

# FOIA MARKER

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

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**Collection/Record Group:** Clinton Presidential Records  
**Subgroup/Office of Origin:** National AIDS Policy Office  
**Series/Staff Member:** Sandra Thurman  
**Subseries:**

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**OA/ID Number:** 40014  
**FolderID:**

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**Folder Title:**  
Admin - Forms - Personnel Forms

|               |             |                 |               |                  |
|---------------|-------------|-----------------|---------------|------------------|
| <b>Stack:</b> | <b>Row:</b> | <b>Section:</b> | <b>Shelf:</b> | <b>Position:</b> |
| <b>S</b>      | <b>66</b>   | <b>5</b>        | <b>11</b>     | <b>3</b>         |

**WHITE HOUSE OFFICE  
OTHER GOVERNMENT EMPLOYEES**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |                                                                                    |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>TO: OFFICE OF MANAGEMENT<br/>AND ADMINISTRATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>FROM:</b> (Requesting official's name and department or office)                                                                                      |                                                                                    |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| <b>THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                         |                                                                                    |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| <table style="width: 100%;"><tr><td style="width: 25%;">NAME:</td><td style="width: 25%; text-align: center;">Last</td><td style="width: 25%; text-align: center;">First</td><td style="width: 25%; text-align: center;">Middle Initial</td></tr></table>                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                         | NAME:                                                                              | Last           | First                                                                                                                                      | Middle Initial                                                                                                                                          |                                                                                    |
| NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Last                                                                                                                                                    | First                                                                              | Middle Initial |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| BIRTHDATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SOCIAL SECURITY NUMBER:                                                                                                                                 | DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY:                                  |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| GRADE/STEP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SALARY:                                                                                                                                                 |                                                                                    |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| PARENT AGENCY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         |                                                                                    |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC, IF THIS IS AN EXTENSION, PLEASE NOTE BELOW:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         |                                                                                    |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| <table style="width: 100%;"><tr><td style="width: 33%; vertical-align: top;">TYPE:<br/><input type="checkbox"/> DETAILEE<br/><input type="checkbox"/> ASSIGNEE<br/><input type="checkbox"/> PRESIDENTIAL MANAGEMENT INTERN</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> HISTORICALLY PROVIDED SERVICE<br/><input type="checkbox"/> WHITE HOUSE FELLOW<br/><input type="checkbox"/> AGENCY REPRESENTATIVE</td><td style="width: 34%; vertical-align: top;"><input type="checkbox"/> STUDENT VOLUNTEER<br/><input type="checkbox"/> OTHER _____</td></tr></table> |                                                                                                                                                         |                                                                                    |                | TYPE:<br><input type="checkbox"/> DETAILEE<br><input type="checkbox"/> ASSIGNEE<br><input type="checkbox"/> PRESIDENTIAL MANAGEMENT INTERN | <input type="checkbox"/> HISTORICALLY PROVIDED SERVICE<br><input type="checkbox"/> WHITE HOUSE FELLOW<br><input type="checkbox"/> AGENCY REPRESENTATIVE | <input type="checkbox"/> STUDENT VOLUNTEER<br><input type="checkbox"/> OTHER _____ |
| TYPE:<br><input type="checkbox"/> DETAILEE<br><input type="checkbox"/> ASSIGNEE<br><input type="checkbox"/> PRESIDENTIAL MANAGEMENT INTERN                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> HISTORICALLY PROVIDED SERVICE<br><input type="checkbox"/> WHITE HOUSE FELLOW<br><input type="checkbox"/> AGENCY REPRESENTATIVE | <input type="checkbox"/> STUDENT VOLUNTEER<br><input type="checkbox"/> OTHER _____ |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| DRUG TESTING DESIGNATION:<br>TDP = TESTING DESIGNATED POSITION <input type="checkbox"/> TDP <input type="checkbox"/> Non-TDP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |                                                                                    |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| BEGINNING DATE (Mo/Day/Yr):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         | ENDING DATE (Mo/Day/Yr):                                                           |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| POSITION TITLE (At the EOP Complex):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         | APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone):                            |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| TYPE OF DETAIL (If applicable):<br><input type="checkbox"/> Non-Reimbursable <input type="checkbox"/> Reimbursable<br>IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         | ASSIGNMENT LOCATION<br>(Office or Division, Building, Room Number, & Telephone):   |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |                                                                                    |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| WHO CONTACT PERSON (Name & Telephone):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                         |                                                                                    |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| SIGNATURE OF WHO APPROVING OFFICIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         | DATE:                                                                              |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |
| OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         | DATE:                                                                              |                |                                                                                                                                            |                                                                                                                                                         |                                                                                    |

703

369

1100

THE WHITE HOUSE  
PRE-EMPLOYMENT INFORMATION

Name: \_\_\_\_\_  
                    *Last*                            *First*                            *Middle Initial*

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_  
                            *Street*                            *City*                            *State*                    *Zip*

Phone: \_\_\_\_\_  
                            *Home*                                            *Work*

=====

Department: \_\_\_\_\_ Requested by: \_\_\_\_\_

Position Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Proposed Date of Employment: \_\_\_\_\_ Ending Date, (If possible): \_\_\_\_\_

Work Schedule (circle one):

Full Time

Part Time

Intermittent

=====

Are you transferring from another government agency? \_\_\_\_\_

If yes, please specify which agency. \_\_\_\_\_

=====

**APPROVALS**

\_\_\_\_\_  
**Assistant to the President**

\_\_\_\_\_  
**Office of Management  
and Administration**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

Upon Approval or disapproval, return to:

\_\_\_\_\_  
Name                                            Room                                            Extension

# Appointment

## Subject to Drug Testing

---

I hereby acknowledge that my appointment to a position in the Executive Office of the President (EOP) is subject to the applicant drug testing requirement as set forth in the EOP Drug-Free Workplace Plan. I also acknowledge that I am responsible to present myself for a drug test prior to my appointment at a place and time to be determined. Should it be determined, under the requirements of the Plan, that I have a verified positive test result for any of the prohibited drugs, I understand that my appointment will be terminated.

---

*Date*

---

*Signature*

---

*Social Security Number*

---

*Typed or Printed Name*

---

*Agency*

---

*Telephone Number*

# COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION  
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING #

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last, First M. Initial)

DATE SUBMITTED:

PHONE:

CUSTOMER, WORK TO BE PERFORMED FOR:

TITLE/POSITION:

Please Print: (Last, First M. Initial)

(As seen in the EOP Phone Book)

DEPARTMENT:

(Agcy/PAD)

(Div/DAD)

(Sub-Div/Branch)

BUILDING:

ROOM:

PHONE:

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other

(e.g., Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name

Contract #

Purchase Order #

Co/Agcy Phone #:

Company / Agency Address

Co/Agcy City

Co/Agcy State

Co/Agcy Zip:

ACTION REQUESTED:

☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name.  
If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT).

REQUIRED DATE:

ACCESS REQUEST:

☐ Create  
(New Account)

☐ Modify  
(Update existing ID)

☐ Delete/Disable  
(Departing Staff)

☐ Transfer  
(Transfer Ownership)

☐ Dial-In Access  
(Justify above)

☐ External Access  
(Internet & X.400 Mail)

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe:

(7 Char. ID)

☐ User Name:

(12 Char ID (ALL-IN-1 & or LAN))

Novell Server Name:

(E.G.: WHADMIN, OMB A, IRMD, ...)

EQUIPMENT REQUEST:

(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)

☐ New Install

☐ Upgrade

☐ Re-Assign

☐ Re-Allocate

☐ Return to Inv.

☐ Site Survey

PC Load Type:

☐ US-2000

☐ OASIS 5.0

☐ Stand Alone

☐ Other

CPU Bar Code #:

(EOP BAR-CODE is located on Right Side of CPU)

CPU S/N#:

Dial-In/External Access requires  
use of Gov't owned equipment.

Previous or current OWNER of Equipment if not Customer:

(Owner is normally set as Default Login User Name)

Pager/Celluar

☐ Pager

S/N#:

☐ Cellular Phone S/N#:

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer

Date

Signature of Supervisor or POC: (EOP Staff)

Print: (Last, First M. Init.)

Date

Signature of AGY/PAD Admin. or COTR:

Print: (Last, First M. Init.)

Date

# Appointment

## Subject to Drug Testing

---

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---

*Date*

---

*Signature*

---

*Social Security Number*

---

*Typed or Printed Name*

---

*Agency*

---

*Telephone Number*

**White House Office**  
**Supplemental Information Sheet for Personnel Action**

(To be completed by all persons tentatively selected for employment)

Date:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Local Address: \_\_\_\_\_ Last Permanent Address: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced  
Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Department/Office/Agency: \_\_\_\_\_  
Reporting to: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_  
Personnel Status: ☐ White House Employee ☐ Other Government Employee (please specify):  
☐ Reimbursable Detail ☐ Non-reimbursable detail ☐ Volunteer  
☐ Assignee ☐ White House Fellow ☐ Presidential Management Intern  
☐ Historically Provided Service ☐ Intergovernmental Personnel Agreement ☐ Intern  
Other: \_\_\_\_\_

(For all Other Government Employees, please attach a brief description of the individual's role and responsibilities)  
Effective Date: \_\_\_\_\_ Ending Date (If applicable): \_\_\_\_\_

Current or Most Recent Place of Employment:  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Military Service: ☐ Yes ☐ No Service Branch: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
Prior EOP Service: ☐ Yes ☐ No Agency: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Have you ever been fired from any job for any reason, quit after being told you would be fired, or left by mutual agreement because of specific problems? ☐ Yes ☐ No (If yes, please explain on the back of this form.)  
Are you now under any charge, or have you ever been convicted of, or forfeited collateral for any violation of law? ☐ Yes ☐ No (If yes, please explain on the back of this form.)

**To Be Completed By Requesting Official:**

Type of Pass or access requested:  
☐ WH Badge ☐ WH Vol ☐ WH Access ☐ Other ( OGA, NGS, CON )  
☐ EOP Badge ☐ EOP Vol ☐ EOP Access

Signature of Requesting Office \_\_\_\_\_ Approving Official \_\_\_\_\_

**To be completed by all regular Employees and Other Government Employees:**

I acknowledge that the information provided herein is true and correct to the best of my knowledge and further acknowledge that this information may be used to initiate a preliminary background investigation in preparation for my employment in the White House and the Executive Office of the President.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be Completed by Volunteers Only:**

I acknowledge that the personnel data is correct and I am volunteering my services without compensation or promise of such.

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. The first part of the document is a list of names and their corresponding dates. The names are listed in the first column, and the dates are listed in the second column. The names are: John Doe, Jane Smith, and Bob Johnson. The dates are: 1/1/2020, 2/1/2020, and 3/1/2020.

2. The second part of the document is a table with two columns. The first column is labeled 'Name' and the second column is labeled 'Date'. The table contains the following data:

| Name        | Date     |
|-------------|----------|
| John Doe    | 1/1/2020 |
| Jane Smith  | 2/1/2020 |
| Bob Johnson | 3/1/2020 |

3. The third part of the document is a paragraph of text. It describes the process of data collection and analysis. It states that the data was collected from a survey of 100 people. The data was then analyzed using statistical methods. The results of the analysis are presented in the table above.

4. The fourth part of the document is a conclusion. It states that the data shows a clear trend. The number of people who responded to the survey has increased over time. This suggests that the survey is becoming more popular. The conclusion also states that the data is reliable and that the results are valid.

# Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. *If you have any questions, call the office that gave you the form.*

## Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

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 security clearance prospects.

## Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep 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.

## The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

## Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed 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.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

## Organization of this Form

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 abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

## Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions 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 black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

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

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.

9. 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.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, 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.**

## Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

## Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the 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 a security clearance. Your prospects of placement or security clearance

are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

## Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b) ) and as follows:

## PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, 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.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

## STATE CODES (ABBREVIATIONS)

|                 |    |                   |    |               |    |                   |    |               |    |
|-----------------|----|-------------------|----|---------------|----|-------------------|----|---------------|----|
| 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 | West Virginia | WV |
| Florida         | FL | Maine             | ME | New Hampshire | NH | Rhode Island      | RI | Wisconsin     | WI |
| 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 |               |    |                   |    |               |    |

## PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 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 CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

Part 1

Investigating Agency Use Only

Codes

Case Number

Agency Use Only (Complete Items A through P using instructions provided by the investigating agency).

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

Persons completing this form should begin with the questions below.

|                                                                                                                                                                                                                               |                        |             |               |       |     |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|---------------|-------|-----|------|
| <b>1 FULL NAME</b> • If you have only initials in your name, use them and state (IO).<br>• If you have no middle name, enter "NMN."<br>• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name. | <b>2 DATE OF BIRTH</b> |             |               |       |     |      |
| Last Name                                                                                                                                                                                                                     | First Name             | Middle Name | Jr., II, etc. | Month | Day | Year |

|                                                                  |                                 |       |                                       |  |  |  |
|------------------------------------------------------------------|---------------------------------|-------|---------------------------------------|--|--|--|
| <b>3 PLACE OF BIRTH</b> • Use the two letter code for the State. | <b>4 SOCIAL SECURITY NUMBER</b> |       |                                       |  |  |  |
| City                                                             | County                          | State | Country (if not in the United States) |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                        |            |            |            |            |            |            |    |    |  |    |    |  |      |            |            |      |            |            |    |    |  |    |    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|----|----|--|----|----|--|------|------------|------------|------|------------|------------|----|----|--|----|----|--|
| <b>5 OTHER NAMES USED</b><br>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.                                                                                                                                 |            |            |            |            |            |            |    |    |  |    |    |  |      |            |            |      |            |            |    |    |  |    |    |  |
| <table border="1"><tr><td>Name</td><td>Month/Year</td><td>Month/Year</td><td>Name</td><td>Month/Year</td><td>Month/Year</td></tr><tr><td>#1</td><td>To</td><td></td><td>#3</td><td>To</td><td></td></tr><tr><td>Name</td><td>Month/Year</td><td>Month/Year</td><td>Name</td><td>Month/Year</td><td>Month/Year</td></tr><tr><td>#2</td><td>To</td><td></td><td>#4</td><td>To</td><td></td></tr></table> | Name       | Month/Year | Month/Year | Name       | Month/Year | Month/Year | #1 | To |  | #3 | To |  | Name | Month/Year | Month/Year | Name | Month/Year | Month/Year | #2 | To |  | #4 | To |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                   | Month/Year | Month/Year | Name       | Month/Year | Month/Year |            |    |    |  |    |    |  |      |            |            |      |            |            |    |    |  |    |    |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                     | To         |            | #3         | To         |            |            |    |    |  |    |    |  |      |            |            |      |            |            |    |    |  |    |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                   | Month/Year | Month/Year | Name       | Month/Year | Month/Year |            |    |    |  |    |    |  |      |            |            |      |            |            |    |    |  |    |    |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                     | To         |            | #4         | To         |            |            |    |    |  |    |    |  |      |            |            |      |            |            |    |    |  |    |    |  |

|                                        |                          |                 |            |           |                                                               |
|----------------------------------------|--------------------------|-----------------|------------|-----------|---------------------------------------------------------------|
| <b>6 OTHER IDENTIFYING INFORMATION</b> | Height (feet and inches) | Weight (pounds) | Hair Color | Eye Color | Sex (mark one box)                                            |
|                                        |                          |                 |            |           | <input type="checkbox"/> Female <input type="checkbox"/> Male |

|                            |                                                                        |                                                          |
|----------------------------|------------------------------------------------------------------------|----------------------------------------------------------|
| <b>7 TELEPHONE NUMBERS</b> | Work (include Area Code and extension)<br>( ) Day ( )<br>( ) Night ( ) | Home (include Area Code)<br>( ) Day ( )<br>( ) Night ( ) |
|----------------------------|------------------------------------------------------------------------|----------------------------------------------------------|

|                                                                                                                               |                                                                                                                                    |                                    |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>8 CITIZENSHIP</b><br>Mark the box at the right that reflects your current citizenship status, and follow its instructions. | <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. — Answer Items b and d | <b>b</b> Your Mother's Maiden Name |
| <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. — Answer Items b, c, and d                       |                                                                                                                                    |                                    |
| <input type="checkbox"/> 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.<br>Month Day Year | Alien Registration Number | Country(ies) of Citizenship |
|--------------------------------------|------|-------|-----------------------------------------|---------------------------|-----------------------------|

**WHERE YOU HAVE LIVED**

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

|                              |            |            |                      |        |                |       |          |
|------------------------------|------------|------------|----------------------|--------|----------------|-------|----------|
| #1                           | Month/Year | Month/Year | Street Address       | Apt. # | City (Country) | State | ZIP Code |
|                              | To         | Present    |                      |        |                |       |          |
| 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 Knew 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 Knew 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 Knew 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 Knew You  |            |            | Street Address       | Apt. # | City (Country) | State | ZIP Code |
|                              |            |            | Telephone Number ( ) |        |                |       |          |

**WHERE YOU WENT TO SCHOOL**

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

|                                             |            |            |                |                      |                      |                    |
|---------------------------------------------|------------|------------|----------------|----------------------|----------------------|--------------------|
| #1                                          | Month/Year | Month/Year | Code           | Name of School       | Degree/Diploma/Other | Month/Year Awarded |
|                                             | To         |            |                |                      |                      |                    |
| Street Address and City (Country) of School |            |            |                |                      |                      | State              |
|                                             |            |            |                |                      |                      | ZIP Code           |
| Name of Person Who Knew You                 |            |            | Street Address | Apt. #               | City (Country)       | State              |
|                                             |            |            | ZIP Code       | Telephone Number ( ) |                      |                    |
| #2                                          | Month/Year | Month/Year | Code           | Name of School       | Degree/Diploma/Other | Month/Year Awarded |
|                                             | To         |            |                |                      |                      |                    |
| Street Address and City (Country) of School |            |            |                |                      |                      | State              |
|                                             |            |            |                |                      |                      | ZIP Code           |
| Name of Person Who Knew You                 |            |            | Street Address | Apt. #               | City (Country)       | State              |
|                                             |            |            | ZIP Code       | Telephone Number ( ) |                      |                    |
| #3                                          | Month/Year | Month/Year | Code           | Name of School       | Degree/Diploma/Other | Month/Year Awarded |
|                                             | To         |            |                |                      |                      |                    |
| Street Address and City (Country) of School |            |            |                |                      |                      | State              |
|                                             |            |            |                |                      |                      | ZIP Code           |
| Name of Person Who Knew You                 |            |            | Street Address | Apt. #               | City (Country)       | State              |
|                                             |            |            | ZIP Code       | Telephone Number ( ) |                      |                    |

Enter your Social Security Number before going to the next page

## 11

• **Code.** Use one of the codes listed below to identify the type of employment:

- ### 3 - U.S.P.H.S. Commissioned Corps

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 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 on the lines below that information.

PREVIOUS PERIODS  
OF ACTIVITY (Block #1).

PREVIOUS PERIODS  
OF ACTIVITY (Block #2)

PREVIOUS PERIODS  
OF ACTIVITY (Block #3)

# YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

| Month/Year                                                            |            | Month/Year | Code | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |
|-----------------------------------------------------------------------|------------|------------|------|-----------------------------------------------|-----------------------------------|----------|-------------------------|
| #4                                                                    | To         |            |      |                                               |                                   |          |                         |
| Employer's/Verifier's Street Address                                  |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| PREVIOUS PERIODS<br>OF ACTIVITY (Block #4)                            | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |      |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |      |                                               |                                   |          |                         |
| PREVIOUS PERIODS<br>OF ACTIVITY (Block #5)                            | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |      |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |      |                                               |                                   |          |                         |
| PREVIOUS PERIODS<br>OF ACTIVITY (Block #6)                            | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |      |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |      |                                               |                                   |          |                         |

## 12 PEOPLE WHO KNOW YOU WELL

List **three people** who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

|                      |      |                                         |                                                  |
|----------------------|------|-----------------------------------------|--------------------------------------------------|
| #1                   | Name | Dates Known<br>Month/Year To Month/Year | Telephone Number<br>( ) Day ( )<br>( ) Night ( ) |
| Home or Work Address |      | City (Country)                          | State ZIP Code                                   |
| #2                   | Name | Dates Known<br>Month/Year To Month/Year | Telephone Number<br>( ) Day ( )<br>( ) Night ( ) |
| Home or Work Address |      | City (Country)                          | State ZIP Code                                   |
| #3                   | Name | Dates Known<br>Month/Year To Month/Year | Telephone Number<br>( ) Day ( )<br>( ) Night ( ) |
| Home or Work Address |      | City (Country)                          | State ZIP Code                                   |

Enter your Social Security Number before going to the next page

## 13

Mark one box to show your current marital status and provide information about your spouse(s) in items a, and/or b.

5 - Divorced  
6 - Widowed

**a** **Current Spouse** Complete the following about your current spouse only.

|                                                                                                                          |                                                                          |                                                             |                             |          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|----------|
| Full Name                                                                                                                | Date of Birth                                                            | Place of Birth <i>(Include country if outside the U.S.)</i> | Social Security Number      |          |
| Other Names Used <i>(Specify maiden name, names by other marriages, etc., and show dates used for each name)</i>         |                                                                          |                                                             | Country(ies) of Citizenship |          |
| Date Married                                                                                                             | Place Married <i>(Include country if outside the U.S.)</i>               |                                                             |                             | State    |
| If Separated, Date of Separation                                                                                         | If Legally Separated, Where Is the Record Located? City <i>(Country)</i> |                                                             |                             | State    |
| Address of Current Spouse, If different than your current address <i>(Street, city, and country if outside the U.S.)</i> |                                                                          |                                                             | State                       | ZIP Code |

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

|                                                                                                 |                |                                                                 |                                |
|-------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------|--------------------------------|
| Full Name                                                                                       | Date of Birth  | Place of Birth <i>(Include country if outside the U.S.)</i>     | State                          |
| Country(ies) of Citizenship                                                                     | Date Married   | Place Married <i>(Include country if outside the U.S.)</i>      | State                          |
| Check One, Then Give Date<br><input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | Month/Day/Year | If Divorced, Where Is the Record Located? City <i>(Country)</i> | State                          |
| Address of Former Spouse <i>(Street, city, and country if outside the U.S.)</i>                 |                | State                                                           | ZIP Code      Telephone Number |

## 14

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- |                              |                                   |                   |                    |                                      |
|------------------------------|-----------------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother ( <i>first</i> )  | 5 - Foster parent                 | 9 - Sister        | 13 - Half-sister   | 17 - Other Relative*                 |
| 2 - Father ( <i>second</i> ) | 6 - Child ( <i>adopted also</i> ) | 10 - Stepbrother  | 14 - Father-in-law | 18 - Associate*                      |
| 3 - Stepmother               | 7 - Stepchild                     | 11 - Stepsister   | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather               | 8 - Brother                       | 12 - Half-brother | 16 - Guardian      |                                      |

\* Code 17 (Other Relative)-include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

[illegible]

**15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES**

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

1. **Naturalization Certificate:** Provide the date issued and the location where the person was naturalized (Court, City and State).
2. **Citizenship Certificate:** Provide the date and location issued (City and State).

3. **Alien Registration:** Provide the date and place where the person entered the U.S. (City and State).
4. **Other:** Provide an explanation in the "Additional Information" block.

|           |                            |               |                                |
|-----------|----------------------------|---------------|--------------------------------|
| <b>#1</b> | Association                | Name          | Date of Birth (Month/Day/Year) |
|           | Certificate/Registration # | Document Code | Additional Information         |
| <b>#2</b> | Association                | Name          | Date of Birth (Month/Day/Year) |
|           | Certificate/Registration # | Document Code | Additional Information         |

**16 YOUR MILITARY HISTORY**

**a** Have you served in the United States military?

**b** Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:

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

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

- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

| Month/Year | Month/Year | Code | Service/Certificate # | O | E | Active | Active Reserve | Inactive Reserve | National Guard (State) | Country |
|------------|------------|------|-----------------------|---|---|--------|----------------|------------------|------------------------|---------|
| To         |            |      |                       |   |   |        |                |                  |                        |         |
| To         |            |      |                       |   |   |        |                |                  |                        |         |

**17 YOUR FOREIGN ACTIVITIES**

**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** Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

**d** In the last 7 years, have you had an active passport that was issued by a foreign government?

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

| Month/Year | Month/Year | Firm and/or Government | Explanation |
|------------|------------|------------------------|-------------|
| To         |            |                        |             |
| To         |            |                        |             |

**18 FOREIGN COUNTRIES YOU HAVE VISITED**

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business    2 - Pleasure    3 - Education    4 - Other

- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

- Do not repeat travel covered in items 9, 10, or 11.

| Month/Year | Month/Year | Code | Country | Month/Year | Month/Year | Code | Country |
|------------|------------|------|---------|------------|------------|------|---------|
| <b>#1</b>  | To         |      |         | <b>#3</b>  | To         |      |         |
| <b>#2</b>  | To         |      |         | <b>#4</b>  | To         |      |         |

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



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Part 2

OFFICIAL  
USE  
ONLY

#### 19 YOUR MILITARY RECORD

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

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year      Type of Discharge

#### 20 YOUR SELECTIVE SERVICE RECORD

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

a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.

b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number      Legal Exemption Explanation

#### 21 YOUR MEDICAL RECORD

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

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

| Month/Year | Month/Year | Name/Address of Therapist or Doctor | State | ZIP Code |
|------------|------------|-------------------------------------|-------|----------|
| To         |            |                                     |       |          |
| To         |            |                                     |       |          |

#### 22 YOUR EMPLOYMENT RECORD

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

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Use the following codes and explain the reason your employment was ended:

- |                                                |                                                                                        |                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1 - Fired from a job                           | 3 - Left a job by mutual agreement following allegations of misconduct                 | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance |                                                                  |

| Month/Year | Code | Specify Reason | Employer's Name and Address (Include city/Country if outside U.S.) | State | ZIP Code |
|------------|------|----------------|--------------------------------------------------------------------|-------|----------|
|            |      |                |                                                                    |       |          |

#### 23 YOUR POLICE RECORD

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

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

- a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
- b Have you ever been charged with or convicted of a firearms or explosives offense?
- c Are there currently any charges pending against you for any criminal offense?
- d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
- e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
- f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

| Month/Year | Offense | Action Taken | Law Enforcement Authority/Court (Include City and county/country if outside U.S.) | State | ZIP Code |
|------------|---------|--------------|-----------------------------------------------------------------------------------|-------|----------|
|            |         |              |                                                                                   |       |          |

Enter your Social Security Number before going to the next page



**24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY**

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- a** Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?
- b** Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?
- c** In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

| Month/Year<br>To | Month/Year<br>To | Controlled Substance/Prescription Drug Used | Number of Times Used |
|------------------|------------------|---------------------------------------------|----------------------|
|                  |                  |                                             |                      |
|                  |                  |                                             |                      |

**25 YOUR USE OF ALCOHOL**

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

| Month/Year<br>To | Month/Year<br>To | Name/Address of Counselor or Doctor | State | ZIP Code |
|------------------|------------------|-------------------------------------|-------|----------|
|                  |                  |                                     |       |          |
|                  |                  |                                     |       |          |

**26 YOUR INVESTIGATIONS RECORD**

- a** Has the United States Government ever investigated your background and/or granted you a security clearance? 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**

1 - Defense Department

2 - State Department

3 - Office of Personnel Management

4 - FBI

5 - Treasury Department

6 - Other (Specify)

**Codes for Security Clearance Received**

0 - Not Required

1 - Confidential

2 - Secret

3 - Top Secret

4 - Sensitive Compartmented Information

5 - Q

6 - L

7 - 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. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.

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

**27 YOUR FINANCIAL RECORD**

- a** In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- b** In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?
- c** In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?
- d** In the last 7 years, have you had any judgments against you that have not been paid?

If you answered "Yes" to a, b, c, or d, provide the information requested below:

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

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

**28 YOUR FINANCIAL DELINQUENCIES****Yes** **No****a** In the last 7 years, have you been over 180 days delinquent on any debt(s)?**b** Are you currently over 90 days delinquent on any debt(s)?

If you answered "Yes" to a or b, provide the information requested below:

| Incurred Month/Year | Satisfied Month/Year | Amount | Type of Loan or Obligation and Account Number | Name/Address of Creditor or Obligor | State | ZIP Code |
|---------------------|----------------------|--------|-----------------------------------------------|-------------------------------------|-------|----------|
|                     |                      |        |                                               |                                     |       |          |

**29 PUBLIC RECORD CIVIL COURT ACTIONS****Yes** **No**

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

If you answered "Yes," provide the information about the public record civil court action requested below.

| Month/Year | Nature of Action | Result of Action | Name of Parties Involved | Court (Include City and county/country if outside U.S.) | State | ZIP Code |
|------------|------------------|------------------|--------------------------|---------------------------------------------------------|-------|----------|
|            |                  |                  |                          |                                                         |       |          |

**30 YOUR ASSOCIATION RECORD****Yes** **No****a** Have you ever 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** Have you ever 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 items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than 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 item.

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.

**Certification That My Answers Are True**

My statements on this form, and any attachments to it, 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. (See section 1001 of title 18, United States Code).

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 authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further 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, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

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

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it 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 five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

|                                |  |                                   |                        |                                                          |
|--------------------------------|--|-----------------------------------|------------------------|----------------------------------------------------------|
| 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<br>(Include Area Code)<br>(      ) |

## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

#### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it 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 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

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

THE WHITE HOUSE  
WASHINGTON

MEMORANDUM FOR PROSPECTIVE WHITE HOUSE STAFF

FROM: EOP SECURITY OFFICE

RE: DIRECTIONS FOR COMPLETING THE SECURITY PACKET

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

A completed package should consist of:

| ITEM                                                                   | NUMBER OF COPIES NEEDED                                                                                                                |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 1. Questionnaire for Sensitive Positions (SF-86) plus any attachments. | One original and Two copies, <b>all with original signatures</b> . Note: The SF-86 requires two or three (Medical Release) signatures. |
| 2. Tax Check Waiver                                                    | Total of four copies <b>double-sided</b> with <b>original signatures</b> .                                                             |
| 3. Personal Data Statement                                             | One original copy.                                                                                                                     |
| 4. Credit Check Consent Form                                           | One original copy.                                                                                                                     |

These forms must be **TYPED** and by federal law, must be submitted within 2 weeks of arriving on duty at the White House, or we will be required to place you in leave without pay status. We ask that you submit the forms as soon as possible, and within **14 DAYS** of arriving on duty to the EOP Security Office, NEOB 4026.

The SF-86 Form is available on computer in Room 4020, NEOB, 24 hours a day, seven days a week. **You are required to supply your own formatted 3 1/2 inch diskette.**

If you have any questions or concerns, please contact the EOP Security Office at 202-395-6206.

Thank you.

INSTRUCTIONS FOR COMPLETING STANDARD FORM 86,  
"QUESTIONNAIRE FOR NATIONAL SECURITY POSITION"

It is imperative that the following instructions be read and followed when completing the Standard Form 86 (SF-86).

Although many of the questions on the SF-86 ask you to answer looking back 7 years, you must answer looking back 15 years or to your 18th birthday, whichever is more recent.

As a prospective Presidential appointee or an individual applying for access to the White House complex, it will be necessary for you to provide additional information to that requested on the 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

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

2. Do not abbreviate the names of cities. Please include zip codes, as well.

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

\* 4. Make sure all copies have original signatures (not traced over a copied signature) on all pages requiring signatures. Signature are required on pages 9, 10 and 11.

SPECIFIC INSTRUCTIONS

Section #8

Citizenship: If you are a U.S. citizen other than by birth.

Section #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.

#### Section #10

\* Where you went to school: Although it asks you to list schools starting with the most recent and working back 7 years, please list all education received including high school.

#### Section #11

Your employment activities: Please provide complete addresses (street/city/state/zip code) for each employment and job description listed. If 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, self employment, volunteer employment, or internships. Please 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, cohabitant, competitors, or clients.

#### Section #12

\* People who know you well: Please provide complete business (including names of businesses) and business telephone numbers. (Both home and work addresses must be provided).

#### Section #14

\* Your relatives and associates: Although the SF-86 requests only the country of birth, also provide the city and state or city and country of birth. If any relatives or cotenant were born outside the United States and/or are a U.S. citizen other than by birth, execute the 'Immigration Addendum OFI 36." If relatives live overseas, please indicate whether or not they are with the military. Provide their complete addresses, including city and country. Do not list APO or FPO addresses.

Include the full name, complete date of birth, and place of birth (city and state) of all individuals who presently reside in your household, not only those who are non-U.S. citizens.

#### Section #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 any.

#### Section #20

**Your selective service record:** If you have registered with the Selective Services, you must include your registration number. Inquiries into your registration can be directed to the Selective Service at 847-688-6888.

#### Section #21

**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.

#### Section #23f

**Your police record:** Please indicate all arrests, charges, and convictions except traffic fines of \$150.00 or less.

#### Sections #24 and 25

**Use of illegal drugs and drug activity/use of alcohol:** Do not limit your responses to these questions to the last 7 years, instead your answers must go back to your eighteen birthday. List and explain if you have ever abused any legal/prescription drugs to the point of dependency. In addition, list any treatment for drug and/or alcohol abuse.

#### Sections #27 and 28

**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, indicate whether or not such obligations have been satisfied.

If you have any questions, please call the EOP Security Office at 202-395-6206.

## FINANCIAL DISCLOSURE REQUIREMENTS

### Public Financial Disclosure (SF-278)

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 \$81,529; or

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

### Confidential Financial Disclosure (SF-450)

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, x66229). 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 your clearance without the necessary financial disclosure reports.

**MEMORANDUM FOR ALL PROSPECTIVE PASSHOLDERS**

**From: EOP SECURITY OFFICER**

**RE: SECURITY BRIEFING REMINDER (ATTENDANCE IS MANDATORY)**

This memo serves as official notification that all passholders to the White House complex (which includes the OEOP, NEOB, Winder, and Jackson Place) are required to attend a White House Security Briefing for New Employees within the first six months of arriving on duty. White House policy requires attendance at a security briefing before a permanent pass can be issued.

The 103rd Congress passed H.R. 4539 on June 22, 1994, which reads in part:

Hereafter the employment of any individual within the Executive Office of the President shall be placed on leave-without-pay status if the individual has not, within six months of commencing such employment or by October 31, 1994 (whichever occurs later), had his or her background investigations, if completed, forwarded by the counsel to the President of the United States Secret Service for issuance of the appropriate access pass.

Your background investigation cannot be forwarded to the United States Secret Service until receipt of your attendance of a security briefing has been received by our office.

\* The security briefing is scheduled on the last Thursday of each month at 10:15 a.m., in room #450, OEOP. Please plan to attend the first scheduled briefing after your arrival date on duty. Due to occasional last minute scheduling changes, it is recommended that you call the Executive Office of the President, Office of Security, at (202) 395-6206 for confirmation of each scheduled briefing.

This will be your only reminder.

THE WHITE HOUSE  
WASHINGTON

PERSONAL DATA STATEMENT QUESTIONNAIRE

FROM: OFFICE OF 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, and because our review begins with receipt of your paperwork, please supply this information within 14 days to Charles C. Easley, EOP Security Officer (New Executive Office Building, Room 4026, Washington, D.C. 20503; fax number: (202) 395-5608).

If you have any questions or need assistance in responding to this questionnaire, please do not hesitate to contact the EOP Security Office at 202-395-6206. 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, column 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. Please identify the entity, your relationship to the entity, and dates of service and/or affiliation.

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 include dates of service.

11. With regard to each of the entities identified in the preceding question, please identify your relationship or duty with regard to each. Please include dates of service.

12. Other than the entities identified in question number 10 above, please provide the names of any organizations with which you were associated which might present a potential conflict of interest with your proposed assignment. For each entity you identified in your response to this question please provide your relationship or duty with regard to each. Please include dates of service.

13. 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.

14. 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.

15. Do you have a significant interest in any relationship with the government through contracts, consulting services, grants, loans or guarantees? If yes, please provide details.

16. 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.

17. 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 dates of services and/or payments.

18. Please list any registration as an agent for a foreign principal, or any exemption from such registration. Please provide the status of any and all such registrations and/or exemptions (i.e., whether active and whether personally registered).

19. 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 including the status of each registration.

#### Tax and Financial Information

20. As of the date of this questionnaire, please list all assets with a fair market value in excess of \$1,000 for you and your spouse and provide a good faith estimate of value.

21. As of the date of this questionnaire, please list all liabilities in excess of \$10,000 for you and your spouse. 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), the date on which due, and the present status (i.e., is the obligation current or past due).

22. Please describe all real estate held in your name or in your spouse's name during the last six years. Please include real estate held in combination with others, held in trust, held by a nominee, or held by or through any other third person or title-holding entity. Please also include dates held.

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

24. 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.

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

26. 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.

### Domestic Help Issue

27. Do you presently have or have you in the past had domestic help? (i.e., a housekeeper, babysitter, nanny, or gardener) If yes, please indicate years of service for each individual and also give a brief description of the services rendered.

### Public and Organizational Activities

28. Please list current and past political party affiliations.

29. Have you ever run for public office? If yes, does your campaign have any outstanding campaign debt? If so, are you personally liable? Please also provide complete information as to amount of debt and creditors.

30. 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. Please include dates of membership and any positions you may have had with the organization.

31. 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**

32. 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.

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

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

35. Have you or your spouse ever been investigated by any federal, state, military or local law enforcement agency? If so, please identify each such instance and supply details, including: date; place; law enforcement agency; and court.

36. Have you or your spouse ever been arrested for or 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.

37. Have you or your spouse ever been accused of or found guilty of any violations of government or agency procedure (specifically including security violations and/or any application, or appeal process)?

38. 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.

39. Please list any and all judgments rendered against you including the date, amount, the name of the case and subject matter of the case, and the date of satisfaction. Please include obligations of child support and alimony and provide the status of each judgement and/or obligation.

40. With regard to each obligation of child support and/or alimony, please state the following: Have any payments been made late or have there been any lapses in payment? Have any motions or court actions for modification of child support or alimony been filed or instituted? Have any actions or motions to compel payment or initiate collection of late payments and/or past due amounts been filed or threatened? Have any writs of garnishment been issued? If your response was yes to any of the above questions, please provide details.

#### Miscellaneous

41. 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?

42. 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.

43. 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.

THE WHITE HOUSE  
WASHINGTON

PRIVACY ACT PROTECTED INFORMATION  
(When Completed)

Disclosure and Authorization  
Pertaining to Consumer Reports  
Pursuant to the Fair Credit Reporting Act

This is a release for the Federal Bureau of Investigation and/or the Office of Counsel to the President, acting on the President's behalf, to obtain one or more consumer/credit reports about you in connection with consideration of your appointment to a position within the Executive Branch, or in the course of your employment with the Federal Government. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, \_\_\_\_\_, hereby authorize the Federal Bureau of Investigation and/or the Office of Counsel to the President, acting on the President's behalf, to obtain such reports from any consumer/credit reporting agency for employment purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

Oct. 97

THE WHITE HOUSE  
WASHINGTON

PRIOR TO COMPLETING THIS FORM, PLEASE BE SURE THAT YOU HAVE  
REVIEWED THE TERMS OF THIS AGREEMENT LISTED ON THE REVERSE SIDE.

I am voluntarily authorizing the Internal Revenue Service to  
compile my tax history based upon the following information:

MY NAME \_\_\_\_\_ MY SS# \_ \_ - \_ - \_ - \_ - \_

PHONE NUMBER(S) HOME: \_ \_ - \_ - \_ - \_ - \_

WORK: \_ \_ - \_ - \_ - \_ - \_

I. IF MARRIED AND FILED A JOINT RETURN:

HUSBAND/WIFE NAME: \_\_\_\_\_

HUSBAND/WIFE SS#: \_\_\_\_\_

II. CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

III. NAMES AND ADDRESS SHOWN ON RETURNS FOR THE LAST THREE  
YEARS (IF DIFFERENT FROM ABOVE).

| YEAR | NAME | ADDRESSES |
|------|------|-----------|
|------|------|-----------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DATE: \_\_\_\_\_

(WAIVER INVALID UNLESS RECEIVED BY  
IRS WITHIN 60 DAYS OF THIS DATE)

\_\_\_\_\_  
(SIGNATURE OF TAXPAYER AUTHORIZING THE  
DISCLOSURE OF RETURN INFORMATION)

INTERNAL REVENUE SERVICE 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 release the following information to:

Charles C. Easley, EOP Security Officer, Executive Office of the President.

The information I wish released is:

1. Have I failed to file a Federal income tax return for any of the last three years for which filing of a return might have been required? (If the filing date without regard to extensions and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed).
2. Were any of the returns in # 1 filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing)?
3. Have I failed to pay any tax, penalty or interest liability during the current or last three calendar years within 45 days of the date of which the IRS gave notice of the amount due and requested payment?
4. Am I now or have I ever been under investigation by the IRS for possible criminal offenses?
5. Has any civil penalty for fraud been assessed against me during the current or last three calendar years?

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

**U.S. MAIL LOCATOR CARD**  
**White House Complex**

**Please print**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Name** \_\_\_\_\_

**Room Number** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**When completed, return to Room 49, OEOB**

THE WHITE HOUSE  
WASHINGTON

MEMORANDUM FOR PROSPECTIVE WHITE HOUSE STAFF

FROM: EOP SECURITY OFFICE

RE: DIRECTIONS FOR COMPLETING THE SECURITY PACKET

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

A completed package should consist of:

| ITEM                                                                   | NUMBER OF COPIES NEEDED                                                                                                                |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 1. Questionnaire for Sensitive Positions (SF-86) plus any attachments. | One original and Two copies, <b>all with original signatures</b> . Note: The SF-86 requires two or three (Medical Release) signatures. |
| 2. Tax Check Waiver                                                    | Total of four copies <b>double-sided</b> with <b>original signatures</b> .                                                             |
| 3. Personal Data Statement                                             | One original copy.                                                                                                                     |
| 4. Credit Check Consent Form                                           | One original copy.                                                                                                                     |

These forms must be **TYPED** and by federal law, must be submitted within 2 weeks of arriving on duty at the White House, or we will be required to place you in leave without pay status. We ask that you submit the forms as soon as possible, and within **14 DAYS** of arriving on duty to the EOP Security Office, NEOB 4026.

The SF-86 Form is available on computer in Room 4020, NEOB, 24 hours a day, seven days a week. **You are required to supply your own formatted 3 1/2 inch diskette.**

If you have any questions or concerns, please contact the EOP Security Office at 202-395-6206.

Thank you.

INSTRUCTIONS FOR COMPLETING STANDARD FORM 86,  
"QUESTIONNAIRE FOR NATIONAL SECURITY POSITION"

It is imperative that the following instructions be read and followed when completing the Standard Form 86 (SF-86).

Although many of the questions on the SF-86 ask you to answer looking back 7 years, you must answer looking back 15 years or to your 18th birthday, whichever is more recent.

As a prospective Presidential appointee or an individual applying for access to the White House complex, it will be necessary for you to provide additional information to that requested on the 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

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

2. Do not abbreviate the names of cities. Please include zip codes, as well.

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

\* 4. Make sure all copies have original signatures (not traced over a copied signature) on all pages requiring signatures. Signature are required on pages 9, 10 and 11.

SPECIFIC INSTRUCTIONS

Section #8

**Citizenship:** If you are a U.S. citizen other than by birth.

Section #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.

Section #10

\* Where you went to school: Although it asks you to list schools starting with the most recent and working back 7 years, please list all education received including high school.

Section #11

Your employment activities: Please provide complete addresses (street/city/state/zip code) for each employment and job description listed. If 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, self employment, volunteer employment, or internships. Please 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, cohabitant, competitors, or clients.

Section #12

\* People who know you well: Please provide complete business (including names of businesses) and business telephone numbers. (Both home and work addresses must be provided).

Section #14

\* Your relatives and associates: Although the SF-86 requests only the country of birth, also provide the city and state or city and country of birth. If any relatives or cotenant were born outside the United States and/or are a U.S. citizen other than by birth, execute the 'Immigration Addendum OFI 36.' If relatives live overseas, please indicate whether or not they are with the military. Provide their complete addresses, including city and country. Do not list APO or FPO addresses.

Include the full name, complete date of birth, and place of birth (city and state) of all individuals who presently reside in your household, not only those who are non-U.S. citizens.

Section #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 any.

#### Section #20

**Your selective service record:** If you have registered with the Selective Services, you must include your registration number. Inquiries into your registration can be directed to the Selective Service at 847-688-6888.

#### Section #21

**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.

#### Section #23f

**Your police record:** Please indicate all arrests, charges, and convictions except traffic fines of \$150.00 or less.

#### Sections #24 and 25

**Use of illegal drugs and drug activity/use of alcohol:** Do not limit your responses to these questions to the last 7 years, instead your answers must go back to your eighteen birthday. List and explain if you have ever abused any legal/prescription drugs to the point of dependency. In addition, list any treatment for drug and/or alcohol abuse.

#### Sections #27 and 28

**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, indicate whether or not such obligations have been satisfied.

If you have any questions, please call the EOP Security Office at 202-395-6206.

## FINANCIAL DISCLOSURE REQUIREMENTS

### Public Financial Disclosure (SF-278)

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 \$81,529; or

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

### Confidential Financial Disclosure (SF-450)

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, x66229). 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 your clearance without the necessary financial disclosure reports.

MEMORANDUM FOR ALL PROSPECTIVE PASSHOLDERS

From: EOP SECURITY OFFICER

RE: SECURITY BRIEFING REMINDER (ATTENDANCE IS MANDATORY)

This memo serves as official notification that all passholders to the White House complex (which includes the OEOB, NEOB, Winder, and Jackson Place) are required to attend a White House Security Briefing for New Employees within the first six months of arriving on duty. White House policy requires attendance at a security briefing before a permanent pass can be issued.

The 103rd Congress passed H.R. 4539 on June 22, 1994, which reads in part:

Hereafter the employment of any individual within the Executive Office of the President shall be placed on leave-without-pay status if the individual has not, within six months of commencing such employment or by October 31, 1994 (whichever occurs later), had his or her background investigations, if completed, forwarded by the counsel to the President of the United States Secret Service for issuance of the appropriate access pass.

Your background investigation cannot be forwarded to the United States Secret Service until receipt of your attendance of a security briefing has been received by our office.

\* The security briefing is scheduled on the last Thursday of each month at 10:15 a.m., in room #450, OEOB. Please plan to attend the first scheduled briefing after your arrival date on duty. Due to occasional last minute scheduling changes, it is recommended that you call the Executive Office of the President, Office of Security, at (202) 395-6206 for confirmation of each scheduled briefing.

This will be your only reminder.

THE WHITE HOUSE  
WASHINGTON

PERSONAL DATA STATEMENT QUESTIONNAIRE

FROM: OFFICE OF 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, and because our review begins with receipt of your paperwork, please supply this information within 14 days to Charles C. Easley, EOP Security Officer (New Executive Office Building, Room 4026, Washington, D.C. 20503; fax number: (202) 395-5608).

If you have any questions or need assistance in responding to this questionnaire, please do not hesitate to contact the EOP Security Office at 202-395-6206. 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, column 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. Please identify the entity, your relationship to the entity, and dates of service and/or affiliation.

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 include dates of service.

11. With regard to each of the entities identified in the preceding question, please identify your relationship or duty with regard to each. Please include dates of service.

12. Other than the entities identified in question number 10 above, please provide the names of any organizations with which you were associated which might present a potential conflict of interest with your proposed assignment. For each entity you identified in your response to this question please provide your relationship or duty with regard to each. Please include dates of service.

13. 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.

14. 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.

15. Do you have a significant interest in any relationship with the government through contracts, consulting services, grants, loans or guarantees? If yes, please provide details.

16. 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.

17. 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 dates of services and/or payments.

18. Please list any registration as an agent for a foreign principal, or any exemption from such registration. Please provide the status of any and all such registrations and/or exemptions (i.e., whether active and whether personally registered).

19. 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 including the status of each registration.

**Tax and Financial Information**

20. As of the date of this questionnaire, please list all assets with a fair market value in excess of \$1,000 for you and your spouse and provide a good faith estimate of value.

21. As of the date of this questionnaire, please list all liabilities in excess of \$10,000 for you and your spouse. 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), the date on which due, and the present status (i.e., is the obligation current or past due).

22. Please describe all real estate held in your name or in your spouse's name during the last six years. Please include real estate held in combination with others, held in trust, held by a nominee, or held by or through any other third person or title-holding entity. Please also include dates held.

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

24. 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.

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

26. 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.

#### Domestic Help Issue

27. Do you presently have or have you in the past had domestic help? (i.e., a housekeeper, babysitter, nanny, or gardener) If yes, please indicate years of service for each individual and also give a brief description of the services rendered.

#### Public and Organizational Activities

28. Please list current and past political party affiliations.

29. Have you ever run for public office? If yes, does your campaign have any outstanding campaign debt? If so, are you personally liable? Please also provide complete information as to amount of debt and creditors.

30. 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. Please include dates of membership and any positions you may have had with the organization.

31. 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**

32. 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.

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

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

35. Have you or your spouse ever been investigated by any federal, state, military or local law enforcement agency? If so, please identify each such instance and supply details, including: date; place; law enforcement agency; and court.

36. Have you or your spouse ever been arrested for or 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.

37. Have you or your spouse ever been accused of or found guilty of any violations of government or agency procedure (specifically including security violations and/or any application, or appeal process)?

38. 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.

39. Please list any and all judgments rendered against you including the date, amount, the name of the case and subject matter of the case, and the date of satisfaction. Please include obligations of child support and alimony and provide the status of each judgement and/or obligation.

40. With regard to each obligation of child support and/or alimony, please state the following: Have any payments been made late or have there been any lapses in payment? Have any motions or court actions for modification of child support or alimony been filed or instituted? Have any actions or motions to compel payment or initiate collection of late payments and/or past due amounts been filed or threatened? Have any writs of garnishment been issued? If your response was yes to any of the above questions, please provide details.

#### Miscellaneous

41. 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?

42. 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.

43. 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.

THE WHITE HOUSE  
WASHINGTON

PRIVACY ACT PROTECTED INFORMATION  
(When Completed)

Disclosure and Authorization  
Pertaining to Consumer Reports  
Pursuant to the Fair Credit Reporting Act

This is a release for the Federal Bureau of Investigation and/or the Office of Counsel to the President, acting on the President's behalf, to obtain one or more consumer/credit reports about you in connection with consideration of your appointment to a position within the Executive Branch, or in the course of your employment with the Federal Government. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, \_\_\_\_\_, hereby authorize the Federal Bureau of Investigation and/or the Office of Counsel to the President, acting on the President's behalf, to obtain such reports from any consumer/credit reporting agency for employment purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

THE WHITE HOUSE  
WASHINGTON

PRIOR TO COMPLETING THIS FORM, PLEASE BE SURE THAT YOU HAVE  
REVIEWED THE TERMS OF THIS AGREEMENT LISTED ON THE REVERSE SIDE.

I am voluntarily authorizing the Internal Revenue Service to  
compile my tax history based upon the following information:

MY NAME \_\_\_\_\_ MY SS# \_ - - - - -

PHONE NUMBER(S) HOME: \_ - - - - -

WORK: \_ - - - - -

I. IF MARRIED AND FILED A JOINT RETURN:

HUSBAND/WIFE NAME: \_\_\_\_\_

HUSBAND/WIFE SS#: \_\_\_\_\_

II. CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. NAMES AND ADDRESS SHOWN ON RETURNS FOR THE LAST THREE  
YEARS (IF DIFFERENT FROM ABOVE).

| YEAR  | NAME  | ADDRESSES |
|-------|-------|-----------|
| _____ | _____ | _____     |
| _____ | _____ | _____     |
| _____ | _____ | _____     |
| _____ | _____ | _____     |

DATE: \_\_\_\_\_  
(WAIVER INVALID UNLESS RECEIVED BY  
IRS WITHIN 60 DAYS OF THIS DATE)

\_\_\_\_\_  
(SIGNATURE OF TAXPAYER AUTHORIZING THE  
DISCLOSURE OF RETURN INFORMATION)

INTERNAL REVENUE SERVICE 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 release the following information to:

Charles C. Easley, EOP Security Officer, Executive Office of the President.

The information I wish released is:

1. Have I failed to file a Federal income tax return for any of the last three years for which filing of a return might have been required? (If the filing date without regard to extensions and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed).
2. Were any of the returns in # 1 filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing)?
3. Have I failed to pay any tax, penalty or interest liability during the current or last three calendar years within 45 days of the date of which the IRS gave notice of the amount due and requested payment?
4. Am I now or have I ever been under investigation by the IRS for possible criminal offenses?
5. Has any civil penalty for fraud been assessed against me during the current or last three calendar years?

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

# Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. *If you have any questions*, call the office that gave you the form.

## Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

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 security clearance prospects.

## Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep 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.

## The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

## Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed 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.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

## Organization of this Form

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 abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

## Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions 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 black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

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

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.

9. 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.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, 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.**

## Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

## Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the 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 a security clearance. Your prospects of placement or security clearance

are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

## Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b) ) and as follows:

## PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, 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.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

## STATE CODES (ABBREVIATIONS)

|                 |    |                   |    |               |    |                   |    |               |    |
|-----------------|----|-------------------|----|---------------|----|-------------------|----|---------------|----|
| 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 | West Virginia | WV |
| Florida         | FL | Maine             | ME | New Hampshire | NH | Rhode Island      | RI | Wisconsin     | WI |
| 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 |               |    |                   |    |               |    |

## PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 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 CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

Part 1

Investigating Agency Use Only

Codes

Case Number

Agency Use Only (Complete Items A through P using instructions provided by the investigating agency).

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

Persons completing this form should begin with the questions below.

|                                                                                                                                                                                                                               |                        |             |               |                                 |       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|---------------|---------------------------------|-------|---------------------------------------|
| <b>1</b> FULL NAME • If you have only initials in your name, use them and state (IO).<br>• If you have no middle name, enter "NMN."<br>• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name. | <b>2</b> DATE OF BIRTH |             |               |                                 |       |                                       |
| Last Name                                                                                                                                                                                                                     | First Name             | Middle Name | Jr., II, etc. | Month                           | Day   | Year                                  |
| <b>3</b> PLACE OF BIRTH • Use the two letter code for the State.                                                                                                                                                              |                        |             |               | <b>4</b> SOCIAL SECURITY NUMBER |       |                                       |
| City                                                                                                                                                                                                                          |                        |             |               | County                          | State | Country (if not in the United States) |

|                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |            |            |            |            |    |    |    |    |    |    |      |            |            |      |            |            |    |    |    |    |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|----|----|----|----|----|----|------|------------|------------|------|------------|------------|----|----|----|----|----|----|
| <b>5</b> OTHER NAMES USED<br>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.                                                                                                                                         |            |            |            |            |            |            |    |    |    |    |    |    |      |            |            |      |            |            |    |    |    |    |    |    |
| <table border="1"><tr><td>Name</td><td>Month/Year</td><td>Month/Year</td><td>Name</td><td>Month/Year</td><td>Month/Year</td></tr><tr><td>#1</td><td>To</td><td>To</td><td>#3</td><td>To</td><td>To</td></tr><tr><td>Name</td><td>Month/Year</td><td>Month/Year</td><td>Name</td><td>Month/Year</td><td>Month/Year</td></tr><tr><td>#2</td><td>To</td><td>To</td><td>#4</td><td>To</td><td>To</td></tr></table> | Name       | Month/Year | Month/Year | Name       | Month/Year | Month/Year | #1 | To | To | #3 | To | To | Name | Month/Year | Month/Year | Name | Month/Year | Month/Year | #2 | To | To | #4 | To | To |
| Name                                                                                                                                                                                                                                                                                                                                                                                                           | Month/Year | Month/Year | Name       | Month/Year | Month/Year |            |    |    |    |    |    |    |      |            |            |      |            |            |    |    |    |    |    |    |
| #1                                                                                                                                                                                                                                                                                                                                                                                                             | To         | To         | #3         | To         | To         |            |    |    |    |    |    |    |      |            |            |      |            |            |    |    |    |    |    |    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                           | Month/Year | Month/Year | Name       | Month/Year | Month/Year |            |    |    |    |    |    |    |      |            |            |      |            |            |    |    |    |    |    |    |
| #2                                                                                                                                                                                                                                                                                                                                                                                                             | To         | To         | #4         | To         | To         |            |    |    |    |    |    |    |      |            |            |      |            |            |    |    |    |    |    |    |

|                                        |                                                                        |                 |                                                          |           |                                                                                     |
|----------------------------------------|------------------------------------------------------------------------|-----------------|----------------------------------------------------------|-----------|-------------------------------------------------------------------------------------|
| <b>6</b> OTHER IDENTIFYING INFORMATION | Height (feet and inches)                                               | Weight (pounds) | Hair Color                                               | Eye Color | Sex (mark one box)<br><input type="checkbox"/> Female <input type="checkbox"/> Male |
| <b>7</b> TELEPHONE NUMBERS             | Work (include Area Code and extension)<br>( ) Day ( )<br>( ) Night ( ) |                 | Home (include Area Code)<br>( ) Day ( )<br>( ) Night ( ) |           |                                                                                     |

|                                                                                                                               |                                                                                                                                    |                                    |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>8</b> CITIZENSHIP<br>Mark the box at the right that reflects your current citizenship status, and follow its instructions. | <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. → Answer Items b and d | <b>b</b> Your Mother's Maiden Name |
| <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. → Answer Items b, c, and d                       |                                                                                                                                    |                                    |
| <input type="checkbox"/> 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.

|                                                                        |      |       |                                         |                           |                             |
|------------------------------------------------------------------------|------|-------|-----------------------------------------|---------------------------|-----------------------------|
| <b>e</b> ALIEN If you are an alien, provide the following information: |      |       |                                         |                           |                             |
| Place You Entered the United States:                                   | City | State | Date You Entered U.S.<br>Month Day Year | Alien Registration Number | Country(ies) of Citizenship |



## WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence. Do not use a post office box as an address; do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible. For example, do not list only your base or ship; list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

|                              |            |            |                      |        |                |       |          |
|------------------------------|------------|------------|----------------------|--------|----------------|-------|----------|
| #1                           | Month/Year | Month/Year | Street Address       | Apt. # | City (Country) | State | ZIP Code |
|                              | To         | Present    |                      |        |                |       |          |
| 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 Knew 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 Knew 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 Knew 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 Knew You  |            |            | Street Address       | Apt.#  | City (Country) | State | ZIP Code |
|                              |            |            | Telephone Number ( ) |        |                |       |          |



## WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

|                                             |            |            |                      |                |                      |                    |
|---------------------------------------------|------------|------------|----------------------|----------------|----------------------|--------------------|
| #1                                          | Month/Year | Month/Year | Code                 | Name of School | Degree/Diploma/Other | Month/Year Awarded |
|                                             | To         |            |                      |                |                      |                    |
| Street Address and City (Country) of School |            |            |                      |                |                      | State              |
|                                             |            |            |                      |                |                      | ZIP Code           |
| Name of Person Who Knew You                 |            |            | Street Address       | Apt.#          | City (Country)       | State              |
|                                             |            |            | ZIP Code             |                |                      |                    |
|                                             |            |            | Telephone Number ( ) |                |                      |                    |
| #2                                          | Month/Year | Month/Year | Code                 | Name of School | Degree/Diploma/Other | Month/Year Awarded |
|                                             | To         |            |                      |                |                      |                    |
| Street Address and City (Country) of School |            |            |                      |                |                      | State              |
|                                             |            |            |                      |                |                      | ZIP Code           |
| Name of Person Who Knew You                 |            |            | Street Address       | Apt.#          | City (Country)       | State              |
|                                             |            |            | ZIP Code             |                |                      |                    |
|                                             |            |            | Telephone Number ( ) |                |                      |                    |
| #3                                          | Month/Year | Month/Year | Code                 | Name of School | Degree/Diploma/Other | Month/Year Awarded |
|                                             | To         |            |                      |                |                      |                    |
| Street Address and City (Country) of School |            |            |                      |                |                      | State              |
|                                             |            |            |                      |                |                      | ZIP Code           |
| Name of Person Who Knew You                 |            |            | Street Address       | Apt.#          | City (Country)       | State              |
|                                             |            |            | ZIP Code             |                |                      |                    |
|                                             |            |            | Telephone Number ( ) |                |                      |                    |

Enter your Social Security Number before going to the next page



# 11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

• **Code.** Use one of the codes listed below to identify the type of employment:

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

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 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 on the lines below that information.

| Month/Year                                                            | Month/Year | Code           | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                      |
|-----------------------------------------------------------------------|------------|----------------|-----------------------------------------------|-----------------------------------|----------|----------------------|
| #1 To Present                                                         |            |                |                                               |                                   |          |                      |
| 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 ACTIVITY (Block #1)                               | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |                |                                               |                                   |          |                      |
|                                                                       | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |                |                                               |                                   |          |                      |
| Month/Year                                                            | Month/Year | Position Title | Supervisor                                    |                                   |          |                      |
| To                                                                    |            |                |                                               |                                   |          |                      |
| #2 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 ACTIVITY (Block #2)                               | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |                |                                               |                                   |          |                      |
|                                                                       | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |                |                                               |                                   |          |                      |
| Month/Year                                                            | Month/Year | Position Title | Supervisor                                    |                                   |          |                      |
| To                                                                    |            |                |                                               |                                   |          |                      |
| #3 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 ACTIVITY (Block #3)                               | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |                |                                               |                                   |          |                      |
|                                                                       | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |                |                                               |                                   |          |                      |
| Month/Year                                                            | Month/Year | Position Title | Supervisor                                    |                                   |          |                      |
| To                                                                    |            |                |                                               |                                   |          |                      |

Enter your Social Security Number before going to the next page



# YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

| Month/Year                                                            |            | Month/Year | Code | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                      |
|-----------------------------------------------------------------------|------------|------------|------|-----------------------------------------------|-----------------------------------|----------|----------------------|
| #4                                                                    | 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 ACTIVITY (Block #4)                               | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |      |                                               |                                   |          |                      |
|                                                                       | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |      |                                               |                                   |          |                      |
| PREVIOUS PERIODS OF ACTIVITY (Block #5)                               | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |      |                                               |                                   |          |                      |
|                                                                       | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |      |                                               |                                   |          |                      |
| PREVIOUS PERIODS OF ACTIVITY (Block #6)                               | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |      |                                               |                                   |          |                      |
|                                                                       | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |      |                                               |                                   |          |                      |

## 12 PEOPLE WHO KNOW YOU WELL

List **three people** who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

|                      |      |                                         |                                                  |
|----------------------|------|-----------------------------------------|--------------------------------------------------|
| #1                   | Name | Dates Known<br>Month/Year To Month/Year | Telephone Number<br>( ) Day ( )<br>( ) Night ( ) |
| Home or Work Address |      | City (Country)                          | State ZIP Code                                   |
| #2                   | Name | Dates Known<br>Month/Year To Month/Year | Telephone Number<br>( ) Day ( )<br>( ) Night ( ) |
| Home or Work Address |      | City (Country)                          | State ZIP Code                                   |
| #3                   | Name | Dates Known<br>Month/Year To Month/Year | Telephone Number<br>( ) Day ( )<br>( ) Night ( ) |
| Home or Work Address |      | City (Country)                          | State ZIP Code                                   |

Enter your Social Security Number before going to the next page

## 13

Mark one box to show your current marital status and provide information about your spouse(s) in items a, and/or b.

- ☐ 5 - Divorced
- ☐ 6 - Widowed

**a**

|                                                                                                                          |                                                                          |                                                             |                             |          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|----------|
| Full Name                                                                                                                | Date of Birth                                                            | Place of Birth <i>(Include country if outside the U.S.)</i> | Social Security Number      |          |
| Other Names Used <i>(Specify maiden name, names by other marriages, etc., and show dates used for each name)</i>         |                                                                          |                                                             | Country(ies) of Citizenship |          |
| Date Married                                                                                                             | Place Married <i>(Include country if outside the U.S.)</i>               |                                                             |                             | State    |
| If Separated, Date of Separation                                                                                         | If Legally Separated, Where Is the Record Located? City <i>(Country)</i> |                                                             |                             | State    |
| Address of Current Spouse, If different than your current address <i>(Street, city, and country if outside the U.S.)</i> |                                                                          |                                                             | State                       | ZIP Code |

(b)

|                                                                                                 |                |                                                                 |                                |
|-------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------|--------------------------------|
| Full Name                                                                                       | Date of Birth  | Place of Birth <i>(Include country if outside the U.S.)</i>     | State                          |
| Country(ies) of Citizenship                                                                     | Date Married   | Place Married <i>(Include country if outside the U.S.)</i>      | State                          |
| Check One, Then Give Date<br><input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | Month/Day/Year | If Divorced, Where Is the Record Located? City <i>(Country)</i> | State                          |
| Address of Former Spouse <i>(Street, city, and country if outside the U.S.)</i>                 |                | State                                                           | ZIP Code      Telephone Number |

## 14

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- |                              |                                   |                   |                    |                                      |
|------------------------------|-----------------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother ( <i>first</i> )  | 5 - Foster parent                 | 9 - Sister        | 13 - Half-sister   | 17 - Other Relative*                 |
| 2 - Father ( <i>second</i> ) | 6 - Child ( <i>adopted also</i> ) | 10 - Stepbrother  | 14 - Father-in-law | 18 - Associate*                      |
| 3 - Stepmother               | 7 - Stepchild                     | 11 - Stepsister   | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather               | 8 - Brother                       | 12 - Half-brother | 16 - Guardian      |                                      |

\* Code 17 (Other Relative)-include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

[illegible]

→

**15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES**

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

1. **Naturalization Certificate:** Provide the date issued and the location where the person was naturalized (Court, City and State).
2. **Citizenship Certificate:** Provide the date and location issued (City and State).

3. **Alien Registration:** Provide the date and place where the person entered the U.S. (City and State).
4. **Other:** Provide an explanation in the "Additional Information" block.

|           |                            |               |                                |
|-----------|----------------------------|---------------|--------------------------------|
| <b>#1</b> | Association                | Name          | Date of Birth (Month/Day/Year) |
|           | Certificate/Registration # | Document Code | Additional Information         |
| <b>#2</b> | Association                | Name          | Date of Birth (Month/Day/Year) |
|           | Certificate/Registration # | Document Code | Additional Information         |

**16 YOUR MILITARY HISTORY**

- a** Have you served in the United States military?
- b** Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:

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

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

- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

| Month/Year | Month/Year | Code | Service/Certificate # | O | E | Active | Active Reserve | Status | Inactive Reserve | National Guard (State) | Country |
|------------|------------|------|-----------------------|---|---|--------|----------------|--------|------------------|------------------------|---------|
| To         |            |      |                       |   |   |        |                |        |                  |                        |         |
| To         |            |      |                       |   |   |        |                |        |                  |                        |         |

**17 YOUR FOREIGN ACTIVITIES**

- 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** Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)
- d** In the last 7 years, have you had an active passport that was issued by a foreign government?

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

| Month/Year | Month/Year | Firm and/or Government | Explanation |
|------------|------------|------------------------|-------------|
| To         |            |                        |             |
| To         |            |                        |             |

**18 FOREIGN COUNTRIES YOU HAVE VISITED**

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business    2 - Pleasure    3 - Education    4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

| Month/Year | Month/Year | Code | Country | Month/Year | Month/Year | Code | Country |
|------------|------------|------|---------|------------|------------|------|---------|
| <b>#1</b>  | To         |      |         | <b>#3</b>  | To         |      |         |
| <b>#2</b>  | To         |      |         | <b>#4</b>  | To         |      |         |

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

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Part 2

OFFICIAL  
USE  
ONLY

|           |                                                                                                                                                                                 |     |    |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>19</b> | <b>YOUR MILITARY RECORD</b><br>Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below. | Yes | No |
|           |                                                                                                                                                                                 |     |    |

|            |                   |
|------------|-------------------|
| Month/Year | Type of Discharge |
|------------|-------------------|

|           |                                                                                                                                                                                                                                                                                                             |     |    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20</b> | <b>YOUR SELECTIVE SERVICE RECORD</b><br><b>a</b> Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.<br><b>b</b> Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below. | Yes | No |
|           |                                                                                                                                                                                                                                                                                                             |     |    |

|                     |                             |
|---------------------|-----------------------------|
| Registration Number | Legal Exemption Explanation |
|---------------------|-----------------------------|

|           |                                                                                                                                                                                                                                                        |     |    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> | <b>YOUR MEDICAL RECORD</b><br>In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? | Yes | No |
|           |                                                                                                                                                                                                                                                        |     |    |

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

|            |            |                                     |       |          |
|------------|------------|-------------------------------------|-------|----------|
| Month/Year | Month/Year | Name/Address of Therapist or Doctor | State | ZIP Code |
| To         |            |                                     |       |          |
| To         |            |                                     |       |          |

|           |                                                                                                                                                                                                                                       |     |    |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>22</b> | <b>YOUR EMPLOYMENT RECORD</b><br>Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested. | Yes | No |
|           |                                                                                                                                                                                                                                       |     |    |

Use the following codes and explain the reason your employment was ended:

- |                                                |                                                                                        |                                  |
|------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------|
| 1 - Fired from a job                           | 3 - Left a job by mutual agreement following allegations of misconduct                 | 5 - Left a job for other reasons |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | under unfavorable circumstances  |

|            |      |                |                                                                    |       |          |
|------------|------|----------------|--------------------------------------------------------------------|-------|----------|
| Month/Year | Code | Specify Reason | Employer's Name and Address (Include city/Country if outside U.S.) | State | ZIP Code |
|            |      |                |                                                                    |       |          |

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>23</b> | <b>YOUR POLICE RECORD</b><br>For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.<br><b>a</b> Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)<br><b>b</b> Have you ever been charged with or convicted of a firearms or explosives offense?<br><b>c</b> Are there currently any charges pending against you for any criminal offense?<br><b>d</b> Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?<br><b>e</b> In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)<br><b>f</b> In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.) | Yes | No |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

|            |         |              |                                                                                   |       |          |
|------------|---------|--------------|-----------------------------------------------------------------------------------|-------|----------|
| Month/Year | Offense | Action Taken | Law Enforcement Authority/Court (Include City and county/country if outside U.S.) | State | ZIP Code |
|            |         |              |                                                                                   |       |          |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                      |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY</b>                                                                                                                                                                                                                                                                                                                                                                | <b>Yes</b> | <b>No</b> |
| <p>The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.</p> |            |           |
| <b>a</b> Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?                               |            |           |
| <b>b</b> Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?                                                                                                                                              |            |           |
| <b>c</b> In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?                                                                                                                                        |            |           |

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

| Month/Year<br>To | Month/Year<br>To | Controlled Substance/Prescription Drug Used | Number of Times Used |
|------------------|------------------|---------------------------------------------|----------------------|
|                  |                  |                                             |                      |
|                  |                  |                                             |                      |

|                                                                                                                                                                                                 |            |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>25 YOUR USE OF ALCOHOL</b>                                                                                                                                                                   | <b>Yes</b> | <b>No</b> |
| <p>In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?</p> |            |           |
|                                                                                                                                                                                                 |            |           |

If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

| Month/Year<br>To | Month/Year<br>To | Name/Address of Counselor or Doctor | State | ZIP Code |
|------------------|------------------|-------------------------------------|-------|----------|
|                  |                  |                                     |       |          |
|                  |                  |                                     |       |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>26 YOUR INVESTIGATIONS RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Yes</b> | <b>No</b> |
| <p><b>a</b> Has the United States Government ever investigated your background and/or granted you a security clearance? 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.</p> |            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |           |

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

| Month/Year | Agency Code | Other Agency | Clearance Code | Month/Year | Agency Code | Other Agency | Clearance Code |
|------------|-------------|--------------|----------------|------------|-------------|--------------|----------------|
|            |             |              |                |            |             |              |                |
|            |             |              |                |            |             |              |                |

|                                                                                                                                                                                                                                                                                                                            |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>b</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. <b>Note:</b> An administrative downgrade or termination of a security clearance is not a revocation. | <b>Yes</b> | <b>No</b> |
|                                                                                                                                                                                                                                                                                                                            |            |           |

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

|                                                                                                                           |            |           |
|---------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>27 YOUR FINANCIAL RECORD</b>                                                                                           | <b>Yes</b> | <b>No</b> |
| <b>a</b> In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? |            |           |
| <b>b</b> In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?           |            |           |
| <b>c</b> In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?   |            |           |
| <b>d</b> In the last 7 years, have you had any judgments against you that have not been paid?                             |            |           |

If you answered "Yes" to a, b, c, or d, provide the information requested below:

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

Enter your Social Security Number before going to the next page



**28 YOUR FINANCIAL DELINQUENCIES****Yes No****a** In the last 7 years, have you been over 180 days delinquent on any debt(s)?**b** Are you currently over 90 days delinquent on any debt(s)?

If you answered "Yes" to a or b, provide the information requested below:

| Incurring Month/Year | Satisfied Month/Year | Amount | Type of Loan or Obligation and Account Number | Name/Address of Creditor or Obligor | State | ZIP Code |
|----------------------|----------------------|--------|-----------------------------------------------|-------------------------------------|-------|----------|
|                      |                      |        |                                               |                                     |       |          |

**29 PUBLIC RECORD CIVIL COURT ACTIONS****Yes No**

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

If you answered "Yes," provide the information about the public record civil court action requested below.

| Month/Year | Nature of Action | Result of Action | Name of Parties Involved | Court (Include City and county/country if outside U.S.) | State | ZIP Code |
|------------|------------------|------------------|--------------------------|---------------------------------------------------------|-------|----------|
|            |                  |                  |                          |                                                         |       |          |

**30 YOUR ASSOCIATION RECORD****Yes No****a** Have you ever 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** Have you ever 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 items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than 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 item.

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.

**Certification That My Answers Are True**

My statements on this form, and any attachments to it, 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. (See section 1001 of title 18, United States Code).

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 authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further 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, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

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

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it 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 five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

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

## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

#### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it 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 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

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

# YOUR EMPLOYMENT ACTIVITIES (Continued)

| Month/Year                                                            | Month/Year | Code       | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |
|-----------------------------------------------------------------------|------------|------------|-----------------------------------------------|-----------------------------------|----------|-------------------------|
| To                                                                    |            |            |                                               |                                   |          |                         |
| Employer's/Verifier's Street Address                                  |            |            | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |            |            | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |            |            | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| <b>PREVIOUS PERIODS OF ACTIVITY</b>                                   | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |
| <b>PREVIOUS PERIODS OF ACTIVITY</b>                                   | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |
| <b>PREVIOUS PERIODS OF ACTIVITY</b>                                   | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |
| <b>PREVIOUS PERIODS OF ACTIVITY</b>                                   | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |
| <b>PREVIOUS PERIODS OF ACTIVITY</b>                                   | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |            |                                               |                                   |          |                         |

Enter your Social Security Number before going to the next page



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

For use with the SF 86, Questionnaire for National Security Positions;  
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  
86-203

**INSTRUCTIONS:** Use this form to continue your answers to "Where You Have Lived", "Where You Went To School", 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 needed.

Your Name

Your Social Security Number

## WHERE YOU HAVE LIVED (Continued)

|                             |                  |            |                |        |                |       |          |
|-----------------------------|------------------|------------|----------------|--------|----------------|-------|----------|
| #1                          | Month/Year<br>To | Month/Year | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knew You |                  |            | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number            |                  |            | ( )            |        |                |       |          |
| #2                          | Month/Year<br>To | Month/Year | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knew You |                  |            | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number            |                  |            | ( )            |        |                |       |          |
| #3                          | Month/Year<br>To | Month/Year | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knew You |                  |            | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number            |                  |            | ( )            |        |                |       |          |
| #4                          | Month/Year<br>To | Month/Year | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knew You |                  |            | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number            |                  |            | ( )            |        |                |       |          |
| #5                          | Month/Year<br>To | Month/Year | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knew You |                  |            | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number            |                  |            | ( )            |        |                |       |          |

## WHERE YOU WENT TO SCHOOL (Continued)

|                                             |                  |            |                |                |                      |                    |
|---------------------------------------------|------------------|------------|----------------|----------------|----------------------|--------------------|
| #1                                          | Month/Year<br>To | Month/Year | Code           | Name of School | Degree/Diploma/Other | Month/Year Awarded |
| Street Address and City (Country) of School |                  |            | State          | ZIP Code       |                      |                    |
| Name of Person Who Knew You                 |                  |            | Street Address | Apt. #         | City (Country)       | State              |
| Telephone Number                            |                  |            | ( )            |                |                      |                    |
| #2                                          | Month/Year<br>To | Month/Year | Code           | Name of School | Degree/Diploma/Other | Month/Year Awarded |
| Street Address and City (Country) of School |                  |            | State          | ZIP Code       |                      |                    |
| Name of Person Who Knew You                 |                  |            | Street Address | Apt. #         | City (Country)       | State              |
| Telephone Number                            |                  |            | ( )            |                |                      |                    |
| #3                                          | Month/Year<br>To | Month/Year | Code           | Name of School | Degree/Diploma/Other | Month/Year Awarded |
| Street Address and City (Country) of School |                  |            | State          | ZIP Code       |                      |                    |
| Name of Person Who Knew You                 |                  |            | Street Address | Apt. #         | City (Country)       | State              |
| Telephone Number                            |                  |            | ( )            |                |                      |                    |

# Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. *If you have any questions*, call the office that gave you the form.

## Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

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 security clearance prospects.

## Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep 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.

## The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

## Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed 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.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

## Organization of this Form

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 abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

## Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions 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 black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.
9. 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.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, 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**.

## Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

## Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the 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 a security clearance. Your prospects of placement or security clearance

are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

## Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b) ) and as follows:

## PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, 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.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

## STATE CODES (ABBREVIATIONS)

|                 |    |                   |    |               |    |                   |    |               |    |
|-----------------|----|-------------------|----|---------------|----|-------------------|----|---------------|----|
| 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 | West Virginia | WV |
| Florida         | FL | Maine             | ME | New Hampshire | NH | Rhode Island      | RI | Wisconsin     | WI |
| 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 |               |    |                   |    |               |    |

## PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 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 GHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

Form approved:  
O.M.B. No. 3206-0007  
NSN 7540-00-634-4036  
86-111

Part 1

Investigating Agency Use Only

Codes

Case Number

Agency Use Only (Complete Items A through P using instructions provided by the investigating agency).

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

Persons completing this form should begin with the questions below.

|                                                                                                                                                                                                                                                  |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>1</b> FULL NAME • If you have only initials in your name, use them and state (IO).<br>• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.<br>Last Name First Name Middle Name Jr., II, etc. Month Day Year | <b>2</b> DATE OF BIRTH          |
| <b>3</b> PLACE OF BIRTH • Use the two letter code for the State.<br>City County State Country (if not in the United States)                                                                                                                      | <b>4</b> SOCIAL SECURITY NUMBER |

|                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>5</b> OTHER NAMES USED<br>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 #1 Month/Year Month/Year To Name #3 Month/Year Month/Year To                                                                                                                                                                                                      |
| Name #2 Month/Year Month/Year To Name #4 Month/Year Month/Year To                                                                                                                                                                                                      |

|                                        |                          |                 |            |           |                                                                                     |
|----------------------------------------|--------------------------|-----------------|------------|-----------|-------------------------------------------------------------------------------------|
| <b>6</b> OTHER IDENTIFYING INFORMATION | Height (feet and inches) | Weight (pounds) | Hair Color | Eye Color | Sex (mark one box)<br><input type="checkbox"/> Female <input type="checkbox"/> Male |
|----------------------------------------|--------------------------|-----------------|------------|-----------|-------------------------------------------------------------------------------------|

|                            |                                                                 |                                                   |
|----------------------------|-----------------------------------------------------------------|---------------------------------------------------|
| <b>7</b> TELEPHONE NUMBERS | Work (include Area Code and extension)<br>( ) Day ( ) Night ( ) | Home (include Area Code)<br>( ) Day ( ) Night ( ) |
|----------------------------|-----------------------------------------------------------------|---------------------------------------------------|

|                                                                                                                               |                                                                                                                                   |                                    |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>8</b> CITIZENSHIP<br>Mark the box at the right that reflects your current citizenship status, and follow its instructions. | <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession — Answer Items b and d | <b>b</b> Your Mother's Maiden Name |
| <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. — Answer Items b, c, and d                       |                                                                                                                                   |                                    |
| <input type="checkbox"/> 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.

**e** ALIEN If you are an alien, provide the following information:

|                                      |      |       |                                         |                           |                             |
|--------------------------------------|------|-------|-----------------------------------------|---------------------------|-----------------------------|
| Place You Entered the United States: | City | State | Date You Entered U.S.<br>Month Day Year | Alien Registration Number | Country(ies) of Citizenship |
|--------------------------------------|------|-------|-----------------------------------------|---------------------------|-----------------------------|

9

**WHERE YOU HAVE LIVED**

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

|                              |            |            |                      |        |                |       |          |
|------------------------------|------------|------------|----------------------|--------|----------------|-------|----------|
| #1                           | Month/Year | Month/Year | Street Address       | Apt. # | City (Country) | State | ZIP Code |
|                              | To         | Present    |                      |        |                |       |          |
| 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 Knew 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 Knew 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 Knew 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 Knew You  |            |            | Street Address       | Apt.#  | City (Country) | State | ZIP Code |
|                              |            |            | Telephone Number ( ) |        |                |       |          |

10

**WHERE YOU WENT TO SCHOOL**

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

|                                             |            |            |                      |                |                      |                    |          |
|---------------------------------------------|------------|------------|----------------------|----------------|----------------------|--------------------|----------|
| #1                                          | Month/Year | Month/Year | Code                 | Name of School | Degree/Diploma/Other | Month/Year Awarded |          |
|                                             | To         |            |                      |                |                      |                    |          |
| Street Address and City (Country) of School |            |            |                      | State          | ZIP Code             |                    |          |
| Name of Person Who Knew You                 |            |            | Street Address       | Apt.#          | City (Country)       | State              | ZIP Code |
|                                             |            |            | Telephone Number ( ) |                |                      |                    |          |
| #2                                          | Month/Year | Month/Year | Code                 | Name of School | Degree/Diploma/Other | Month/Year Awarded |          |
|                                             | To         |            |                      |                |                      |                    |          |
| Street Address and City (Country) of School |            |            |                      | State          | ZIP Code             |                    |          |
| Name of Person Who Knew You                 |            |            | Street Address       | Apt.#          | City (Country)       | State              | ZIP Code |
|                                             |            |            | Telephone Number ( ) |                |                      |                    |          |
| #3                                          | Month/Year | Month/Year | Code                 | Name of School | Degree/Diploma/Other | Month/Year Awarded |          |
|                                             | To         |            |                      |                |                      |                    |          |
| Street Address and City (Country) of School |            |            |                      | State          | ZIP Code             |                    |          |
| Name of Person Who Knew You                 |            |            | Street Address       | Apt.#          | City (Country)       | State              | ZIP Code |
|                                             |            |            | Telephone Number ( ) |                |                      |                    |          |

Enter your Social Security Number before going to the next page



**11 YOUR EMPLOYMENT ACTIVITIES**

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

• **Code.** Use one of the codes listed below to identify the type of employment:

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

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 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 on the lines below that information.

| Month/Year                                                            | Month/Year | Code           | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |
|-----------------------------------------------------------------------|------------|----------------|-----------------------------------------------|-----------------------------------|----------|-------------------------|
| #1 To Present                                                         |            |                |                                               |                                   |          |                         |
| Employer's/Verifier's Street Address                                  |            |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |            |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |            |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| PREVIOUS PERIODS<br>OF ACTIVITY (Block #1)                            | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |                |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |                |                                               |                                   |          |                         |
| Month/Year                                                            | Month/Year | Position Title | Supervisor                                    |                                   |          |                         |
| To                                                                    |            |                |                                               |                                   |          |                         |
| #2 To                                                                 |            |                |                                               |                                   |          |                         |
| Employer's/Verifier's Street Address                                  |            |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |            |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |            |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| PREVIOUS PERIODS<br>OF ACTIVITY (Block #2)                            | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |                |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |                |                                               |                                   |          |                         |
| Month/Year                                                            | Month/Year | Position Title | Supervisor                                    |                                   |          |                         |
| To                                                                    |            |                |                                               |                                   |          |                         |
| #3 To                                                                 |            |                |                                               |                                   |          |                         |
| Employer's/Verifier's Street Address                                  |            |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |            |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |            |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| PREVIOUS PERIODS<br>OF ACTIVITY (Block #3)                            | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |                |                                               |                                   |          |                         |
|                                                                       | Month/Year | Month/Year     | Position Title                                | Supervisor                        |          |                         |
|                                                                       | To         |                |                                               |                                   |          |                         |
| Month/Year                                                            | Month/Year | Position Title | Supervisor                                    |                                   |          |                         |
| To                                                                    |            |                |                                               |                                   |          |                         |

Enter your Social Security Number before going to the next page



# YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

| Month/Year                                                            | Month/Year | Code       | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                      |
|-----------------------------------------------------------------------|------------|------------|-----------------------------------------------|-----------------------------------|----------|----------------------|
| #4                                                                    | 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 ACTIVITY (Block #4)                               | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |                                               |                                   |          |                      |
|                                                                       | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |                                               |                                   |          |                      |
| PREVIOUS PERIODS OF ACTIVITY (Block #5)                               | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |                                               |                                   |          |                      |
|                                                                       | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |                                               |                                   |          |                      |
| PREVIOUS PERIODS OF ACTIVITY (Block #6)                               | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |                                               |                                   |          |                      |
|                                                                       | Month/Year | Month/Year | Position Title                                | Supervisor                        |          |                      |
|                                                                       | To         |            |                                               |                                   |          |                      |

## 12 PEOPLE WHO KNOW YOU WELL

List **three people** who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

|    |                      |                                         |                                                  |
|----|----------------------|-----------------------------------------|--------------------------------------------------|
| #1 | Name                 | Dates Known<br>Month/Year To Month/Year | Telephone Number<br>( ) Day ( )<br>( ) Night ( ) |
|    | Home or Work Address | City (Country)                          | State ZIP Code                                   |
| #2 | Name                 | Dates Known<br>Month/Year To Month/Year | Telephone Number<br>( ) Day ( )<br>( ) Night ( ) |
|    | Home or Work Address | City (Country)                          | State ZIP Code                                   |
| #3 | Name                 | Dates Known<br>Month/Year To Month/Year | Telephone Number<br>( ) Day ( )<br>( ) Night ( ) |
|    | Home or Work Address | City (Country)                          | State ZIP Code                                   |

Enter your Social Security Number before going to the next page

## 13

Mark one box to show your current marital status and provide information about your spouse(s) in items a, and/or b.

5 - Divorced  
6 - Widowed

**a**

|                                                                                                                   |                                                                   |                                                      |                             |          |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------|-----------------------------|----------|
| 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(ies) of Citizenship |          |
| Date Married                                                                                                      | Place Married (Include country if outside the U.S.)               |                                                      |                             | State    |
| If Separated, Date of Separation                                                                                  | If Legally Separated, Where is the Record Located? City (Country) |                                                      |                             | State    |
| Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.) |                                                                   |                                                      | State                       | ZIP Code |

(b)

|                                                                                                 |                |                                                                 |                                |
|-------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------|--------------------------------|
| Full Name                                                                                       | Date of Birth  | Place of Birth <i>(Include country if outside the U.S.)</i>     | State                          |
| Country(ies) of Citizenship                                                                     | Date Married   | Place Married <i>(Include country if outside the U.S.)</i>      | State                          |
| Check One, Then Give Date<br><input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | Month/Day/Year | If Divorced, Where is the Record Located? City <i>(Country)</i> | State                          |
| Address of Former Spouse <i>(Street, city, and country if outside the U.S.)</i>                 |                | State                                                           | ZIP Code      Telephone Number |

## 14

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- |                              |                                   |                   |                    |                                      |
|------------------------------|-----------------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother ( <i>first</i> )  | 5 - Foster parent                 | 9 - Sister        | 13 - Half-sister   | 17 - Other Relative*                 |
| 2 - Father ( <i>second</i> ) | 6 - Child ( <i>adopted also</i> ) | 10 - Stepbrother  | 14 - Father-in-law | 18 - Associate*                      |
| 3 - Stepmother               | 7 - Stepchild                     | 11 - Stepsister   | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather               | 8 - Brother                       | 12 - Half-brother | 16 - Guardian      |                                      |

\* **Code 17 (Other Relative)**-include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. **Code 18 (Associates)** - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

[illegible]

**15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES**

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

1. **Naturalization Certificate:** Provide the date issued and the location where the person was naturalized (Court, City and State).
2. **Citizenship Certificate:** Provide the date and location issued (City and State).

3. **Alien Registration:** Provide the date and place where the person entered the U.S. (City and State).
4. **Other:** Provide an explanation in the "Additional Information" block.

|           |                            |               |                                |
|-----------|----------------------------|---------------|--------------------------------|
| <b>#1</b> | Association                | Name          | Date of Birth (Month/Day/Year) |
|           | Certificate/Registration # | Document Code | Additional Information         |
| <b>#2</b> | Association                | Name          | Date of Birth (Month/Day/Year) |
|           | Certificate/Registration # | Document Code | Additional Information         |

**16 YOUR MILITARY HISTORY**

**a** Have you served in the United States military?

**b** Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:

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

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

- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

| Month/Year | Month/Year | Code | Service/Certificate # | O |   | Status |                |                  |                        | Country |
|------------|------------|------|-----------------------|---|---|--------|----------------|------------------|------------------------|---------|
|            |            |      |                       |   | E | Active | Active Reserve | Inactive Reserve | National Guard (State) |         |
| To         |            |      |                       |   |   |        |                |                  |                        |         |
| To         |            |      |                       |   |   |        |                |                  |                        |         |

**17 YOUR FOREIGN ACTIVITIES**

**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** Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

**d** In the last 7 years, have you had an active passport that was issued by a foreign government?

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

| Month/Year | Month/Year | Firm and/or Government | Explanation |
|------------|------------|------------------------|-------------|
| To         |            |                        |             |
| To         |            |                        |             |

**18 FOREIGN COUNTRIES YOU HAVE VISITED**

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business    2 - Pleasure    3 - Education    4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

| Month/Year | Month/Year | Code | Country | Month/Year | Month/Year | Code | Country |
|------------|------------|------|---------|------------|------------|------|---------|
| <b>#1</b>  | To         |      |         | <b>#3</b>  | To         |      |         |
| <b>#2</b>  | To         |      |         | <b>#4</b>  | To         |      |         |

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

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Part 2

OFFICIAL  
USE  
ONLY

### 19 YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

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

Month/Year

Type of Discharge

### 20 YOUR SELECTIVE SERVICE RECORD

- a** Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.
- b** Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

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

Registration Number

Legal Exemption Explanation

### 21 YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

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

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year    Month/Year    Name/Address of Therapist or Doctor

State

ZIP Code

To

To

### 22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

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

Use the following codes and explain the reason your employment was ended:

- 1 - Fired from a job      3 - Left a job by mutual agreement following allegations of misconduct      5 - Left a job for other reasons under unfavorable circumstances
- 2 - Quit a job after being told you'd be fired      4 - Left a job by mutual agreement following allegations of unsatisfactory performance

| Month/Year | Code | Specify Reason | Employer's Name and Address (Include city/Country if outside U.S.) | State | ZIP Code |
|------------|------|----------------|--------------------------------------------------------------------|-------|----------|
|            |      |                |                                                                    |       |          |
|            |      |                |                                                                    |       |          |

### 23 YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

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

- a** Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
- b** Have you ever been charged with or convicted of a firearms or explosives offense?
- c** Are there currently any charges pending against you for any criminal offense?
- d** Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
- e** In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
- f** In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

| Month/Year | Offense | Action Taken | Law Enforcement Authority/Court (Include City and county/country if outside U.S.) | State | ZIP Code |
|------------|---------|--------------|-----------------------------------------------------------------------------------|-------|----------|
|            |         |              |                                                                                   |       |          |
|            |         |              |                                                                                   |       |          |

Enter your Social Security Number before going to the next page



| <b>24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY</b>                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.</p> |     |    |
| <p><b>a</b> Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?</p>                        |     |    |
| <p><b>b</b> Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?</p>                                                                                                                                       |     |    |
| <p><b>c</b> In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?</p>                                                                                                                                 |     |    |

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

| Month/Year<br>To | Month/Year<br>To | Controlled Substance/Prescription Drug Used | Number of Times Used |
|------------------|------------------|---------------------------------------------|----------------------|
|                  |                  |                                             |                      |
|                  |                  |                                             |                      |

| <b>25 YOUR USE OF ALCOHOL</b>                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?</p> |     |    |

If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

| Month/Year<br>To | Month/Year<br>To | Name/Address of Counselor or Doctor | State | ZIP Code |
|------------------|------------------|-------------------------------------|-------|----------|
|                  |                  |                                     |       |          |
|                  |                  |                                     |       |          |

| <b>26 YOUR INVESTIGATIONS RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p><b>a</b> Has the United States Government ever investigated your background and/or granted you a security clearance? 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.</p> |     |    |

**Codes for Investigating Agency**

1 - Defense Department      4 - FBI  
 2 - State Department      5 - Treasury Department  
 3 - Office of Personnel Management      6 - Other (Specify)

**Codes for Security Clearance Received**

0 - Not Required      3 - Top Secret      6 - L  
 1 - Confidential      4 - Sensitive Compartmented Information      7 - Other  
 2 - Secret      5 - Q

| Month/Year | Agency Code | Other Agency | Clearance Code | Month/Year | Agency Code | Other Agency | Clearance Code |
|------------|-------------|--------------|----------------|------------|-------------|--------------|----------------|
|            |             |              |                |            |             |              |                |
|            |             |              |                |            |             |              |                |

| <b>b</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. <b>Note:</b> An administrative downgrade or termination of a security clearance is not a revocation. | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                                                                                                                                                                                                                            |     |    |

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

| <b>27 YOUR FINANCIAL RECORD</b>                                                                                                  | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p><b>a</b> In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?</p> |     |    |
| <p><b>b</b> In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?</p>           |     |    |
| <p><b>c</b> In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?</p>   |     |    |
| <p><b>d</b> In the last 7 years, have you had any judgments against you that have not been paid?</p>                             |     |    |

If you answered "Yes" to a, b, c, or d, provide the information requested below:

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

Enter your Social Security Number before going to the next page



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

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

| Incurring Month/Year | Satisfied Month/Year | Amount | Type of Loan or Obligation and Account Number | Name/Address of Creditor or Obligor | State | ZIP Code |
|----------------------|----------------------|--------|-----------------------------------------------|-------------------------------------|-------|----------|
|                      |                      |        |                                               |                                     |       |          |

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

|  |  |
|--|--|
|  |  |
|--|--|

| Month/Year | Nature of Action | Result of Action | Name of Parties Involved | Court (Include City and county/country if outside U.S.) | State | ZIP Code |
|------------|------------------|------------------|--------------------------|---------------------------------------------------------|-------|----------|
|            |                  |                  |                          |                                                         |       |          |

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

**Continuation Space**[illegible]

### Certification That My Answers Are True

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

↑

# 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 authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further 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, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

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

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it 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 five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

|                                |  |                                   |                        |                                                          |
|--------------------------------|--|-----------------------------------|------------------------|----------------------------------------------------------|
| 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<br>(Include Area Code)<br>(      ) |

## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

#### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it 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 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

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

**WHITE HOUSE OFFICE  
OTHER GOVERNMENT EMPLOYEES**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------|-----------------------------------|--------------------------------------------------------|--------------------------------------------|-----------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------------------------|------------------------------------------------|--|
| <b>TO: OFFICE OF MANAGEMENT<br/>AND ADMINISTRATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>FROM:</b> (Requesting official's name and department or office) |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| <b>THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| <table style="width: 100%;"><tr><td style="width: 25%;">NAME:</td><td style="width: 40%; text-align: center;">Last</td><td style="width: 20%; text-align: center;">First</td><td style="width: 15%; text-align: center;">Middle Initial</td></tr></table>                                                                                                                                                                                                                                                              |                                                                    | NAME:                                                                            | Last           | First                             | Middle Initial                                         |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Last                                                               | First                                                                            | Middle Initial |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| BIRTHDATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SOCIAL SECURITY NUMBER:                                            | DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY:                                |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| GRADE/STEP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SALARY:                                                            |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| PARENT AGENCY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC). IF THIS IS AN EXTENSION, PLEASE NOTE BELOW:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| <b>TYPE:</b><br><table style="width: 100%;"><tr><td><input type="checkbox"/> DETAILEE</td><td><input type="checkbox"/> HISTORICALLY PROVIDED SERVICE</td><td><input type="checkbox"/> STUDENT VOLUNTEER</td></tr><tr><td><input type="checkbox"/> ASSIGNEE</td><td><input type="checkbox"/> WHITE HOUSE FELLOW</td><td><input type="checkbox"/> OTHER _____</td></tr><tr><td><input type="checkbox"/> PRESIDENTIAL MANAGEMENT INTERN</td><td><input type="checkbox"/> AGENCY REPRESENTATIVE</td><td></td></tr></table> |                                                                    |                                                                                  |                | <input type="checkbox"/> DETAILEE | <input type="checkbox"/> HISTORICALLY PROVIDED SERVICE | <input type="checkbox"/> STUDENT VOLUNTEER | <input type="checkbox"/> ASSIGNEE | <input type="checkbox"/> WHITE HOUSE FELLOW | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> PRESIDENTIAL MANAGEMENT INTERN | <input type="checkbox"/> AGENCY REPRESENTATIVE |  |
| <input type="checkbox"/> DETAILEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> HISTORICALLY PROVIDED SERVICE             | <input type="checkbox"/> STUDENT VOLUNTEER                                       |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| <input type="checkbox"/> ASSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> WHITE HOUSE FELLOW                        | <input type="checkbox"/> OTHER _____                                             |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| <input type="checkbox"/> PRESIDENTIAL MANAGEMENT INTERN                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> AGENCY REPRESENTATIVE                     |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| <b>DRUG TESTING DESIGNATION:</b><br>TDP = TESTING DESIGNATED POSITION <input type="checkbox"/> TDP <input type="checkbox"/> Non-TDP                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| BEGINNING DATE (Mo/Day/Yr):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | ENDING DATE (Mo/Day/Yr):                                                         |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| POSITION TITLE (At the EOP Complex):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    | APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone):                          |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| TYPE OF DETAIL (If applicable):<br><input type="checkbox"/> Non-Reimbursable <input type="checkbox"/> Reimbursable<br>IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:                                                                                                                                                                                                                                                                                                                                        |                                                                    | ASSIGNMENT LOCATION<br>(Office or Division, Building, Room Number, & Telephone): |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| WHO CONTACT PERSON (Name & Telephone):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                  |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| SIGNATURE OF WHO APPROVING OFFICIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    | DATE:                                                                            |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |
| OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | DATE:                                                                            |                |                                   |                                                        |                                            |                                   |                                             |                                      |                                                         |                                                |  |

|                                                                                                                                                                                                                                                                                                                                          |  |                                                         |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|------------------------------|
| <b>EXECUTIVE OFFICE OF THE PRESIDENT</b><br>Office of Administration<br><b>FACILITY REQUEST</b>                                                                                                                                                                                                                                          |  | <b>NO.</b> _____<br>2. Charged To: (ASA Use Only) _____ |                              |
| READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM                                                                                                                                                                                                                                                                                   |  |                                                         |                              |
| <b>I. REQUESTING AGENCY ADMINISTRATIVE COORDINATOR</b>                                                                                                                                                                                                                                                                                   |  |                                                         |                              |
| 3. Name _____                                                                                                                                                                                                                                                                                                                            |  | 4. Agency _____                                         | 5. Room _____                |
|                                                                                                                                                                                                                                                                                                                                          |  |                                                         | 6. Phone _____               |
| <b>II. WORK TO BE PERFORMED FOR</b>                                                                                                                                                                                                                                                                                                      |  |                                                         |                              |
| 7. Name _____                                                                                                                                                                                                                                                                                                                            |  | 8. Agency or acc't to be charged _____                  | 9. Room _____                |
|                                                                                                                                                                                                                                                                                                                                          |  |                                                         | 10. Phone _____              |
| <input type="checkbox"/> <b>Check if estimate requested</b>                                                                                                                                                                                                                                                                              |  | <b>III. WORK ORDERS</b>                                 |                              |
|                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> <b>See attachments</b>         |                              |
| 11. CONSTRUCTION/CARPENTRY      Furniture Repair      Locksmith Services      Other<br><small>(Attach sketches of any proposed construction/removal/modification of walls, doors, window, etc.)</small>                                                                                                                                  |  |                                                         |                              |
|                                                                                                                                                                                                                                                                                                                                          |  |                                                         |                              |
| 12. DESIGN SERVICES      Furniture      Touch-up      Painting      Carpet      Other                                                                                                                                                                                                                                                    |  |                                                         |                              |
|                                                                                                                                                                                                                                                                                                                                          |  |                                                         |                              |
| 13. MOVING      RDS      Furniture      Safes      Other<br><small>(Attach copy of this form to EACH item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 MUST be attached to this form for all items being excessed) (Attach sketch of any new furniture layouts)</small> |  |                                                         |                              |
|                                                                                                                                                                                                                                                                                                                                          |  |                                                         |                              |
| 14. ELECTRICAL      Outlet      Computer Cable      TV Cable      Other<br><small>(Attach sketches of outlet/cable locations, including point of origin and route, if know, and destination)</small>                                                                                                                                     |  |                                                         |                              |
|                                                                                                                                                                                                                                                                                                                                          |  |                                                         |                              |
| 15. CLEANING      Carpet      Furniture      Drapery                                                                                                                                                                                                                                                                                     |  |                                                         |                              |
|                                                                                                                                                                                                                                                                                                                                          |  |                                                         |                              |
| 16. OTHER                                                                                                                                                                                                                                                                                                                                |  |                                                         |                              |
|                                                                                                                                                                                                                                                                                                                                          |  |                                                         |                              |
| 17. AGENCY AUTHORIZATION/CERTIFICATION                                                                                                                                                                                                                                                                                                   |  | 18. DATE                                                | 19. FACILITIES AUTHORIZATION |
|                                                                                                                                                                                                                                                                                                                                          |  |                                                         | 20. DATE                     |

**Customer UserID & USER NAME Information:**

DOCUMENT TRACKING #

☐ IBM Mainframe: Regions: \_\_\_\_\_ Applications: \_\_\_\_\_  
(e.g., CICS, M204, TSO,...) (APCAPS, PCON, ...)

TSOPROC: \_\_\_\_\_ TSOACCT: \_\_\_\_\_ ☐ Full Screen:

Misc.: \_\_\_\_\_

☐ ALL-IN-1: Applications: \_\_\_\_\_  
(E.G.: SCHED, CSD, ...)

Logical Group: \_\_\_\_\_  
(This field is normally completed by IS&T staff)

DEPARTMENT TITLE: \_\_\_\_\_  
(This is included in the From line of the ALL-IN-1 E-Mail.)

☐ Novell (LAN): Novell Server Name: \_\_\_\_\_  
(E.G.: WHADMIN, OMB\_A, IRMD,...)

Groups Belonged To: \_\_\_\_\_  
(Work &/or Div. Group. + E.G. US2000, WHODB, ...)

Full Name MAP Path: \_\_\_\_\_  
(This is the F: drive MAP Path structure.)

Additional Instructions: (Other platforms, special loads, file and resource access rules, privileges, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Application/System Project MGR.  
(Account requests only)

Print: (Last , First M. Init.) Date

**FOR IS&T COMMENTS ONLY**

☐ Check if additional Documentation attached.

ID RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Customer Support Coordinator (CSC)

Print: (Last , First M. Init.) Date

Signature of Information Security Officer: \_\_\_\_\_  
(Dial-In & Privileged access requests only)

Print: (Last , First M. Init.) Date

CSAR #:

CSAR #:

CSAR #:

FOR:

FOR:

FOR: