

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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Last Name (Family Name) RICHAR DSAM	First Name (Given Name BRIAN	<b>)</b>	Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name) (b) (6), (b) (7)(C)	Apt. Number	<sup>City or Town</sup> (b) (6),	(b) (7)(C	State         ZIP Code           (b) (6), (b) (7)(C)         (b) (6), (b) (7)(C)
$\begin{array}{c c} \text{Date of Birth (mm/dd/ww)} & U.S. \text{ Social Sec} \\ (b) (6), (b) (7)(C) & (b) (6), (c) \\ \end{array}$	(b) (7)(C) (b)	(6), (b	) (7)	C) (b) (6), (b) (7)(C)

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Lattest, under penalty of perjury, that I am (check one of the following boxes):

citizen of the United States	Bi			
noncitizen national of the United States (See inst	tructions)			
lawful permanent resident (Alien Registration )	Number/USCIS Number):			
n alien authorized to work until (expiration date ome aliens may write "N/A" in the expiration date Aliens authorized to work must provide only one of the for An Alien Registration Number/USCIS Number OR Form 1. Alien Registration Number/USCIS Number: OR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance:	field. (See instructions)	to complete Form I-9: Foreign Passport Number.	þ	QR Code - Section 1 to Not Write In This Space
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owledge the information is true and correct.				10,000,00
		Today's	Date (mm	/dd/yyyy)
owiedge the information is true and correct. gnature of Preparer or Translator st Name (Family Name)	First	Today's Name <i>(Given Name)</i>	Date (mm	/dd/yyyy)

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STOP



This is an 'official' document generated from the eOPF system.



#### **Employment Eligibility Verification**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

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Employee Info from Section 1	Last Name (Family RIC HARDS		First Name (G BR IAN		M.I. M	Citizenship/Immigration Status
List A Identity and Employment Aut	OR horization	St. 1997	et B ntity	AND		List C Employment Authorization
Document Title Passport	Do	cument Title		Docun	nent Tit	e
Issuing Authority Dept of S	itate Issi	uing Authority		Issuin	g Autho	rity
Document Nur (b) (6), (b) (	7)(C)	cument Number		Docur	nent Nu	mber
Expiration Date // any/min//d////	(C)	Expiration Date (if any)(mm/dd/yyyy)			tion Da	te (if any)(mm/dd/yyyy)
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Issuing Authority	A	dditional Informati	on			QR Code - Section 2 Do Not Write In This Space
Document Number	£6		×			(b) (6), (b) (7)(C)
Expiration Date (if any)(mm/dd/yyy	y)					
Document Title						
Issuing Authority						
Document Number						
Expiration Date (if any)(mm/dd/yyy	<del>y)</del>					

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. 11

The employee's first day of emp	ployment (mm	/dd/yyyy): 0'	105/17	(See	instructions fo	r exe	emptions)
Signature of Employer or Authorized P		Today's D 0 7	ate(mm/pd/yy) 05/17	01		Author	nized Representative
Last Name of Employer or Authorized Re	presentative Fir	st Name of Employer o	r Authorized Re	presentative	Employer's Bu		ss or Organization Name тасе, лио/на
Employer's Business or Organization A 145 N ST. NE SUITE 9W-300 HR SER		Number and Name)	City or Tow WASHINGTON		Sta	ate	ZiP Code 20530
Sector & Recallence	e Remes (Te	i he winnleice wi	ાં કોણાલ્ય મેહ વ	anteria (			
A. New Name (if applicable)				9.00.5 PUE	B. Date of Rehi	re (if a	applicable)
Last Name (Family Name) First Name (Given Name)		e (Given Name)	Middle Initial Date (n		Date (mm/dd/y)	nm/dd/yyyy)	
C. If the employee's previous grant of continuing employment authorization i			I, provide the	information	for the document	or re	ceipt that establishes
Document Title		Docum	ent Number		Expir	ration	Date (if any) (mm/dd/yyyy)
I attest, under penalty of perjury, t the employee presented documer	that to the best it(s), the docum	of my knowledge, nent(s) I have exan	, this employ nined appea	ee is auth r to be ge	norized to work nuine and to rel	in the late to	e United States, and if o the individual.
prove and the second		Today's Date (mm/	Contraction of the second s		mployer or Author	10.8 93.93	10 10.000
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Form I-9 11/14

This is an 'official' document generated from the eOPF system.

New York	State Unified Court Sys	tem
	<b>COURTS</b>	COURTS
Attorney Sear	ech .	LITIGANTS
name OR the first cha	racter of the Attorney's middle name AND the first	ATTORNEYS
		JURORS
<b>Required Fields:</b>		JUDGES
First Name:	Greg	
Middle Name:	Donald	CAREERS
Last Name:	Andres	SEARCH
Sort by:		
City	Registration Number	
Last Name	Registration Status	
State	Year Admitted	
	Attorney Sear To search you must er name OR the first cha character of the last n name. Required Fields: First Name: Middle Name: Last Name: O City City Last Name	Attorney Search         To search you must enter at least the first character of the Attorney's first name OR the first character of the Attorney's middle name AND the first character of the last name. To narrow your search enter the Attorney's full name.         Equired Fields:         Middle Name:       Onald         Last Name:       Andres         Oty       Registration Number         Item in the image of the

Search Results: 1 Returned

Click on the attorney's name below to view additional details, including business address, phone number and disciplinary history (if any).

	Attorney Name (Click name for details)	Registration Number	City	State	Year Admitted	Registration Status	Disciplinary History
1	GREG DONALD ANDRES	2845568	NEW YORK	NY	1997	Currently registered	

#### Search Again

If the name of the attorney you are searching for does not appear, please try again with a different spelling. In add t on, please be advised that attorneys listed in this database are listed by the name that corresponds to their name in the Appellate Divis on Admissions file. There are attorneys who currently use a name that differs from the name under which they were adm tted. If you need additional information, please contact the NYS Office of Court Administration, Attorney Registration Un t at 212-428-2800 or email <a href="https://doi.org/attorney.com">attype://doi.org/attorney.com</a>

www.NYCOURTS.gov

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I, <u>Greg Andres</u>, understand that each Department of Justice attorney must maintain an "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify that I am an "active" member of the bar in <u>New York</u> that I am an "active" member of the bar in <u>New York</u> *State, territory or District of Columbia*) and that my bar membership number (if any) is <u>2845568</u>. I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)		ship Status d, you must check one) Inactive
District of Columbia	August 7, 1998	Х	

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?



Digitally signed by Greg Andres Greg Andress DN: cn=Greg Andress@davispolk.com, c=US Date: 2017.07.19 09:15:07 -04'00' Signature

July 19, 2017

Date

FORM DOJ-54 JUNE 2016 TO BE USED FOR INITIAL INVESTIGATIONS OF NEW HIRES ONLY; <u>NOT</u> FOR REINVESTIGATIONS, HIRING OF SAUSAS OR FBI NON-AGENT ATTORNEYS, OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

#### U.S. Department of Justice

Tax Check Waiver

#### Please complete both sides of this form

#### A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice

I am signing this waiver to permit the Internal Revenue Service (IRS) 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 <u>Jamila Frone</u>, <u>Director</u>, <u>Office of Attorney Recruitment & Management</u>, U.S. Department of Justice (or designee):

- 1. Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
- 2. Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
- 3. Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
- 4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
- 5. Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

#### B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

MY	NAME:	Greg Andres		MY SSN:	o) (6), (b) (7)(	C)	
5.5.5		(Please print outure)		(b) (6), (b) (7	7)(C)	3	
		ADDRESS:	(b) (6), (b) (7			040 450 4704	
TEL	LEPHON	E NUMBERS: (HOMI	_)_	e include area co		212.450.4724	
IF N	MARRIE	D AND FILEDA (b) (6), (b) (6)		e merade area co	ucs)	(b) (6), (b) (7)(C)	
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NA	MES AN	D ADDRESSES SHO	WN ON RETUI	RNS (IF DIFFER	RENT FROM	ABOVE)	
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#### United States Department of Justice

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. 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, <u>Greg Andres</u>, hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Signature

Current Organization Assigned

DOJ-555 Revised Oct. 2008 Security and Emergency Planning Staff

- 1 -

#### **Privacy Act Notice**

The Department of Justice is collecting this information for the purpose of determining your trustworthiness, suitability, eligibility and/or qualifications for initial or continued employment, access to sensitive or national security information, or to perform certain services requiring a background investigation. Authority for collecting this information includes 5 U.S.C. §§ 3301 and 3302; the Classified Information Procedures Act of 1980; and Executive Orders 10450 and 12968, as applicable. Providing this information is voluntary. However, failure to provide complete information may affect our ability to complete your investigation or complete it in a timely manner, which may affect your placement or employment prospects. This information is maintained in the system of records DOJ-006, Personnel Investigation and Security Clearance Records for the Department of Justice, 67 Fed. Reg. 59,864-02 (Sept. 24, 2002), as amended by 69 Fed. Reg. 65,224 (Nov. 10, 2004), and 72 Fed. Reg. 3410, (Jan. 25, 2007). This information may be disclosed, in accordance with published routine uses. Routine uses applicable to this system include disclosures to certain individuals in the following circumstances:

- Designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, in connection with the hiring or continued employment of an employee or contractor, the conduct of a suitability or security investigation of an employee or contractor, or the grant, renewal, suspension, or revocation of a security clearance, to the extent that the information is relevant and necessary to the hiring agency's decision;
- In the event that a record in this system, either alone or in conjunction with other information, indicates a violation or potential violation of law-- criminal, civil, or regulatory in nature--the relevant records may be referred to the appropriate federal, state, local, foreign, or tribal law enforcement authority or other appropriate agency charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law;
- Contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the Federal government, when necessary to accomplish an agency function related to this system of records.

For a complete list of applicable routine uses, see the system of records notice listed above.

DOJ-555 Revised Oct. 2008 Security and Emergency Planning Staff



U.S. Department of Justice

Justice Management Division

Human Resources

Washington, D.C. 20530

#### PLEASE READ THIS BEFORE SIGNING

I understand that as a condition of my appointment to a position in the U.S. Department of Justice:

- I must provide to the Drug-Free Workplace Program Office a urine specimen either before or on my first day of employment, for the purpose of testing it for the presence of illegal substances; and,
- (2) If my urine tests positive for illicit drug use, the positive test results will be used as grounds for my removal from the position to which I am being appointed.

\_\_\_\_\_ Date: \_\_\_\_7 24 Signature: Greg Andres Type/Print Full Name: Division:

Electronic Questionnaires for Investigations Processing (e-OIP)Investigation Request # (b) (6), (b) (7)(C) for Applicant SSN (b) (6), (b) (7)(C) Page 1 of 1 Signature Forms

## Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request # (b) (6), (b) (7)(C)

## SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request  $\#^{(b)(6), (b)(7)(C)}$ . The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request  $\#^{(b)(6), (b)(7)(C)}$  Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request  $\#^{(b)(6), (b)(7)(C)}$  Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

(D) (O), (D) (7)(C) Official Archival Copy PDF Hash Code (SHA-256): (b) (6), (b) (7)(C)

Date/Time Certified in the e-QIP System: **2017-07-19 09:30:46** Applicant's Social Security Number: (b) (6), (b) (7)(C)

## **Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

#### Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign mink)	Date (mm/dd/yyyy)
	0 7/ 14/2017
V	

PRIVACY ACT INFORMATION e-QIP Document Type CER



Standard Form 86 Revised May 2016 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### 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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

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

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, 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 national security sensitive 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 other 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 disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sonfin ink)		Full name <i>(Type or print legibly)</i> Greg Donald Andres		Date signed (mm/dd/yyyy) 7 / 19 / 2017	
Other names used		(2004/00/00)	of birth (6), (b) (7)(C)	Social Security Number (b) (6), (b) (7)(C)	
Current street address Apt.# (b) (6), (b) (7)(C)	City ( <i>Country</i> ) (b) (6), (b) (7)(C)	State	Zip Code (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)	

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)



#### Instructions for Completing this Release

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

#### Authorization

I am seeking assignment to or retention in a national security position. 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.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed 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 disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

ignature (Sign in in k)		Full name (Type Greg Donald		Date signed (mm/dd/yyyy)	
Other names used		Date of	birth	Social Security Number	
$\vee$		(b) (6	i), (b) (7)(C)	(b) (6), (b) (7)(C)	
Current street address Apt.# (b) (6), (b) (7)(C)	City (Country) (b) (6), (b) (7)(C)	State	Zip Code (b) (8), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)	
For Use By Practitioner(s) Only Does the person under investigation have a condition security information? YES NO If so, describe the nature of the condition and the ext What is the prognosis?				rly saleguard classified national	
Dates of treatment?					
Signature <i>(Sign in ink)</i>	Practitioner name			Date signed (mm/dd/yyyy)	



Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION



One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

#### Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

#### Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name	Social Security Number
Greg Donald Andres	(b) (6), (b) (7)(C)
Signature (Sign in ink)	Date (mm/dd/yyyy) 07/9/20/1

	-	0	
I,(	Sreg	Andres	_, am presently being considered for the position of
A+	tu ne Title	in the	SCO Component

#### Initial Review Process

I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

#### Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.

OARM - 1 Rev. March 2017 (Prior versions may not be used.) I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

Signature: Date:

OARM - 1 Rev. March 2017 (Prior versions may not be used.)

#### **REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT**

As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office, (PRAO) at 202-514-0458.

**Greg Andres** 

Printed Name

July 17, 2017

Date

Signature

OARM-9 Nov 2006

## Declaration for Federal Employment\* (\*This form may also be used to assess fitness for federal contract employment)

#### GENERAL INFORMATION .

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

	Greg Donald ANdres				
2.	SOCIAL SECURITY NUMBER	3a. PLACE C	DF BIRTH (Include city a	nd state or cou	untry)
	♦ (b) (6), (b) (7)(C)	♦ (b)	(6), (b) (7)(C)		
3b.	ARE YOU A U.S. CITIZEN?				4. DATE OF BIRTH (MM / DD / YYYY)
	(b)	) (6), (b) (7)(C	;)		(b) (6), (b) (7)(C)
5.	OTHER NAMES EVER USED (F				6. PHONE NUMBERS (Include area codes)
	•	2			Day (b) (6), (b) (7)(C)
	•				Night (b) (6), (b) (7)(C)
Se	lective Service Registra	ation			
lf yo mus	ou are a male born after Decembres tregister with the Selective Serv	er 31, 1959, and are at rice System, unless you		ns.	mployment law (5 U.S.C. 3328) requires that you
	Are you a male born after Decer Have you registered with the Se		>	YES UF YES	NO (If "NO", proceed to 8.) S", proceed to 8.) NO (If "NO", proceed to 7c.)
	If "NO," describe your reason(s)			TEO IN TEC	
	litary Service				
	Have you ever served in the Unit	ted States military?	<u>[]</u>	YES (If "YE	S", provide information below) X NO
	If you answered "YES," list the bi If your only active duty was traini				
Γ	Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)		Type of Discharge
		_			
⊢					
Ba	ckground Information				
For you For	all questions, provide all addit list will be considered. However, questions 9,10, and 11, your ans s of \$300 or less, (2) any violatio	in most cases you can swers should include co n of law committed befo	still be considered for F nvictions resulting from ore your 16th birthday, (	ederal jobs. a plea of <i>nol</i> 3) any violati	ed sheets. The circumstances of each event lo contendere (no contest), but omit (1) traffic on of law committed before your 18th birthday if er the Federal Youth Corrections Act or similar
	te law, and (5) any conviction for				
9.	During the last 7 years, have yo (Includes felonies, firearms or ex to provide the date, explanation department or court involved.	xplosives violations, mis	demeanors, and all oth	er offenses.)	If "YES," use item 16
10.	Have you been convicted by a n "YES," use item 16 to provide th address of the military authority	ne date, explanation of t	he past 7 years? (if no i he violation, place of oc	military servic ccurrence, an	ce, answer "NO.") If $(b) (6), (b) (7)(C)$ of the name and
11.	Are you currently under charges the violation, place of occurrent				
12.	During the last 5 years, have yo would be fired, did you leave an from Federal employment by the 16 to provide the date, an expla-	y job by mutual agreem e Office of Personnel M	ent because of specific anagement or any other	problems, or Federal age	r were you debarred ency? If "YES," use item
13.	Are you delinquent on any Fede of benefits, and other debts to t as student and home mortgage	he U.S. Government, p	lus defaults of Federally	guaranteed	or insured loans such

U.S. Office of Personnel Management

delinquency or default, and steps that you are taking to correct the error or repay the debt.

## **Declaration for Federal Employment\***

(\*This form may also be used to assess fitness for federal contract employment)

#### Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law,mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.



#### Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

#### Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific please may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature		Date	Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY
17b. Appointee's Signature:	(Sign in ink)	Date	

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?		DATE:					
18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	Г	YES	[	NO	Γ	DO NOT KNOW	
18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.		YES	Γ	NO	Γ	DO NOT KNOW	

U.S. Office of Personnel Management

5 U.S.C. 1302, 3301, 3304, 3328 & 8716



## (b) (6), (b) (7)(C)

Electronic Questionnaires for Investigations Processing (e-QIP)Investigation Request # (b)(6), (b) for Applicant SSN (b)(6), (b)(7) Page 1 of 1 Signature Forms

## Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request # (b) (6), (b) (7)(C) SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request #  $\binom{(b)}{(6)}$ . The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request #  $\binom{(b)}{(6)}$ . (b) Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request #  $\binom{(b)}{(6)}$ . (b) Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Official Archival Copy PDF Hash Code (SHA-256); (b) (6), (b) (7)(C)

Date/Time Certified in the e-QIP System: 2017-08-04 11:59:23 Applicant's Social Security Number (b) (6), (b) (7)(C)

### **Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

#### Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)	BCW. IK. E	Date (mm/dd/yyyy)
	D. Marthan a	08/04/0017

PRIVACY ACT INFORMATION e-QIP Document Type CER Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

#### Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

#### Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

#### Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name	Social Security Number
Robert Swan Mueller, III	(b) (6), (b) (7)(C)
Signature (Sign in ink)	Date (mm/dd/yyyy) 08 /04/2017

e-QIP Version 3.24.02 e-QIP Investigation Request #<sup>(b)</sup> (6), (b) (7)

e-QIP Document Type FCR

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, 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 questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

#### Authorization

I am seeking assignment to or retention in a national security position. 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.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed 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 disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	122	ull name ( <i>Type or print legibly)</i> obert Swan Mueller, III	Date signed (mm/dd/yyyy)		
Other names used	The second second	Date of birth	Social Security Number		
		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		
Current street address Apt.# (b) (6), (b) (7)(C)	(b)(6),(b)(7)(C)	State (b) (6), (b) (7)(c)	Home telephone number (b) (6), (b) (7)(C)		
For Use By Practitioner(s) Only Does the person under investigation have a condition security information? YES NO If so, describe the nature of the condition and the ext What is the prognosis?			v safeguard classified national		
Dates of treatment?					
Signature <i>(Sign in ink)</i>	Practitioner name		Date signed (mm/dd/yyyy)		

Standard Form 86 Revised May 2016 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### 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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

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

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, 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 national security sensitive 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 other 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 disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink)	h	4		<i>r print legibly)</i> Mueller, III	Date signed (mm/dd/yyyy) OS/OY/OOI)
Other names used			Date of b (b) (6)	irth (b) (7)(C)	Social Security Number (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	Apt.#	City (Country) (b) (6), (b) (7)(C)	State (0) (6), (0) (7)(C)	Zip Code (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)

e-QIP Version 3.24.02 e-QIP Investigation Request #<sup>(b)</sup> (6), (b) (7)(C)

e-QIP Document Type REL

## **Declaration for Federal Employment\***

(\*This form may also be used to assess fitness for federal contract employment)

#### Instructions I

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

#### Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

#### Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment\* (\*This form may also be used to assess fitness for federal contract employment)

#### GENERAL INFORMATION

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

ROBERT SWAN MUE	LLER, III		
2. SOCIAL SECURITY NUM	BER 3a. PLACE 0	OF BIRTH (Include city a	and state or country)
(b) (6), (b) (7)(C)	<b>♦</b> (b) (	6), (b) (7)(C)	
3b. ARE YOU A U.S. CITIZEN	(b) (6), (b) (7)(C)		4. DATE OF BIRTH (MM / DD / YYYY) ♦ (b) (6), (b) (7)(C)
5. OTHER NAMES EVER US	ED (For example, maiden name	, nickname, etc)	6. PHONE NUMBERS (Include area codes)
*			Day (b) (6), (b) (7)(C)
*			Night <b>(b) (6), (b) (7)(C)</b>
Selective Service Reg	istration	and the second second	
If you are a male born after Dem must register with the Selective			civil service employment law (5 U.S.C. 3328) requires that you ons.
7a. Are you a male born after I	December 31, 1959?	(b) (6), (b) (	YES NO (If "NO", proceed to 8.)
7b. Have you registered with th		7	YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)
7c. If "NO," describe your reas	on(s) in item 16.		
Military Service			·
8. Have you ever served in the	e United States military? the branch, dates, and type of	of discharge for all estim	YES (If "YES", provide information below) NO
	training in the Reserves or N		
Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge
USMC	04/00/1975	06/00/1980	(b) (6), (b) (7)(C)
Background Informati	ion		
you list will be considered. How			or on attached sheets. The circumstances of each event Federal jobs.
For questions 9,10, and 11, you	ur answers should include co	nvictions resulting from	a plea of nolo contendere (no contest), but omit (1) traffic
fines of \$300 or less, (2) any vi	olation of law committed befo	pre your 16th birthday,	(3) any violation of law committed before your 18th birthday if et aside under the Federal Youth Corrections Act or similar
state law, and (5) any convictio			
9. During the last 7 years, ha			
			her offenses.) If "YES," use item 16 name and address of the police
department or court involve			
	ide the date, explanation of t		military service, answer "NO.") If (b) (6), (b) (7)(C) courrence, and the name and
	arges for any violation of law urrence, and the name and a		to provide the date, explanation of (b) (6), (b) (7)(C) pertment or court involved.
would be fired, did you lea from Federal employment	ve any job by mutual agreem by the Office of Personnel M	ent because of specific anagement or any othe	you quit after being told that you c problems, or were you debarred er Federal agency? If "YES," use item I the employer's name and address.
of benefits, and other deb as student and home mon	ts to the U.S. Government, p	lus defaults of Federall tem 16 to provide the ty	Federal taxes, loans, overpayment (b) (6), (b) (7)(C y guaranteed or insured loans such where, length, and amount of the bay the debt.
U.S. Office of Personnel Manag	gement		Optional Form 306

## **Declaration for Federal Employment\***

(\*This form may also be used to assess fitness for federal contract employment)

#### **Additional Questions**

- 14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law,mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
- 15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?



(b) (6), (b) (7)(C

#### Continuation Space / Agency Optional Questions .

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

#### **Certifications / Additional Questions**

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:	Date	Appointing Officer: Enter Date of Appointment or Conversion
(Sign in ink)		MM / DD / YYYY
17b. Appointee's Signature:	Date	
(Sign in ink)		

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

DA					
Γ	YES	Г	NO	Γ	DO NOT KNOW
	YES	Γ	NO	Г	DO NOT KNOW
,		DATE: 09	DATE: 09/04/2		DATE: 09/04/2013

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request  $\#^{(b)(6),(b)(7)(C)}$  for Applicant SSN (b) (6), (b) (7)(C)

Page 1 of 1 Signature Forms

## Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #

## SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request  $\#^{(b)(6), (b)(7)(C)}$ . The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request  $\#^{(b)(6), (b)(7)(C)}$ . This signed statement and an image of each page from the e-QIP Investigation Request  $\#^{(b)(6), (b)(7)(C)}$ . Official Archival Copy official Archivel Copy official Archivel Copy official Archivel Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256): (b) (6), (b) (7)(C) Official Archival Copy PDF Hash Code (SHA-256): (b) (6), (b) (7)(C) Date/Time Certified in the e-QIP System: 2017-05-21 15:11:26

Applicant's Social Security Number(b) (6), (b) (7)(C)

## **Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

#### Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be purposed by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying intermation may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or peoplation of my security clearance, or my removal and debarment from Federal service.





TO BE USED FOR INITIAL INVESTIGATIONS OF NEW HIRES ONLY; <u>NOT</u> FOR REINVESTIGATIONS, HIRING OF SAUSAS OR FBI NON-AGENT ATTORNEYS, OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

#### U.S. Department of Justice

Tax Check Waiver

#### <u>Please complete both sides of this form</u>

#### A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice

I am signing this waiver to permit the Internal Revenue Service (IRS) 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 <u>Jamila Frone</u>, <u>Director</u>, <u>Office of Attorney Recruitment & Management</u>, U.S. Department of Justice (or designee):

- 1. Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
- 2. Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
- 3. Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
- 4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
- 5. Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

#### B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

(OVER)

	<i>.</i>				
	2	6 C	2		4
MY NAME:	Homer L. Quarte	J MY	(b) (6), (b	) (7)(C)	891
IVIT INAIVIE.	(Please prin (b)	(6) $(b)$ $(7)$	(C)		
CURRENT	ADDRESS:	(b) (6) (b) (7)(C		(b) (6), (b) (	(7)(C)
		(Please includ	(WO) (WO) (WO)	(b) (6), (b) (7)(C	:)
IF MARRIE	<sup>D ANI</sup> (b) (6), (b	) (7)(C)			
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YEAR	NAME	ADL	DRESS		
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				ł	
2, during t	(b) (7)(C) During the last seven years (e.g., No If yes, please expla	st seven tax years, did ny tax returns due mo a tax return due eight in why in the space pr	vovided below. (At you file a federal or re than seven years years ago that was ovided below. (At	tach additional pages, if or state tax return more t s ago that were not filed	han 45 days after until sometime s ago). necessary.)
sometin or state Yes N	and? Include ne during the last seven y tax authority. No If yes, please expla	e any tax payments du years, as well as tax pa in why in the space pr	e more than seven yments made purs ovided below. (At	years ago that were not uant to installment agree tach additional pages, if	paid in full until ements with the IRS necessary.)
or filing	if applicable; if not appl g requirements were met the circumstances in the	by filing with a foreig	n tax agency (e.g.,	Puerto Rico or the Virg	
Explanation	(s) and further information	on		<b>\</b>	
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∩ ŘE	AIVER INVALID UNL	ESS		ture of Taxpayer Author closure of Return Infor	
WI	THIN 120 DAYS OF TH	HS DATE)			

DOJ-488 (Rev. 12/12)

2

#### **United States Department of Justice**

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. 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, James L. Quertes The

hereby authorize

the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

nature 05/21/2017

Date

Current Organization Assigned

DOJ-555 Revised Oct. 2008 Security and Emergency Planning Staff

- 1 -



#### **U.S. Department of Justice**

Justice Management Division

Human Resources

Washington, D.C. 20530

#### PLEASE READ THIS BEFORE SIGNING

I understand that as a condition of my appointment to a position in the U.S. Department of Justice:

- (1) I must provide to the Drug-Free Workplace Program Office a urine specimen either before or on my first day of employment, for the purpose of testing it for the presence of illegal substances; and,
- (2) If my urine tests positive for illicit drug use, the positive test results will be used as gounds for my removal from the position to which I am being appointed.

Date: 05 21 2017 Signatuk Type/Print Full Name: Umer L. Quartes Division: **S** 

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION



#### Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

#### Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

#### Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name	Social Security Number
James Linwood Quarles, AII	(b) (6), (b) (7)(C)
ignature (Sign in ink)	Date (mm/dd/yyyy)

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### UNITED STATES OF AMERICA

#### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)



#### Instructions for Completing this Release

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

#### Authorization

I am seeking assignment to or retention in a national security position. 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.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed 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 disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ipk)	• CO 2	ame <i>(Type or print legibly)</i> s Linwood Quarles,	Date signed (mm/dd/yyyy)
other names used	i den na e erre e kanan finis e sidekkrist	Date of birth (b) (6), (b) (7)(C)	Social Security Number (b) (6), (b) (7)(C)
Current afreet address Apt.# (b) (6), (b) (7)(C)	City (Country) (b) (6), (b) (7)(C)	State Zip Code (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)

#### For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

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

What is the prognosis?

Dates of treatment?

Signature (Sign in ink) Practitioner name Date signed (mm/dd/yyyy)

#### **Applicant / Employee Disclosure Form**

APPLICANTS: Thank you for your interest in the Department of Justice (DOJ). Having a relative already employed at DOJ does not affect our consideration of you for employment; however, the information requested below is necessary to help DOJ assure that all hiring decisions are free of inappropriate influence by relatives employed in the Department and otherwise are consistent with applicable laws and policies.

EMPLOYEES: You must submit this certification in connection with a personnel action by which you will move to a different position than the one you currently encumber.

Merit System Principles set forth in Section 2301(b) of title 5, U.S.C. provide guidance on federal personnel management. 5 U.S.C §§ 2302(b) and 3110(b) contain provisions identifying as a prohibited personnel practice engaging in nepotism (i.e., to appoint, employ, promote, or advance relatives; or advocate for the same) by public officials. It is also a prohibited personnel practice to grant a preference or advantage not authorized by law, rule or regulation to an employee or applicant for the purpose of improving or injuring any individual's prospects for employment. Consistent with these laws and applicable ethics requirements, you are asked to identify relatives or other covered individuals (defined below) who work anywhere in the Department. For purposes of this form, the term "relative" includes a DOJ employee's or applicant's spouse, parent, guardian, grandparent, sister/brother (including step/half relationships), child/grandchild (including biological, adopted, foster, or step child, legal ward, or child for whom the employee/applicant stands *in loco parentis*), in-law, aunt, uncle, nephew, niece, or first cousin. "Other covered individuals" include a domestic partner, more distant relatives than those listed above with whom the employee/applicant has a close personal relationship, or anyone currently residing in the employee's/applicant's household, even temporarily.

- I do not have a relative or other covered individual who works for the Department. Relevant details are provided below and on an attached page if necessary.
- Additional information is \_\_\_ / is not \_\_\_ attached.

Name	Relationship	Department of Justice Organization
×		

#### SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

#### YOU MUST SIGN THIS DOCUMENT. Read the following carefully before you sign.

• A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

• I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant / Employee Name (Please Print)	Oslail 2017
Applicant //Employee Signature	Date Signed (Month, day, year)
Reviewing Official Signature	Date Signed (Month, day, year)

#### Please submit this form to

Privacy Act Notice: The information provided on this form is covered by and will be used and maintained in accordance with the Privacy Act of 1974, as amended.

Rev. September 2014

ļ	Memorandum of Understanding
I, Vanco L. Quarter	, am presently being considered for the position of
INdific	in the <u>SC</u> .
Title	Component

#### **Initial Review Process**

I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

#### Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.

OARM - 1 Rev. March 2017 (Prior versions may not be used.) I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

Signatur 05/21/2017

OARM - 1 Rev. March 2017 (Prior versions may not be used.)
#### **REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT**

As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office (PRAO) at 202-514-0458.

Printed Name

00/21/2017

Date

Signature

OARM-9 Nov 2006

# Declaration for Federal Employment\* (\*This form may also be used to assess fitness for federal contract employment)

Form Approved: OMB No. 3206-0182

#### **GENERAL INFORMATION**

indicate "No Middle Name". If you			them and indicate "Initial only". If you do not have a middle name, Middle, Last, Suffix)
2. so(b) (6), (b) (7)(C)	R 3a. PLAC	(6), (b) (7)	
3b. ARE YOU A U.S. CITIZEN?	(b) (6), (b) (7)(C)		4. DATE OF BIRTH /MM (DD / YYYY) (b) (6), (b) (7)(C) ♦
5. OTHER NAMES EVER USED	) (For example, maiden na	me, nickname, etc)	6. PHONE (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Selective Service Regis	tration		
must register with the Selective Selective Selective Selective Selective Selective Selective Selective Selective You a male born after Dec 7b. Have you registered with the 7c. If "NO," describe your reason Military Service	ervice System, unless y cember 31, 1959? Selective Service Syste (s) in item 16. Inited States military? branch, dates, and typ	ou meet certain exempt m?	YES (If "YES", provide information below) NO VES (If "YES", provide information below) NO Crive duty.
If your only active duty was tra Branch	From (MM/DD/YYY)	1	
US Array Reserve	11/18 (601)	11/74 (est)	(b) (6), (b) (7)(C)
you list will be considered. Howev For questions 9,10, and 11, your a fines of \$300 or less, (2) any viola	ditional requested infe er, in most cases you c answers should include tion of law committed b under a Youth Offender	an still be considered for convictions resulting fro efore your 16th birthday, r law, (4) any conviction	om a plea of <i>nolo contendere</i> (no contest), but omit (1) traffic y, (3) any violation of law committed before your 18th birthday if n set aside under the Federal Youth Corrections Act or similar
9. During the last 7 years, have (Includes felonies, firearms or	you been convicted, be explosives violations, r on of the violation, place	en imprisoned, been on misdemeanors, and all o	
	the date, explanation of		no military service, answer "NO.") If (b) (6), (b) (7)(C) foccurrence, and the name and
11. Are you currently under charge the violation, place of occurrently of the violation.			
would be fired, did you leave from Federal employment by 16 to provide the date, an ex	any job by mutual agree the Office of Personnel planation of the problem	ement because of specif Management or any oth n, reason for leaving, an	d you quit after being told that you ific problems, or were you debarred ther Federal agency? If "YES," use item ind the employer's name and address.
of benefits, and other debts t	o the U.S. Government ge loans.) If "YES," use	, plus defaults of Federa e item 16 to provide the	The form $f(b)(6), (b)(7)(C)$ ally guaranteed or insured loans such a type, length, and amount of the repay the debt.
U.S. Office of Personnel Manager	nent		Optional Form 306 Revised October 2011

# **Declaration for Federal Employment\***

Form Approved: OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

#### Additional Questions

- 14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law.mother-in-law. son-in-law. daughter-in-law. brother-in-law. sister-in-law. stepfather, stepmother. stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works
- 15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

#### Continuation Space / Agency Optional Questions =

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

#### Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith . I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific refease may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature	P2	Date 5/2/2017	Appointing Officer: Enter Date of Appointment or Conversion
17b. Appointee's Signature	(Sign in ink)	Date	MM / DD / YYYY
	(Sign in ink)		

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?	DATE: 615 72		
18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	(b) (6), (b) (7)(C)		
18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.	(b) (6), (b) (7)(C)		
U.S. Office of Personnel Management	Optional Form 306		

5 U.S.C. 1302, 3301, 3304, 3328 & 8716

Revised October 2011 Previous editions obsolete and unusable

(b) (6), (b) (7)(C

(b) (6), (b) (7)

#### **Find A Member Search Results**

#### Search again (find-a-member.cfm)

Records matching your search criteria: 1

1. **James L Quarles III** WilmerHale 1875 Pennsylvania Avenue NW Washington DC 20006

Email: (http://www.google.com/recaptcha/mailhide/d?k=01SvZAaZllMI3MsbeEDXf10g==&c=AI2K1TNCHXS- wyPOH0p b-YcvPAHZFF7J8-TUY eLa8==) Phone: 202-663-6236 Fax: 202-663-6363

Membership Status: Active Disciplinary history: No Date of admission: December 30, 1981

Save contact

understand that each Department of Justice attorney must maintain an Name) "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify Dunba that I am an "active" member of the bar in Mach at (State, territory or District of Columbia) 359079 and that my bar membership number (if any) is I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one) Active Inactive		
Moorochuraths	6/11/74			
Hoayland	4/16/93			
Vicainia	@ 1990	/		

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?



Signature 00 011 Date

FORM DOJ-54 JUNE 2016 Standard Form 86 Revised May 2016 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### **AUTHORIZATION FOR RELEASE OF INFORMATION**



I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

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

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, 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 national security sensitive 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 other 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 disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign/m ink)			Full name <i>(Type or print legibly)</i> James Linwood Quarles, III	Date signed (mm/dd/yyyy)
Other sames used			Date of birth (b) (6), (b) (7)(C)	Social Security Number (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	Apt.#	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)

e-QIP Document Type REL

(b) (6), (b) (7)(C



Page 1 of 1 Signature Forms

# Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #



## SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request  $\#^{(b)(6),(b)(7)(C)}$  The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request  $\#^{(b)(6),(b)(7)(C)}$  This signed statement and an image of each page from the e-QIP Investigation Request  $\#^{(b)(6),(b)(7)(C)}$  Difficial Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request  $\#^{(b)(6),(b)(7)(C)}$  Difficial Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request  $\#^{(b)(6),(b)(7)(C)}$  Difficial Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256)
(b) (6), (b) (7)(C)
(D) (O), (D) (I) (C)
Official Archival Copy PDF Hash Code (SHA-256)
(b) (6), (b) (7)(C)
Date/Time Certified in the e-QIP System: 2017-05-22 14:44:09
Date/Time Certified in the e-QIP System: 2017-05-22 14:44:09 Applicant's Social Security Number: <sup>(b)</sup> (6), (b) (7)(C)

# **Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

#### Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)	Date (mm/dd/yyyy)
	5-22-17

TO BE USED FOR INITIAL INVESTIGATIONS OF NEW HIRES ONLY; <u>NOT</u> FOR REINVESTIGATIONS, HIRING OF SAUSA<sup>3</sup> OR FBI NON-AGENT ATTORNEYS, OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

#### U.S. Department of Justice

Tax Check Waiver

#### Please complete both sides of this form

#### A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice

I am signing this waiver to permit the Internal Revenue Service (IRS) 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 <u>Jamila Frone</u>, <u>Director</u>, <u>Office of Attorney Recruitment & Management</u>, U.S. Department of Justice (or designee):

- 1. Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
- 2. Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
- Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
- 4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
- 5. Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

#### B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

(OVER)

	ED AND EILED A JOINT RE	(7)(6)(6)(6)(7)(6)
		ON RETURNS (IF DIFFERENT FROM ABOVE)
YEAR	NAME	ADDRESS
· (b) (6), (b	If yes, please explain wh	ears, have you failed to file a federal or state tax return? hy in the space provided below. (Attach additional pages, if necessary.)
		ven tax years, did you file a federal or state tax return more than 45 days after ax returns due more than seven years ago that were not filed until sometime
(b) (6), (b		c return due eight years ago that was not filed until five years ago). hy in the space provided below. (Attach additional pages, if necessary.)
		ven tax years, did you make a federal or state tax payment more than 45 days y tax payments due more than seven years ago that were not paid in full until
	175	, as well as tax payments made pursuant to installment agreements with the IRS
(b) (6), (		hy in the space provided below. (Attach additional pages, if necessary.)
	warmen and the second s	(b) (6), (b) (7)(C) i there was insufficient income to meet filing requirements,
1001 I I I I I I I I I I I I I I I I I I	er if applicable; if not applicab g requirements were met by fi	
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or filin describ Explanation Date:	by requirements were met by find the circumstances in the space n(s) and further information 5 - 22 - 17	signature:
or filin describ Explanation Date:(V	ng requirements were met by fill be the circumstances in the space n(s) and further information	signature:

DOJ-488 (Rev. 12/12)

#### United States Department of Justice

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. 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 Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Signature

5-22-17 Date

Current Organization Assigned

DOJ-555 Revised Oct. 2008 Security and Emergency Planning Staff



#### U.S. Department of Justice

Justice Management Division

Human Resources

Washington, D.C. 20530

#### PLEASE READ THIS BEFORE SIGNING

I understand that as a condition of my appointment to a position in the U.S. Department of Justice:

- I must provide to the Drug-Free Workplace Program Office a urine specimen either before or on my first day of employment, for the purpose of testing it for the presence of illegal substances; and,
- (2) If my urine tests positive for illicit drug use, the positive test results will be used as grounds for my removal from the position to which I am being appointed.

Signature:	m	Date:	5-22 -17
Type/Print Full Name:	Jeannie S. Ru	iee	
Division			

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION



#### Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

#### Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

#### Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Social Security Number		
(b) (b) (b) (b) (b) (c)		
Date (mm/dd/yyyy) 5 - 2 2 - 1 7		

Standard Form 86 **Revised December 2010** U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### AUTHORIZATION FOR RELEASE **OF MEDICAL INFORMATION** PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)



#### Instructions for Completing this Release

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

#### Authorization

I am seeking assignment to or retention in a national security position. 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.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed 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 disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)		llname <i>(Type or</i> annie Scla:		Date signed $(mm/dd/yyyy)$ S - Z Z - I J
Other names/used		Date of bi	rth	Social Security Number
Hae Jin Rhee; Jeannie Hae Rhee Rhee	; Jeannie Hae Sclafani	(b) (6)	, (b) (7)(C)	(b) (6), (b) (7)(C)
Current street addressAp(b) (6), (b) (7)(C)	ot.# (b) (6), (b) (7)(C)	State	Zin Code (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)
For Use By Practitioner(s) Only Does the person under investigation have a consecurity information?  YES NO If so, describe the nature of the condition and What is the prognosis?			r ability to proper	rly safeguard classified national
Dates of treatment?				
Signature (Sign in ink)	Practitioner name			Date signed ( <i>mm/dd/yyyy</i> )



(b) (6), (b) (7)(C

#### Applicant / Employee Disclosure Form

APPLICANTS: Thank you for your interest in the Department of Justice (DOJ). Having a relative already employed at DOJ does not affect our consideration of you for employment; however, the information requested below is necessary to help DOJ assure that all hiring decisions are free of inappropriate influence by relatives employed in the Department and otherwise are consistent with applicable laws and policies.

EMPLOYEES: You must submit this certification in connection with a personnel action by which you will move to a different position than the one you currently encumber.

Merit System Principles set forth in Section 2301(b) of title 5, U.S.C. provide guidance on federal personnel management. 5 U.S.C §§ 2302(b) and 3110(b) contain provisions identifying as a prohibited personnel practice engaging in nepotism (i.e., to appoint, employ, promote, or advance relatives; or advocate for the same) by public officials. It is also a prohibited personnel practice to grant a preference or advantage not authorized by law, rule or regulation to an employee or applicant for the purpose of improving or injuring any individual's prospects for employment. Consistent with these laws and applicable ethics requirements, you are asked to identify relatives or other covered individuals (defined below) who work anywhere in the Department. For purposes of this form, the term "relative" includes a DOJ employee's or applicant's spouse, parent, guardian, grandparent, sister/brother (including step/half relationships), child/grandchild (including biological, adopted, foster, or step child, legal ward, or child for whom the employee/applicant stands *in loco parentis*), in-law, aunt, uncle, nephew, niece, or first cousin. "Other covered individuals" include a domestic partner, more distant relatives than those listed above with whom the employee/applicant has a close personal relationship, or anyone currently residing in the employee's/applicant's household, even temporarily.

- I do not have a relative or other covered individual who works for the Department. Relevant details are provided below and on an attached page if necessary.
- Additional information is \_\_\_ / is not \_\_\_ attached.

#### SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

#### YOU MUST SIGN THIS DOCUMENT. Read the following carefully before you sign.

• A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

• I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Jeannic S. Rhee Applicant / Employee Name (Please Print)	5-22-17
Applicant / Employee Signature	Date Signed (Month, day, year)
Reviewing Official Signature	Date Signed (Month, day, year)

#### Please submit this form to

Privacy Act Notice: The information provided on this form is covered by and will be used and maintained in accordance with the Privacy Act of 1974, as amended.

Rev. September 2014

#### Memorandum of Understanding

I,	Jeannie S.	Ruee	_, am presently being considered for the position of
	Name		
	Special Counsel	in the	· · · · · · · · · · · · · · · · · · ·
-	Title		Component

#### Initial Review Process

I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

#### Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.

OARM - 1 Rev. March 2017 (Prior versions may not be used.) I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

Signature: \_\_\_\_\_

Date: 5 - 22 - 17

OARM - 1 Rev. March 2017 (Prior versions may not be used.)

#### REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT

As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office (PRAO) at 202-514-0458.

Jeannie S. Ruee Printed Name

5-22-17

Date

Signatur

OARM-9 Nov 2006

# Declaration for Federal Employment\* (\*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION	ile -		
1. FULL NAME (Provide your full name. If you ha indicate "No Middle Name". If you are a "Jr.," "Sr.		em and indicate "Initial only". If you do not have a middle na Idle, Last, Suffix)	me,
· Jeannie Sclafar			
2. SOCIAL SECURITY NUMBER 3	a. PLACE OF BIRTH (Include city a	and state or country)	
(b) (6), (b) (7)(C)	♦ (b) (6), (l)	b) (7)(C)	
3b. ARE YOU A U.S. CITIZEN?		4. DATE OF BIRTH (MM / DD / YYYY)	
(b) (6), (b)	) (7)(C)	♦ (b) (6), (b) (7)(0)	C)
5. OTHER NAMES EVER USED (For example,		6. PHONE NUMBERS (Include area cod	es)
+ Jeannie Hae Rhee		<sub>Day</sub> ♦ (b) (6), (b) (7)(	C)
+ Jeannie Mae Rhe	e	Night 🔶	- 12
Selective Service Registration			_
If you are a male born after December 31, 1959 must register with the Selective Service System 7a. Are you a male born after December 31, 19 7b. Have you registered with the Selective Service	n, unless you meet certain exemption	YES (If "YES", proceed to 8	d to 8.)
7c. If "NO," describe your reason(s) in item 16.			
Military Service			
8. Have you ever served in the United States r		YES (If "YES", provide information below) K NO	
If you answered "YES," list the branch, date If your only active duty was training in the R			
Branch From (MN	MDD/YYYY) To (MM/DD/YYYY)	Type of Discharge	San St
Background Information			
	ested information under item 16 o	or on attached sheets. The circumstances of each	event
you list will be considered. However, in most ca	ses you can still be considered for F	Federal jobs.	
fines of \$300 or less, (2) any violation of law cor	mmitted before your 16th birthday, ( n Offender law, (4) any conviction se	a a plea of <i>nolo contendere</i> (no contest), but omit (1) t (3) any violation of law committed before your 18th bin et aside under the Federal Youth Corrections Act or s I or state law.	rthday if
<ol> <li>During the last 7 years, have you been con (Includes felonies, firearms or explosives vi to provide the date, explanation of the viola department or court involved.</li> </ol>	victed, been imprisoned, been on priolations, misdemeanors, and all oth	probation, or been on parole? (b) (6), (b) ( her offenses.) If "YES," use item 16	7)(C)
10. Have you been convicted by a military cour "YES," use item 16 to provide the date, exp address of the military authority or court in	planation of the violation, place of oc		(7)(C)
11. Are you currently under charges for any vio the violation, place of occurrence, and the			(7)(C)
<ol> <li>During the last 5 years, have you been fire would be fired, did you leave any job by mu from Federal employment by the Office of F 16 to provide the date, an explanation of the</li> </ol>	utual agreement because of specific Personnel Management or any other	problems, or were you debarred r Federal agency? If "YES," use item	(7)(C)
<ol> <li>Are you delinquent on any Federal debt? (In of benefits, and other debts to the U.S. Go as student and home mortgage loans.) If delinquency or default, and steps that you and</li> </ol>	vernment, plus defaults of Federally "YES," use item 16 to provide the type	y guaranteed or insured loans such upper length, and amount of the	(7)(C)

# **Declaration for Federal Employment\***

(\*This form may also be used to assess fitness for federal contract employment)

#### Additional Questions

- 14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law,mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
- 15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

#### Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

#### Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:

tur	Date	5-22-17
(Sign in hk)		
1	Date	

17b. Appointee's Signature: (Sign in ink)

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

 18a. When did you leave your last Federal job?
 DATE: 01 / 20 []

 18b. When you worked for the Federal Government the last time, did you waive Basic Life
 DATE: 01 / 20 []

 18b. When you worked for the Federal Government the last time, did you waive Basic Life
 DATE: 01 / 20 []

 18b. When you worked for the Federal Government the last time, did you waive Basic Life
 DATE: 01 / 20 []

 18b. When you worked for the Federal Government the last time, did you waive Basic Life
 DATE: 01 / 20 []

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

U.S. Office of Personnel Management

5 U.S.C. 1302, 3301, 3304, 3328 & 8716



Appointing Officer:

Enter Date of Appointment or Conversion MM / DD / YYYY

MM / DD / YYYY



(b) (6), (b) (7)(

(b) (6), (b) (7)(C

Standard Form 86 Revised May 2016 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### 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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

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

**I Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, 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 national security sensitive 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 other 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 disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink)	Full name ( <i>Type or print legibly</i> ) Jeannie Sclafani Rhee	Date signed ( <i>mm/dd/yyyy</i> ) <i>S</i> - 2Z - 17
Other names used Hae Jin Rhee; Jeannie Hae Rhee; Jeannie Hae Sclafani Rhee	Date of birth (b) (6), (b) (7)(C)	Social Security Number (b) (6), (b) (7)(C)
$\begin{array}{c} \text{Current street address} \\ (b) (6), (b) (7) (C) \end{array} \qquad $	State (b) (b) (c) (c) (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)

#### Find A Member Search Results

#### Search again (find-a-member.cfm)

#### Records matching your search criteria: 1

 Jeannie H Sclafani Rhee WilmerHale 1875 Pennsylvania Avenue NW Washington DC 20006

Email: Phone: 202-514-8469 Fax:

Membership Status: Active Disciplinary history: No Date of admission: August 2, 1999

Save contact

I, <u>Jeannic S ence</u>, understand that each Department of Justice attorney must maintain an (Name) "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify that I am an "active" member of the bar in <u>fue District of Columbia</u> (State, territory or District of Columbia) and that my bar membership number (if any) is <u>464127</u>. I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

(Provide month, day and year)	Membership Status (For each State listed, you must check on Active Inactive	
August 2, 1999	×	
May 20, \$ 1998		×
		August 2, 1989 X

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?



Signature 5-22-17 Date

FORM DOJ-54 JUNE 2016

Look Up An Attorney  $\sim$ 

External Links 🗸

Q

# Massachusetts Board of Bar Overseers (/)

Attorney Registration (AttorneyType)

Who We Are

Complaints



**Rules & Decisions** 

Articles & Reports

#### Look Up An Attorney



All Locations Click on each Attorney for more details.

Name Status Malpractice Insurance **()** Location Public Discipline



()

#### Brian Michael Richardson (b) (6), (b) (7)(C)

Active No Washington

1 First St, NE Washington, District of Columbia 20543

Admitted to the Mass. Bar 11/29/2012

#### Board of Bar Overseers Number

685316

Not Covered because I (1) practice law as a government lawyer or am employed by an organization client, AND (2) do not represent clients outside that capacity

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# Attorney Attorney Detail

#### as of 06/25/2017

5284229

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Registered In-House Counsel Search

In-House Counsel Registration

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**Contact Us** 

BRIAN MICHAEL RICHARDSON SUPREME COURT OF THE UNITED STATES 1 1ST ST NE WASHINGTON, DC 20543-0001 United States (202) 479-3000

2014

1 YALE LAW SCHOOL Currently registered Mar 2018

Disciplinary History:

**Registration Number:** 

E-mail Address:

Law School: Registration Status:

Year Admitted in NY:

Department of Admission:

**Appellate Division** 

Next Registration:

No record of public discipline

Search Again

The Detail Report above contains information that has been provided by the attorney listed, with the exception of REGISTRATION STATUS, which is generated from the OCA database. Every effort is made to insure the information in the database is accurate and up-to-date.

The good standing of an attorney and/or any information regarding disciplinary actions must be confirmed with the appropriate Appellate Division Department. Information on how to contact the **Appellate Divisions** of the Supreme Court in New York is available at www.nycourts.gov/courts.

If the name of the attorney you are searching for does not appear, please try again with a different spelling. In addition, please be advised that attorneys listed in this database are listed by the name that corresponds to their name in the Appellate Division Admissions file. There are attorneys who currently use a name that differs from the name under which they were admitted. If you need additional information, please contact the NYS Office of Court Administration, Attorney Registration Unit at 212-428-2800.

www.NYCOURTS.gov

10

#### Applicant / Employee Disclosure Form

APPLICANTS: Thank you for your interest in the Department of Justice (DOJ). Having a relative already employed at DOJ does not affect our consideration of you for employment; however, the information requested below is necessary to help DOJ assure that all hiring decisions are free of inappropriate influence by relatives employed in the Department and otherwise are consistent with applicable laws and policies.

EMPLOYEES: You must submit this certification in connection with a personnel action by which you will move to a different position than the one you currently encumber.

Merit System Principles set forth in Section 2301(b) of title 5, U.S.C. provide guidance on federal personnel management. 5 U.S.C §§ 2302(b) and 3110(b) contain provisions identifying as a prohibited personnel practice engaging in nepotism (i.e., to appoint, employ, promote, or advance relatives; or advocate for the same) by public officials. It is also a prohibited personnel practice to grant a preference or advantage not authorized by law, rule or regulation to an employee or applicant for the purpose of improving or injuring any individual's prospects for employment. Consistent with these laws and applicable ethics requirements, you are asked to identify relatives or other covered individuals (defined below) who work anywhere in the Department. For purposes of this form, the term "relative" includes a DOJ employee's or applicant's spouse, parent, guardian, grandparent, sister/brother (including step/half relationships), child/grandchild (including biological, adopted, foster, or step child, legal ward, or child for whom the employee/applicant stands *in loco parentis*), in-law, aunt, uncle, nephew, niece, or first cousin. "Other covered individuals" include a domestic partner, more distant relatives than those listed above with whom the employee/applicant has a close personal relationship, or anyone currently residing in the employee's/applicant's household, even temporarily presente

- I do not do not ave a relative or other covered individual who works for the Department. Relevant details are provided below and on an attached page if necessary.
- Additional information is \_\_\_ / is not \_\_\_ attached.

Name	Relationship	Department of Justice Organization

#### SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

#### YOU MUST SIGN THIS DOCUMENT. Read the following carefully before you sign.

A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

BRIAN MICHAEL RICHARDSON Applicant/Employee Name (Please Print)	06/25/2017
Applicant / Employee Signature	Date Signed (Month, day, year)
Reviewing Official Signature	Date Signed (Month, day, year)

#### Please submit this form to

Privacy Act Notice: The information provided on this form is covered by and will be used and maintained in accordance with the Privacy Act of 1974, as amended.

Rev. September 2014

I, Brian Michael Richardson , understand that each Department of Justice attorney must maintain an (Name) "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify that I am an "active" member of the bar in Massachussetts (State, territory or District of Columbia) and that my bar membership number (if any) is 685316 . I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check of Active Inactive	
NY	09/29/2014	Х	

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?

(b) (6), (b) (7)(C)

Signature

06/25/2017

Date

FORM DOJ-54 JUNE 2016 TO BE USED FOR INITIAL INVESTIGATIONS OF NEW HIRES ONLY; <u>NOT</u> FOR REINVESTIGATIONS, HIRING OF SAUSAS OR FBI NON-AGENT ATTORNEYS, OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

#### U.S. Department of Justice

Tax Check Waiver

#### Please complete both sides of this form

#### A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice

I am signing this waiver to permit the Internal Revenue Service (IRS) 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 Jamila Frone, Director, Office of Attorney Recruitment & Management, U.S. Department of Justice (or designee):

- Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
- Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
- Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
- 4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
- Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

#### B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

(OVER)

MY NAME	Brian Richardson	(b) (6), (b) (7)(C)
CURRENT	(Please print or type) ADDRESS:	(b) (6), (b) (7)(C) (6), (b) (7)(C) (WORK)
TELETINO	(E Nothibelids. (nothib)	(Please include area codes)
SPUUSES.		51 000D 0 0011
NAMES A	ND ADDRESSES SHOWN O	N RETURNS (IF DIFFERENT FROM ABOVE)
YEAR	NAME	ADDRESS
		(b) (6), (b) (7)(C)
		(b) (6), (b) (7)(C)
		(b) (6), (b) (7)(C)
1. Answer (b) (6), (b	r <u>yes or no</u> : In the last seven ye	ears, have you failed to file a federal or state tax return? hy in the space provided below. (Attach additional pages, if necessary.)

2. Answer yes or no: During the last seven tax years, did you file a federal or state tax return more than 45 days after the due date for filing? Include any tax returns due more than seven years ago that were not filed until sometime (b) (6), (b) (7)(C) (c)f yes, please explain why in the space provided below. (Attach additional pages, if necessary.)

3. Answer yes or no: During the last seven tax years, did you make a federal or state tax payment more than 45 days after notice and demand? Include any tax payments due more than seven years ago that were not paid in full until sometime during the last seven years, as well as tax payments made pursuant to installment agreements with the IRS

or state tax authority. (b) (6), (b) (7)(C) (f yes, please explain why in the space provided below. (Attach additional pages, if necessary.)

4. Answer if applicable; if not applicable, indicate "N/A": If there was insufficient income to meet filing requirements, or filing requirements were met by filing with a foreign tax agency (e.g., Puerto Rico or the Virgin Islands), please describe the circumstances in the space provided below. (Attach additional pages, if necessary.)

Explar	nation(s) and further information		
Date:	0612512017	Signature:	on i
	(WAIVER INVALID UNLESS	1 - 2 - T	(Signature of Taxpayer Authorizing

DOJ-488 (Rev. 12/12)

#### United States Department of Justice

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. 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, BRIAN MICHAEZ RICHARDSON , hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

×/ (· Signature

06/25/2017

Special Coursel

ganization Assigned

DOJ-555 Revised Oct. 2008 Security and Emergency Planning Staff

- 1 -

Electronic Questionnaires for Investigations Processing (e-OIP) Investigation Request # (b)(6),(b)(7)(C) for Applicant SSN (b)(6),(b)(7)(C) Page 1 of 1 Signature Forms

# Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #

# (b) (6), (b) (7)(C)

### SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request #<sup>(b)(6),(b)(7)(C)</sup> The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request #<sup>(b)(6),(b)(7)(C)</sup> Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request #<sup>(b)(6),(b)(7)(C)</sup> Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256)

(b) (6), (b) (7)(C)	
Official Archival Copy PDF Hash Code (SHA-256):	
(b) (6), (b) (7)(C)	
Date/Time Certified in the e-QIP System: 2017-06-25 13:56:05	
Applicant's Social Security Number (b) (6), (b) (7)(C)	

# Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

#### Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)	11	•		Date (mm/dd/yyyy)
	62/		/	06/25/2017

Standard Form 86 Revised May 2016 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### 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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation (i.e. continuous evaluation) of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

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

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, 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 national security sensitive 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 other 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 disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink)	Full name (Type or print legibly) Brian Michael Richardson	Date signed $(mm/dd/yyyy)$ O 6/2 S/ $\lambda$ C (7)
Other names used	Date of birth (b) (6), (b) (7)(C)	Social Security Number (b) (6), (b) (7)(C)
$\begin{array}{c} \text{Current street address} \\ (b) (6), (b) (7) (C) \end{array} \qquad $	(C) State (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, 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 questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

#### Authorization

I am seeking assignment to or retention in a national security position. 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.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed 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 disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (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) Brian Michael Richardson		Date signed (mm/dd/yyyy) 06/25/2017	
Other names used		nin constant for the state	Date of	birth	Social Security Number	
				, (b) (7)(C)	(b) (6), (b) (7)(C)	
Current street address (b) (6), (b) (7)(C)	Apt.#	City (Country) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(	Zip Code (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)	
For Use By Practitioner(s) Onl	у					
Does the person under investigation security information? YES NO If so, describe the nature of the corr What is the prognosis?					v sateguard classified national	
Dates of treatment?						
Signature (Sign in ink)						

(b) (6), (b) (7)(C)

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### UNITED STATES OF AMERICA

#### FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

#### Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

#### Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

#### Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandalory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name	Social Security Number
Brian Michael Richardson	(b) (6), (b) (7)(C)
Signature (Sign in ink)	Date (mm/dd/yyyy)
mi	06/25/2017

e-QIP Document Type FCR

(b) (6), (b) (7)(C)

			Memora	ndum of Understanding
I,	Brian	Michael	Richardson	_, am presently being considered for the position of
	attorn	Name Ey	in the	S. C.
	Ti	itle		Component

#### Initial Review Process

I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

#### Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.

OARM - 1 Rev. March 2017 (Prior versions may not be used.) I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

OARM - 1 Rev. March 2017 (Prior versions may not be used.)

#### REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT

As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office (PRAO) at 202-514-0458.

Brian Michael Richardson

Signature

Printed Name

06/25/2017

Date

OARM-9 Nov 2006
# Declaration for Federal Employment\* (\*This form may also be used to assess fitness for federal contract employment)

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Brian Michael Richardson				
2. SOCIAL SECURITY NUMBER (b) (6), (b) (7)(C)		DF BIRTH (include city a 5), (b) (7)(C)	nd state or country)	
b. ARE YOU A U.S. CITIZEN?		New York Concerning Street Street	4. DATE OF BIRTH (MM / DD / YYYY)	
	(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
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ust register with the Selective Se				that yo
a. Are you a male born after Dec	ember 31, 1959?	(0)(0),(0)(1)	YES NO (If "NO", proceed	to 8.)
b. Have you registered with the S	Selective Service System?	?	YES (If "YES", proceed to 8.) NO (If "NO", proceed	to 7c.)
<ol> <li>If "NO," describe your reason(</li> </ol>	s) in item 16.			
lilitary Service				
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If you answered "YES," list the If your only active duty was trai				
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# **Declaration for Federal Employment\***

(\*This form may also be used to assess fitness for federal contract employment)

# Additional Questions

- 14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law,mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name,relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
- 15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

## Continuation Space / Agency Optional Questions =

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

# Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:	Date	Enter Date of Appointment or Conversion
(Sign in ink) 17b. Appointee's Signature:	Date 06/25/2017	MM / DD / YYYY
(Sign in ink)		

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?	MM / DD / YYYY DATE: (ongoing)		
18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	(b) (6), (b) (7)(C)		
18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.	(b) (6), (b) (7)(C)		

U.S. Office of Personnel Management 5U.S.C. 1302, 3301, 3304, 3328 & 8716 Optional Form 306 Revised October 2011 Previous editions obsolete and unusable

OMB No. 3206-0182

Form Approved



(b) (6), (b) (7)(C

Electronic Questionnaires for Investigations Processing (e-All Investigation Request # (b) (6) (b) (7) (C) for Applicant SSN Page 1 of 1 Signature Forms

# Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request # (b) (6), (b) (7)(C)

# SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request  $\#^{(b)(6), (b)(7)(C)}$  The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request  $\#^{(b)(6), (b)(7)(C)}$  Difficial Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request  $\#^{(b)(6), (b)(7)(C)}$  Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

(b) (b), (b) (7)(C) Official Archival Copy PDE Hash Code (SHA-256); (b) (6), (b) (7)(C) Date/Time Certified in the e-QIP System: 2017-05-21 23:49:24

Applicant's Social Security Number(b) (6), (b) (7)(C)

# **Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

# Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign ir		4 2 11	Date	(mm/dd/yyyy)
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(b) (6), (b) (7)(C)

PRIVACY ACT INFORMATION e-QIP Document Type CER



TO BE USED FOR INITIAL INVESTIGATIONS OF NEW HIRES ONLY; <u>NOT</u> FOR REINVESTIGATIONS, HIRING OF SAUSAS OR FBI NON-AGENT ATTORNEYS, OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

U.S. Department of Justice

Tax Check Waiver

#### Please complete both sides of this form

# A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice

I am signing this waiver to permit the Internal Revenue Service (IRS) 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 <u>Jamila Frone</u>, <u>Director</u>, <u>Office of Attorney Recruitment & Management</u>, U.S. Department of Justice (or designee):

- 1. Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
- 2. Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
- 3. Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
- 4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
- 5. Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

#### B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

(OVER)

10	a <b>ž</b>
e,	MY NAME: AARON M. ZEBLEY MY SSN: (b) (6), (b) (7)(C)
D	(Please print or type) CURRENT ADDRESS:(b) (6), (b) (7)(C) TELEPHONE NUMBERS: (HOME) (Please include area codes) (Please include area codes)
	SPOUSE'S NAME: $(b)(6),(b)(7)(C)$ SPOUSE'S SSN: $(b)(6),(b)(7)(C)$ NAMES AND ADDRESSES SHOWN ON RETORNS (IF DIFFERENT FROM ABOVE)
	YEAR NAME ADDRESS
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	1. (b)(6)(7)(C) r no: In the last seven years, have you failed to file a federal or state tax return? If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
1. 2	2. Answer yes or no: During the last seven tax years, did you file a federal or state tax return more than 45 days after the due date for filing? Include any tax returns due more than seven years ago that were not filed until sometime during the last seven years (e.g., a tax return due eight years ago that was not filed until five years ago). (b) (6) (0) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
a a	<ul> <li>Answer yes or no: During the last seven tax years, did you make a federal or state tax payment more than 45 days after notice and demand? Include any tax payments due more than seven years ago that were not paid in full until sometime during the last seven years, as well as tax payments made pursuant to installment agreements with the IRS or state tax enthority.</li> <li>(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)</li> </ul>
8 <sub>8</sub>	4. <u>Answer if applicable: if not applicable, indicate "N/A":</u> If there was insufficient income to meet filing requirements, or filing requirements were met by filing with a foreign tax agency (e.g., Puerto Rico or the Virgin Islands), please describe the circumstances in the space provided below. (Attach additional pages, if necessary.)
	Explanation(s) and further information
	Date: 5/22/2017 Signature: Caroly Signature: (Signature of Taxpayer Authorizing the Disclosure of Return Information)
21	DOJ-488
	(Rev. 12/12)

## United States Department of Justice

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. 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, <u>Aaron M. Zebley</u>, hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

1 ---

Signature

Current Organization Assigned

DOJ-555 Revised Oct. 2008 Security and Emergency Planning Staff



# U.S. Department of Justice

Justice Management Division

Human Resources

Washington, D.C. 20530

# PLEASE READ THIS BEFORE SIGNING

I understand that as a condition of my appointment to a position in the U.S. Department of Justice:

- (1) I must provide to the Drug-Free Workplace Program Office a urine specimen either before or on my first day of employment, for the purpose of testing it for the presence of illegal substances; and,
- (2) If my urine tests positive for illicit drug use, the positive test results will be used as grounds for my removal from the position to which I am being appointed.

5/22/2017 Ey Mon Signature: Date: 4ARON Type/Print Full Name: Counsel's 5 Division:

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

# UNITED STATES OF AMERICA

# FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION



#### Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

#### Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

#### Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name	e and a second	Social Security Number
aron Mortimer Zebley		
Signature (Sign in ink)	L R.l.o	Date (mm/dd/yyyy) 5/22/2017
amon	re young	3/22/42011
		# DD 144

(b) (6), (b) (7)(C)

e-QIP Document Type FCR

Standard Form 86 **Revised December 2010** U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

# **QUESTIONNAIRE FOR** NATIONAL SECURITY POSITIONS

# UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)



#### Instructions for Completing this Release

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

#### Authorization

I am seeking assignment to or retention in a national security position. 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.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed 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 disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in in K) Jan A Biblin	Full name <i>(Type or print legibly)</i> Aaron Mortimer Zebley	Date signed (mm/dd/yyyy) 5/22/2017
Other names used	Date of birth	Social Security Number
Aaron Mortimer Taylor Luli975-3/1982	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
$\begin{array}{c} \text{Current street address} & \text{Apt.} \# \\ (b) (6), (b) (7) (C) & (b) (6), (b) (7) (C) \end{array}$	State Zip Code (0) (6) (0) (7) (0) (0) (0) (7) (0)	Home telephone number (b) (6), (b) (7)(C)
Does the person under Investigation have a condition that could impair his or her j security information?  YES NO If so, describe the nature of the condition and the extent and duration of the impair		rly safeguard classified national
What is the prognosis?	8	30 32 33
Dates of treatment?	с а е ж	
Signature (Sign in ink) Practitioner name	0 2	Date signed (mm/dd/yyyy)

e-QIP Version 3.23 e-QIP Investigation Request #

(b) (6), (b) (7)(C

e-QIP Document Type MEL

(b) (6), (b) (7)(C

### Applicant / Employee Disclosure Form

APPLICANTS: Thank you for your interest in the Department of Justice (DOJ). Having a relative already employed at DOJ does not affect our consideration of you for employment; however, the information requested below is necessary to help DOJ assure that all hiring decisions are free of inappropriate influence by relatives employed in the Department and otherwise are consistent with applicable laws and policies.

EMPLOYEES: You must submit this certification in connection with a personnel action by which you will move to a different position than the one you currently encumber.

Merit System Principles set forth in Section 2301(b) of title 5, U.S.C. provide guidance on federal personnel management. 5 U.S.C §§ 2302(b) and 3110(b) contain provisions identifying as a prohibited personnel practice engaging in nepotism (i.e., to appoint, employ, promote, or advance relatives; or advocate for the same) by public officials. It is also a prohibited personnel practice to grant a preference or advantage not authorized by law, rule or regulation to an employee or applicant for the purpose of improving or injuring any individual's prospects for employment. Consistent with these laws and applicable ethics requirements, you are asked to identify relatives or other covered individuals (defined below) who work anywhere in the Department. For purposes of this form, the term "relative" includes a DOJ employee's or applicant's spouse, parent, guardian, grandparent, sister/brother (including step/half relationships), child/grandchild (including biological, adopted, foster, or step child, legal ward, or child for whom the employee/applicant stands *in loco parentis*), in-law, aunt, uncle, nephew, niece, or first cousin. "Other covered individuals" include a domestic partner, more distant relatives than those listed above with whom the employee/applicant has a close personal relationship, or anyone currently residing in the employee's/applicant's household, even termorarily.

- (b) (b) (f) (C)
   I do take a relative or other covered individual who works for the Department. Relevant detans-are provided below and on an attached page if necessary.
- Additional information is (/ is not ) attached.

Name	Relationship	Department of Justice Organization	
		1	

# SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

#### YOU MUST SIGN THIS DOCUMENT. Read the following carefully before you sign.

• A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

• I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Aaron M. Zelolly Applicant / Employee Name (Please Print)	5/22/2017
Applicant / Employee Signature	Date Signed (Month, day, year)
Reviewing Official Signature	Date Signed (Month, day, year)

#### Please submit this form to

Privacy Act Notice: The information provided on this form is covered by and will be used and maintained in accordance with the Privacy Act of 1974, as amended.

Rev. September 2014

## Memorandum of Understanding

I, <u>AARON M. ZEBLEY</u>, am presently being considered for the position of <u>Attorney specially</u> in the <u>The Spectral Counsel's Othice</u> Nile Component apported by the EActorney J Attorney General " (28 USC 515) Initial Review Process

I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

### Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.

OARM - 1 Rev. March 2017 (Prior versions may not be used.) I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

bley havon Signature: 5 Date:

OARM - 1 Rev. March 2017 (Prior versions may not be used.)

# REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT

As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office (PRAO) at 202-514-0458.

AARON M. ZOBLE

22/2017

Abley Signature

OARM-9 Nov 2006

Date

Standard Form 86 Revised May 2016 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 OMB No. 3206-0005

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

# 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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

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

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, 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 national security sensitive position, in accordance with 5 U.S.C. 9101. Lunderstand 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 other 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 disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink) Jennon Ja Ribley	Full name (Type or print legibly) Aaron Mortimer Zebley	Date signed (mm/dd/yyyy) 5/22/2017
Other names used Aaron Mortimer Taylor	Date of birth (b) (6), (b) (7)(C)	Social Security Number (b) (6), (b) (7)(C)
$\begin{array}{c} \text{Current street address} \\ (b) (6), (b) (7) (C) \end{array} \xrightarrow{\text{Apt.#}} \begin{array}{c} \text{Cirr} (Country) \\ (b) (6), (b) (7) (C) \end{array}$	)(C) State Zip Code (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)

e-QIP Version 3.23 e-QIP Investigation Request #<sup>(b) (6), (b) (7)(C)</sup>

e-QIP Document Type REL

# Declaration for Federal Employment\* (\*This form may also be used to assess fitness for federal contract employment)

Form Approved: OMB No. 3206-0182

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# **GENERAL INFORMATION**

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

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2.		o) (6), (b)		3a. PLACE (	OF BIRTH (Inclu	de city ar		(b) (7)	C)		
3b.	ARE	YOU A U.S. CITI		(6), (b) (7)(C)					eirth () (6), (k	м/рр/үү o) (7)(0	ĊĴ
5.		R NAMES EVER	FUTURATION AND REALINE R	ample, maiden name	e, nickname, etc)			6. PHONE NL Day ♦ Night ♦	1	Include area	1
Se	V lectiv	ve Service R	enistratio	7				Night Y	, (0),	(19) (1	
7a. 7b. 7c. Mil 8.	Are yo Have y If "NO <b>litary</b> Have y	ou a male born af you registered wi ," describe your r Service — you ever served in answered "YES,"	ter December ith the Selectiv reason(s) in ite n the United St <i>list the branch</i>	e Service System m 16. ates military? , dates, and type o	? of discharge for	[ all active	ES ES (If "YES YES (If "YE	5", proceed to 8.) S", provide inform	ю		oceed to 7c.)
	lf your	only active duty Branch	MINIMAN MANAGE	the Reserves or N m (MM/OD/YYYY)	To (MM/DO/Y	0000000000000000000	NO."	с Тура (	d Dischal	.de	
	e <sup>n 3</sup>							13	81 81 88 (11) 11	9	
Ra	ekar	ound Inform	ation					1944 1			internet and
For you For fine: final	all que list will questions of \$30 lly deci	estions, provide I be considered. I ons 9,10, and 11, 00 or less, (2) an ided in juvenile of	all additiona However, in m your answers y violation of la ourt or under a	I requested inform ost cases you can should include co aw committed befor Youth Offender la the record was et	still be consider nvictions resulti pre your 16th bir w, (4) any conv	ed for F ng from thday, (S	ederal jobs. a plea of <i>noi</i> 3) any violati t aside unde	lo contendere (i on of law comm r the Federal Y	to contest	), but omit re your 18t	(1) traffic h birthday if
9.	(Inclue to prov	des felonies, firea	arms or explosion of the	n convicted, been ves violations, mis e violation, place o	sdemeanors, an	d all othe	er offenses.)	If "YES," use it	em 10	o) (6), (k	o) (7)(C)
10.	"YES,	you been convict " use item 16 to j ss of the military	provide the dat	y court-martial in t e, explanation of t ourt involved.	he past 7 years' he violation, pla	? (If no n ce of oc	nilitary servic currence, an	ce, answer "NO Id the name and	.") Ħ 1 .	b) (6), (	b) (7)(C)
11.	Are yo the vi	ou currently unde	r charges for a occurrence, ar	ny violation of law	? If "YES," use i ddress of the po	tem 16 t lice dep	lo provide th artment or c	e date, explana ourt involved.	tion of (	b) (6), (	(b) (7)(C)
12.	would from F	be fired, did you Federal employm	leave any job ent by the Offic	en fired from any ju by mutual agreem ce of Personnel M n of the problem,	ent because of anagement or a	specific ny other	problems, or Federal age	r were you deba ency? If "YES,"	use item Idress.		b) (7)(C
13.	of ber	nefits, and other	debts to the U.	bt? (Includes delin S. Government, p s.) If "YES." use it	lus defaults of F	ederally	guaranteed	or insured loan	s such	o) (6), (I	b) (7)(C)

delinquency or default, and steps that you are taking to correct the error or repay the debt.

U.S. Office of Personnel Management 5 U.S.C. 1302, 3301, 3304, 3328 & 8716

# **Declaration for Federal Employment\***

(\*This form may also be used to assess fitness for federal contract employment)

# **Additional Questions**

- 14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- 15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

# Continuation Space / Agency Optional Questions =

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your egency is authorized to ask them).

# **Certifications / Additional Questions**

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:	amont	h Bebley	Date 5/22	-/17	Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY
17b. Appointee's Signature:	(Sign in ink)		Date		
	(Sign in ink)				

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?	DATE: 03/30/2014
18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	(b) (6), (b) (7)(C)
18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.	(b) (6), (b) (7)(C)

U.S. Office of Personnel Management

5 U.S.C. 1302, 3301, 3304, 3328 & 8716



Form Approved: OMB No. 3206-0182

# (b) (6), (b) (7)(C)

(b) (6), (b) (7

# **Find A Member Search Results**

# Search again (find-a-member.cfm) .

Records matching your search criteria: 1

1. Aar **on Mortimer Zebley** WilmerHale 1875 Pennsylvania Avenue NW Washington DC 20006-3642

Email: Phone: 202-663-6808 Fax:

Membership Status: Active Disciplinary history: No Date of admission: November 21, 2014

Save contact

1, Aavan M. Zebley, understand t	hat each l	Department of J	ustice attorne	y must maintain	an
(Name) U "active" membership in the bar of at least one Sta					ĵy -
that I am an "active" member of the bar in	New	York	and	D.C.	
and that my bar membership number (if any) is_					nat
failure on my part to maintain an "active" bar me	mbership	at any time du	ring my emplo	oyment as an	
attorney at the Department may result in my pay	being wif	thheld and subje	ect me to poss	ible disciplinary	
action.			2	10.000	80

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one Active Inactive
DC	Approx octINON. 2014	· /
1023653		

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed nce becoming a member of the Bar of any State, territory, or the District of Columbia? (b) (6), (b)

colu

Signature

5 Date

FORM DOJ-54 **JUNE 2016**