katie" McGinty [correspondence]
OA/Box Number: 2257

FOLDER TITLE:

Administrative: Staff Assistants

2012-0769-F

kc1953

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

EXECUTIVE OFFICE OF THE PRESIDENT
COUNCIL ON ENVIRONMENTAL QUALITY

ALL ^{ADDITIONAL} RESUMES WENT BACK
TO CHRISTIAN OR CATHY

KZ 1/25

FROM THE DESK OF
CATHY ZOI

Kurt -
Pls call and
screen. Is he
worth bringing
for an
interview?
-CZ
1/3



MEMORANDUM
OF CALL

Previous editions usable

TO:

YOU WERE CALLED BY--

YOU WERE VISITED BY--

OF (Organization)

☐ PLEASE PHONE

☐ FTS

☐ AUTOVON

h 202 296 4045

☒ WILL CALL AGAIN

☒ IS WAITING TO SEE YOU

☒ RETURNED YOUR CALL

☒ WISHES AN APPOINTMENT

MESSAGE

Fabulous - very hard working, good
attitude
organized
no back & forth
dependable
problem solver
self-starter

RECEIVED BY

DATE

TIME

63-110 NSN 7540-00-634-4018

STANDARD FORM 63 (Rev. 8-81)

Prescribed by GSA

U.S. GOVERNMENT PRINTING OFFICE: 1991 281-781/40014 FPMR (41 CFR) 101-11.6

TIME SENSITIVE

Note CZ January 10, 1994

From: Kurt

RE: Candidate for my job.

I think you should interview Matthew Riordan for my position. Just before the Holidays you asked me to screen him and we finally connected. (We were playing phone tag and apparently he was stuck in Boston with the snow.)

He has significant/interesting experience in the following areas:

Admin

He did advance on the campaign where "what you can accomplish depends on your ability to finagle things."

- dealt with logistics of events and arranged things on the fly; sometimes at 3am

Press

At Nelson Communications he drafts press releases and works with them to get the message right. In addition he sets up receptions for hill staffers, lobbies, does client research, and correspondence.

He has also worked in the WH volunteer office and on transition drafting correspondence with Julie Rice who recommends him highly. (She is former Gore staff and is well respected by OVP for her work.)

Action:

He is avail tomorrow for an interview if you wish. Schedule this?

632 F Street, NE
Washington, DC 20002
(202) 547-2143

im
12/11/93
12/27/93

December 20, 1993

Kathleen McGinty
Director, Office of Environmental Policy
Room 360A
Old Executive Office Building
Washington, DC 20500

Dear Ms. McGinty:

I understand that there will soon be an opening in your office. Please consider my application for the available position. I have actively sought employment with the Administration since the Inauguration and am very interested in the opportunity to serve in the Office of Environmental Policy.

I have enclosed my resume for your review. As indicated, I served on the Clinton/Gore national campaign staff and the subsequent transition. I also spent several months working at the White House as a volunteer, where I assisted in the organization of the Office of Presidential Inquiries. I am currently with Nelson Communications, a public affairs firm.

In addition to my resume, I have enclosed letters of recommendation from Marsha Scott, Deputy Assistant to the President and Director of Presidential Correspondence, and Jamie Williams, Director of Presidential Inquiries.

Thank you for your time and attention. I look forward to your reply.

Very truly yours,

Matthew M. Riordan

MATTHEW M. RIORDAN

Encls.

547-2143
Matt

Matthew McDonnell Riordan

632 F Street, NE
Washington, DC 20002
(202) 547-2143

Education

Tufts University

Medford, MA

- Bachelor of Arts in English, May 1992.
- Particular concentration in journalism and creative writing.

Work Experience

*July 1993-
present*

Nelson Communications

Washington, DC

- Washington staff of national public relations and lobbying firm.
- Responsible for tracking legislation and federal regulations affecting clients.
- Research potential clients and draft reports for business development.

*February -
May 1993*

Office of Presidential Inquiries

The White House

- Wrote and distributed White House volunteer policy manuals.
- Created White House comment line reference guides.
- Wrote daily reports summarizing public response to policy developments and national events.

*November 1992-
February 1993*

Presidential Transition Team

Washington, DC

- Organized and managed flow of Vice Presidential correspondence.
- Drafted responses to policy inquiries.
- Directed and assigned projects to staff.

*August-
November 1992*

Clinton/Gore '92 National Advance Staff

- Traveled ahead of candidates as part of an advance team.
- Prepared rallies, fund raising appearances, and campaign events.
- Hired and supervised on-site contractors.
- Coordinated local political organizations and directed event staff.

*Summer 1991
Summer 1992*

Fisherman

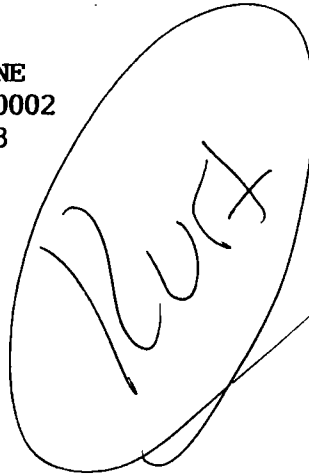
Coastal Alaska

- Deck hand on six fishing vessels over a two year period.
- Promoted to First Mate on two boats.
- Extensive experience with difficult and dangerous working conditions.
- First hand experience with harvesting methods and conservation strategies.

Activities

- 1993 Marine Corps Marathon, 1991 Boston Marathon.
- Published short story.
- Tufts Crew Team.
- Sport fishing, hunting.

632 F Street, NE
Washington, DC 20002
(202) 547-2143



LM Jamie Williams
Director
Office of Presidential Inquiries
The White House
Washington, DC
(202) 456-2853

LM Lori Abrams
Administrative Director
Office of Presidential Messages
The White House
Washington, DC
(202) 456-7487

high energy
follow-thru
fun, good attitude
organization
hasn't seen planning
does have the big picture view
cucumber
adores him
brings things to closure
goes from task to task very well

LM Julie Rice
Office of Public Affairs
Department of Commerce
Washington, DC
(202) 482-4883

LM Natalie Ellertson
Office of The Vice President
The White House
Washington, DC
(202)-456-2816

Karen Oliver
Federal Affairs Coordinator
Beer Drinkers of America
Washington, DC
(202) 546-5668

Ian O'Neil
Account Executive
Nelson Communications
Washington, DC
(202) 544-7332

Time not set yet
but am attempting
to schedule
in what purpose
Ch

THE WHITE HOUSE

WASHINGTON

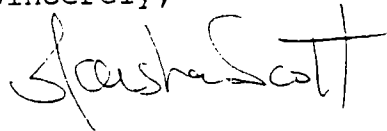
March 30, 1993

TO WHOM IT CONCERNS:

For the past six weeks Matthew Riordan has been working in the Department of Presidential Correspondence. He has been instrumental in the organization of the Office of Presidential Inquiries, the role and importance of which has changed drastically since January 20. Serving as a volunteer coordinator, Matthew reorganized the volunteer security clearance process, wrote the White House Volunteer Manual, created The White House Comment Line Reference Handbook, and led orientation sessions for new volunteers.

I found Matthew to be responsible, personable, and energetic. I enthusiastically recommend Matthew for any position utilizing his exceptional communication, organizational, and writing skills.

Sincerely,

A handwritten signature in cursive script that reads "Marsha Scott". The signature is written in dark ink and is positioned below the word "Sincerely,".

Marsha Scott
Deputy Assistant to the President
and Director of Presidential
Correspondence

THE WHITE HOUSE

WASHINGTON

March 31, 1993

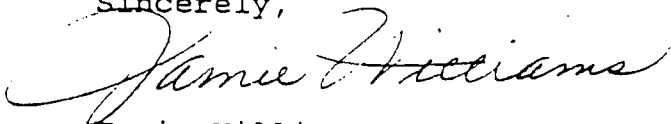
To Whom It May Concern:

I can without reservation recommend Matthew Riordan to you for any position. Matthew has been invaluable to me in the White House Office of Presidential Inquiries in his position as a volunteer coordinator.

Matthew's many talents proved an asset as the role of our office expanded to cover the entire volunteer registration process. He led orientations, prepared our manuals, and administered volunteers. He took on as his own project the creation of the computer system we now use to process all volunteer staff.

I found Matthew to be dependable, hard working, and bright. His sense of humor and team spirit made the long hours we work here more bearable. He would be an asset to any office, particularly in a position which would employ his writing and communications skills. If you have any questions regarding Matthew, please feel free to contact me at (202) 456-2853.

Sincerely,



Jamie Williams

Director, Office of Presidential Inquiries

Kurt - Pls do a "telephone
screen" to see if he'd be
good as Katie's Exec. Asst.
If so, set me up for 30 min.
— Thx. -CZ 12/24

Matthew McDonnell Riordan

632 F Street, NE
Washington, DC 20002
(202) 547-2143

*Cathy -
this copy came up
from OVP. Julie Rice,
former Senate Staff,
highly recommends
him.
Tay*

Education**Tufts University****Medford, MA**

- Bachelor of Arts in English, May 1992.
- Particular concentration in journalism and creative writing.

*(m
12/27)*

Work Experience

*July 1993-
present*

Nelson Communications**Washington, DC**

- Washington staff of national public relations and lobbying firm.
- Responsible for tracking legislation and federal regulations affecting clients.
- Research potential clients and draft reports for business development.

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May 1993*

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- Wrote and distributed White House volunteer policy manuals.
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*Summer 1991
Summer 1992*

Fisherman**Coastal Alaska**

- Deck hand on six fishing vessels over a two year period.
- Promoted to First Mate on two boats.
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- First hand experience with harvesting methods and conservation strategies.

Activities

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THE WHITE HOUSE

WASHINGTON

March 31, 1993

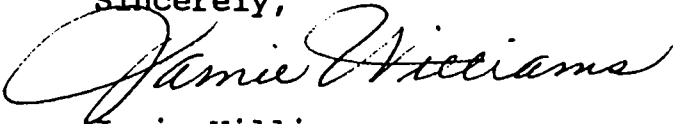
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I found Matthew to be dependable, hard working, and bright. His sense of humor and team spirit made the long hours we work here more bearable. He would be an asset to any office, particularly in a position which would employ his writing and communications skills. If you have any questions regarding Matthew, please feel free to contact me at (202) 456-2853.

Sincerely,

A handwritten signature in cursive script that reads "Jamie Williams". The signature is fluid and elegant, with a large initial "J" and a long, sweeping underline.

Jamie Williams

Director, Office of Presidential Inquiries

THE WHITE HOUSE
WASHINGTON

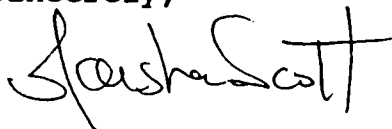
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I found Matthew to be responsible, personable, and energetic. I enthusiastically recommend Matthew for any position utilizing his exceptional communication, organizational, and writing skills.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marsha Scott".

Marsha Scott
Deputy Assistant to the President
and Director of Presidential
Correspondence

632 F Street, NE
Washington, D.C. 20002
(202) 547-2143

April 26, 1993

Carl Stern
Director of Public Affairs
Department of Justice
10th and Constitution, NW
Washington, DC 20530

Dear Mr. Donilon:

I am writing at the suggestion of Steve Akey, Director of Public Affairs Personnel at the Office of Presidential Personnel. I hope that you would consider me for a position in the Public Affairs Department of the Justice Department.

I have enclosed my resume for your review. Please note that I served on the Clinton/Gore National Campaign Staff and the subsequent Transition. Prior to my position with the campaign I earned my undergraduate degree from Tufts University, majoring in English with a special concentration in journalism.

In addition, I have enclosed letters of recommendation from Marsha Scott, Deputy Assistant to the President and Director of Presidential Correspondence, and Jamie Williams, Director of Presidential Inquiries.

Thank you for your time and attention. I look forward to your reply.

Very truly yours,



MATTHEW M. RIORDAN

Encls.

cc: Marsha Scott
Jamie Williams
Steve Akey

632 F Street, NE
Washington, D.C. 20002
(202) 547-2143

April 26, 1993

Thomas E. Donilon
Assistant Secretary of State for Public Affairs
Department of State
2201 C Street, NW
Washington, DC 20520

Dear Mr. Donilon:

I am writing at the suggestion of Steve Akey, Director of Public Affairs Personnel at the Office of Presidential Personnel. I hope that you would consider me for a position in the Public Affairs Department of the State Department.

I have enclosed my resume for your review. Please note that I served on the Clinton/Gore National Campaign Staff and the subsequent Transition. Prior to my position with the campaign I earned my undergraduate degree from Tufts University, majoring in English with a special concentration in journalism.

In addition, I have enclosed letters of recommendation from Marsha Scott, Deputy Assistant to the President and Director of Presidential Correspondence, and Jamie Williams, Director of Presidential Inquiries.

Thank you for your time and attention. I look forward to your reply.

Very truly yours,



MATTHEW M. RIORDAN

Encls.

cc: Marsha Scott
Jamie Williams
Steve Akey

632 F Street, NE
Washington, DC 20002
(202) 547-2143

November 22, 1993

Mary Margartet Overbey
Office of The Vice President
OEOB
Washington, DC

VIA FAX

Dear Ms. Overbey:

Please find enclosed a letter I wrote to Nan Borton at AID. She has recently been officially named as the Director of the Office of Foreign Disaster Assistance. I have been maneuvering for a spot in that particular office for several months. I would appreciate any assistance or advice you could offer.

I have also included an updated copy of my resume for your files. Thanks again for your help.

Very truly yours,

Matthew M. Riordan

MATTHEW M. RIORDAN

MEMORANDUM

To: Katie McGinty, OEP
From: Natalie Ellertson, OVP
Date: December 14, 1993
Re: Open Positions at OEP



I understand that you might be looking for two staff replacements in the near future. I hope I'm not overstepping my bounds but I'd like to throw a name into the mix.

Matt Riordan did advance during the campaign and worked with Christian on the Transition. Since then he's volunteered for several VP advance trips, which is how I met him.

During the trip we did together, he really made an impression on me because although he was several years younger than the rest of the advance team, he was the only one that struck me as being able to fully grasp the significance of the policies that underpinned the message our event was designed to express. He not only understood the underlying policies but was able (and interested enough) to ask meaningful questions. He's a solid writer and a hard worker who seems to thrive on challenges. I hope you'll give his resume some consideration

Thanks!

P.S. ignore the "hunting" under activities —
he's a good, sane guy!

Matthew McDonnell Riordan

632 F Street, NE
Washington, DC 20002
(202) 547-2143

Education**Tufts University****Medford, MA**

- Bachelor of Arts in English, May 1992.
- Particular concentration in journalism and creative writing.

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- Sport fishing, hunting.

THE WHITE HOUSE
WASHINGTON

~~CE,~~
~~These~~ are
procedures to CE for Staff Assts
~~procedures~~ to staff for drug tests
Guiding

Withdrawal/Redaction Marker

Clinton Library

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Clinton Presidential Records
Council on Environmental Quality
Kathleen "Katie" McGinty *[correspondence]*
OA/Box Number: 2257

FOLDER TITLE:

Administrative: Staff Assistants

2012-0769-F

kc1953

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RR. Document will be reviewed upon request.

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[001]

MEMORANDUM
OF CALL

Previous editions usable

TO:

C2

☐ YOU WERE CALLED BY- ☐ YOU WERE VISITED BY-

Beth Viola

OF (Organization)

Fax 2614

☐ PLEASE PHONE ☐ FTS ☐ AUTOVON

223-2575

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

(b)(6)

H 703-461-6939

RECEIVED BY

DATE

TIME

63-110 NSN 7546-00-634-4018

STANDARD FORM 63 (Rev. 8-81)

Prescribed by GSA

FPMR (41 CFR) 101-11.6

☆ U.S.G.P.O. : 1993 342-198/80011

THE WHITE HOUSE

WASHINGTON

December 15, 1993

MEMORANDUM FOR ALL EOP AND WHITE HOUSE ADMINISTRATIVE
CONTACTS (EXCLUDING OMB AND USTR)

FROM: PATSY THOMASSON
SPECIAL ASSISTANT TO THE PRESIDENT
FOR MANAGEMENT AND ADMINISTRATION

SUBJECT: Personnel Procedures

Attached are copies of the memoranda we have distributed during the past few weeks regarding personnel policies and procedures.

We are distributing them a second time in order to remind you that it is extremely important that all personnel actions: new appointments, salary adjustments, changes in title or status, and requests for Other Government Employees must be submitted to the Office of Management and Administration **in advance** of an individual's anticipated start date or the effective date of a change.

It is equally important that before anyone starts work or a salary adjustment is promised, the effective dates be determined and actions approved by the Office of Management and Administration.

Please refer to the White House Personnel Manual if you have questions or call Andrea Rutledge at x6693.

Your cooperation is appreciated.

THE WHITE HOUSE

WASHINGTON

November 8, 1993

MEMORANDUM FOR ALL EOP AND WHITE HOUSE ADMIN CONTACTS
(EXCLUDING OMB AND USTR)

FROM: ALICE HONEA *A. Honea*
OFFICE OF MANAGEMENT AND
ADMINISTRATION

SUBJECT: Personnel Procedures

The purpose of this memorandum is to remind you of the policies of our office on personnel actions. First, all personnel actions (including both appointments and salary adjustments) must be approved through the Office of Management and Administration prior to their effective date. All appropriate forms, as detailed in the White House Personnel Manual (available from me at extension 6693), must be completed by your office and approved by this office prior to any action taking effect.

Second, effective dates for all personnel actions are determined in accordance with Office of Management and Administration policy outlined in the White House Personnel Manual. Under this policy, an individual's effective date for joining the staff will be no earlier than the date that the paperwork is approved by the Office of Management and Administration.

For salary adjustments and other changes, the effective date will be the first day of the pay period following the date that the requested action is approved by the Office of Management and Administration.

The department head and administrative contact are responsible for ensuring that before anyone actually begins work and before any salary adjustments are promised, the necessary actions are approved and effective dates set with the Office of Management and Administration. All departments and agencies should understand that no exceptions will be allowed absent extremely compelling and unique circumstances. To be safe, we recommend submitting all the necessary forms at least two weeks prior to the desired effective date.

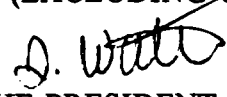
Your cooperation is appreciated.

THE WHITE HOUSE

WASHINGTON

December 9, 1993

MEMORANDUM FOR ALL EOP AND WHITE HOUSE ADMINISTRATIVE
CONTACTS (EXCLUDING OMB AND USTR)

FROM: DAVID WATKINS 
ASSISTANT TO THE PRESIDENT
FOR MANAGEMENT AND ADMINISTRATION

SUBJECT: Personnel Procedures for Other Government Employees

This memorandum will serve to remind you of the policies and procedures established by our office for requests for Other Government Employees (OGEs). The OGE category includes: Historically Provided Services, Assignees, Presidential Management Interns, White House Fellows, Detailees, Agency Representatives, and Student Volunteers.

All requests for OGEs must be approved through the Office of Management and Administration prior to their effective date. Either an OA-8 or "White House Office Personnel from Other Agencies" form must be completed by your office and approved by this office prior to any action taking effect.

Effective dates for all OGEs are to be determined in accordance with Office of Management Administration policy as outlined in the White House Personnel Manual. Under this policy, the effective date will be no earlier than the date the paperwork is approved by the Office of Management and Administration. Finally, prior to reporting for duty, all OGEs must be drug tested, regardless of their testing-designated status at their parent agencies.

For any OGE arrangement defined as a reimbursable detail, every effort should be made to establish an interagency agreement (IAG) outlining the terms of reimbursement to the parent agency. The Office of Administration, Financial Management Division is available to assist you with the development of these agreements. While it is incumbent upon the lending agency to initiate the IAG, it will be to your advantage to conclude this document as early as possible. IAGs should be concluded for all OGEs defined as reimbursable details regardless of whether reimbursement is made to the parent agency.

Department heads and administrative contacts are responsible for ensuring that before an OGE reports for duty on the White House Complex, the necessary action is approved and an effective date set with the Office of Management and Administration. No exceptions will be allowed absent extremely compelling and unique circumstances. We recommend submitting all the necessary forms at least two weeks prior to the desired effective date.

Your cooperation is appreciated.

THE WHITE HOUSE
WASHINGTON

MEMORANDUM

TO: WHITE HOUSE STAFF

FROM: WILLIAM H. KENNEDY III
ASSOCIATE COUNSEL TO THE PRESIDENT

RE: HOW TO AVOID COMMON MISTAKES MADE ON BACKGROUND
INVESTIGATION FORMS

DATE: SEPTEMBER 28, 1993

Please note the following before filling out the forms contained in the Security Packet (SF 86, Tax Check Waiver, Consent form, Etc.) Which are necessary as a condition of your employment:

- Make sure all copies of the packet have ORIGINAL SIGNATURES (NOT TRACED OVER A COPIED SIGNATURE) on all pages requiring a signature.
- Make sure Tax Check Waiver forms have name, current address, Social Security Number, date, and original signatures.
- SF 86
 - * If you were born in the United States, Section 17 of the SF 86 requires that you include CITY AND STATE OF BIRTH for your relatives in the section the bearing the heading "Country of Birth." If you were born on foreign soil, please put city and country of birth in this section.
 - * Include Selective Service Number if applicable. If you do not know the number please call 708-688-6888 for assistance.

THE WHITE HOUSE

WASHINGTON

M E M O R A N D U M

TO: WHITE HOUSE OFFICE STAFF

FR: BERNARD NUSSBAUM
COUNSEL TO THE PRESIDENT

Before a final decision on your employment can be made, certain background investigations and conflict-of-interest reviews must be completed. Accordingly, I am providing you with the enclosed package of security clearance forms and questionnaires for your completion. The FBI cannot begin its full-field investigation until we receive your typed, completed and signed forms.

Completed packages should consist of:

<u>Item</u>	<u>Number We Need</u>
1. Questionnaire for Sensitive Positions (SF 86) plus any attachments	One original and <u>THREE</u> copies, all with original signatures. NOTE: the SF 86 requires <u>two</u> signatures
2. Consent Memorandum from Bernard Nussbaum	One Original and one copy, both with original signatures
3. Tax Check Waiver	TWO signed originals
<u>THESE FORMS MUST BE TYPED</u> COMPLETED, EXECUTED, AND RETURNED AS SOON AS POSSIBLE (PREFERABLY WITHIN 3 DAYS) TO MR. CRAIG LIVINGSTONE, DIRECTOR, WHITE HOUSE SECURITY PERSONNEL SECURITY OFFICE, (OEOB, ROOM 84)	

- | | |
|----------------------------|--|
| 4. Personal Data Statement | Original. This Questionnaire <u>only</u> is to be returned to Mr. Edgar Bueno, Office of Counsel to the President, Room 136, OEOB. |
|----------------------------|--|

For information about financial disclosure, please see enclosed sheet.

If you need any assistance or wish to discuss any of these matters, please contact my office at (202) 456-2345.

THE WHITE HOUSE

WASHINGTON

FINANCIAL DISCLOSURE REQUIREMENTS

Public Financial Disclosure

Under Federal law, you must file a public financial disclosure report (SF-278) within 30 days of beginning employment, if you are:

paid at a rate greater than \$79,930 (in 1993); or

a Commissioned Officer, even if paid at a lower rate.

Confidential Financial Disclosure

If you are not required to file a public report, you must file a confidential financial disclosure report (SF-450) within 30 days of beginning employment if you are:

in a position that has been designated as one involving potential conflicts of interest because you have procurement responsibilities or your job likely affects the economic interests of persons outside the Government, or

designated as a special Government employee (SGE) (whether compensated or not).

Ask your supervisor whether your position is or should be designated for confidential filing.

Obtaining Forms and Filing

Financial disclosure forms are available from the White House Counsel's Office (Room 136, x. 6229). If you are required to file a public or confidential report, you should obtain the appropriate form. Be sure you file with the Counsel's Office within the statutory time limit of 30 days -- there is a \$200 fine for late filing and we cannot complete our clearance without the necessary financial disclosure reports.

IT IS IMPERATIVE THAT THE FOLLOWING INSTRUCTIONS BE READ AND FOLLOWED PRIOR TO COMPLETION OF BACKGROUND FORMS FOR YOUR PROSPECTIVE APPOINTMENT.

Instructions for Completing Standard Form 86, "Questionnaire for Sensitive Positions"

As a prospective Presidential appointee or White House employee, it will be necessary for you to provide additional information to that requested on the Standard Form 86 (SF-86). It is essential that all information be provided in as much detail as requested in order to ensure that the FBI is able to conduct a thorough and complete investigation. Ambiguous and incomplete information will impede the investigation and will cause valuable time to be lost in the investigative process.

GENERAL INSTRUCTIONS

— Although the instructions on the SF-86 indicate you may legibly print your answers, you must type this form and all attachments.

— Do not abbreviate the names of cities. The inclusion of zip codes is particularly helpful.

— Be specific; exact and complete dates, names, addresses, and explanation of answers will be helpful for the expeditious handling of the investigation. When you have completed the form, please review it for thoroughness and continuity.

— The original SF-86 and three machine copies, all with original signatures, are acceptable as the four copies required for submission.

SPECIFIC INSTRUCTIONS

8. **Citizenship:** If any of your immediate family members or cohabitants are resident aliens or U.S. citizens other than by birth, execute OFI Form 36, "Additional Data for Single Scope Background Investigations and Other Background Investigations." In addition to the information requested on the OFI Form 36, include city and state of naturalization, where applicable.

9. Where You Have Lived:

If a residence is in an apartment complex, include the name of the complex and the specific unit number. If the residence was leased or rented, include the name of the individual in whose name the rental agreement or lease was established.

11. Your Employment Activities:

Provide complete addresses (street/city/state/zip code) for each employment and job description listed. If a government employment or employment by some other large organization is to be listed, indicate the department, bureau, division and section, or specific subdivision.

Include all periods of unemployment and self-employment. Provide names, complete addresses and telephone numbers of persons who can verify periods of unemployment or self-employment, to include individuals employed by you, landlords, friends, cohabitants, competitors, or clients.

12. People Who Know You Well: Also please provide complete business addresses (including name of business), and business telephone numbers.

16. Your Military History: If you are a member of a military reserve component or National Guard unit, list the organization, its location, the name of your immediate officer and telephone number, if known.

17. Your Relatives: Although the SF-86 requests only the country of birth, also provide the city and state or city and country.

If relatives reside overseas, please indicate whether or not they are with the military. Provide their complete address, including city and country. Do *not* list APO or FPO address.

19. Persons Living With You: Include the full name and complete birth dates of all current cohabitants. A cohabitant is defined as a person living with you to whom you are bound by affection or obligation.

22. Your Employment Record: If you have ever been denied employment while undergoing or upon completion of a background investigation or polygraph examination, please identify prospective employer and date and reason for voluntary/involuntary withdrawal from consideration.

23e. Your Police Record: Although the SF-86 requests information within the last 5 years, list all arrests, charges and convictions since your 18th birthday (except traffic fines of less than \$100).

24. Your Medical Record: Please give details of any psychological/psychiatric treatment, to include marriage counseling.

25. Illegal Drugs and Alcohol: Do not limit your response to this question to the last 5 years. Responses must include information back to your 18th birthday. If you have ever abused any legal or prescription drug to the point of dependency, also list. In addition, list treatment for drug or alcohol dependency, including such groups as Alcoholics Anonymous (AA).

27. Your Financial Record: If a collection procedure has ever been instituted against you by Federal, state or local authorities, please give full details. If you received financial aid during college, state whether or not any such obligations have been satisfied.

If you have any questions, please call the White House Security Office (202-456-2345).

Return the completed forms to:

Craig Livingstone
The Assistant to the
Counsel to the President
and Director, Office of
White House Security
Old Executive Office Building
Room 84

Questionnaire for Sensitive Positions (For National Security)

Read this information carefully. Follow the instructions fully or we cannot process your form.

Why do we need the information you will give us and how will we use it?

The U.S. Government has conducted background investigations for over 50 years. It does this to establish that applicants for or incumbents in sensitive positions, either employed by the Government or working for the Government under contract, are eligible for a required security clearance or for performing sensitive duties. We use the information from this form primarily as the basis for an investigation that will be used to determine your eligibility for a national security position.

The information you give us is for Official Use Only; we will protect it from unauthorized disclosure. Authorized disclosures include the Privacy Act Routine Uses shown on this form. The information you provide in response to question 25a on use of illegal drugs will not be provided for use in any criminal proceedings against you.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or clearance prospects.

What authority do we have to ask you for the information requested on this form?

The U.S. Government is authorized to ask for this information under Executive Order 10450; section 2165 of title 42, U.S. Code; parts 5, 732, and 736 of Title 5, Code of Federal Regulations, and other statutes authorizing background investigations. We ask for your Social Security number to keep our records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

What is the investigative process?

Background investigations for national security are conducted to develop information to show whether or not a person is reliable, trustworthy, of good conduct and character, and loyal to the United States. The information you provide on this form, including any specific agency instructions of Question 14c., and any other special instructions, is confirmed by investigation. Your current employer must be contacted, even if you indicated on your SF 171, or other form, that you do not want the present employer contacted. In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, mental or health disorders, dishonest conduct, sexual misconduct, vulnerability to blackmail or coercion, falsification, misrepresentation and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

An interview with you is a normal part of the investigative process. This Personal Subject Interview is generally the first step in the investigation, and is conducted under oath, affirmation, or unsworn declaration. It provides you the opportunity to update, clarify, and explain more completely information on your form, which often helps to complete your investigation faster.

If your investigation requires a Personal Subject Interview, you will be contacted in advance by telephone or mail to arrange a time and location for the interview. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation. Declining an interview may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include: documentation of any legal name change; Social Security card; and/or birth certificate.

Documents that verify any significant claims or activities may also be requested, for example: alien registration; naturalization certificate; originals or certified copies of college transcripts or degrees; high school diploma; professional license(s) or certificate(s); military discharge certificate(s) (DD Form 214); marriage certificate(s); passport; and/or business license(s). You also may be asked to bring documents that pertain to information provided in your answers to questions on the form or other matters requiring specific attention. These matters include: termination or discharge from employment; delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations; and arrests, convictions, probation and/or parole.

Who makes a final determination?

Final determination on your eligibility for a national security position and your being granted a clearance is the responsibility of the OPM or the Federal agency that requested your investigation. You may be provided the opportunity to personally explain, refute, or clarify any information before a final decision is made.

How is this form organized?

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs and alcohol consumption. In answering Part 2, you should keep in mind that your answers to questions are considered together with the information obtained in the investigation to reach an appropriate adjudication for a sensitive position.

What are the penalties for inaccurate or false statements?

The U.S. Criminal Code provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of our permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for security clearance. Your prospects of placement or clearance are better if you answer all questions truthfully and completely. In the course of an interview with a Federal official you will have

adequate opportunity to explain any information you give us on the form and make your comments part of the record.

How is the SF 171 used with this form?

For competitive civil service positions, a copy of the Application for Federal Employment (SF 171), or a form provided to you, will be attached to the SF 86. For certain other and contractor positions, the SF 171 is not required. You will be advised by the office assisting you.

How is this form filled out?

1. Follow the instructions of the person who gave you the form and any other supplementary information furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in ink, the original and each copy you submit.

2. You will need a continuation sheet(s), SF 86A, if in the last 15 years you have lived in more than 6 residences, attended more than 3 schools, or had more than 7 employments/self-employments/unemployments.

If additional space is needed, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security number at the top of the page.

3. Type or legibly print your answers. We cannot accept your form if it is not legible.

4. You must use the State codes (abbreviations) listed in the box below when you fill out your form.

5. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided you with the form will assist you in completing the ZIP codes.

6. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

7. When providing dates, you may use numbers 1-12 to indicate months if you don't believe you have enough space to write the month; and for the same reason, for year you may show the last two numbers in the year. For example, June 8, 1967, could be shown as 6/8/67, or January 1984 could be shown as 1/84.

If you have any questions, call the office that gave you the form. Be sure to sign and date the certification statement on page 9 and complete the release on page 10. Any forms that are not completed according to these instructions will be returned. This will delay the processing of your case.

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	Wisconsin	WI
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	West Virginia	WV
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	Dist. of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PRIVACY ACT ROUTINE USES

This record and information in this record may be used in disclosing information:

- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, having a need to evaluate qualifications, suitability, and loyalty to the United States Government and/or a security clearance or access determination;
- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, and the District of Columbia Government, when such agency, office, or establishment conducts an investigation of the individual for purposes of granting a security clearance, or for the purpose of making a determination of qualifications, suitability, or loyalty to the United States Government, or access to classified information or restricted areas;
- To designated officers and employees of agencies, offices, and other establishments in the executive, judicial, or legislative branches of the Federal Government, having the responsibility to grant clearances, to make a determination regarding access to classified information or restricted areas, or to evaluate qualifications, suitability, or loyalty to the United States Government, in connection with performance of a service to the Federal Government under a contract or other agreement;
- To intelligence agencies for use in intelligence activities;
- To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested;
- To the Federal, State, or local agency responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where

there is an indication of a violation or potential violation of civil or criminal law or regulation;

- To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government, or the District of Columbia Government, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the conducting of a security or suitability investigation of an individual, the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency;
- To Federal agencies as a data source for management information through the production of summary descriptive statistics and analytical studies in support of the functions for which the records are maintained or for related studies;
- To a congressional office in response to an inquiry made at the request of that individual;
- In litigation before a court or in an administrative proceeding being conducted by a Federal agency;
- To the National Archives and Records Administration for records management inspections;
- To the Office of Management and Budget in connection with private relief legislation;
- To respond to a request for discovery or for appearance of a witness; and
- To the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, or the Federal Labor Relations Authority, in connection with functions vested in those agencies.

Public Burden Information

Public burden reporting for this collection of information is estimated to vary from 30 minutes to 180 minutes per response, 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 Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0007), Washington, D.C. 20503. Do not send your completed form to the addresses in this box.

QUESTIONNAIRE FOR
SENSITIVE POSITIONS
(For National Security)

Part 1

OPM
USE
ONLY

Codes

Case Number

Agency Use Only (Complete items A through P using instructions in FPM Supplement 296-33)

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address	ZIP Code				
L SOI	M Location of Security Folder	None At SOI NPI	Other Address	ZIP Code				
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number		FTS () Date	

Persons completing this form should begin with the questions below. Please type or print your answers.

1 FULL NAME • If you have only initials in your name, use them and State (IO). • If you have no middle name, enter "NMN." Last Name First Name Middle Name Jr., II, etc.	2 DATE OF BIRTH Month Day Year
3 PLACE OF BIRTH • Use the two letter code for the State. City County State Country (if not in the United States)	4 SOCIAL SECURITY NUMBER - - - - -
5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it. Name Month/Year To Name Month/Year To Name Month/Year To Name Month/Year To	
6 OTHER IDENTIFYING INFORMATION Height (feet and inches) Weight (pounds) Hair Color Eye Color Sex (mark one box) ☐ Female ☐ Male	
7 TELEPHONE NUMBERS Work (include Area Code and extension) () Day () Night Home (include Area Code) () Day () Night	
8 CITIZENSHIP a Mark the box at the right that applies to you and follow the instructions next to the box you marked. I am a U.S. citizen by birth in the U.S. I am a U.S. citizen, but I was NOT born in the U.S. I am not a U.S. citizen. b Your Mother's Maiden Name	Answer Items b and d Answer Items b, c, and d Answer Items b and e
C UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship. Naturalization Certificate (Where were you naturalized?) Court City State Certificate Number Month/Day/Year Issued Citizenship Certificate (Where was the certificate issued?) City State Certificate Number Month/Day/Year Issued State Department Form 240 - Report of Birth Abroad of a Citizen of the United States Give the date the form was prepared and give an explanation if needed. Month/Day/Year Explanation U.S. Passport This may be either a current or previous U.S. Passport. Passport Number Month/Day/Year Issued	
d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country
e ALIEN If you are an alien, provide the following information: Place You Entered the United States: City State Date You Entered U.S. Month Day Year Alien Registration Number Country of Citizenship	

9 WHERE YOU HAVE LIVED

Fill in your full address for every place you have lived **beginning with the present (#1) and working backward 15 years.**

- If you attended school away from your permanent residence, list the address you lived at while attending school.
- For any address **in the past 3 years**:
 - List a person who knew you at that address, preferably someone who still lives in that area.
 - If address listed is "General Delivery," a Rural Route, or Star Route, provide directions for locating the residence on an attached continuation sheet, **and show the block #.**

#1 Present	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
	To						
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
							Telephone Number ()
#2	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
	To						
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
							Telephone Number ()
#3	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
	To						
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
							Telephone Number ()
#4	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
	To						
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
							Telephone Number ()
#5	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
	To						
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
							Telephone Number ()
#6	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
	To						
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
							Telephone Number ()

10 WHERE YOU WENT TO SCHOOL

Fill in information about schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working backward 15 years.** Also list **College or University degrees** received beyond 15 years.

- For schools you attended **in the past 3 years**, list a person who knew you at school (such as an instructor or a student).
- For correspondence schools and extension classes, list **records location address.**
- In the "Code" block, use one of these codes: **1 - High School 2 - College/University 3 - Vocational/Trade School**

#1	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year
	To					
Street Address and City (Country) of School						State
						ZIP Code
Name of Person Who Knew You			Street Address and City (Country)		State	ZIP Code
						Telephone Number ()
#2	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year
	To					
Street Address and City (Country) of School						State
						ZIP Code
Name of Person Who Knew You			Street Address and City (Country)		State	ZIP Code
						Telephone Number ()
#3	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year
	To					
Street Address and City (Country) of School						State
						ZIP Code
Name of Person Who Knew You			Street Address and City (Country)		State	ZIP Code
						Telephone Number ()

Enter your Social Security Number before going to the next page



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11 YOUR EMPLOYMENT ACTIVITIES

Fill in your employment activities, beginning with the present (#1) and working backward 15 years. INCLUDE:

- all full-time work
- all part-time work
- all paid work
- active military duty
- self-employment
- all periods of unemployment

IN THE NUMBERED ACTIVITY SECTION USE ONE OF THESE CODES IN THE CODE BLOCK:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal) employment | 7 - Unemployment (Enter name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | | | |
| 3 - U.S.P.H.S. Commissioned Corps | 6 - Self-employment (Enter business name and/or name of person who can verify) | 8 - Federal Contractor (list Contractor, not Federal agency) | |
| 4 - Other Federal employment | | | |

FOR EACH ACTIVITY SECTION, provide information requested. For example, if you had worked at XY Plumbing in Denver, CO, for 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment in the appropriate blocks below that information. (For locations outside the U.S., show city and country.)

#1	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
Present	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

#2	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

#3	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

Enter your Social Security Number before going to the next page

→ | | | - | | |

YOUR EMPLOYMENT ACTIVITIES (Continued)

#4	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year Month/Year	Your Position Title & Supervisor's Name	Month/Year Month/Year	Your Position Title & Supervisor's Name
To		To	
To		To	

#5	Month/Year Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier		Your Position Title		
	To						
Employer's/Verifier's Street Address			City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)		State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

#6	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

#7	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

Enter your Social Security Number before going to the next page →

			.			-			
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12

List **two people** who know you well and live in the United States.

- Don't list spouse, other relatives, or former spouses.

- Try not to list anyone mentioned in item 9, 10, or 11.

Name #1		Number Years Known	Telephone Number: () Day () or Night ()	
Home Address		City (Country)	State	ZIP Code
Name #2		Number Years Known	Telephone Number: () Day () or Night ()	
Home Address		City (Country)	State	ZIP Code

13

List any activities which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity in the last 15 years. (Response Optional)

Month/Year		Activity	Location of Activity	
			City (Country)	State
#1	To			
#2	To			
#3	To			

14

a.	Do you have any foreign property, business connections, or financial interests?		
b.	Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?		
c.	In the last 15 years, have you had continuing contact with a national of any foreign country designated by the agency instructing you to fill out this form? (NOTE: If the agency wants you to answer this question, it will provide you with a list of countries.)		

If you answered "Yes" to a, b, or c, explain in the space below:

15

List foreign countries you have visited, beginning with the most current (#1) and working backward 15 years.

- Do **not** include countries covered in items 9, 10, and 11.

- In the "Code" block, use one of these codes: 1 - Business

2 - Pleasure

3 - Education

4 - Other

Month/Year Month/Year		Code	Country	Month/Year Month/Year		Code	Country
#1	To			#3	To		
#2	To			#4	To		

16

a.	Have you served in the United States military?		
	Have you served in the United States Merchant Marine?		

- If your answer to both questions is "No," GO TO QUESTION 17.

- If your answer to either question is "Yes," GO TO b.

- b. Starting with the most current (#1) and working backward, enter information for all periods of active service into the table below.**

- Mark "O" block for Officer or "E" block for Enlisted.

- In the "Code" block, use one of these codes:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

[illegible]

Enter your Social Security Number before going to the next page

17 YOUR RELATIVES

Give full names and enter the correct code for all relatives, living or dead, specified below:

- | | | | | | |
|---------------------|--------------------------|---------------|-------------------|--------------------|---------------|
| 1 - Mother (first) | 4 - Stepfather | 7 - Stepchild | 10 - Stepbrother | 13 - Half-sister | 16 - Guardian |
| 2 - Father (second) | 5 - Foster parent | 8 - Brother | 11 - Stepsister | 14 - Father-in-law | |
| 3 - Stepmother | 6 - Child (adopted also) | 9 - Sister | 12 - Half-brother | 15 - Mother-in-law | |

Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country of Citizenship	Current Street Address and City (country) of Living Relatives	State
☐	1					
☐	2					
☐						
☐						
☐						
☐						
☐						
☐						
☐						
☐						
☐						

18 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

- | | | |
|--|--|---------------------------------------|
| ☐ 1 - Never married (go to question 19) | ☐ 3 - Separated | ☐ 5 - Divorced |
| ☐ 2 - Married | ☐ 4 - Legally Separated | ☐ 6 - Widowed |

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
Check One, Then Give Date	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
☐ Divorced ☐ Widowed			
Address of Former Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

19 PERSONS LIVING WITH YOU

Does the citizen of another country, or a United States citizen by other than birth, live at your residence? If "Yes," provide the information required below. If a United States citizen by other than birth lives with you, show both "United States" and prior country of citizenship below. Don't list your spouse or other relatives you provided in question 17.

Yes	No
☐	☐

Name of Person	Country of Citizenship	Relationship

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:



Enter your Social Security Number before going to the next page



25 ILLEGAL DRUGS AND ALCOHOL

Yes	No

a. In the last 5 years, have you used, possessed, supplied, or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: The information you provide in response to this question will not be provided for use in any criminal proceedings against you.)

b. Have you experienced problems (disciplinary actions, evictions, formal complaints, etc.) on or off a job from your use of illegal drugs or alcohol?

If you answered "Yes" to question a or b above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs or alcohol. Include any treatment or counseling received.

Month/Year	Month/Year	Type of Substance	Explanation
To			
To			
To			

26 YOUR INVESTIGATIONS RECORD

Yes	No

a. Has the United States Government ever investigated your background? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Codes for Investigating Agency			Codes for Security Clearance Received			
1 - Defense Department	4 - FBI		0 - Not Required	3 - Top Secret	6 - Q-Nonsensitive	
2 - State Department	5 - Treasury Department		1 - Confidential	4 - Sensitive Compartmented Information	7 - L	
3 - Office of Personnel Management	6 - Other (Specify)		2 - Secret	5 - Q-Sensitive	8 - Other	

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency.

Yes	No

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD

Yes	No

a. In the last 5 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.

Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

b. Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government. (If an SF 171, Application for Federal Employment, will be attached, you do not need to repeat Federal Government delinquencies. See the instructions headed, "How is the SF 171 used with this form?")

Yes	No

If you answered "Yes," provide the information requested below:

Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligor	State	ZIP Code

Enter your Social Security Number before going to the next page

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28 YOUR ASSOCIATION RECORD

Yes	No

- a. In the last 15 years, have you been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?
- b. In the last 15 years, have you knowingly engaged in any acts or activities designed to overthrow the United States Government by force? If you answered "Yes" to a or b, explain in the space below:

Continuation Space

Use the continuation sheet(s) (*SF 86A*) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the question.

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10. If you attach an SF 171, Application for Federal Employment, make sure that it is updated and that any information added to the SF 171 is initialed and dated.

Certification That My Answers Are True

I read each question asked of me and understood each question. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.

Signature (Sign in ink)

Date _____

Enter your Social Security Number before going to the next page

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

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

I Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any authorized Federal agency, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will or may be needed, and I may be contacted for such a release at a later date.

I Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for, assignment to, or retention in, a sensitive position, in accordance with 5 U.S.C. 9101.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed	
Other Names Used				Social Security Number - -	
Current Address (Street, City)		State 	ZIP Code 	Home Telephone Number (Include Area Code) ()	

Questionnaire for Sensitive Positions (For National Security)

Read this information carefully. Follow the instructions fully or we cannot process your form.

Why do we need the information you will give us and how will we use it?

The U.S. Government has conducted background investigations for over 50 years. It does this to establish that applicants for or incumbents in sensitive positions, either employed by the Government or working for the Government under contract, are eligible for a required security clearance or for performing sensitive duties. We use the information from this form primarily as the basis for an investigation that will be used to determine your eligibility for a national security position.

The information you give us is for Official Use Only; we will protect it from unauthorized disclosure. Authorized disclosures include the Privacy Act Routine Uses shown on this form. The information you provide in response to question 25a on use of illegal drugs will not be provided for use in any criminal proceedings against you.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or clearance prospects.

What authority do we have to ask you for the information requested on this form?

The U.S. Government is authorized to ask for this information under Executive Order 10450; section 2165 of title 42, U.S. Code; parts 5, 732, and 736 of Title 5, Code of Federal Regulations, and other statutes authorizing background investigations. We ask for your Social Security number to keep our records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

What is the investigative process?

Background investigations for national security are conducted to develop information to show whether or not a person is reliable, trustworthy, of good conduct and character, and loyal to the United States. The information you provide on this form, including any specific agency instructions of Question 14c., and any other special instructions, is confirmed by investigation. Your current employer must be contacted, even if you indicated on your SF 171, or other form, that you do not want the present employer contacted. In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, mental or health disorders, dishonest conduct, sexual misconduct, vulnerability to blackmail or coercion, falsification, misrepresentation and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

An interview with you is a normal part of the investigative process. This Personal Subject Interview is generally the first step in the investigation, and is conducted under oath, affirmation, or unsworn declaration. It provides you the opportunity to update, clarify, and explain more completely information on your form, which often helps to complete your investigation faster.

If your investigation requires a Personal Subject Interview, you will be contacted in advance by telephone or mail to arrange a time and location for the interview. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation. Declining an interview may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include: documentation of any legal name change; Social Security card; and/or birth certificate.

Documents that verify any significant claims or activities may also be requested, for example: alien registration; naturalization certificate; originals or certified copies of college transcripts or degrees; high school diploma; professional license(s) or certificate(s); military discharge certificate(s) (DD Form 214); marriage certificate(s); passport; and/or business license(s). You also may be asked to bring documents that pertain to information provided in your answers to questions on the form or other matters requiring specific attention. These matters include: termination or discharge from employment; delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations; and arrests, convictions, probation and/or parole.

Who makes a final determination?

Final determination on your eligibility for a national security position and your being granted a clearance is the responsibility of the OPM or the Federal agency that requested your investigation. You may be provided the opportunity to personally explain, refute, or clarify any information before a final decision is made.

How is this form organized?

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs and alcohol consumption. In answering Part 2, you should keep in mind that your answers to questions are considered together with the information obtained in the investigation to reach an appropriate adjudication for a sensitive position.

What are the penalties for inaccurate or false statements?

The U.S. Criminal Code provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of our permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for security clearance. Your prospects of placement or clearance are better if you answer all questions truthfully and completely. In the course of an interview with a Federal official you will have

adequate opportunity to explain any information you give us on the form and make your comments part of the record.

How is the SF 171 used with this form?

For competitive civil service positions, a copy of the Application for Federal Employment (SF 171), or a form provided to you, will be attached to the SF 86. For certain other and contractor positions, the SF 171 is not required. You will be advised by the office assisting you.

How is this form filled out?

1. Follow the instructions of the person who gave you the form and any other supplementary information furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in ink, the original and each copy you submit.

2. You will need a continuation sheet(s), SF 86A, if in the last 15 years you have lived in more than 6 residences, attended more than 3 schools, or had more than 7 employments/self-employments/unemployments.

If additional space is needed, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security number at the top of the page.

3. Type or legibly print your answers. We cannot accept your form if it is not legible.

4. You must use the State codes (abbreviations) listed in the box below when you fill out your form.

5. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided you with the form will assist you in completing the ZIP codes.

6. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

7. When providing dates, you may use numbers 1-12 to indicate months if you don't believe you have enough space to write the month; and for the same reason, for year you may show the last two numbers in the year. For example, June 8, 1967, could be shown as 6/8/67, or January 1984 could be shown as 1/84.

If you have any questions, call the office that gave you the form. Be sure to sign and date the certification statement on page 9 and complete the release on page 10. Any forms that are not completed according to these instructions will be returned. This will delay the processing of your case.

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	Wisconsin	WI
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	West Virginia	WV
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	Dist. of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PRIVACY ACT ROUTINE USES

This record and information in this record may be used in disclosing information:

- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, having a need to evaluate qualifications, suitability, and loyalty to the United States Government and/or a security clearance or access determination;
- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, and the District of Columbia Government, when such agency, office, or establishment conducts an investigation of the individual for purposes of granting a security clearance, or for the purpose of making a determination of qualifications, suitability, or loyalty to the United States Government, or access to classified information or restricted areas;
- To designated officers and employees of agencies, offices, and other establishments in the executive, judicial, or legislative branches of the Federal Government, having the responsibility to grant clearances, to make a determination regarding access to classified information or restricted areas, or to evaluate qualifications, suitability, or loyalty to the United States Government, in connection with performance of a service to the Federal Government under a contract or other agreement;
- To intelligence agencies for use in intelligence activities;
- To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested;
- To the Federal, State, or local agency responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where

there is an indication of a violation or potential violation of civil or criminal law or regulation;

- To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government, or the District of Columbia Government, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the conducting of a security or suitability investigation of an individual, the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency;
- To Federal agencies as a data source for management information through the production of summary descriptive statistics and analytical studies in support of the functions for which the records are maintained or for related studies;
- To a congressional office in response to an inquiry made at the request of that individual;
- In litigation before a court or in an administrative proceeding being conducted by a Federal agency;
- To the National Archives and Records Administration for records management inspections;
- To the Office of Management and Budget in connection with private relief legislation;
- To respond to a request for discovery or for appearance of a witness; and
- To the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, or the Federal Labor Relations Authority, in connection with functions vested in those agencies.

Public Burden Information

Public burden reporting for this collection of information is estimated to vary from 30 minutes to 180 minutes per response, 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 Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0007), Washington, D.C. 20503. Do not send your completed form to the addresses in this box.

**QUESTIONNAIRE FOR
SENSITIVE POSITIONS
(For National Security)**

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-110

Part 1		Codes		Case Number													
		Agency Use Only (Complete items A through P using instructions in FPM Supplement 296-33)															
A Type of Investigation		B Extra Coverage		C Sensitivity Level		D Access		E Nature of Action Code		F Date of Action		G Geographic Location		H Position Code		I Position Title	
J SON		K Location of Official Personnel Folder		None NPRC At SON		Other Address				ZIP Code							
L SOI		M Location of Security Folder		None At SOI NPI		Other Address				ZIP Code							
N OPAC-ALC Number				O Accounting Data and/or Agency Case Number													
P Requesting Official		Name and Title		Signature		Telephone Number		FTS ()		Date							
Persons completing this form should begin with the questions below. Please type or print your answers.																	
1 FULL NAME • If you have only initials in your name, use them and State (IO). • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.																	
2 DATE OF BIRTH																	
Last Name First Name Middle Name Jr., II, etc. Month Day Year																	
3 PLACE OF BIRTH • Use the two letter code for the State.																	
City County State Country (if not in the United States)																	
4 SOCIAL SECURITY NUMBER																	
5 OTHER NAMES USED																	
Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.																	
Name Month/Year Month/Year Name Month/Year Month/Year To To																	
Name Month/Year Month/Year Name Month/Year Month/Year To To																	
6 OTHER IDENTIFYING INFORMATION																	
Height (feet and inches) Weight (pounds) Hair Color Eye Color Sex (mark one box) Female Male																	
7 TELEPHONE NUMBERS																	
Work (include Area Code and extension) Home (include Area Code)																	
() Day () Night () Day () Night																	
8 CITIZENSHIP																	
a Mark the box at the right that applies to you and follow the instructions next to the box you marked.																	
I am a U.S. citizen by birth in the U.S. Answer Items b and d b Your Mother's Maiden Name																	
I am a U.S. citizen, but I was NOT born in the U.S. Answer Items b, c, and d																	
I am not a U.S. citizen. Answer Items b and e																	
C UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.																	
Naturalization Certificate (Where were you naturalized?)																	
Court City State Certificate Number Month/Day/Year Issued																	
Citizenship Certificate (Where was the certificate issued?)																	
City State Certificate Number Month/Day/Year Issued																	
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States																	
Give the date the form was prepared and give an explanation if needed. Month/Day/Year Explanation																	
U.S. Passport																	
This may be either a current or previous U.S. Passport. Passport Number Month/Day/Year Issued																	
d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country																	
e ALIEN If you are an alien, provide the following information:																	
Place You Entered the United States: City State Date You Entered U.S. Month Day Year Alien Registration Number Country of Citizenship																	

9 WHERE YOU HAVE LIVED

Fill in your full address for every place you have lived **beginning with the present (#1) and working backward 15 years.**

- If you attended school away from your permanent residence, list the address you lived at while attending school.
- For any address in the **past 3 years**:
 - List a person who knew you at that address, preferably someone who still lives in that area.
 - If address listed is "General Delivery," a Rural Route, or Star Route, provide directions for locating the residence on an attached continuation sheet, **and show the block #.**

#1	Month/Year Month/Year Present To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
#2	Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
#3	Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
#4	Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
#5	Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
#6	Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code

10 WHERE YOU WENT TO SCHOOL

Fill in information about schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working backward 15 years.** Also list **College or University degrees** received beyond 15 years.

- For schools you attended in the **past 3 years**, list a person who knew you at school (such as an instructor or a student).
- For correspondence schools and extension classes, list **records location address.**
- In the "Code" block, use one of these codes: **1 - High School 2 - College/University 3 - Vocational/Trade School**

#1	Month/Year Month/Year To	Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address and City (Country)		State	ZIP Code
#2	Month/Year Month/Year To	Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address and City (Country)		State	ZIP Code
#3	Month/Year Month/Year To	Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address and City (Country)		State	ZIP Code

Enter your Social Security Number before going to the next page



11 YOUR EMPLOYMENT ACTIVITIES

Fill in your employment activities, beginning with the present (#1) and working backward 15 years. INCLUDE:

- all full-time work
- all part-time work
- all paid work
- active military duty
- self-employment
- all periods of unemployment

IN THE NUMBERED ACTIVITY SECTION USE ONE OF THESE CODES IN THE CODE BLOCK:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal) employment | 7 - Unemployment (Enter name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | | | |
| 3 - U.S.P.H.S. Commissioned Corps | 6 - Self-employment (Enter business name and/or name of person who can verify) | 8 - Federal Contractor (list Contractor, not Federal agency) | |
| 4 - Other Federal employment | | | |

FOR EACH ACTIVITY SECTION, provide information requested. For example, if you had worked at XY Plumbing in Denver, CO, for 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment in the appropriate blocks below that information. (For locations outside the U.S., show city and country.)

#1	Month/Year Present	Month/Year To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK

Month/Year To	Month/Year To	Your Position Title & Supervisor's Name	Month/Year To	Month/Year To	Your Position Title & Supervisor's Name

#2	Month/Year To	Month/Year To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK

Month/Year To	Month/Year To	Your Position Title & Supervisor's Name	Month/Year To	Month/Year To	Your Position Title & Supervisor's Name

#3	Month/Year To	Month/Year To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK

Month/Year To	Month/Year To	Your Position Title & Supervisor's Name	Month/Year To	Month/Year To	Your Position Title & Supervisor's Name

Enter your Social Security Number before going to the next page

→ | | | | - | | | | - | | | |

YOUR EMPLOYMENT ACTIVITIES (Continued)

#4	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

#5	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

#6	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

#7	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title		
	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

Enter your Social Security Number before going to the next page →

			-				-			
--	--	--	---	--	--	--	---	--	--	--

12 PEOPLE WHO KNOW YOU WELL
List **two people** who know you well and live in the United States.

- Don't list spouse, other relatives, or former spouses.
- Try not to list anyone mentioned in item 9, 10, or 11.

- Don't list spouse, other relatives, or former spouses.

- Try not to list anyone mentioned in item 9, 10, or 11.

Name #1		Number Years Known	Telephone Number: () Day () or Night ()	
Home Address		City (Country)	State	ZIP Code
Name #2		Number Years Known	Telephone Number: () Day () or Night ()	
Home Address		City (Country)	State	ZIP Code

13 YOUR OUTSIDE ACTIVITIES
List any activities which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity in the last 15 years. (Response Optional)

and integrity in the last 15 years. (Response Optional)

Month/Year Month/Year		Activity	Location of Activity	
			City (Country)	State
#1	To			
#2	To			
#3	To			

14 YOUR FOREIGN ACTIVITIES		Yes	No
a.	Do you have any foreign property, business connections, or financial interests?		
b.	Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?		
c.	In the last 15 years, have you had continuing contact with a national of any foreign country designated by the agency instructing you to fill out this form? (NOTE: If the agency wants you to answer this question, it will provide you with a list of countries.)		

b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

C. In the last 15 years, have you had continuing contact with a national of any foreign country designated by the agency instructing you to fill out this form? (NOTE: If the agency wants you to answer this question, it will provide you with a list of countries.)

If you answered "Yes" to a, b, or c, explain in the space below:

15 FOREIGN COUNTRIES YOU HAVE VISITED
List foreign countries you have visited, **beginning with the most current (#1) and working backward 15 years.**
• Do **not** include countries covered in items 9, 10, and 11.

- Do not include countries covered in items 9, 10, and 11.

2 - Pleasure

3 - Education

4 - Other

Month/Year Month/Year		Code	Country	Month/Year Month/Year		Code	Country
#1	To			#3	To		
#2	To			#4	To		

16 YOUR MILITARY HISTORY		Yes	No
a.	Have you served in the United States military?		
	Have you served in the United States Merchant Marine?		

Have you served in the United States Merchant Marine?

• If your answer to both questions is "No," GO TO QUESTION 17.

- If your answer to either question is "Yes," GO TO b.

b. Starting with the most current (#1) and working backward, enter information for all periods of active service into the table below.

• Mark "O" block for Officer or "E" block for Enlisted.

- In the "Code" block, use one of these codes:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

[illegible]

→

17

Give full names and enter the correct code for all relatives, living or dead; specified below:

- | | | | | | |
|------------------------------|-----------------------------------|---------------|-------------------|--------------------|---------------|
| 1 - Mother (<i>first</i>) | 4 - Stepfather | 7 - Stepchild | 10 - Stepbrother | 13 - Half-sister | 16 - Guardian |
| 2 - Father (<i>second</i>) | 5 - Foster parent | 8 - Brother | 11 - Stepsister | 14 - Father-in-law | |
| 3 - Stepmother | 6 - Child (<i>adopted also</i>) | 9 - Sister | 12 - Half-brother | 15 - Mother-in-law | |

[illegible]

18

Mark one of the following boxes to show your current marital status:

- ☐ 1 - Never married (*go to question 19*)
 ☐ 3 - Separated
 ☐ 5 - Divorced
☐ 2 - Married
 ☐ 4 - Legally Separated
 ☐ 6 - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
			- -

Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)

Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
------------------------	--------------	---	-------

If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)	State

Address of Current Spouse (Street, city, and country if outside the U.S.)

Address of Current Spouse (Street, city, and country if outside the U.S.)	State	ZIP Code

Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
-----------	---------------	--	-------

Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
------------------------	--------------	---	-------

Check One, Then Give Date	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
☐ Divorced ☐ Widowed			

Address of Former Spouse (Street, city, and country if outside the U.S.)

Address of Former Spouse (Street, city, and country if outside the U.S.)		State	ZIP Code

19

Does the citizen of another country, or a United States citizen by other than birth, live at your residence? If **"Yes,"** provide the information required below. If a United States citizen by other than birth lives with you, show both **"United States"** and prior country of citizenship below. Don't list your spouse or other relatives you provided in question 17.

Yes	No

Name of Person	Country of Citizenship	Relationship

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page

Page 7

Yes	No

- If you answered "Yes" to question a or b above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs or alcohol. Include any treatment or counseling received.

Month/Year	Month/Year	Type of Substance	Explanation
To			
To			
To			

Yes	No

- | Codes for Investigating Agency | | Codes for Security Clearance Received | | |
|------------------------------------|-------------------------|---------------------------------------|---|---------------------|
| 1 - Defense Department | 4 - FBI | 0 - Not Required | 3 - Top Secret | 6 - Q-Non-sensitive |
| 2 - State Department | 5 - Treasury Department | 1 - Confidential | 4 - Sensitive Compartmented Information | 7 - L |
| 3 - Office of Personnel Management | 6 - Other (Specify) | 2 - Secret | 5 - Q-Sensitive | 8 - Other |

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

- | Yes | No |
|-----|----|
| | |

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

Yes	No

- | Month/Year | Type of Action | Name Action Occurred Under | Name/Address of Court or Agency Handling Case | State | ZIP Code |
|------------|----------------|----------------------------|---|-------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

- | Yes | No |
|-----|----|
| | |

If you answered "yes," provide the information requested below:				
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligor	State	ZIP Code

→				-		-			
----------	--	--	--	---	--	---	--	--	--

28 YOUR ASSOCIATION RECORD

- a. In the last 15 years, have you been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?
- b. In the last 15 years, have you knowingly engaged in any acts or activities designed to overthrow the United States Government by force? If you answered "Yes" to a or b, explain in the space below:

Yes	No

Continuation Space

Use the continuation sheet(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the question.

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10. If you attach an SF 171, Application for Federal Employment, make sure that it is updated and that any information added to the SF 171 is initialed and dated.

Certification That My Answers Are True

I read each question asked of me and understood each question. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.

Signature (Sign in Ink)

Date

Enter your Social Security Number before going to the next page



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

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

I Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any authorized Federal agency, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will or may be needed, and I may be contacted for such a release at a later date.

I Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for, assignment to, or retention in, a sensitive position, in accordance with 5 U.S.C. 9101.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (Sign in Ink)		Full Name (Type or Print Legibly)		Date Signed	
Other Names Used				Social Security Number	
Current Address (Street, City)				State	ZIP Code
					Home Telephone Number (Include Area Code)
					()

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR PROSPECTIVE APPOINTEES

FROM: BERNARD NUSSBAUM
COUNSEL TO THE PRESIDENT

This memorandum confirms in writing your express consent for the Federal Bureau of Investigation to investigate your background and conduct appropriate file reviews in connection with the consideration of your application for employment.

The FBI investigation will include the collection and use of relevant information concerning your personal history, and it is necessary that you authorize the disclosure of such information to the FBI. Information may be disseminated outside the FBI when necessary to fulfill obligations imposed by law.

By volunteering information concerning activities protected by the First Amendment, it will be assumed that you are expressly authorizing the maintenance of this information in the records of any Federal agency.

If you consent to such inquiries, please sign your name below and return this original memorandum of consent to me.

Thank you.

Name (please print or type) _____

Signature _____ Date _____

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR PROSPECTIVE APPOINTEES

FROM: BERNARD NUSSBAUM ⁶⁻¹⁰⁻⁷⁷
COUNSEL TO THE PRESIDENT

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By volunteering information concerning activities protected by the First Amendment, it will be assumed that you are expressly authorizing the maintenance of this information in the records of any Federal agency.

If you consent to such inquiries, please sign your name below and return this original memorandum of consent to me.

Thank you.

Name (please print or type) _____

Signature _____ Date _____

To help the Internal Revenue Service find my tax records, I am voluntarily giving the following information:

MY NAME _____ MY SS#: _____

IF MARRIED AND FILED A JOINT RETURN:

HUSBAND/WIFE NAME: _____

HUSBAND/WIFE SS#: _____

CURRENT ADDRESS _____

NAMES AND ADDRESSES SHOWN ON RETURNS (IF DIFFERENT FROM ABOVE)

<u>YEAR</u>	<u>NAME</u>	<u>ADDRESS</u>
-------------	-------------	----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE:

(WAIVER INVALID UNLESS RECEIVED BY
INTERNAL REVENUE SERVICE WITHIN 60
DAYS OF THIS DATE)

(SIGNATURE OF TAXPAYER AUTHORIZING
THE DISCLOSURE OF RETURN INFORMATION)

TAX CHECK WAIVER

I am signing this waiver to permit the Internal Revenue Service to release information about me which would otherwise be confidential. This information will be used in connection with my appointment or employment by the United States Government. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the Internal Revenue Service send the information to: President Clinton and the Office of Counsel to the President, acting on behalf of the President.

The information I wish released is:

1. Have I failed to file any Federal income tax return which was required to be filed for any of the last three years?

If this waiver is received by the Internal Revenue Service before July 1, the "last three years" shall mean the latest three years for which information is available, since the return for the immediate last year may not have been processed.

2. Were any of these returns filed more than 45 days after the due date for filing (determined with regard to any extension of time for filing)?
3. Have I failed to pay any tax, penalty or interest during the last three years within 45 days of the date on which the Internal Revenue Service gave notice of the amount due and demanded payment?
4. Has any penalty for negligence under Section 6655(a) of the Internal Revenue Code been assessed against me this year or during the last three years?
5. Am I or have I ever been under investigation by the Internal Revenue Service for possible criminal offenses, and what were the results of such investigation(s)?
6. Has any civil penalty for fraud been assessed against me?

If the information which is to be released includes a "YES" answer to any of the above six questions, I authorize the Internal Revenue Service to release any information relative to that question.

To help the Internal Revenue Service find my tax records, I am voluntarily giving the following information:

MY NAME _____ MY SS#: _____

IF MARRIED AND FILED A JOINT RETURN:

HUSBAND/WIFE NAME: _____

HUSBAND/WIFE SS#: _____

CURRENT ADDRESS _____

NAMES AND ADDRESSES SHOWN ON RETURNS (IF DIFFERENT FROM ABOVE)

<u>YEAR</u>	<u>NAME</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE:

(WAIVER INVALID UNLESS RECEIVED BY
INTERNAL REVENUE SERVICE WITHIN 60
DAYS OF THIS DATE)

(SIGNATURE OF TAXPAYER AUTHORIZING
THE DISCLOSURE OF RETURN INFORMATION)

TAX CHECK WAIVER

I am signing this waiver to permit the Internal Revenue Service to release information about me which would otherwise be confidential. This information will be used in connection with my appointment or employment by the United States Government. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the Internal Revenue Service send the information to: President Clinton and the Office of Counsel to the President, acting on behalf of the President.

The information I wish released is:

1. Have I failed to file any Federal income tax return which was required to be filed for any of the last three years?

If this waiver is received by the Internal Revenue Service before July 1, the "last three years" shall mean the latest three years for which information is available, since the return for the immediate last year may not have been processed.

2. Were any of these returns filed more than 45 days after the due date for filing (determined with regard to any extension of time for filing)?

3. Have I failed to pay any tax, penalty or interest during the last three years within 45 days of the date on which the Internal Revenue Service gave notice of the amount due and demanded payment?

4. Has any penalty for negligence under Section 6655(a) of the Internal Revenue Code been assessed against me this year or during the last three years?

5. Am I or have I ever been under investigation by the Internal Revenue Service for possible criminal offenses, and what were the results of such investigation(s)?

6. Has any civil penalty for fraud been assessed against me?

If the information which is to be released includes a "YES" answer to any of the above six questions, I authorize the Internal Revenue Service to release any information relative to that question.

CONTINUATION SHEET FOR QUESTIONNAIRES SF 86, SF 85P, AND SF 85

For use with the SF 86, Questionnaire for Sensitive Positions (for National Security);
SF 85P, Questionnaire for Public Trust Positions;
and SF 85, Questionnaire for Non-Sensitive Positions

Form approved:
O.M.B. No. 3206-0007
NSN 7540-01-268-4828
86-202

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived" and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as you need to furnish all the requested information.

Your Name	Your Social Security Number	
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WHERE YOU HAVE LIVED (Continued)

Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt.#	City (Country)	State ZIP Code Telephone Number ()
Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State ZIP Code Telephone Number ()
Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State ZIP Code Telephone Number ()
Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State ZIP Code Telephone Number ()

YOUR EMPLOYMENT ACTIVITIES (Continued)

Month/Year To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title
Employer's/Verifier's Street Address		City (Country)	State ZIP Code Telephone Number ()
Street Address of Job Location (if different than Employer's Address)		City (Country)	State ZIP Code Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State ZIP Code Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK

Month/Year To	Your Position Title & Supervisor's Name	Month/Year To	Your Position Title & Supervisor's Name

Month/Year To	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title
Employer's/Verifier's Street Address		City (Country)	State ZIP Code Telephone Number ()
Street Address of Job Location (if different than Employer's Address)		City (Country)	State ZIP Code Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State ZIP Code Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK

Month/Year To	Your Position Title & Supervisor's Name	Month/Year To	Your Position Title & Supervisor's Name

YOUR EMPLOYMENT ACTIVITIES (Continued)

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title
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PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title
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PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Verifier	Your Position Title
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PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

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December 1990

THE WHITE HOUSE

WASHINGTON

PERSONAL DATA STATEMENT QUESTIONNAIRE

FROM: BERNARD NUSSBAUM ~~BA~~
COUNSEL TO THE PRESIDENT

As part of the clearance procedures for your prospective position, please answer all of the following questions (please do not respond "not applicable" or "N/A" if your response is "no" or "none"). In responding to the questions, please supply any information regarding your spouse or relatives that you deem to be relevant. Your responses to this questionnaire, which is not subject to public disclosure, are confidential.

You can type your responses in memorandum form on a separate sheet of paper with each answer corresponding to the number of the question. You do not need to retype the questions, but please sign and date the response.

Because your appointment cannot be finalized until all necessary reviews have been completed, please supply this information within 24 hours to Edgar Bueno of my staff. (Old Executive Office Building, Room 136, Washington, D.C. 20500; fax number: (202) 456-2146).

If you have any questions or need assistance in responding to this questionnaire, please do not hesitate to contact this office at 202-456-6229. Thank you for your cooperation.

Personal and Family Background

1. Please list your full name; home address and telephone number; office address and telephone number; date and place of birth; citizenship; and social security number.
2. Please identify your current marital status; spouse's name, citizenship, occupation, and current employer; and the names and ages of your children.
3. Do you have any medical conditions that could interfere with your ability to fulfill your duties? Please explain.

Professional and Educational Background

4. Please list each high school, college, and graduate school you attended; the dates of your attendance; and degrees awarded.

5. Please furnish a copy of your resume and a brief biographical statement.

6. Please chronologically list activities, other than those listed on your resume, from which you have derived earned income (e.g., self-employment, consulting activities, writing, speaking, royalties, and honoraria) since age 21.

7. Please list each book, article, or publication you have authored, individually or with others.

8. Identify each instance in which you have testified before Congress in a non-governmental capacity and specify the subject matter of each testimony.

9. Please list all corporations, partnerships, trusts, or other business entities with which you have ever been affiliated as an officer, director, trustee, partner, or holder of a significant equity or financial interest (i.e., any ownership interest of more than 5%), or whose decisions you had the ability to influence.

10. Please provide the names of all corporations, firms, partnerships, trusts, or other business enterprises, and all non-profit organizations and other institutions with which you are now, or during the past five years have been, affiliated as an advisor, attorney or consultant. It is only necessary to provide the names of major clients and any client matter in which you and your firm are involved that might present a potential conflict of interest with your proposed assignment. Please identify the clients by name unless it would breach a confidential relationship or duty respecting a privileged matter. In addition, please provide the names of any other organizations with which you were associated which might present a potential conflict or the appearance of conflict of interest with your prospective appointment.

11. Please describe any contractual or informal arrangement you may have made with any person or any business enterprise in regard to future employment or termination payments or financial benefits that will be provided you if you enter government employment.

12. If you are a member of any licensed profession or occupation (such as lawyer, doctor, accountant, insurance or real estate broker, etc.), please specify: the present status of each license; and whether any such license has ever been withdrawn, suspended, or revoked, and the reason therefor.

13. Does your spouse or any family member or business in which you, your spouse or any family members have a significant interest have any relationship with the federal government through contracts, consulting services, grants, loans or guarantees? If yes, please provide details.

14. If you have performed any work for and/or received any payments from any foreign government, business, or individual in the past 10 years, please describe the circumstances, and identify the source and amount.

15. Please list any registration as an agent for a foreign principal, or any exemption from such registration.

16. Have you ever registered as a lobbyist or other legislative agent to influence federal or state legislation or administrative acts? If yes, please supply details.

Tax and Financial Information

17. As of the date of this questionnaire, please list all assets and liabilities with a fair market value in excess of \$5,000 for you and your spouse and provide a good faith estimate of value. As to liabilities, please list the name and address of the creditor, the amount owed to the nearest thousand dollar, a brief description of the nature of the obligation, the interest rate (if any), and the date on which due.

18. Please describe all real estate held in your name or in your spouse's name during the last six years, including any real estate held in combination with others or on your or your spouse's behalf in trust, by a nominee, or through any other title-holding entity.

19. Have you and your spouse filed all federal, state and local income tax returns?

20. Have you or your spouse ever filed a late income tax return without a valid extension? If so, describe the circumstances and the resolution of the matter.

21. Have you or your spouse ever paid any tax penalties? If so, describe the circumstances and the resolution of the matter.

22. Has a tax lien or other collection procedure ever been instituted against you or your spouse by federal, state or local authorities? If so, describe the circumstances and the resolution of the matter.

Public and Organizational Activities

23. Please list current and past political party affiliations.

24. Please list each membership you have had with any civic, social, charitable, educational, professional, fraternal, benevolent or religious organization, private club, or other membership organization (including any tax-exempt organization) during the past 10 years.

25. Have you or your spouse at any time belonged to any membership organization, including but not limited to those described in the preceding paragraph, that as a matter of policy or practice denied or restricted affiliation (as a matter of either policy or practice) based on race, sex, ethnic background, religious or sexual preference?

Legal and Administrative Proceedings and Filings

26. Please list any lawsuits you have brought as a plaintiff or which were brought against you as a defendant or third party. Include in this response any contested divorce proceedings or other domestic relations matters.

27. Please list and describe any administrative agency proceeding in which you have been involved as a party.

28. Please list any bankruptcy proceeding in which you or your spouse have been involved as a debtor.

29. Have you or your spouse ever been investigated by any federal, state, military or local law enforcement agency, or arrested for, charged with, or convicted of violating any federal, state or local law, regulation or ordinance (excluding traffic offenses for which the fine was less than \$100)? If so, please identify each such instance and supply details, including: date; place; law enforcement agency; and court.

30. Please list any complaint ever made against you or by any administrative agency, professional association or organization, or federal, state or local ethics agency, committee, or official.

Miscellaneous

31. Have you ever had any association with any person, group or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for a government position?

32. Do you know anyone or any organization that might take any steps, overtly or covertly, fairly or unfairly, to criticize your appointment, including any news organization? If so, please identify and explain the basis for the potential criticism.

33. Please provide any other information, including information about other members of your family, that could suggest a conflict of interest or be a possible source of embarrassment to you, your family or the President.