Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *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 applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

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 employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 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 are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) 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. 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.

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.

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 10, 1978, should be shown as 6/10/78.

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 a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or 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 one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement 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 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 system 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 21, 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.

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	ТХ
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	lowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	СТ	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 Trust Territory	AS TT	District of Columbia Virgin Islands	DC VI	Guam	GU	Northern Marianas	СМ	Puerto Rico	PR

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 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 PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206-0191 NSN 7540-01-317-7372 85-1602

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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 5 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.

Street Address		Apt. #	City (Country)			State	ZIP Code
Street Address	Apt. #	City (Countr	y)	State	ZIP Code	Telepho	one Number
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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 **all** 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.

Month/Year Month/Year	Code	Name of School			Degree/Diploma	/Other			Month/Year Awarded
#1 To									
Street Address and City (Country) of	of School							State	ZIP Code
Name of Person Who Knew You	Street A	Address	Apt. #	City (Countr	у)	State	ZIP	Code	Telephone Number
									()
Month/Year Month/Year	Code	Name of School			Degree/Diploma	/Other			Month/Year Awarded
#2 To									
Street Address and City (Country) of	of School				•			State	ZIP Code
Name of Person Who Knew You	Street A	Address	Apt. #	City (Countr	у)	State	ZIP	Code	Telephone Number
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Month/Year Month/Year	Code	Name of School			Degree/Diploma	/Other			Month/Year Awarded
#3 To									
Street Address and City (Country) of	of School							State	ZIP Code
Name of Person Who Knew You	Street A	Address	Apt. #	City (Countr	y)	State	ZIP	Code	Telephone Number
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Enter your Social Securit	y Numbe	er before going to th	ne 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.

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

- 1 Active military duty stations
- 2 National Guard/Reserve
- 5 State Government (Non-Federal
- 3 U.S.P.H.S. Commissioned Corps
- 4 Other Federal employment
- employment)
- 6 Self-employment (Include business and/or name of person who can verify)
- 7 Unemployment (Include name of 9 - Other person who can verify)
- 8 Federal Contractor (List Contractor, not Federal agency)
- 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/1	Year Month/Year	Code	Employer/Verifier Name/Milit	ary Duty Location	Your	Position Litle/Milli	ary Rank
#1	To Present						
Employer's/	Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
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Street Addre	ess of Job Location (if diffe	erent than	Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
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Supervisor's	Name & Street Address	(if differer	nt than Job Location)	City (Country)	State	ZIP Code	Telephone Number
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	Month/Year Mon	th/Year	Position Title		Supervisor		
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PERIODS	Month/Year Mon	th/Year	Position Title		Supervisor		
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ACTIVITY		th/Year	Position Title		Supervisor		
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	То						
Month/	Year Month/Year	Code	Employer/Verifier Name/Milit	ary Duty Location	Your	Position Title/Milit	ary Rank
#2	То						
Employer's/	Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
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Street Addre	ess of Job Location (if diffe	erent than	Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
							()
Supervisor's	Name & Street Address	(if differer	nt than Job Location)	City (Country)	State	ZIP Code	Telephone Number
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	Month/Year Mon	th/Year	Position Title		Supervisor		
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	То						
Month/	Year Month/Year	Code	Employer/Verifier Name/Milit	ary Duty Location	Your	Position Title/Milit	ary Rank
#3	То						
Employer's/	Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
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Street Addre	ess of Job Location (if diffe	erent than	Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
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Supervisor's	Name & Street Address	(if differer	nt than Job Location)	City (Country)	State	ZIP Code	Telephone Number
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(Block #3)	Month/Year Mon	th/Year	Position Title		Supervisor		
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Enter your Social Security Number before going to the next page-

YOUR EMPI	LOYMENT ACTIVI	TIES (CONTINU									
Month/Y	rear Month/Yea	r	Code	Employer/Ve	erifier Name/Military	Duty Location		Your Po	sition Title/M	lilitary	Rank	
#4	То											
Employer's/\	Verifier's Street Add	lress				City (Country)		State	ZIP Code		Telephone Nu	mber
Street Addre	ess of Job Location	(if diffe	erent than	Employer's A	ddress)	City (Country)		State	ZIP Code		Telephone Nu	mber
Supervisor's	Name & Street Ad	dress	(if differen	t than Job Loc	ation)	City (Country)		State	ZIP Code		Telephone Nu	mber
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Month/Y	ear Month/Yea	r	Code	Employer/Ve	erifier Name/Military	Duty Location		Your Po	sition Title/M	lilitary	Rank	
#5	То					1						
Employer's/\	Verifier's Street Add	lress				City (Country)		State	ZIP Code		Telephone Nu	mber
Street Addre	ess of Job Location	(if diffe	erent than	Employer's A	ddress)	City (Country)		State	ZIP Code		Telephone Nu	mber
Supervisor's	Name & Street Ad	dress	(if differen	t than Job Loc	ation)	City (Country)		State	ZIP Code		Telephone Nu	mber
	Month/Year	Mor	nth/Year	Position Title	9		Supervis	or				
PREVIOUS PERIODS OF	To Month/Year		nth/Year	Position Title)		Supervis	or				
ACTIVITY (Block #5)	To Month/Year		nth/Year	Position Title	2		Supervis	or				
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Month/Y #6	/ear Month/Yea To	r	Code	Employer/Ve	erifier Name/Military	Duty Location		Your Po	sition Title/N	lilitary	Rank	
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Street Addre	ess of Job Location	(if diffe	erent than	Employer's A	ddress)	City (Country)		State	ZIP Code		Telephone Nu	mber
Supervisor's	Name & Street Ad	dress	(if differen	t than Job Loc	ation)	City (Country)		State	ZIP Code		Telephone Nu	mber
PREVIOUS	Month/Year To		nth/Year	Position Title)		Supervis	or				
PERIODS OF	Month/Year	Mor	nth/Year	Position Title)		Supervis	or				
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	ny of the following h quit, or left, and othe				ears? If "Yes," beg	in with the most recent occurr	rence and g	go backw	ard, providin/	ig date		
Use the	e following codes a	ind exp	plain the r	eason your em	nployment was ende	ed:					1	1
1 - Fire	ed from a job		3 -	Left a job by	mutual agreement f	ollowing allegations of miscor	nduct		5 - Left a job		ner reasons ble circumstanc	200
	it a job after being t i'd be fired	old	4 -		mutual agreement f	ollowing allegations of				avoia		
Month/Year	Code	Spe	cify Reas	on	Employer's N	lame and Address (Include ci	ity/Country	if outside	e U.S.)	State	e ZIP	Code
Enter you	ur Social Secu	ırity	Numbe	r before g	oing to the ne	xt page						

Name				D-ti V					_		who is lis	
			n	Dates Known Month/Year Month	/Year	Tele	ohone N Day	Number	,			
#1				То	0: /		Night	()	<u></u>	715.0	
Home or Work Address					City (0	Country)				State	ZIP Coo	le
Name				Dates Known		Tele	ohone N	lumber				
#2			П	Month/Year Month To	/Year		Day Night	()			
Home or Work Address				10	City (Country)	Night			State	ZIP Coo	le
Name				Dates Known		Teler	ohone N	lumber				
#3			Ν	Nonth/Year Month	/Year	1010	Day Night	()			
Home or Work Address				То	City (Country)	Night	•	,	State	ZIP Coo	le
YOUR MARITAL STATUS Mark one of the following boxes to sl	how vour	current marital sta	itus:									
1 - Never married (go to questi			eparated			5 - Divor	ced					
2 - Married			egally Separated			6 - Wido						
Current Spouse Complete the following a	about vou		5. 7 . 1									
Full Name			th <i>(Mo./Day/Yr.)</i>	Place of Birth (Incl	ude cour	try if out	side the	U.S.)		Social	Security	Number
Other Names Used (Specify maiden name	e, names	by other marriage:	s, etc., and show d	ates used for each na	ame)							
Country of Citizenship		Date Marri	ed (Mo./Day/Yr.)	Place Married (Inc	lude coui	ntry if out	side the	<i>⊎.S.)</i>			S	ate
If Separated, Date of Separation (Mo./Day	//Yr.)	If Legally S	Separated, Where i	s the Record Locate	d? City (Country)					S	ate
Address of Current Spouse (Street, city, a	nd counti	v if outside the U !	5)					State		ZIP Co	ode	
		,	/									
15 YOUR RELATIVES												
Give the full name, correct code, and	d other re	quested informatio	on for each of your	relatives, living or de	ad, speci	fied belo	w					
1 - Mother (first)												
		3 - Stepmo	other	5 - Foste	r Parent					7 - Ste	pchild	
2 - Father <i>(second)</i>		 3 - Stepmo 4 - Stepfat 		5 - Foste 6 - Child						7 - Ste	epchild	
2 - Father (second)	Code		her Country of R	6 - Child	<i>(adopted</i> es) of	l also)	nt Street	t Address Living Re		City (co		State
2 - Father (second) Full Name (If deceased, check box on the	Code 1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the		4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the		4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
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2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State
2 - Father (second) Full Name (If deceased, check box on the	1	4 - Stepfat Date of Birth	her Country of R	6 - Child country(i	<i>(adopted</i> es) of	l also)	nt Street			City (co		State

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

16	YOU	IR MILITARY HISTORY	Yes	No
_	0	Have you served in the United States military?		
	0	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 - Armv	3 - Navv	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	No.) E	Active	Active	tus Inactive	National	- C	ountry	
							Active	Reserve	Reserve	Guard			
										(State)			
	-	Го											
		Го											
												Yes	No
17												Tes	INU
	a Are you a	a male born aft	er Decemb	oer 31, 1959? If " No ," go t	o 18. lf "Ye	s," go to	b.						
	Have you	registered wit	h the Sele	ctive Service System? If "	Yes," provid	e your re	gistration n	umber. If "N	lo," show the	e reason fo	r your legal		
	exemptio	n below.											
	Registration Nu	umber		Legal Exemption Explanation	ation								
_													
18	YOUR INVEST	IGATIONS RE	ECORD									Yes	No
	Has the l	Jnited States G	Governmen	t ever investigated your ba	ackground a	nd/or gra	anted you a	security clea	arance? If "	fes," use th	ne codes that		
				ormation below. If "Yes,"									
				de or clearance code, as a is " No ," or you don't know									
	neaulity,	below. II your	response			an n you		iyaleu anu ci	leareu, criec				
	Codes for Inve	stigating Ageno	су			Cod	es for Secu	rity Clearand	e Received				
	1 - Defense De	partment	•	4 - FBI			lot Required	-	Top Secret			6	- L
	2 - State Depa			5 - Treasury Department			Confidential	4 -	Sensitive C	ompartmer	nted Information	7	- Other
	3 - Office of Pe	rsonnel Manag	gement	6 - Other (Specify)		2 - 5	Secret	5 -	Q				
	Month/Year	Agency		Other Agency	Clearanc	e Mo	onth/Year	Agency		Other A	aencv	C	Clearance
		Code			Code			Code			.9)		Code
	-												
	To your k	nowledge hav		r had a clearance or acces	s authorizat	ion denie	ad suspend	ed or revok	ed or have	vou ever he	en debarred	Yes	No
				"Yes," give date of action									
	clearance	e is not a revoc	ation.										
	Month/Year		Departmer	nt or Agency Taking Actior)	M	onth/Year		Depart	ment or Aa	ency Taking Act	ion	
				······································									
_	FOREIGN CO												
19	FOREIGN CO	UNTRIES TOU		SILED									
	List foreign cou	Intries you hav	e visited, e	except on travel under offic	al Governm	ent orde	rs, beginnin	g with the m	ost current (#1) and wo	rking back 7 yea	ars. (Tra	vel as a
	dependent or c	ontractor must	be listed.)										
	lice one of the	oso codos to in	dicato tho	purpose of your visit: 1 -	Rucinocc	2 - Plea	2 SUITO 3	- Education	4 - Other				
					Dusiness		isule 3 .	Luucation	4 - Other				
	Include short	trips to Canada	a or Mexico	 If you have lived near a 	border and	have ma	de short (or	ne day or les	s) trips to th	e neighbori	ng country, you	do	
	not need to lis	st each trip. Ins	stead, prov	ide the time period, the co	de, the cour	ntry, and	a note ("Ma	iny Short Tri	ps").				
	Do not repeat	travel covered	l in itome Q	10 or 11									
			1				Month/V	ear Month	Near	odo	0	. t	
	Month/Year	wonun/reaf	Code	Country			wonth/Y			ode	Cour	iiry	
#1	τ.	2				#5		То					
#1	T	0				#5		10					
#2	T	0				#6		То					
#3	т	D				#7		То					
		÷	1	<u> </u>		- "							

#1	То			#5	То	
#2	То			#6	То	
#3	То			#7	То	
#4	То			#8	То	
Enter yo	our Social Security	y Numb	er before going to the next pa	age —		→

	ERECORD (Do not inclu	ude anything	that happened b	efore your 1	6th birthday.)			Yes	No
In the last 7 y	ears, have you	been arres	ted for, charg	ed with, or convi	icted of any	offense(s)? (Leav	ve out traffic fines of less than \$150.)			
lf you answer	ed "Yes," expla	ain your ans	wer(s) in the	space provided.						
nth/Year	Offense	-	Action Ta	ken Law	Enforceme	nt Authority or Cou	Irt (City and county/country if outside the U.S.,	State	ZIP	Code
ILLEGAL DR	ligs									
									Yes	No
failure to do s	o could be grou	unds for an	adverse emp	loyment decisior	n or action a	igainst you, but ne	ver the questions fully and truthfully, and ither your truthful responses nor informa			
derived from	your responses	s will be use	ed as evidence	e against you in	any subseq	uent criminal proc	eeding.			
							crack cocaine, hashish, narcotics (opiur lizers, etc.), hallucinogenics (LSD, PCP,			
prescription d		no.), amprio	anninoo, aop			iaqualono, lianqui	12010, 010.), Handon logoriloo (202, 1 01 ,	010.), 01		
In the last 7 y	ears, have you	been involv	ved in the ille	gal purchase, ma	anufacture,	trafficking, product	ion, transfer, shipping, receiving, or sale	of any		
						profit or that of an		,		
							ature of the activity, and any other details	s relating		
<u> </u>	lonth/Year	jai urugs. II		eatment or couns	0		Number of Time	o Llood		
To	nonun/ i eai		Controlled S	Substance/Presci	nption Drug	Used	Number of Time	s Used		
10										
<u>To</u>										
To To	ICIAL RECOR	D							Yes	No
<u>To</u> To YOUR FINAN			any over whic			rol filed for bankru		iect to a	Yes	No
To To YOUR FINAN In the last 7 y tax lien, or ha	ears, have you	, or a compa					uptcy, been declared bankrupt, been sub te of initial action and other information r		Yes	No
To To YOUR FINAN In the last 7 y tax lien, or ha below.	ears, have you d legal judgme	, or a compart ont rendered	l against you t	for a debt? If yo	u answered	"Yes," provide da	te of initial action and other information r	equested		
To To YOUR FINAN In the last 7 y tax lien, or ha	ears, have you	, or a compart ont rendered	l against you t		u answered	"Yes," provide da				No
To To YOUR FINAN In the last 7 y tax lien, or ha below.	ears, have you d legal judgme	, or a compart ont rendered	l against you t	for a debt? If yo	u answered	"Yes," provide da	te of initial action and other information r	equested		
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To To YOUR FINAN In the last 7 y tax lien, or ha below.	ears, have you d legal judgme	, or a compart ont rendered	l against you t	for a debt? If yo	u answered	"Yes," provide da	te of initial action and other information r	equested		
To To YOUR FINAN In the last 7 y tax lien, or ha below. Month/Year	ears, have you d legal judgme Type of	, or a compa nt rendered Action	Name /	for a debt? If yo	u answered Under	"Yes," provide da Name/Addre:	te of initial action and other information r	State	ZIP	Code
To To YOUR FINAN In the last 7 y tax lien, or ha below. Month/Year	ears, have you d legal judgme Type of	, or a compa nt rendered Action	Name /	for a debt? If yo	u answered Under	"Yes," provide da Name/Addre:	te of initial action and other information r	State		Code
To To YOUR FINAN In the last 7 y tax lien, or ha below. Month/Year Are you now Government.	ears, have you d legal judgme Type of 	, or a compa nt rendered Action	Name /	for a debt? If yo	u answered Under	"Yes," provide da Name/Addre:	te of initial action and other information r	State	ZIP	Code
To To YOUR FINAN In the last 7 y tax lien, or ha below. Month/Year Are you now of Government.	ears, have you d legal judgme Type of ver 180 days o ed " Yes ," provi	, or a compa nt rendered Action delinquent c	Name / Name / on any loan o mation reque	for a debt? If you Action Occurred r financial obliga sted below:	u answered Under tion? Inclue	"Yes," provide da Name/Addres	te of initial action and other information r	State	ZIP	Code
To To YOUR FINAN In the last 7 y tax lien, or ha below. Month/Year Are you now Government.	ears, have you d legal judgme Type of ver 180 days o ed " Yes ," provi	, or a compa nt rendered Action	Name / Name / on any loan o mation reque	for a debt? If yo	u answered Under tion? Inclue	"Yes," provide da Name/Addres	te of initial action and other information r	State	ZIP	Code
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To To YOUR FINAN In the last 7 y tax lien, or ha below. Month/Year Are you now of Government.	ears, have you d legal judgme Type of ver 180 days o ed " Yes ," provi	, or a compa nt rendered Action delinquent c	Name / Name / on any loan o mation reque	for a debt? If you Action Occurred r financial obliga sted below:	u answered Under tion? Inclue	"Yes," provide da Name/Addres	te of initial action and other information r	State	ZIP	Code

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

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)

Enter your Social Security Number before going to the next page

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 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 85P, 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.

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

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 black 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 of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative 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 judgment or reliability?

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 that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P 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 (Sign in ink)	Full Name (Type or Print Legibly)			Date Signed
Other Names Used				Social Security Number
Current Address (Street, City)		State	ZIP Code	Home Telephone Number
				(Include Area Code)
				()