Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, social security number, and date and place of birth.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

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

The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. 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.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

Your Personal Interview

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

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documents; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form

- 1. Follow the instructions, provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- Type or legibly print your answers in ink. If the form is not legible, it will not be accepted. You may also be asked to submit your form using the approved electronic format.
- 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A," unless otherwise noted.
- 4. Any changes that you make to this form, after you sign it, must be initialed and dated by you. Under extremely limited circumstances, agencies may modify your response(s) with your consent.
- You must use the Location codes (abbreviations), immediately following the Privacy Act Routine Uses, when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- 6. Place of birth requires Country entry, even if in the U.S.

- The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 8. For telephone numbers in the U.S., ensure that the area code is included.
- 9. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.
- 10. If additional space is required for an explanation or to list your residences, employment/self- employment/unemployment, or education, you should use a continuation sheet, SF 86A, located at http://www.opm.gov/forms, select standard forms. If additional space is required to answer other items, use the Continuation Space, on page 107, or a blank sheet(s) of paper. Include your name and SSN at the top of each blank sheet (s) used.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of race, color, religion, sex, national origin, disability, or sexual orientation when granting access to classified information.

Penalties for Inaccurate or False Statements

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

Disclosure Information

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

Privacy Act Routine Uses

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

records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

- 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 3. Except as noted in Sections 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
- 4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
- 6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
- 7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
- 8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
- 9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
- 10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.
- 11. To the Office of Management and Budget when necessary to the review of private relief legislation.

				LOCATION CO	DES				
Alabama	AL	Hawaii	н	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	ТΧ
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	СТ	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Florida	FL	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
Georgia	GA	-							
American Samoa	AS	Johnson Atoll	JQ	Midway Islands	MQ	Palmyra Atoll	LQ	Wake Island	WQ
Baker Island	FQ	Kingman Reef	KQ	Navassa Island	BQ	Puerto Rico	PR	APO/FPO America	AA
Guam	GU	Marshall Islands	MH	Northern Mariana Islands	MP	Virgin Islands, United	VI	APO/FPO Europe	AE
Howland Island	HQ	Micronesia, Federated	FM	Palau	PW	States		APO/FPO Pacific	AP
Jarvis Island	DQ	States							

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

AGENCY USE BLOCK "AUB"		
Investigating agency user only	Codes: (FIPC CODES)	Case Number:

FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.

A Type of investigation	B Extra cove	rage/Advanc	e results	C Se	ensitiv	ity leve	Com	ou/ADP	D Ac	cess/Eligi	bility	E	Nature	e of a	ction code
F Date of action (Month/Day/	Year) G Geo	ographic loca	ation	H Po	osition	code	I Pos	ition title	; ;			J	SON (Submi	itting Office Number)
K Location of official person	nnel folder		None NPRC		t SON	1	Other	Other a	ddress	/Web add	iress o	of e-OPF	F	Z	ip Code
L SOI (Security Office Identifie	er) M Locatio	on of security	/ folder		lone IPI		At SOI Other	Other a	ddress		-			Z	ïp Code
N IPAC	O Treasu	Iry Account S	Symbol		P	• Oblig	ating do	cument	numbe	r	Q Bu:	siness E	Event T	уре С	;ode
R Accounting data and/or A	gency case n	umber								S Inves	tigative	e requir	ement		Initial Reinvestigation
T Requesting official - Nam	e	^{Tit}	le							Signature	e				
Email address									Teleph	one numb	per (Ind	clude Ext	t.)	Date	(Month/Day/Year)
U Secondary requesting off	icial - Name						Title								
Email address			Tele	phone i	numbe	er <i>(Inclu</i>	de Ext.)	V App	olicant a	filiation		FED C MIL			ON Other
W Deployment/PCS - (Do no Location (if imminent)	ot provide deplo	yment data if (Classified c	or Sensit	tive info	ormation)								
From (Month/Day/Year)	Est.	Γο (Month/Dag	/Year)	Es [.] Pe		ent Relo	ocation	Reaso	on(s) fo	r tempora	ry duty	y assign	nment o	r PCS	\$
Point of contact at location	on Telepho	one number (Include Ex	t.) A	Addres	ss/Unit/	Duty loc	ation (Ind	clude Cit	y or Post N	lame)				
Commercial and Governme	nt Entity (CAC	E) Code		C	Contra	ct Num	ber								
Agency Special Instructions	for the Invest	igative Servi	ce Provid	er.											

PERSONS COMPLETI		ULD BEGIN WITH THE QU	JESTIONS BELOW AFTER CAR	EFULLY READING
	ate or false statement (per	U. S. Criminal Code, Title 18, se	fy information on this form, I am subjec action 1001), denial or revocation of a	
Section 1 - Full Name				
Provide your full name. If you Name". If you are a "Jr.," "Sr., Last name	," etc. enter this under Suffix	me, provide them and indicate "In ‹. name	itial only". If you do not have a middle nan Middle name	ne, indicate "No Middle Suffix
Section 2 - Date of Birth	Section 3 - Place of Bir			
Provide your date of birth. (Month/Day/Year)	Provide your place of birth City	h. County	State Country (Re	quired)
Section 4 - Social Security	Number		····	
Provide your U.S. Social Secu	urity Number.			
	Not app	plicable		
Section 5 - Other Names Us	ed			
Have you used any other nam	nes?		YES NO (If NO,	proceed to Section 6)
Complete the following if you	u have responded 'Yes' to h	aving used other names.		
	f you have only initials in yo	our name(s), provide them and indi	ur maiden name(s), name(s) by a former r icate "Initial only." If you do not have a mic	
#1 Last name		First name	Middle name	Suffix
From (Month/Year)	To (Month/Year) Est.	Present Maiden name? Est. YES	Provide the reason(s) why the name c	hanged
#2 Last name		First name	Middle name	Suffix
From (Month/Year)	To (Month/Year) Est.	Present Maiden name? Est. YES	Provide the reason(s) why the name c	hanged
#3 Last name		First name	Middle name	Suffix
From (Month/Year)	To (Month/Year) Est.	Present Maiden name? Est. YES	Provide the reason(s) why the name c	hanged
#4 Last name		First name	Middle name	Suffix
From (Month/Year)	To (Month/Year) Est.	Present Maiden name? Est. YES	Provide the reason(s) why the name c	hanged
Section 6 - Your Identifying	Information	•		
Provide your identifying inform Height	nation. Weight <i>(in pounds)</i>	Hair color	Eye color	Sex Female
(feet) (in	nches)			Male

Page 1

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 7 - Your Contact Information									
Provide your contact information. Home e-mail address			Work e-mail	address					
International or DSN phone number	International of	or DSN pho	one number		Inter	mational or I	OSN phone	number	
— Home telephone number Extension 🗌 Day	Work telephone	number	Extension	Day	Mobile/	Cell telephor	ne number	Extension	Day
Night				Night					Night
Section 8 - U.S. Passport Information					1				
Do you possess a U.S. passport (current or expired	I)?								
YES NO (If NO, proceed to Section 9)									
Provide the following information for the most recer Passport number Issue dat	nt U.S. passport yc e <i>(Month/Day/Year)</i> Es	Expiratio	possess. on date _{(Mont}		The follo passport	wing link will help. <u>http://t</u>	provide U.S	5. State Dep gov/passpor	partment <u>t</u>
Provide the name in which passport was first issued	d.								
Last name	First name			Mi	iddle nam	e		Suffix	
Section 9 - Citizenship									
Select the box that reflects your current citizenship	status.								
I am a U.S. citizen or national by birth in the U (Proceed to Section 10)	.S. or U.S. territor	y/commonv	vealth.	lam	a naturali	zed U.S. citi	zen. (Comple	ete 9.2)	
I am a U.S. citizen or national by birth, born to (Complete 9.1)	U.S. parent(s), in	a foreign c	ountry.	l am	not a U.S	. citizen. (Co	mplete 9.3)		
9.1 Complete the following if you answered that	you are a U.S. cit	tizen or na	tional by bir	th, born to l	J.S. pare	nt(s) in a fo	reign coun	try.	
Provide type of documentation of U.S. citizen bo	rn abroad. Other (Provide	e explanatio	n) ▶						
Provide document number for U.S. citizen born a	broad. Pro	ovide the da	ate the docur	ment was iss	ued. (Mor	nth/Day/Year)			
						Est.			
Provide the place of issuance. (Provide City and Co City	- · ·	United States ountry	; otherwise, pr	ovide City and	State.)				
Provide the name in which document was issued Last name	l. First name			_ M	iddle narr	ie		Suffix	
Provide your citizenship certificate number.	Provide the name	e of the cou	irt that issued	d the citizens	ship certifi	cate.			
Provide the address of the court that issued the	citizenship certifica	ate.							
Street			City				State	Zip Code	e
Provide the name in which the certificate was iss			•						
Last name	First name			м 	iddle nam	le		Suffix	
Provide the date the certificate was issued. (Moni	th/Day/Year) We	ere you borr	n on a U.S. m	nilitary install	ation?	Provide the	e name of th	e base.	
	Est.]YES	NO (If NO, pr	roceed to Sect	tion 10)				

Section 9 - Citizenship - (Continued)

9.2 Complete the following if you answere	d that	you are a natu	ralized U.S. cit	izen.						
Provide the date of entry into the U.S.	Pro	ovide the location	on of entry into t	he U.S.						
(Month/Day/Year)	L Cit	y			State					
Es	ι.									
Provide country(ies) of prior citizenship. #1 Country				#2 Counti	-y					
					-					
Do/did you have a U.S. alien registration n	umbe	r?								
	annoo									
	l.S. ali	en registration	number.							
Provide your citizenship certificate	Pro	vide the date th	e citizenship ce	rtificate wa	5	Pro	ovide the name of the o	court that issue	ed the citize	enship
number.		ed. (Month/Day			-	cer	rtificate.			
					Est.					
Provide the address of the court that issue	d the	citizenship cert	ificate.					01.1		
Street				City				State	Zip Code	
Provide the name in which the citizenship Last name	certifio	cate was issued First name	1.				Middle name		Suffix	
Provide your naturalization certificate num	hor		Drovido the dat	a tha natur	alization		artificate was issued (A	Acath (Dour (Maar)		
	Der.		FIONUE life dat		alizatioi	n ce	ertificate was issued. (N	(onth/Day/Year)	[Est.
	ula a	Dravida tha a	ddroop of the or	wrt that iss	und the		turalization cortificate		L	
Provide the name of the court that issued the naturalization certificate.	ine	Street		ount that iss	City	: na	turalization certificate.	State	Zip Code	
									.	
Provide the name in which the naturalization	on cer	I tificate was issi	ied		I					
Last name	011 001	First name					Middle name		Suffix	
Provide the basis of naturalization.				(Description of		>				
Based on my own individual naturaliza				(Provide ex	planatio	on)	•			
By operation of law through my U.S. c	uzen	parent								
9.3 Complete the following if you answere	ed that	t you are not a	U.S. Citizen.							
Provide your residence status. Provide	e your	date of entry ir	the U.S. (Month	n/Day/Year)						
					[Est.			
Provide country(ies) of prior citizenship.										
#1 Country				#2 Counti	у					
Provide your place of entry in the U.S.			State							
City			State							
Brovido your alion registration number	Drev	:da fura af da a	una anti-a au a d (l	04 ata)						
Provide your alien registration number.			ument issued. (I S. Visa	-94, etc.)] Other (Pro	wide ex	vnla	anation)			
Provide document number.				J (•		ion data of via	a (Manth/D	
	FIUV		cument was issu	ieu (iviontr F	a/Day/Ye │Est.	. a()	Provide the expirat	ION UALE OF VIS	a. (wontri/D	Est.
Provide the name in which the desurgent		suod		L					l	
Provide the name in which the document v Last name	vas 15	First name					Middle name		Suffix	
									1	

Section 10 - Dual/Multiple Citizenship & Foreign P	assport Information					
10.1 Do you now or have you EVER held dual/multip	le citizenships?			YES	NO (If NO, proceed to	10.2)
Complete the following if you answered 'Yes' to ha	wing EVER held dual/mult	iple citizenship.				
Entry #1						
Provide country of citizenship.		(Provide the dat	te range tha	at you held thi	l citizenship with this cou s citizenship, beginning wi Present," whichever is apj	th the date it
How did you acquire this non-U.S. citizenship you n	ow have or previously had	? From Date (Mor	nth/Year)	Est.	To Date (Month/Year)	Present Est.
Have you taken any action to renounce your foreig	n citizenship?	-				
YES NO Provide explanation:						
Do you currently hold citizenship with this country?						
YES NO Provide explanation:						
Entry #2						
Provide country of citizenship.				•	I citizenship with this cou	•
					s citizenship, beginning wi Present," whichever is apj	
How did you acquire this non-U.S. citizenship you n	ow have or previously had	? From Date (Mo			To Date (Month/Year)	Present
				Est.		Est.
Have you taken any action to renounce your foreig	n citizenship?	·				
YES NO Provide explanation:						
Do you currently hold citizenship with this country?)					
YES NO Provide explanation:						
10.2 Have you EVER been issued a passport (or ide	ntity card for travel) by a c	ountry other than th	e U.S.?	YES	NO (If NO, proceed to S	Section 11)
Complete the following if you answered 'Yes' to ha	iving been issued a passpo	ort (or identity card	for travel) t	by a country o	other than the U.S.	
Entry #1						
Provide the country in which the passport (or ident	ity card) was issued.	Provide the da	te the pass	sport (or iden	iity card) was issued. <i>(Mo</i>	<i>nth/Day/Year)</i>
Provide the place the passport (or identity card) wa City	as issued.		Country			
Provide the name in which passport (or identity cal Last name	rd) was issued. First name		Middle n	ame	Suffix	
Provide the passport (or identity card) number.		Provide the pa	l ssport (or i	dentity card)	expiration date. (Month/Da	
Have you EVER used this passport (or identity car	rd) for foreign travel?					Est.
Provide the countries to which you traveled on this	s passport (or identity card	l) and the dates invo	olved with e	each.		
Country	Fron	n date (Month/Year)		To date (Mo	onth/Year)	
#1		[Est.		Est.	Present
#2		[Est.		Est.	Present
#3		[Est.		Est.	Present
#4			Est.		Est.	Present
#5		[Est.		Est.	Present
#6			Est.		Est.	Present

Enter your Social Security Number before going to the next page

Section 10 - Dual/Multiple Citizenship & Foreign Passport Information - (Continued)

Complete the following if you answered 'Yes' to have	Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.										
Entry #2											
Provide country in which the passport (or identity of	card) was issued.		Provide the date	the pass	port (or identity card) was is	sued. (Month/Day/Year)					
						Est.					
Provide the place the passport (or identity card) w	as issued.			Country							
City			l I	Country							
Provide the name in which passport (or identity card) was issued.											
Last name	First name			Middle na	ame	Suffix					
Provide the passport (or identity card) number. Provide the passport (or identity card) expiration date. (Month/Day/Year)											
						Est.					
Have you EVER used this passport (or identity can	rd) for foreign travel?	1									
Provide the countries to which you traveled on this	s passport (or identity	y card) a	nd the dates involv	ved with e	each.						
Country		From da	ate (Month/Year)		To date (Month/Year)						
#1				Est.		Est. Present					
#2				Est.		Est. 🗌 Present					
#3				Est.		Est. 🗌 Present					
#4				Est.		Est. Present					
#5				Est.		Est. 🗌 Present					
#6				Est.		Est. Present					

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives.

Enter residence information.						
Entry #1						
Provide dates of residence.	ls/was t	his residence:				
From Date (Month/Year) To Date (Month/Year)	Present Ow	ned by you 🛛 🗌 Re	ented or leased	by you		
Est.	Est. Milit	tary housing	her (Provide ex	(planation)		
Provide the street address. (Provide City and Country it	f outside the United States; oth	nerwise, provide City, Sta	ate and Zip Code.)		
Street	City	State	Zip Code	Cou	ntry	
If you have indicated an APO/FPO address, complete	ete (a). If vou have indica	ted an address outsi	de of the Unite	d States. con	nplete (b).	
(a) Provide physical location data with street addre	ess, base, post, embassy,	unit, and country loc				City and Country
if outside the United States; otherwise, provide City, S		,		0		
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Cou	ntry	
(b) Did you have an APO/FPO address while at thi	s location?	400 500				7. 0. 1
YES -> Address		APO or FPO	1	APO/FPO St	ate Code	Zip Code
NO						
Provide the name of a neighbor or other person wh	o knows you at this addre	ess.			Provide date of	last contact.
Last name First name	9	Middle name	1	Suffix	(Month/Year)	
						Est.
Provide your relationship to this person (Check all t	that apply).		·			
Neighbor Friend Landlord	Business associate	Other (Provide	explanation)			
Provide the following contact information for this pe	erson.					
I don't know	I don't know		🗌 I	don't know		
International or DSN phone number	International or DSI	N phone number	Ir	nternational o	r DSN phone nur	mber
Evening telephone number Extension	Daytime telephone num	nber Exte	ension Cell/r	nobile teleph	one number	Extension
Provide e-mail address for this person.						
			l don't know			
Provide street address for this person (including ap	artment number) (Provide	City and Country if outs	ide the United Sta	ates: otherwise	provide City State	and Zin Code)
Street	City	State	Zip Code	Cou		
If you have indicated an APO/FPO address, completing (a) Provide physical location data with street address and the street address and the street address and the street address address and the street address ad				-	,	City and Country
if outside the United States; otherwise, provide City, S			ation of nome	porvileet fiea		City and Country
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Cou	ntry	
(b) Does the person who knew you have an APO/F	PO address?		1			
☐ YES → Address		APO or FPO		APO/FPO St	ate Code	Zip Code

Section 11 - Where You Have Lived - (Continued)				
Enter residence information.				
Entry #2				
Provide dates of residence.	ls/was	s this residence:		
From Date (Month/Year) To Date (Month/Year) 🗌 Present 🛛 🖸 O	wned by you	ed or leased by you	
Est.	Est. M	filitary housing	r(Provide explanation	n) ▶
Provide the street address. (Provide City and Country	if outside the United States;	otherwise, provide City, State	and Zip Code.)	
Street	City	State	Zip Code	Country
If you have indicated an APO/FPO address, compl	ete (a). If you have indiv	cated an address outside	of the United States	, complete (b) .
(a) Provide physical location data with street address			ion or home port/flee	t headquarter. (Provide City and Country
if outside the United States; otherwise, provide City, S		s in the United States.) State	Zin Code	Country
Street Address/Unit/Duty Location	City or Post Name		Zip Code	Country
(b) Did you have an APO/FPO address while at th	is location?	APO or FPO		O State Code Zip Code
NO				
Provide the name of a neighbor or other person will Last name First name			Cuffix	Provide date of last contact. (Month/Year)
Last name First name	3	Middle name	Suffix I	
				Est.
Provide your relationship to this person (Check all	that apply).			
Neighbor Friend Landlord	Business associate	Other (Provide ex	xplanation) 🕨	
Provide the following contact information for this p	erson.			
I don't know	🗌 l don't know		🗌 l don't kn	ow
International or DSN phone number	International or D	SN phone number	Internatio	nal or DSN phone number
Evening telephone number Extension	Daytime telephone nu	umber Exten	sion Cell/mobile te	lephone number Extension
Provide e-mail address for this person.			I	
			don't know	
Provide street address for this person (including a	partment number). (Provi	ide Citv and Countrv if outside	the United States: other	wise, provide City, State and Zip Code.)
Street	City	State	Zip Code	Country
If you have indicated on ADO/EDO address, some		estad an address autoida	of the United States	complete (h)
If you have indicated an APO/FPO address, compl (a) Provide physical location data with street addre	., .			
if outside the United States; otherwise, provide City, S				
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
(b) Does the person who knew you have an APO/	FPO address?	I	ı I	
☐ YES → Address		APO or FPO	APO/FP	O State Code Zip Code
□ NO				

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•

Section 11 - Where You Have Lived - (Continued)								
Enter residence information.								
Entry #3								
Provide dates of residence.	ls/w	vas this reside	ence:					
From Date (Month/Year) To Date (Month/Year)	Present	Owned by yo	u 🗌 Rent	ted or lease	d by you			
Est.	Est.	Military hous	ing 🗌 Othe	er (Provide e	xplanatior	n) ▶		
Provide the street address. (Provide City and Country i	f outside the United State	s; otherwise, pro	ovide City, State	and Zip Cod	e.)			
Street	City	i	State	Zip Code		Country		
If you have indicated an APO/FPO address, complete	ete (a). If you have in	dicated an ad	dress outside	of the Unit	ed States,	complete	e (b).	
(a) Provide physical location data with street addre				ion or home	e port/fleet	headqua	rter. (Provide	e City and Country
if outside the United States; otherwise, provide City, S Street Address/Unit/Duty Location	State and Zip Code for po City or Post Name	orts in the United	d States.) State	Zip Code		Country		
Street Address/Only Duty Location		1	State		1	Country		
(b) Did you have an APO/FPO address while at th	IS location?	APO or	FPO		APO/FP	O State C	ode	Zip Code
□ YES → Address								
						Due	dala alata at	
Provide the name of a neighbor or other person wh Last name First name		Middle r	name		Suffix	-	vide date of nth/Year)	last contact.
	-					,		Est.
Dravida your relationship to this person (Check all	that apply)							
Provide your relationship to this person (Check all			n (Dravida a	()				
Neighbor Friend Landlord	Business associate		er (Provide e	xpianation)	•			
Provide the following contact information for this pe	_			. —				
I don't know	I don't know	DOM: 1			I don't kno			
International or DSN phone number	International or	•					N phone nu	
Evening telephone number Extension	Daytime telephone	number	Exter	ision Cell	/mobile tel	lephone n	umper	Extension
Provide e-mail address for this person.								
			I	don't know				
Provide street address for this person (including ap	, ,	ovide City and C			tates; other		le City, State	and Zip Code.)
Street	City I	1	State	Zip Code	1	Country		
If you have indicated an APO/FPO address, complete	())				-	•	• •	
(a) Provide physical location data with street addres if outside the United States; otherwise, provide City, S				ion or home	e port/fleet	headqua	rter. (Provide	e City and Country
Street Address/Unit/Duty Location	City or Post Name		State	Zip Code		Country		
						,		
(b) Does the person who knew you have an APO/I	EPO address?							
YES Address		APO or	FPO		APO/FP	O State C	ode	Zip Code

Section 11 - Where You Have Lived - (Continued) Enter residence information. Entry #4 Provide dates of residence. Is/was this residence: From Date (Month/Year) To Date (Month/Year) Present Owned by you Rented or leased by you Est. Military housing Other(Provide explanation) Est. Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street State Country City Zip Code If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Did you have an APO/FPO address while at this location? Address APO or FPO APO/FPO State Code Zip Code YES -NO Provide the name of a neighbor or other person who knows you at this address. Provide date of last contact. First name Suffix (Month/Year) Last name Middle name Est. Provide your relationship to this person (Check all that apply). Neighbor Friend Landlord Business associate Other (Provide explanation) Provide the following contact information for this person. I don't know I don't know I don't know International or DSN phone number International or DSN phone number International or DSN phone number Evening telephone number Daytime telephone number Cell/mobile telephone number Extension Extension Extension Provide e-mail address for this person. I don't know Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Does the person who knew you have an APO/FPO address? APO or FPO APO/FPO State Code Address Zip Code YES -1 NO

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Section 12 - Where You W	lent to School								
Do not list education before	e your 18th birthday, unles	ss to provide	e a mir	nimum of two yea	rs of education	n history.			
(a) Have you attended any	schools in the last 10 year	ars?		(b) Have yo	u received a de	egree or diploma r	more than 10 y	/ears ago?	
YES NO				YES	NO (If NO to 1	2(a) and 12(b), proce	eed to Section 1	3A)	
Entry #1									
Provide the dates of atte			Seleo	ct the most approp	priate code to c	describe your scho	ool.		
From Date (Month/Year)	To Date (Month/Year)	Present	Ē	ligh School		Vocational/	Technical/Trac	le School	
Est.		Est.		college/University/	Military Colleg	e Correspond	lence/Distance	e/Extension/On	line School
Provide the name of the	school.								
	ss of the school. For corre outside the United States; othe				ne schools, pro	ovide the address	where the rec	ords are mainta	ained.
Street	,	City		. ,	State	Zip Code	Country		
For schools you attended	d in the last 3 years, list a years ago. For correspond	person who	o knew	you at the schoo	l (instructor, st	tudent, etc.). Do no	ot list people fo	or education pe	riods
	st name	ience/uistai	ICE/EX	First name		eone who knew yo			cation.
Provide current address	for this person (including	apartment i	numbe	r). (Provide City and	Country if outsid	le the United States; o	otherwise, provid	e City, State and	Zip Code.)
Street		City I			State	Zip Code	Country		
Provide telephone numb Telephone number	Eutomolou]I don't know	Provide email	address for this p	erson.		lon't know
	· · ·	nternational Pay \[]Nig		N phone number					
Did you receive a degree			in						
	(s)/diploma(s) received ar	nd date(s) a	warde	d					
	school Diploma, Associate				0#		Dat	e awarded	E.t.
Doctorate, Professional	Degree (e.g. MD, DVM, J	ID), Other)	-		Other	degree/diploma	(M	lonth/Year)	Est.
Entry #2									
Provide the dates of atte	ndance.		Seleo	ct the most approp	priate code to c	describe your scho	ool.		
From Date (Month/Year)	To Date (Month/Year)	Present	Пн	ligh School		Vocational/	Technical/Trac	le School	
Est.		Est.		college/University/	Military Colleg			e/Extension/On	line School
Provide the name of the	l∟ school.								
	ss of the school. For corre				ne schools, pro	ovide the address	where the rec	ords are mainta	ained.
	outside the United States; othe	-	e City, S	State and Zip Code.)	Chata	Zin Code	Country		
Street		City 			State	Zip Code	Country 		
For schools you attanded	d in the last 3 years, list a	nerson wh	h		l (instructor at		nt liet noonlo fo	r education no	riode
completed more than 3 y	ears ago. For correspond			tension/online sch					
I don't know	st name			First name					

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Section 12 - Where You Went to School - (Continued)

Entry #2 (Continued)							
	or this person (including		number). <i>(Provide City a</i>			otherwise, provide City, State and	Zip Code.)
Street		City		State	Zip Code	Country	
Provide telephone number	er for this person.		I don't know	Provide emai	address for this pe	rson.	on't know
Telephone number	Extension Ir	Iternational	or DSN phone number				
		ay 🗌 Nig	ht				
Did you receive a degree	/diploma?			•			
YES NO							
Provide type of degrees(s)/diploma(s) received a	nd date(s) a	awarded.				
Degree/diploma (High So	, , , ,	, ,		Othersel			F _1
Doctorate, Professional [Degree (e.g. MD, DVM,	JD), Other)		Other d	egree/diploma	Date awarded (Month/Year)	Est.
Entry #3							
Provide the dates of atter	idance.		Select the most appro	priate code to	describe your schoo	ol.	
From Date (Month/Year)	To Date (Month/Year)	Present	High School		Vocational/T	echnical/Trade School	
Est.		Est.	College/University	//Military Colleg	ge 🗌 Corresponde	ence/Distance/Extension/Onli	ine School
Provide the name of the s	chool.		•				
Provide the street addres	s of the school. For corr	espondence	e/distance/extension/on	line schools, pr	ovide the address v	where the records are mainta	ined.
(Provide City and Country if or	utside the United States; oth		e City, State and Zip Code.			. .	
Street		City I		State	Zip Code I	Country I	
						t list people for education per while you received this educ	
Loo	t name		First name	10013, 1131 30111	eone who knew you		Jation.
I don't know							
Provide current address f	or this person (including	anartment	number) (Provide City a	nd Country if outs	ide the United States: c	therwise, provide City, State and	Zin Code)
Street		City		State	Zip Code	Country	Lip 0000.)
Provide telephone numbe	er for this person			Provide emai	I address for this pe		on't know
Telephone number	- Extension	ternational	or DSN phone number		· · · · · · · · · · · · · · · · · · ·		
		ay Nig					
Did you receive a degree		<u> </u>					
Provide type of degrees(s)/diploma(s) received a	nd date(s) a	warded.				
Degree/diploma (High Sc							
Doctorate, Professional			_,	Other d	egree/diploma	Date awarded (Month/Year)	Est.
•				•		•	

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Section 12 - Where You W	ent to School - (Contin	ued)						
Entry #4								
Provide the dates of atter	ndance.		Sele	ct the most appro	priate code to	describe your schoo	bl.	
From Date (Month/Year)	To Date (Month/Year)	Present	🗆 ŀ	ligh School		Vocational/T	echnical/Trade School	
Est.		Est.		College/University	Military Colleg	ge 🗌 Corresponde	ence/Distance/Extension/Onli	ine Schoo
Provide the name of the s	school.							
Provide the street addres (Provide City and Country if o					ine schools, pr	ovide the address v	where the records are mainta	ined.
Street		City		, ,,	State	Zip Code	Country	
completed more than 3 ye	ears ago. For correspon t name	dence/dista	nce/ex	tension/online scl First name	nools, list some	eone who knew you	Ist people for education per while you received this educ	cation.
Street		City			State	Zip Code	Country	
Provide telephone number	Extension	ternational ay		l don't know N phone number	Provide emai	I I address for this pe	rson. I de	on't know
Did you receive a degree	/diploma?							
YES NO								
Provide type of degrees	s)/diploma(s) received a	nd date(s) a	awarde	ed.	-			
Degree/diploma (High So Doctorate, Professional			or's, Ma	aster's,	Other d	egree/diploma	Date awarded (Month/Year)	Est.

S	Section 13A - Employment Activities											
r	List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years . The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.											
E	Entry #1											
	Select your employment activity:											
	Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	State Government (Non- (Complete 13A.2, 13A.5 and		,	overnment employment (excluding self- ment) (Complete 13A.2, 13A.5 and 13A.6)							
	National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	Self-employment (Completed 13A.6)	ete 13A.3, 13A.5 a		(Provide explanation and complete 13A.2, nd 13A.6) ▼							
	USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	Unemployment (Complete	,									
	Other Federal employment (<i>Complete 13A.2, 13A.5 and 13A.6</i>)	13A.5 and 13A.6)	<i>Diele 13A.2,</i>									
	13A.1 Complete the following if employment type is Ac	ctive Duty, National Guard/Re	serve, or USPH	S Commissioned C	orps.							
± ±	Provide dates of employment. From Date To Date	Select the employn this position:	nent status for	Provide your assi	igned duty station during this period.							
Ē	(Month/Year) (Month/Year)	Present Full-time		Provide your mos	st recent rank/position title.							
	Est.	Est. Part-time										
	Provide address of duty station. (Provide City and Country Street Cit				Country							
	Telephone number Extension	n International or DSN pl	hone number									
	 If you have indicated an APO/FPO address, complete (a) Provide physical location data with street address if outside the United States; otherwise, provide City, State 	s, base, post, embassy, unit, a	and country loca									
	Street Address/Unit/Duty Location C	City or Post Name	State	Zip Code	Country							
	(b) Do you or did you have an APO/FPO address whi ☐ YES → Address ☐ NO		or FPO	APO/	FPO State Code Zip Code							
	Provide the name of your supervisor.	Provi	de the rank/posi	tion title of your sup	pervisor.							
	Provide the email address of your supervisor.	on't know Provide supervisor	s telephone nur	nber. Extension	☐ International or DSN phone number ☐ Day ☐ Night							
	Provide physical work location of your supervisor. (Pro Street				State and Zip Code.) Country							
	If you have indicated an APO/FPO address; provide p port/fleet headquarter. (Provide physical location data) Street Address/Unit/Duty Location Cit	a) (Provide City and Country if outsi	ide the United State	es; otherwise, provide								
					-							

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ection 13A - Employment Activities - <i>(Continued)</i>													
13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.													
Provide dates of	employment.						ployme	ent status for	Provide m	nost rece	nt position title.		
From Date		To Date			this position	on:							
(Month/Year)		(Month/Year	0	Present	🗌 Full-tii	me			Provide th	ne name	of your employer.		
	Est.			Est.	Part-ti	ime							
Provide the addr	ess of employe	er. (Provide Ci	ity and C		de the United	Stat							
Street			1	City				tate	Zip Code		Country		
Provide telephor	ne number	Extensio	n		tional or DS	N n	bono n	umbor					
					Night	μνικ	none n	umber					
Additional Per	Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the												
same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information													
concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).													
Not													
Applicable		Est.	10 4410 (m		\square	Est.							
		<u> </u>	Bst.				Est.						
		Ľ	Est.				Est.						
		<u> </u>] Est.				Est.						
(a) Is/was your p		ddrooo diffo			lovor'o oddr								
	•	, proceed to (I		in your emp	ioyer's addi	ess	ſ						
	_			nhysically lo	cated (Pro	vida	City and	Country if outsi	de the United S	States: oth	erwise, provide City, State	and Zin Code)	
Street		nere you ar		City		nuc			Zip Code		Country		
Provide telep	hone number			Extension	Interna	atio	nal or D	SN phone nu	mber	I			
					Day		Night						
				• •							States, complete (b.2	•	
	e physical locat if outside the Un									home p	ort/fleet headquarter.	(Provide City and	
Street	Address/Unit/D	uty Location	ı	City or	Post Name			State	Zip Code		Country		
	i or did you hav	/e an APO/F ddress	PO add	dress while a	at this locati	ion?	, APO c	r FPO		APO/F	PO State Code	Zip Code	
	.s 🕐												
Provide the nam		visor.					Provid	e the position	title of your	l supervis	or.		
	, ,												
Provide the ema	il address of yo	our supervise	or. 🔤	don't know	Provide su	upe	rvisor's	telephone nu	mber. Exte	nsion [International or DS	N phone number	
										[Day Night		
Provide physical	work location of	of your supe	ervisor.		and Country if	fout			-				
Street			1	City			S	tate	Zip Code	(Country		
•	If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country												
if outside the	if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)												
Street Addre	ess/Unit/Duty Lo	ocation		City or Po	st Name			State	Zip Code		Country		
				 		- <i>t</i> !	-0						
(b) Did/does you		ave an APO	игро а	adress while	e at this loca	atio	n? APO c	r FPO		APO/F	PO State Code	Zip Code	
	-												

Enter your Social Security Number before going to the next page

S	ection 13A - Employment Activ	vities - (Continue	d)								
	13A.3 Complete the following if	employment type	is self-emplog	yment							
÷+	Provide dates of employment.	/		Select the em this position:	nployme	ent status for	Provide m	ost rece	nt position title.		
Entry #1	From Date (Month/Year)	To Date (Month/Year)	Present	Full-time							
	Est.		Est.	Part-time			Provide the	e name	of your employer.		
	Provide address of this employr	 ment_(Provide City;				otherwise provid	de Citv. State ar	nd Zin Co	de.)		
	Street		City				Zip Code	•	Country		
	Provide telephone number.	Extension		nal or DSN pho	one nur	mber					
_	(a) la vour physical work addra	an different then w		Night							
	(a) Is your physical work addres	-	our employm	ent address?							
	Provide the work address w			cated (Provide	City one		do the United St	totoo: oth	anviao provido City Si	tata and Zin Car	
	Provide the work address w Street	There you are/were	City		City and	State	Zip Code		country	ale and zip Coo	le.)
	Provide the telephone numb		_								
	Telephone number	Extension		ational or DSN	phone	number					
			Day	Night					<u></u>	<u> </u>	
	(b) If you have indicated an AP(b.1) Provide physical locati		• •							•	and
	Country if outside the Uni				ode for p		,	·	Country	, j	
	Street Address/Unit/D			Post Name		State	Zip Code		Country		
	(b.2) Do you or did you have	e an APO/FPO ac	ldress while a	at this location?	,						
	□ YES → Ad	ldress			APO o	r FPO		APO/FI	PO State Code	Zip Code	
	Provide the name of someone t	hat can verify you	r self-employ	ment.							
	Last name	First r	name								
		For (Du. 14, 01)	10				011 01111	7: 0.1			
	Provide the address of this verif Street	iler. (Provide City an	City	side the United St	tates; oti		Zip Code		.) Country		
							·				
	Provide the telephone number f	or this person.									
	Telephone number	Extension I		onal or DSN pho	one nur	mber					
			Day	-							
	If you have indicated an APO/F (a) Provide physical location da									wide City and C	Country
	if outside the United States; oth	erwise, provide City	, State and Zip	Code for ports in		ted States.)					,
	Street Address/Unit/Duty Lo	ocation	City or Pc	st Name		State	Zip Code		Country		
	(b) Does your self-employment	t verifier have an A	APO/FPO add	dress?	450					7. 0 .	
	□ YES → Address □ NO				APO (or FPO		APO/F	PO State Code	Zip Code	•

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	Section 13A - Employment Activities - (Co	ontinued)											
	13A.4 Complete the following if employme	nt type is unemployment.											
	Provide dates of unemployment.				f someone that o	can verify you	r unemploymer	t activitie	es				
Entry #1	From Date (Month/Year) To	Date (Month/Year) Present	Last na	ans of supp me	ort.	First nar	ne						
Ent	Est.		2401114										
	Provide address of this verifier. (Provide Cit		tes: otherw	ise. provide C	itv. State and Zip C	ode.)							
	Street	City	,	State	Zip Code	Country							
	Provide the telephone number for this perso	on.			•								
	Verifier telephone number Extension	International or DSN phone nu	umber										
		Day Night											
	If you have indicated an APO/FPO addres							- Oite	0				
	(a) Provide physical location data with str if outside the United States; otherwise, prov				cation of nome p	Johnneet nead	iquarter. (Provid	e City and	Country				
	Street Address/Unit/Duty Location City or Post Name State Zip Code Country												
	(b) Does your unemployment verifier hav	e an APO/FPO address?		or FPO		APO/FPO Sta	to Codo	Zin Cor	40				
	YES - Address				ľ	AFU/FFU Sla		Zip Coo	Je				
ļ	NO												
	13A.5 Complete the following if employme Government, Federal Contractor, N					ed Corps, Oth	er Federal emp	loyment,	State				
	Provide the reason for leaving the employ	• • •	п-спрюу										
Entry #1	с , , ,												
ntr)	For this employment have any of the follo	wing happened to you in the last	t seven (7) years?									
	Fired, quit after being told you would be fi				gations of misco	nduct, left by	mutual agreem	ent follov	ving				
	notice of unsatisfactory performance.												
	YES NO (If NO, proceed to 13A.6)												
	Select your type of incident:	Reason:				it departure da							
	Fired	Provide the reason for being fire	ed.		Provide the	date you were	e fired. (Month/\	'ear)					
									Est.				
	Quit after being told you would be	Provide the reason for quitting.			Provide the fired. (Month		after being told	l you wou	uld be				
	fired					, , , , , , , , , , , , , , , , , , , ,			Est.				
	Left by mutual agreement following	Provide the charges or allegation	ons of mis	conduct.			following charg	es or alle	gations				
	charges or allegations of misconduct	1			of miscondu	uct. (Month/Yea	r)						
									Est.				
	Left by mutual agreement following	Provide the reason(s) for unsati	sfactory p	performance			by mutual agre performance.						
	notice of unsatisfactory performance				a notice of t	unsatistación y	periormance. (MONUN TE	Est.				
L I	13A.6 Complete the following if employment	I ant type is Active Duty National (Guard/Po		JS Commission	d Corps Oth	or Fodoral omn	lovmont					
	Government, Federal Contractor, N					u corps, our		ioyment,	State				
	For this employment, in the last seven (7		ten warnir	ng, been offi	cially reprimand	ed, suspended	d, or disciplined	l for misc	onduct				
Entry #1	in the workplace, such as a violation of se	curity policy?											
Ent													
	#1 Provide the reason(s) for being warne	d, reprimanded, suspended or di	sciplined.				Date: (Month/)	′ear)	Est.				
	#2 Provide the reason(s) for being warne	d, reprimanded, suspended or di	sciplined.				Date: (Month/	(ear)					
									Est.				
	#3 Provide the reason(s) for being warne	d, reprimanded, suspended or di	sciplined.				Date: (Month/	Year)					
									Est.				
	#4 Provide the reason(s) for being warne	d, reprimanded, suspended or di	sciplined.				Date: (Month/	(ear)					
									Est.				
Er	nter your Social Security Number bef	ore going to the next nage				\ [•						

Section 13A - Employment Activities

ļ	ntry #2
	Select your employment activity: Select your employment activity: Non-government employment (excluding self-indicated indicated indindicated indicated indicated indicated indicated ind
[13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.
Entry #2	Provide dates of employment. Select the employment status for this position: Provide your assigned duty station during this period.
En	(Month/Year) Present Full-time Est. Est. Part-time
	Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State City City City City City City City City
	Telephone number Extension International or DSN phone number Day Night
	If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country
	(b) Do you or did you have an APO/FPO address while at this location? □ YES → Address NO APO or FPO
	Provide the name of your supervisor. Provide the rank/position title of your supervisor.
	Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number Day Night
	Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State City State City City City City City City City City
	If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country

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Section 13A - Employment Activities - (Continued)													
13A.2 Complete	13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.												
Provide dates of	employment.						ploym	ent status for	Provide	most rece	ent position title.		
From Date (Month/Year)		To Date	4		this positi	on:							
(Month Fear)		(Month/Year)		Present	Full-ti	me			Provide	the name	of your employer.		
	Est.		[Est.	Part-t								
Provide the addr Street	ess of employe	er. (Provide Cit	ty and C	ountry if outsid	de the United	Sta			ity, State and Zip Code		Country		
Sileer				City			Ì	biale			Journary		
Provide telephor	ne number	Extensior	n l		tional or DS	SN r	hone r	umber					
					Night								
Additional Per	Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the												
same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment													
concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).													
Not From date (Month/Year) To date (Month/Year) Position Title Supervisor													
Applicable		Est.		•		Est.							
			Est.				Est.						
			Est.				Est.						
			Est.				Est.						
(a) Is/was your p	ohysical work a	ddress differ	rent tha	in your emp	oyer's add	ress	?						
YES	NO (If NO,	proceed to (b	<i>b))</i>										
	work address w	here you are	e/were		cated. (Pro	vide	-	-			erwise, provide City, Sta	te and Zip Code.)	
Street				City			؛ ا	State	Zip Code		Country		
				<u> </u>									
Provide telep	hone number		I	Extension				OSN phone nu	Imber				
(b) If you have i	ndicated an AP	O/EPO addr	1988 00	molete (h 1	Day		Night	d an address	outside of t	ne I Inited	States, complete (b.	2)	
(b.1) Provide	e physical locat	ion data with	n street	address, ba	ase, post, e	mba	assy, u	nit, and counti	ry location c		ort/fleet headquarter.	•	
	if outside the Un Address/Unit/D				State and Z Post Name	-	ode for	oorts in the Unite State	ed States.) Zip Code	2	Country		
(b.2) Do you	or did you hav	e an APO/F	PO add	l dress while a	at this locat	ion	?						
	5	ldress					APO (or FPO		APO/F	PO State Code	Zip Code I	
							Dravia	a the position	title of your				
Provide the nam	e of your super	visor.					PIOVIC	e the position	title of your	supervisi	UI.		
Provide the ema	il address of vo	ur supervisc	or 🗔 i	don't know	Provide s	upe	rvisor's	telephone nu	mber Ext	ension [International or DS	N phone number	
						apo				[Day Night		
Provide physical	work location of	of your supe	rvisor.	(Provide City a	and Country i	f out	side the	United States; o	therwise, prov	/ide City, S			
Street		5	1	City				State	Zip Code	· · .	Country		
If you have indic			•	• • •									
	Sical location da United States; oth								ation or hon	ne port/fle	et headquarter. (Prov	ide City and Country	
Street Addre	ess/Unit/Duty Lo	ocation		City or Po	st Name			State	Zip Code	1	Country		
(b) Did/does you		ave an APO/	/FPO a	ddress while	e at this loc	atio		or FPO		APO/F	PO State Code	Zip Code	
								-					

Enter your Social Security Number before going to the next page

S	ection 13A - Employment Activ	vities - (Continue	d)								
	13A.3 Complete the following if	employment type	is self-emplo	yment							
V #2	Provide dates of employment. From Date	To Date		Select the en this position:	nployme	ent status for	Provide m	ost rece	ent position title.		
Entry #2	(Month/Year)	(Month/Year)	Present	Full-time			Provide th	e name	of your employer.		
	Est.		Est.	Part-time							
	Provide address of this employr Street	nent. (Provide City a	and Country if o City	utside the United			de City, State ar Zip Code		de.) Country		
							F		,		
	Provide telephone number.	Extension		onal or DSN pho	one nui	mber					
			Day	Night							
	(a) Is your physical work addres	ss different than y	our employm	ent address?							
	YES NO (If NO, prod	ceed to (b))									
	Provide the work address w Street	here you are/were	e physically lo City	ocated. (Provide	City and	Country if outsi State	ide the United S Zip Code		<i>erwise, provide City,</i> S Country	tate and Zip C	ode.)
								Ì	Joanny		
	Provide the telephone numb	per for this addres	l S.								
	Telephone number	Extension	Intern	ational or DSN	phone	number					
			Day	Night							
	 (b) If you have indicated an AP((b.1) Provide physical locati Country if outside the Uni Street Address/Unit/Du 	on data with stree ted States; otherwise	t address, ba , provide City,	ise, post, emba	assy, ur	nit, and countr	y location or l				ty and
	(b.2) Do you or did you have ☐ YES → Ad ☐ NO	e an APO/FPO ad dress	dress while a	at this location?	APO c	r FPO		APO/F	PO State Code	Zip Cod	le
	Provide the name of someone to Last name	hat can verify you First n		ment.							
	Provide the address of this verif	ier. (Provide City an	d Country if out	side the United S	tates; otl	nerwise, provide	City, State and	Zip Code	e.)		
	Street		City			State	Zip Code		Country		
	Provide the telephone number f Telephone number	or this person. Extension	Internatio	onal or DSN ph Night	one nui	mber		I			
	If you have indicated an APO/FI (a) Provide physical location da if outside the United States; oth	ata with street add	ress, base, p	ost, embassy,	unit, ar	d country loca				ovide City and	l Country
	Street Address/Unit/Duty Lo	ocation	City or Pc	ost Name		State	Zip Code	(Country		
	(b) Does your self-employment	verifier have an A	APO/FPO add	dress?	APO d	or FPO		APO/F	PO State Code	Zip Coo	de

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	Section 13A - Employment Activities - (Co	ontinued)											
	13A.4 Complete the following if employme	nt type is unemployment.											
~	Provide dates of unemployment.				of someone that	can verify you	r unemployme	nt activiti	es				
Entry #2	From Date (Month/Year) To	Date (Month/Year) Present		ans of supp me	ort.	First na	me						
Ent	Est.												
	Provide address of this verifier. (Provide Cit		ates: otherw	ise. provide C	itv. State and Zip C	Code.)							
	Street	City	,	State	Zip Code	Country							
	Provide the telephone number for this perse	on.		1	•	+							
	Verifier telephone number Extension	International or DSN phone r	number										
		Day Night											
	If you have indicated an APO/FPO addres												
	(a) Provide physical location data with str if outside the United States; otherwise, pro-					portrieet neat		le City an					
	Street Address/Unit/Duty Location City or Post Name State Zip Code Country												
	(b) Does your unemployment verifier hav	e an APO/FPO address?		or FPO		APO/FPO Sta	to Codo	Zin Co	do				
	YES -> Address				1	AFU/FFU Sid		Zip Co	Jue				
ļ	NO												
	13A.5 Complete the following if employm Government, Federal Contractor, N					ed Corps, Oth	er Federal emp	oloyment	t, State				
	Provide the reason for leaving the employ												
Entry #2	с , , ,												
ntr)	For this employment have any of the follo	wing happened to you in the last	st seven (7) years?									
	Fired, quit after being told you would be fi				egations of misco	onduct, left by	mutual agreem	nent follo	wing				
	notice of unsatisfactory performance.												
	YES NO (If NO, proceed to 13A.6)												
	Select your type of incident:	Reason:				nt departure da							
	Fired	Provide the reason for being fi	red.		Provide the	e date you wer	e fired. (Month/	Year)	_				
									Est.				
	Quit after being told you would be	Provide the reason for quitting			Provide the fired. (Monti	• •	after being tol	d you wo	ould be				
	fired								Est.				
	Left by mutual agreement following	Provide the charges or allegat	ions of mis	conduct.			following charg	jes or all	egations				
	charges or allegations of misconduct	I			of miscond	uct. (Month/Yea	ar)		_				
									Est.				
	Left by mutual agreement following	Provide the reason(s) for unsa	tisfactory	performance			by mutual agre performance.						
	notice of unsatisfactory performance				a notice of	unsatistacióny	periormance.		Est.				
L I	13A.6 Complete the following if employm	ant type is Active Duty National	Guard/Pc			od Corps, Oth	or Fodoral omr	Novmont					
	Government, Federal Contractor, N					eu corps, our		Joyment	i, Otale				
~	For this employment, in the last seven (7		itten warni	ng, been offi	icially reprimand	ed, suspende	d, or discipline	d for mis	conduct				
Entry #2	in the workplace, such as a violation of se	curity policy?											
Ent													
	#1 Provide the reason(s) for being warne	d, reprimanded, suspended or c	lisciplined.				Date: (Month/	Year)	Est.				
	#2 Provide the reason(s) for being warne	d, reprimanded, suspended or c	lisciplined.				Date: (Month/	Year)					
									Est.				
	#3 Provide the reason(s) for being warne	d, reprimanded, suspended or c	lisciplined.				Date: (Month/	Year)					
									Est.				
	#4 Provide the reason(s) for being warne	d, reprimanded, suspended or c	lisciplined.				Date: (Month/	Year)					
									Est.				
L	nter your Social Security Number bef					Γ							

Section 13A - Employment Activities

E	Entry #3								
	Select your employment activity: Active military duty station (Complete 13A.1,	Stat	e Government	(Non-Fed	leral employ	(ment)	Non-g	overnment employmer	t (excluding self-
	13A.5 and 13A.6) I National Guard/Reserve (Complete 13A.1, 13A.5		nplete 13A.2, 13A -employment (,	and [·	yment) (Complete 13A.2 (Provide explanation and	-
	and 13A.6) USPHS Commissioned Corps (Complete 13A.1,	13A.					13A.5	and 13A.6) 🔻	
	13A.5 and 13A.6) Other Federal employment (Complete 13A.2,	 Fede	eral Contractor						
	13A.5 and 13A.6)	13A.	5 and 13A.6)						
	13A.1 Complete the following if employment type is A	Active Duty	/, National Gua	rd/Reser	ve, or USPH	IS Commis	ssioned (Corps.	
Entry #3	Provide dates of employment. From Date To Date		Select the entry this position:	nploymen	t status for	Provide	your ass	signed duty station duri	ng this period.
Ent	(Month/Year) (Month/Year)	Present	Full-time			Provide	your mo	st recent rank/position	title.
	Est.	Est.	Part-time						
	Provide address of duty station. (Provide City and Count		the United State				Zip Code.)		
	Street C	City		Sta		Zip Code		Country	
	Telephone number Extensio		ternational or D	SN phon	e number				
			ay Night						
	 If you have indicated an APO/FPO address, completing (a) Provide physical location data with street address if outside the United States; otherwise, provide City, St 	ss, base, p tate and Zip	ost, embassy, Code for ports in	unit, and	country loca d States.)	ation or hor	me port/f	leet headquarter. (Provi	de City and Country
	Street Address/Unit/Duty Location	City or Po			State	Zip Code	9	Country	
	(b) Do you or did you have an APO/FPO address w	vhile at this	location?	APO or	FPO		ΔΡΟ	/FPO State Code	Zip Code
	□ YES → Address □ NO				110				
	Provide the name of your supervisor.			Provide	the rank/pos	sition title of	f your su	pervisor.	
	Provide the email address of your supervisor.	don't know	Provide supe	rvisor's te	elephone nu	mber. Ext	tension	International or DS Day Night	N phone number
	Provide physical work location of your supervisor. (P Street	Provide City a City	and Country if out	side the Ur Sta 		<i>therwise, pro</i> Zip Code	vide City,	State and Zip Code.) Country	
	If you have indicated an APO/FPO address; provide								location or home
	port/fleet headquarter. (Provide physical location dat Street Address/Unit/Duty Location	ita) (<i>Provide</i> City or Post		if outside t Sta		tes; otherwise Zip Code	e, provide	City, State and Zip Code.) Country	
		,							

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Section 13A - Employment Activities - (Continued)													
13A.2 Complete	the following if	employmen	it type	is other fede	ral employn	nent	t, state	government, f	ederal contra	actor, noi	n-government, or oth	er.	
Provide dates of	femployment.						nploym	ent status for	Provide m	nost rece	nt position title.		
From Date (Month/Year)		To Date	m 1		this positi	on:							
(Month Fear)		(Month/Yea	"	Present	│	ime			Provide th	ne name	of your employer.		
	Est.			Est.	Part-t								
Provide the add Street	ress of employe	er. (Provide C	ity and	Country if outsi City	de the United	l Sta			ity, State and Z Zip Code		Country		
Slieel							Ì	Sidle			Journary		
Provide telephor	ne number	Extensio	n	│ │ Interna	tional or DS	SN r	hone	number					
					Night	511 6							
Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the													
same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information													
	concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).												
From date (Month/Year) To date (Month/Year) Position Title Supervisor													
Applicable			Es	t.			Est.				-		
			Es	t.	· · · ·		Est.						
			Es	t.			Est.						
			Es	t.			Est.						
(a) Is/was your	physical work a	ddress diffe	erent ti	ian your emp	loyer's add	ress	;?						
YES	NO (If NO,	, proceed to ('b))										
Provide the	work address w	here you ar	re/wer	e physically lo	ocated. (Pro	vide	City an	d Country if outsi	de the United S	States; oth	erwise, provide City, Sta	te and Zip Code.)	
Street				City			:	State	Zip Code	C	Country		
Provide telep	ohone number			Extension		_		DSN phone nu	Imber				
(b) If you have i	ndicated an AP	O/EPO add	Irecc	complete (h 1	Day		Night	an address	outside of the	o I Inited	States, complete (b.	2)	
(b.1) Provide	e physical locat	ion data wit	h stre	et address, ba	ase, post, e	mba	assy, u	init, and countr	ry location or		ort/fleet headquarter.	•	
	if outside the Unit/D				, State and Z Post Name	-	ode for	ports in the Unite State	ed States.) Zip Code		Country		
						•							
(b.2) Do you	ı or did you hav	e an APO/F	PO a	dress while	at this locat	tion	?						
	-5 V	dress					APO	or FPO		APO/F	PO State Code	Zip Code I	
							Drovia	to the position	title of your d		<u> </u>		
Provide the nam	e of your super	VISOr.					PIOVIC	de the position	title of your s	superviso	Л.		
Provide the ema	il address of vo	ur supervis	or 🗆	l don't know	Provide s	une	rvisor's	s telephone nu	mber Exte	nsion [International or DS		
						apo				Г	Day Night		
Provide physical	work location of	of your supe	ervisor	. (Provide City	and Country i	if out	side the	United States; o	therwise, provi	de City. St			
Street		5		City				State	Zip Code		Country		
	If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).												
	(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)												
Street Addre	Street Address/Unit/Duty Location City or Post Name State Zip Code Country												
(b) Did/does yo	·	ave an APC)/FPO	address while	e at this loc	atio		or FPO		APO/F	PO State Code	Zip Code	

Enter your Social Security Number before going to the next page

S	ection 13A - Employment Activ	vities - (Continue	d)									
	13A.3 Complete the following if	employment type	is self-emplo	yment								
£	Provide dates of employment. From Date	To Date		Select the en this position:	nployme	ent status for	Provide m	ost rece	nt position title.			
Entry #3	(Month/Year)	(Month/Year)	Present	Full-time			Provide th	e name	of your employer.			
	Est.		Est.	Part-time								
	Provide address of this employr	nent. (Provide City a		utside the United			•		,			
	Street		City			State	Zip Code		Country			
	Provide telephone number.	Extension	Internatio	onal or DSN pho	one nur	mber		I				
				Night								
	(a) Is your physical work addres	ss different than y	our employm	ent address?								
	YES NO (If NO, proceed to (b))											
	Provide the work address w Street	here you are/were	e physically lo City	ocated. (Provide	City and	Country if outsi State	ide the United S Zip Code		erwise, provide City, S Country	tate and	d Zip Code.)	
Provide the telephone number for this address.												
Telephone number Extension International or DSN phone number												
			Day	Night								
 (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country 							vide City and					
	(b.2) Do you or did you have ☐ YES → Ad ☐ NO	e an APO/FPO ad dress	ldress while a	at this location?	APO o	I FPO		APO/F	PO State Code	Zij	p Code	
	Provide the name of someone t Last name	hat can verify you First r		ment.								
	Provide the address of this verif	ier. (Provide City an	d Country if out	side the United S	tates; otł	herwise, provide	e City, State and	Zip Code	.)			
	Street		City			State	Zip Code		Country			
	Provide the telephone number f Telephone number	or this person. Extension	I Internatio	onal or DSN ph Night	one nur	mber		I				
	If you have indicated an APO/F (a) Provide physical location da if outside the United States; oth	ata with street add	ress, base, p	ost, embassy,	unit, an	nd country loc				ovide Ci	ity and Country	
	Street Address/Unit/Duty Lo	ocation	City or Po	ost Name		State	Zip Code		Country			
	(b) Does your self-employment	verifier have an A	APO/FPO add	dress?	APO d	or FPO		APO/F	PO State Code	Zi	p Code	

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5	Section 13A - Employment Activities - (Co	ontinued)								
	13A.4 Complete the following if employme	nt type is unemployment.								
3	Provide dates of unemployment.					f someone that	can verify you	r unemployme	ent activi	ties
¥ ∕u	From Date (Month/Year) To	Date (Month/Year)		Last nar	ans of supp ne	on.	First na	me		
Entry #3	Est.	Est.								
	Provide address of this verifier. (Provide Cit	y and Country if outside the Unite	ed States	s; otherwi	se, provide C	ity, State and Zip C	ode.)			
	Street	City			State	Zip Code	Country			
	Provide the telephone number for this perso Verifier telephone number Extension			abor						
		International or DSN pho Day Night	ne nun	ibei						
	If you have indicated an APO/FPO addres							• •	ide 014 - e	
	(a) Provide physical location data with str if outside the United States; otherwise, prov						port/lieet liead		ide City a	na Country
	Street Address/Unit/Duty Location	City or Post Nam	е		State	Zip Code	Country			
	(b) Does your unemployment verifier have	e an APO/FPO address?		APO o	r EPO		APO/FPO Sta	ate Code	Zip C	aho
	□ YES → Address									ouc
Ī	13A.5 Complete the following if employme Government, Federal Contractor, N						ed Corps, Oth	er Federal em	iploymer	nt, State
ť	Provide the reason for leaving the employ	0 1 7		спроу						
Entry #3										
Entr	For this employment have any of the follow									
	Fired, quit after being told you would be fin notice of unsatisfactory performance.	ed, left by mutual agreemer	nt follow	wing cha	rges or alle	gations of misco	onduct, left by	mutual agreer	ment foll	owing
	YES NO (If NO, proceed to 13A.6)									
		Deesen				Employmo	at donorturo d	ata		
	Select your type of incident:	Reason: Provide the reason for beir	na fired	1			nt departure d	e fired. (Month	/Year)	
	Fired		ig nou					e mea. (month	(i cui)	Est.
		Provide the reason for quit	tina	Provide the date you fired. (<i>Month/Year</i>)			date vou quit	u quit after being told you would be		
	Quit after being told you would be fired						• •			
										Est.
	Left by mutual agreement following	Provide the charges or alle	egation	s of mise	conduct.		e date you left uct. <i>(Month/Yea</i>	following char	ges or a	llegations
	charges or allegations of misconduct							,		Est.
	Left by mutual agreement following	Provide the reason(s) for u	Insatisf	factory p	erformance	Provide the	date you left	by mutual agr	eement	following
	notice of unsatisfactory performance					a notice of	unsatisfactory	performance.	(Month/Y	<u>́</u>
Ļ										Est.
	13A.6 Complete the following if employme Government, Federal Contractor, N	Ion-government employmer	nt, Self-	Employ	ment, or Otl	her.				
ŝ	For this employment, in the last seven (7 in the workplace, such as a violation of se		a writtei	n warnin	ig, been offi	cially reprimand	ed, suspende	d, or discipline	ed for mis	sconduct
Entry #3										
Ш		d nonvinenzada di avvananda d		امم ما اما				Dete: (14	0()	
	#1 Provide the reason(s) for being warned	a, reprimanded, suspended	or disc	ipinea.				Date: (Month	/year)	Est.
	#2 Provide the reason(s) for being warner	d reprimanded suspended	or disc	violinad				Date: (Month	Near	
		a, reprintancea, suspendea		ipineu.					(Teal)	Est.
	#3 Provide the reason(s) for being warned	d reprimanded suspended	or disc	iplined				Date: (Month	/Year)	
			5, 000							Est.
	#4 Provide the reason(s) for being warned	d reprimanded suspended	or disc	inlined				Date: (Month	(Year)	
			51 0130	ipinicu.					, 1001)	Est.
_L							<u>.</u> Г			
En	nter your Social Security Number bef	ore going to the next p	age				 ▶ ∣			

Section 13A - Employment Activities

E	Entry #4							
	Select your employment activity:							
	Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	Complete 13A.2, 13A.5 and 13A.6)						
	National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	5 Self-employment (Complete 13A.3, 13A.5 and 13A.6) Other (Provide explanation and complete 13A.2 13A.5 and 13A.6)						
	USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)] Unemployment (C						
	Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contracto 13A.5 and 13A.6)	it (Complete 13A.2,					
	13A.1 Complete the following if employment type is Active	Duty, National Gu	ard/Reserve, or USPH	IS Commissioned	Corps.			
Entry #4	Provide dates of employment. From Date To Date	Select the er this position:	mployment status for	Provide your as	signed duty station during	this period.		
Entr	(Month/Year) (Month/Year) Pre	sent Full-time	9	Provide your most recent rank/position title.				
	Est. Est	. Part-time	e					
	Provide address of duty station. (Provide City and Country if of Street City	utside the United State		ν, State and Zip Code. Zip Code) Country			
	Telephone number Extension	International or I	DSN phone number					
	If you have indicated an APO/FPO address, complete (a) (a) Provide physical location data with street address, bas if outside the United States; otherwise, provide City, State ar Street Address/Unit/Duty Location City	ise, post, embassy,	, unit, and country loca			e City and Country		
	(b) Do you or did you have an APO/FPO address while a ☐ YES → Address ☐ NO	it this location?	APO or FPO	APC	/FPO State Code	Zip Code		
	Provide the name of your supervisor.		Provide the rank/pos	ition title of your su	upervisor.			
	Provide the email address of your supervisor.	(now Provide supe	ervisor's telephone nu	mber. Extension	International or DSN Day Night	phone number		
	Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country							
	If you have indicated an APO/FPO address; provide physical location data) (P.					ocation or home		
		r Post Name		Zip Code	Country			

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Section 13A - Employment Activities - (Continued)													
13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.													
Provide dates of	employment.					•	ymer	nt status for	Provide m	nost rece	ent position title.		
From Date (Month/Year)		To Date	-)		this positio								
(Month Fear)		(Month/Year)	/	Present	Full-tin	ne			Provide th	ne name	of your employer.		
	Est.			Est.	Part-time								
Provide the addr Street	ess of employe	er. (Provide Ci	ity and C	ountry if outsid	de the United	States;			City, State and Zip Code.) Zip Code Country				
Slieel								Zip Code		Journary			
Provide telephor	n		tional or DS	N nhoi	ne nu	Imber							
					Night	i prio							
Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).													
	From date (Mo	anth (Voor)		To date (M	Ionth (Voor)		-	Poo	sition Title		Superv	icor	
Not Applicable			Est.				st.	F 08			Superv	1301	
		Ľ	 Est.		۱ ۱		st.						
		<u>_</u>] Est.			 E:	st.						
			Est.			 E:	st.						
(a) Is/was your p	hvsical work a	ddress differ	rent tha	an vour emp	lover's addre	ess?							
(u) is in the year µ		, proceed to (b											
Provide the v	work address w	here you are	e/were	physically lo	ocated. (Prov	ide City	and (Country if outsid	le the United S	States; oth	erwise, provide City, Stat	e and Zip Code.)	
Street			1	City			Sta	ate 2	Zip Code		Country		
Provide telep	phone number		ĺ	Extension	-			SN phone nui	mber				
(b) If you have i	ndiantad an AD			malata (h. 4		Nig	·		outoido of the	o l Initod	Ctatas somplate (h	2)	
											States, complete (b.: ort/fleet headquarter.		
-	<i>if outside the Un</i> Address/Unit/D				. <i>State and Zij</i> Post Name	o Code	for po	orts in the Unite State	d States.) Zip Code		Country		
Olicer	Address/Only D	aty Location	1		r ost Name								
(b.2) Do you	ı or did you hav	e an APO/F	PO add	dress while a	at this location	on?							
	is → Ad	ddress				AF	PO or	FPO		APO/F	PO State Code	Zip Code	
										<u> </u>			
Provide the nam	e of your super	visor.				Pro	ovide	the position	title of your s	supervis	or.		
Provide the ema	il address of vo		or 🗔	don't know	Provide su	pervis	or's t	elephone nur	nber Exte	nsion [International or DS		
						porno	.01 0 1				Day Night		
Provide physical	work location of	of your supe	rvisor.	(Provide City a	and Country if	outside	the U	Inited States; ot	herwise, provid	de City. S			
Street		, ,		City	,				Zip Code		Country		
If you have indic			•										
	sical location da United States; oth								ition or home	e port/fle	et headquarter. (Provi	de City and Country	
	ess/Unit/Duty Lo	-		City or Po	-			State	Zip Code		Country		
(b) Did/does you	·	ave an APO	/FPO a	ddress while	e at this loca			500	_1			7. 0 .	
☐ YES - ☐ NO	→ Address					AF	O or	FPO			PO State Code	Zip Code	

Enter your Social Security Number before going to the next page

S	ection 13A - Employment Activ	vities - (Continue	d)								
	13A.3 Complete the following if	employment type	is self-emplog	yment							
#4	Provide dates of employment. From Date	To Date		Select the em this position:	nployme	ent status for	Provide m	iost rece	ent position title.		
Entry #4	(Month/Year)	(Month/Year)	Present	Full-time			Provide th	ie name	of your employer.		
	Est.		Est.	Part-time							
	Provide address of this employr	nent. <i>(Provide City a</i>		utside the United			•	•	,		
	Street		City			State	Zip Code		Country		
	Provide telephone number.	Extension	I Internatio	nal or DSN pho	one nui	mber					
			Day 🗌	Night							
	(a) Is your physical work addres	ss different than y	our employm	ent address?							
	YES NO (If NO, proceed to (b))										
	Provide the work address w Street	here you are/were	e physically lo City	ocated. (Provide	City and	l Country if outsi State	ide the United S Zip Code		nerwise, provide City, S Country	State	and Zip Code.)
	0.000						2.10 0000				
Provide the telephone number for this address.											
Telephone number Extension International or DSN phone number											
Day Night											
(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country											
	(b.2) Do you or did you have ☐ YES → Ad ☐ NO	e an APO/FPO ad dress	dress while a	at this location?	APO c	or FPO		APO/F	PO State Code		Zip Code
	Provide the name of someone t Last name	hat can verify you First n		ment.				•		•	
	Provide the address of this verif	ier. (Provide City an	d Country if out	side the United Si	tates; otl	herwise, provide	City, State and	I Zip Cod	e.)		
	Street		City			State	Zip Code		Country		
	Provide the telephone number f Telephone number	or this person. Extension	I Internatio	nal or DSN ph Night	one nui	mber					
	If you have indicated an APO/F (a) Provide physical location da <i>if outside the United States; oth</i> Street Address/Unit/Duty Lo	ata with street add erwise, provide City,	ress, base, p	ost, embassy, <i>Code for ports in</i>	unit, ar	nd country loca ted States.)		e port/fle		rovide	e City and Country
	(b) Does your self-employment	verifier have an A	 NPO/FPO add	dress?	APO o	or FPO		 APO/f	PO State Code		Zip Code

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S	ection 13A - Employment Activities - (Co	ontinued)								
	13A.4 Complete the following if employme	nt type is unemployment.								
ŧ	Provide dates of unemployment.			the name o ans of supp	f someone that can	verify your u	unemployme	nt activities		
	From Date (Month/Year) To	Date (Month/Year) Present Est.	Last na			First name	e			
	Provide address of this verifier. (Provide Cit	y and Country if outside the United Sta	tes; otherw	ise, provide Ci	ity, State and Zip Code.,)				
	Street	City		State	Zip Code	Country				
	Provide the telephone number for this perso Verifier telephone number Extension	on. International or DSN phone nu Day Night	ımber			1				
	If you have indicated an APO/FPO addres (a) Provide physical location data with str <i>if outside the United States; otherwise, prov</i> Street Address/Unit/Duty Location	eet address, base, post, embass	y, unit, an	d country lo		•		de City and Cour	ntry	
(b) Does your unemployment verifier have an APO/FPO address? □ YES → Address APO or FPO □ NO APO/FPO State Code Zip								Zip Code		
	13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other. Provide the reason for leaving the employment activity.									
	Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)									
	Select your type of incident:	Reason:			Employment de	•				
	Fired	Provide the reason for being fire	ed.		Provide the dat	Provide the date you were fired. (Month/Year)				
	Quit after being told you would be fired	Provide the reason for quitting.	Provide the date y fired. (Month/Year)			• •	u quit after being told you would be			
	Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegatic	tions of misconduct. Provide the date you left following ch of misconduct. (Month/Year)					_		
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsati					Est. eft by mutual agreement following bry performance. (Month/Year) Est.		ng	
	13A.6 Complete the following if employing Government, Federal Contractor, N					Corps, Other	r Federal emp	oloyment, Stat	e	
	For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO) years have you received a writ curity policy?	ten warnir	ng, been offi	cially reprimanded, s	suspended,	or disciplined	d for miscondu	uct	
	#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est.									
	#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est.									
	#3 Provide the reason(s) for being warne	d, reprimanded, suspended or di	sciplined.				Date: (Month/		ist.	
	#4 Provide the reason(s) for being warned	d, reprimanded, suspended or di	sciplined.				Date: (Month/	,	st.	
∟ n	ter your Social Security Number bef	ore going to the next page				••				

QUESTIONNAIRE FOR

NATIONAL SECURITY POSITIONS Section 13B - Employment Activities - Former Federal Service Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report? YES NO (If NO, proceed to Section 13C) Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously. Entry #1 Provide dates of federal civilian employment. Provide the name of the federal agency for which you are/were employed. Provide your position title. From Date (Month/Year) To Date (Month/Year) Present Est. Fst Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Entry #2 Provide dates of federal civilian employment. Provide the name of the federal agency for From Date (Month/Year) which you are/were employed. Provide your position title. To Date (Month/Year) Present Est. Est. Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Country Street City State Zip Code Entry #3 Provide dates of federal civilian employment. Provide the name of the federal agency for which you are/were employed. From Date (Month/Year) To Date (Month/Year) Provide your position title. Present Est. Est. Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country L

Entry #4										
Provide dates of federal civilian e	employment.		Provide the name of the federal agency for							
From Date (Month/Year) To	o Date (Month/Year) 🗌 Prese	ent which you are/we	re employed	1.	Provide your position title.					
Est.	Est.									
Provide the location of the agency	y. (Provide City and Country if outs	ide the United States; othe	erwise, provide	e City, State and Zip Co	de.)					
Street	City		State	Zip Code	Country					

Section 13C - Employment Record

Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed?

- Fired from a job?

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- Quit a job after being told you would be fired?

- Have you left a job by mutual agreement following charges or allegations of misconduct?

- Left a job by mutual agreement following notice of unsatisfactory performance?

- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

YES (If YES, you will be required to add an additional employment in Section 13A)

NO (If NO, proceed to Section 14)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 14 - Selective Service Record									
Were you born a male after December 31, 1959	?								
Have you registered with the Selective Servic ☐ Yes → Provide registration nu ☐ No → Provide explanation: → ☐ I don't know → Provide explanation: →		registration	ve Service website, <u>www.</u> number for persons who nber is not your Social Se	have registered. Not					
Section 15 - Military History									
Have you EVER served in the U.S. Military?									
15.1 Complete the following if you responded	d 'Yes' to having served in th	ne U.S. Military.							
Entry #1									
Provide the branch of service you served in.	State of service, if National Guard	Officer or enlisted Not Applicable Officer	Provide your service n	umber.					
Army National Guard Marine Corps Navy Coast Guard Air Force	Provide your status Active Duty Active Reserve Inactive Reserve	Enlisted	Provide your dates of s From Date (Month/Year)	To Date (Month/Year)	Present				
Were you discharged from this instance of U. YES NO Provide the type of discharge you received: Honorable Under Other than Honorable Dishonorable General	Bad Conduct			Provide the date of discharge listed (Month/Year)	Est.				
Provide the reason(s) for the discharge, if dis Entry #2	charge is other than Honora	ble							
Provide the branch of service you served in. Army Army Army National Army National	State of service, if National Guard	Officer or enlisted Not Applicable Officer	Provide your service n	umber.					
Guard Marine Corps Guard Coast Guard Air Force	Provide your status Active Duty Active Reserve Inactive Reserve	Enlisted	Provide your dates of s From Date (Month/Year)	To Date <i>(Month/Year)</i>	Present				
Were you discharged from this instance of U.	S. military service, to include	e Reserves, or National G	Suard?						
Provide the type of discharge you received: Honorable Honorable Condition	-			Provide the date of discharge listed (Month/Year)	_				
Dishonorable General	Other (provide ty	pe) ▶			Est.				
Provide the reason(s) for the discharge, if discharge is other than Honorable									

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Section 15 - Military History - (Continued)							
15.2 In the last seven (7) years, have you been subject to court martial or oth under the Uniform Code of Military Justice (UCMJ), such as Article 15, 0 Court of Inquiry, etc?							
Complete the following if you responded 'Yes' to In the last seven (7) years, had Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, A	ave you been subject to court martial or other disciplinary procedure under the Article 135 Court of Inquiry, etc.						
Entry #1							
Provide the date of the court martial or other disciplinary procedure. (Month/Yea	ar)						
	Est.						
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.						
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.						
Entry #2	<u> </u>						
Provide the date of the court martial or other disciplinary procedure. (Month/Yea	ar)						
	Est.						
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.						
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.						

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 15 - Military History - (Contin	lued)							
	civilian or military member in a foreign country itia, other defense force, or government agen		y, intelligence, YES	NO (If NO, proceed to Section 16)				
Complete the following if you respond security forces, militia, other defense	ded ' Yes' to having EVER served as a civilian e force, or government agency.	n or militar	ry member in a foreign count	ry's military, intelligence, diplomatic,				
Entry #1								
During your foreign service, which or	ganization were you serving under?		Provide the name of the for	eign organization.				
Military (Specify Army, Navy,	Security Forces							
Air Force, Marines, etc.)	 Militia	-	Describe your period of comiles					
Intelligence Service	Other Defense Forces		Provide your period of servi From Date (Month/Year)					
Diplomatic Service	Other Government Agency		Est.					
Provide the name of the country. Provide the highest position/rank held. Provide division/department/office in wl								
Provide a description of the circumsta	ances of your association with this organization	on. Provi	de a description of the reaso	n for leaving this service.				
Do you maintain contact with current	or former associates, colleagues, or acquain	tances fro	om your service in this organ	ization?				
YES NO (If NO, proceed to So								
Contact #1	,							
Provide the contact's full name.								
Last name	First name		Middle name	Suffix				
	de City and Country if outside the United States; other							
Street	City	State	Zip Code C	ountry				
Provide the contact's official title.								
Provide the contact's official title.	Provide the frequency of contact		From Date (Month/Year)	association with the contact. To Date (Month/Year) Present				
			∏ Est					
Contact #2 Provide the contact's full name.								
Last name	First name		Middle name	Suffix				
Provide the contact's address. (Provide	de City and Country if outside the United States; other	wise, provi	de City, State and Zip Code)	I				
Street	City	State	Zip Code C	ountry				
Provide the contact's official title.	Provide the frequency of contact	i.		association with the contact.				
	I		From Date (Month/Year)	To Date (Month/Year) Present				
			Est	Est.				

Section 15 - Military History - (Continued)

Complete the following if you respon security forces, militia, other defense			or milita	ary me	mber in a foreign co	untry's military, inte	ligence, diplomatic,			
Entry #2										
During your foreign service, which o	rganization	were you serving under?		Provide the name of the foreign organization.						
Military (Specify Army, Navy,	Secu	rity Forces								
Air Force, Marines, etc.)	Militia	3		Provide your period of service.						
Diplomatic Service	Othe	r Defense Forces		From Date (Month/Year) To Date (Month/Year)						
	Othe	r Government Agency			h/Year) Present					
Provide the name of the country.	name of the country. Provide the highest position/rank held.				Provide division/department/office in which you served.					
Provide a description of the circumstances of your association with this organization. Provide a description of the reason for leaving this service.										
Do you maintain contact with current	t or former a	ssociates, colleagues, or acquain	tances fr	om yo	ur service in this org	anization?				
YES NO (If NO, Proceed to S	Section 16)									
Contact #1										
Provide the contact's full name. Last name		First name			Middle name		Suffix			
Provide the contact's address. (Provide	de City and Co	upuntry if outside the United States; other	wise, prov	vide City	, State and Zip Code)		1			
Street		City	State		Zip Code	Country				
Provide the contact's official title.		Provide the frequency of contact			ride the length of you n Date <i>(Month/Year)</i>	ur association with t To Date <i>(Mon</i> Est.				
Contact #2										
Provide the contact's full name. Last name		First name			Middle name		Suffix			
Provide the contact's address. (Provi	de City and Co	ountry if outside the United States; other	wise, prov	vide City	, State and Zip Code)		-			
Street		City	State		Zip Code	Country				
Provide the contact's official title.		Provide the frequency of contact	•		vide the length of you					
						Est.	Est.			
Section 16 - People Who Know You Well										
--	--	--	-------------------------------	-----------------------------------	--	--	--	--		
Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least the last seven (7) years. Do not list your spouse, former spouse (s), other relatives, or anyone listed elsewhere on this form.										
Entry #1										
Provide dates known.	Provide	relationship to you. (Check all	that apply)							
From Date (Month/Year) To Date (Month/Year)	Present Neig	hbor Work associate	Other (Provide expla	anation) 🔻						
Est.	Est. Frie	nd Schoolmate								
Provide full name.										
Last name	First name		Middle name	Suffix						
Provide e-mail address for this person.	I don't know	Provide rank/title		Not applicable						
Provide telephone number for I don't know	International or DSN	Provide mobile/cell telephone	e 🔄 I don't know	International or DSN						
this person. Extension	phone number	number for this person.	Extension	phone number						
	🗌 Day 🔄 Night			Day Night						
	de City and Country if outside City	the United States; otherwise, provi State Zip Co								
Entry #2	Description	veletienskie te verv (Obersker)								
Provide dates known.		relationship to you. (Check all hbor Work associate	,							
From Date (Month/Year) To Date (Month/Year)	Present Neig Est. Frie		Other (Provide expla	analion) 🗸						
Provide full name.										
Last name	First name		Middle name	Suffix						
Provide e-mail address for this person.	I don't know	Provide rank/title		Not applicable						
Provide telephone number for I don't know this person. Extension	International or DSN phone number	Provide mobile/cell telephone number for this person.	e I don't know Extension	International or DSN phone number						
	Day Night			Day Night						
Provide home or work address for this person. (Provide	le City and Country if outside	the United States; otherwise, provi	ide City, State and Zip Code)							
Street	City	State Zip Co	de Country							
Entry #3		· · · · · ·								
Provide dates known.	Provide	relationship to you. (Check all	l that apply)							
From Date (Month/Year) To Date (Month/Year)		hbor Work associate	Other (Provide expla	anation) 🔻						
	Est. Frie									
Provide full name. Last name	First name		Middle name	Suffix						
Provide e-mail address for this person.	I don't know	Provide rank/title		Not applicable						
·										
Provide telephone number for I don't know this person. Extension	International or DSN phone number	Provide mobile/cell telephone number for this person.	e I don't know Extension	International or DSN phone number						
	Day Night			Day Night						
Provide home or work address for this person. (Provid Street	le City and Country if outside City	the United States; otherwise, provi State Zip Co								
		I								

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status						
Provide your current marital status.						
Never Married (Complete 17.3)	Separate	d (Complete 17.1 and	17.3)	Divorceo	d (Complete 17.2 a	and 17.3)
Married (including Common Law) (Complete 17.1 and	1 17.3) Annulled	(Complete 17.2 and 1	7.3)	Widowed	d (Complete 17.2 a	and 17.3)
17.1 Complete the following if you selected 'Married	d' or 'Separated.'					
Complete the following about your current spouse or	nly.				Provide spouse	s date of birth.
Provide spouse's full name. Last name First name		Middle name	Suit	fiv	(Month/Dou/Moor	1
Last name First name			Sut 	lix	(Month/Day/Year	Est.
Provide spouse's place of birth.						
	ounty	Ş	State Co	untry (requ	uired)	
)) (- 1-		
For your foreign born spouse, provide one type of do	ocumentation that he or she	possesses and the	e document num	ber. Pr	ovide document	number.
FS 240 or 545 U.S. Passpor	rt (current or most recent)	None (Provid	de explanation)			
DS 1350 Alien registra	ition	Other (Provid	de explanation)			
U.S. Citizenship certificate U.S. Naturaliz	zation certificate	Explanation <				
Provide your spouse's U.S. Social Security Number.						
	Not applicable					
Provide other names used by your spouse (such as used for each name).	maiden name, names by o	ther marriages, nick	knames, etc. and	l provide d	lates 🗌 N	ot applicable
#1 Last name	First name		Middle nar	me		Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present				
YES NO Est.		Est.				
#2 Last name	First name		Middle nar	ne	1	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Dresent				
		Present Est.				
#3 Last name	First name		Middle nar	ne		Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present				
YES NO Est.	.	Est.				
#4 Last name	First name	<i>.</i>	Middle nar	me		Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present	1		1	
YES NO Est.		Est.				
Provide your spouse's country(ies) of citizenship.	•			Provide d	late married. (Mo	onth/Day/Year)
Country #1	Country #2					

17.1 Complete the following if you selected 'Married' or 'Separated.' (Continued)							
Provide place married. (Provide City and Country if outside the United States; otherwise, provide City or County and State.)							
City	County	State	Country				
Provide your spouse's current address, if differe Zip Code)	nt than your current address. (Pro	ovide City and Cou	intry if outside the Unite	d States; otherwise, pro	ovide City, State and		
Street	City	State	Zip Code	Country			
Provide telephone number. Extension	Day Use my current telepho	one number	Provide email add	ress.			
	Night 🔲 International or DSN p	hone number					
If you have indicated an APO/FPO address, con	nplete (a). If you have indicated a	n address outsi	de of the United Sta	tes, complete (b).			
(a) Provide your spouse's APO/FPO address. States.)	(Provide City and Country if outside the second sec	he United States;	otherwise, provide City	, State and Zip Code fo	or ports in the United		
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country			
(b) Does your spouse have an APO/FPO addre							
☐ YES → Address	AP I	O or FPO	APC	0/FPO State Code	Zip Code		
NO							
Are you separated from your spouse?	If legally separated, provide the (Provide City and Country if outside t			State and Zin Code)	Not Applicable		
Provide date of separation. (Month/Day/Year)	City	State	Zip Code	Country			
□ NO □ Est.							

17.2 Complete the following if you selected 'Divorced', 'Annulled', 'Widowed', or 'Other Former Spouses'.							
Entry #1							
Provide the full name of your former sp Last name	ouse. First name		Middle name		Suffix	Provide the date of birth of your former spouse. (Month/Day/Year)	
						Est.	
Provide the place of birth for your forme	er spouse.						
City		State	Zip Code	Country	y (Required)		
Provide the country(ies) of citizenship f	or your former spouse.		•		Provide the	date you married your	
Country #1	Country #	£2			former spou	se. (Month/Day/Year)	
Provide the place married. (Provide City a	and Country if outside the Unite	d States; otherw	ise, provide City, State	e and Country.)			
City		State	Country				
Provide the status of this marriage.		Provide the	date divorced, ann	ulled or wido	wed. (Month/D	av/Year)	
Divorced Widowed	Annulled		,,,,			Est.	
For your divorced or annulled marriage Code)	, provide where the record	is located. (Pr	ovide City and Countr	y if outside the	United States; o	therwise, provide City, State and Zip	
City		State	Zip Code	Country	у		
Is this former spouse deceased?							
YES NO (If NO, complete (a))	I don't know						
(a) For divorced or annulled marriage p States; otherwise, provide City, State and		s of the former	spouse. (Provide Ci	ity and Country	if outside the Ui	nited I don't know	
Street	City		State 2	Zip Code	Countr	у	

Entry #2 Provide the full name of your former spouse. Last name First name Middle name Suffix Provide the date of birth of your former spouse. (Month/Day/Year) Provide the place of birth for your former spouse. City State Zip Code Country (Required) Provide the country(ies) of citizenship for your former spouse. Provide the date you married your former spouse. (Month/Day/Year) Est. Provide the country #1 Country #2 Provide the date you married your former spouse. (Month/Day/Year) Est. Provide the place married. (Provide City and Country if outside the United States: otherwise, provide City, State and Country.) Est. City State Country Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Country Is this former spouse deceased? YES NO (If NO, complete (a) I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) I don't know <tr< th=""><th colspan="9">17.2 Complete the following if you selected 'Divorced', 'Annulled', 'Widowed', or 'Other Former Spouses'.</th></tr<>	17.2 Complete the following if you selected 'Divorced', 'Annulled', 'Widowed', or 'Other Former Spouses'.								
Last name First name Middle name Suffix former spouse. (Month/Day/Year) Provide the place of birth for your former spouse. City State Zip Code Country (Required) Provide the country(ies) of citizenship for your former spouse. Provide the date you married your former spouse. (Month/Day/Year) Country #1 Country #2 Provide the date you married your Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) City State Country Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. Provide the status of this marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City Is this former spouse deceased? I don't know I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) I don't know	Entry #2								
Provide the place of birth for your former spouse. City State Zip Code Country (Required) Provide the country(ies) of citizenship for your former spouse. Provide the country #1 Country #2 Provide the date you married your former spouse. (Month/Day/Year) Est. Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) City Est. Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. Provide the status of this marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Country Is this former spouse deceased?	Provide the full name of your former sp	ouse.					5		
Provide the place of birth for your former spouse. City State Zip Code Country (Required) Provide the country(ies) of citizenship for your former spouse. Provide the country #1 Country #2 Provide the date you married your former spouse. (Month/Day/Year) Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) City State Country Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Is this former spouse deceased?	Last name	First name		Middle name		Suffix	former spouse. (Month/Day/Year)		
City State Zip Code Country (Required) Provide the country(ies) of citizenship for your former spouse. Provide the date you married your former spouse. (Month/Day/Year) Country #1 Country #2 former spouse. (Month/Day/Year) Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) Est. City State Country Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Is this former spouse deceased?							Est.		
Provide the country(ies) of citizenship for your former spouse. Provide the date you married your former spouse. (Month/Day/Year) Country #1 Country #2 Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) Est. Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Is this former spouse deceased?	Provide the place of birth for your forme	er spouse.		•					
Country #1 Country #2 former spouse. (Month/Day/Year) Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) City State Country Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State City State Zip Code Country Is this former spouse deceased? I don't know I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United State the United States; otherwise, provide City, State and Zip Code) I don't know	City		State	Zip Code	Countr	y (Required)			
Country #1 Country #2 former spouse. (Month/Day/Year) Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) City State Country Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State City State Zip Code Country Is this former spouse deceased? I don't know I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United State the United States; otherwise, provide City, State and Zip Code) I don't know									
Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) Est. Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Divorced Widowed Annulled For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Est. City State Zip Code Country Is this former spouse deceased?	Provide the country(ies) of citizenship f	or your former spouse.				Provide the	e date you married your		
Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) City State Country Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Divorced Widowed Annulled For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City City State Zip Code Is this former spouse deceased?	Country #1	Country #	‡ 2			former spo	use. (Month/Day/Year)		
City State Country Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Divorced Widowed Annulled Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Is this former spouse deceased? YES NO (If NO, complete (a)) I don't know States; otherwise, provide City, State and Zip Code)							Est.		
City State Country Provide the status of this marriage. Provide the date divorced, annulled or widowed. (Month/Day/Year) Divorced Widowed Annulled Est. For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Is this former spouse deceased? YES NO (If NO, complete (a)) I don't know States; otherwise, provide City, State and Zip Code)	Provide the place married (Provide City	and Country if outside the Unite	d States: otherw	vise provide City State	and Country)				
Divorced Widowed Annulled For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Is this former spouse deceased? YES NO (If NO, complete (a)) I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United									
Divorced Widowed Annulled For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Is this former spouse deceased? YES NO (If NO, complete (a)) I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United	-								
Divorced Widowed Annulled For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Is this former spouse deceased? YES NO (If NO, complete (a)) I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United	Provide the status of this marriage		Provide the	date divorced ann	ulled or wide	wed (Month)	(Day/Vear)		
For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Is this former spouse deceased?	_ *						· · ·		
Code) City State Zip Code Country Is this former spouse deceased?									
Is this former spouse deceased? YES NO (If NO, complete (a)) I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)		e, provide where the record	is located. (Pi	rovide City and Country	y if outside the	United States;	otherwise, provide City, State and Zip		
YES NO (If NO, complete (a)) I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) I don't know	City		State	Zip Code	Countr	у			
YES NO (If NO, complete (a)) I don't know (a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) I don't know									
(a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) I don't know	Is this former spouse deceased?								
(a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) I don't know	YES NO (If NO complete (a))	I don't know							
States; otherwise, provide City, State and Zip Code)									
	()		s of the former	r spouse. (Provide Cit	ty and Country	if outside the l	United I don't know		
				State 2	Zip Code	Coun	try		

Section 17 - Marital Status - (Continued)

A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live with for reasons of convenience (e.g. a roommate). If applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship information.

17.3 Do you presently reside with a cohabit	tant?				YES NO (If NO, pr	oceed to Section 18)
Complete the following if you presently resid	de with a cohabitant.					
Entry #1						
Provide the cohabitant full name. Last name Fire	st name	Middl	e name	Suffix	Provide the coha Date (Month/Day/	bitant date of birth. <i>Year)</i> Est.
Provide the cohabitant place of birth. City		Sta	te Coun	try (Required	9	
For your foreign born cohabitant, indicate of FS 240 or 545	ne type of documentatio . Passport (current or m		possesses and the None (Provide ex		umber.	
DS 1350	en registration		Other (Provide ex	planation)		
U.S. Citizenship certificate U.S	 Naturalization certificat 	e E	xplanation >			
Provide document number. Pro	ovide your cohabitant's l	J.S. Social Secu	· _	lot applicabl	le	
Provide other names used by your cohabita name was used).	ant (such as maiden nar	ne, names by ot	her marriages, etc.,	and provide	dates each] Not applicable
#1 Last name	First nam	e		Middle nam	ne	Suffix
Maiden name? From (Month/Year)	To (Month	/Year)	esent t.			•
#2 Last name	 First nam	e		Middle nam	ne	Suffix
Maiden name? From (Month/Year)	To (Month	/Year) Pro	esent t.			
#3 Last name	First nam	е		Middle nam	ne	Suffix
Maiden name? From (Month/Year)	To (Month	/Year)	esent t.			-
#4 Last name	First nam	e		Middle nam	ne	Suffix
Maiden name? From (<i>Month/Year</i>)	To (Month	/Year) Pro	esent t.			
Provide your cohabitant's country(ies) of cit Country #1	tizenship. Country #	±2			Provide date cohabitat (Month/Day/Year)	ion began.

Complete the following if you presently	reside with a coh	abitant.				
Entry #2						
Provide the cohabitant full name. Last name	First name		Middle name	Suffix	Provide the conduct of the conduct o	ohabitant date of birth. Day/Year)
Provide the cohabitant place of birth. City			State	Country (Require	rd)	
For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number. FS 240 or 545 U.S. Passport (current or most recent) None (Provide explanation) DS 1350 Alien registration Other (Provide explanation) U.S. Citizenship certificate U.S. Naturalization certificate Explanation >						
Provide document number.	Provide your col	habitant's U.S. Socia	al Security Number.	Not applical	ble	
Provide other names used by your cohaname was used).	abitant (such as r	naiden name, name	es by other marriages,	etc., and provide	e dates each	Not applicable
#1 Last name		First name		Middle na	me	Suffix
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present Est.			
#2 Last name		First name		Middle na	me	Suffix
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present Est.			
#3 Last name		First name		Middle na	me	Suffix
Maiden name? From (Month/Yea	ar)	To (Month/Year)	Present Est.			
#4 Last name		First name		Middle na	me	Suffix
Maiden name? From (Month/Yea	ar)	To (Month/Year)	Present Est.	ŀ		·
Provide your cohabitant's country(ies) o Country #1	f citizenship.	Country #2			Provide date cohab (Month/Day/Year)	itation began.

Section 18 - Relatives					
Select each type of relative Check all that apply.	applicable to you, rega	rdless if they are living or d	eceased. (An opportu	nity will be provided to list multiple	e relatives for each type.)
Mother	Foster parent		Sister	Half-sister	
Father	Child (including a	adopted/foster)	Stepbrother	Father-in-law	
Stepmother	Stepchild		Stepsister	Mother-in-law	
Stepfather	Brother		Half-brother	Guardian	
Entry #1					
Provide relative type.					
Provide your relative's full na	ame.				
Last name		First name		Middle name	Suffix
Provide your relative's date	of birth. Provide yo	ur relative's place of birth.			I
Date (Month/Day/Year)	City		State	Country (Required)	
	Est.				
Provide your relative's coun	try(ies) of citizenship.				
Country #1		Country #2			
	ing if the relative listed r, Stepsister, Half-bro		epmother, Stepfathe	er, Child (including adopted/fos	ter), Stepchild, Brother,
If mother, provide your m	other's maiden name.	Same as listed	I don't know		
Last name		First name		Middle name	Suffix
Has this relative used any	other names?				I
Provide other names use		e that your relative used the	em (such as maiden n	ame by a former marriage, forme	r 🗌 Not applicable
name, alias, or nickname).				
#1 Last name		First name		Middle name	Suffix
	rom (Month/Year)	To (Month/Year)	Present F	Provide the reason(s) why the nar	ne changed.
YES NO] Est.	Est.		
#2 Last name		First name		Middle name	Suffix
Maiden name? F	rom (Month/Year)	To (Month/Year)	Present F	Provide the reason(s) why the nar	ne changed.
YES NO		Est.	Est.		
#3 Last name		First name		Middle name	Suffix
Maiden name? F	rom (Month/Year)	To (Month/Year)		Provide the reason(s) why the nar	ne changed
			Tresent	remae are reacon(o) why are har	no shungou.
		Est.	Est.	Middle	Outto
#4 Last name		First name		Middle name	Suffix
1	rom (Month/Year)	To (Month/Year)		Provide the reason(s) why the nar	ne changed.
YES NO		Est.	Est.		

•

Entry #1

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?									
18.2 Complete the following if the relative listed is your Mother, Father, Stepmoth Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sist									
Provide your relative's current address. (Provide City and Country if outside the United State Street City	tes; otherwise, provid State	•	<i>de)</i> Country						
Does this relative have an APO/FPO address? □ YES → Provide your relative's APO/FPO address. □ NO Address □ I don't know	APO or FPO	APO/FPO S	State Code	Zip Code					
 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Stepsister, Half-brother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. 									
Provide one type of documentation that he or she possesses and the document nur	mber.								
FS 240 or 545 U.S. Naturalization certificate Ot	her (Provide expl	anation) 🕨							
DS 1350 U.S. Passport									
U.S. Citizenship certificate None (Provide explanation)									
Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.									
Provide the address of the court that issued the U.S. Citizenship/Naturalization cert Street City	ificate.		State	Zip Code					

Section 18 - Relatives - (Continued)

	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.						
Provide type of documentation he or she possesses to support U.S. residence. U.S. Alien registration U.S. Visa Provide document number Other (Provide explanation)							
ш	Other (Provide explanation) Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)						
	Provide approximate date of last contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present						
Provide methods of contact (Check all that apply). In person Telephone Written correspondence Other (Provide explanation) >							
	Daily Monthly Annually						
	Weekly Quarterly Other (Provide explanation) ►						
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name						
	I don't know						
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)						
	Street City State Zip Code Country						
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?						
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence						
	service.						
	I don't know						
L T	40 5. Commission following if the relative listed is your Methon. Fother, Otenmethon, Otenfether, Fother, Proton percent. Ohild (including edented/footer)						
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.						
Ę	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present						
Entry #1	Est.						
	Provide methods of contact (Check all that apply).						
	In person I Telephone Electronic (Such as e-mail, texting, chat rooms, etc)						
	Written correspondence Other (Provide explanation)						
	Provide approximate frequency of contact.						
	Daily Monthly Annually						
	□ Weekly □ Quarterly □ Other (Provide explanation) ▶						
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).						
	Employer name						
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States: otherwise, provide City, State and Zip Code)						
	Street City State Zip Code Country						
	I I I I I I I I I I I I I I I I I I I						
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence						
	service.						
	I don't know						
1							

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

F	Provide relative type.				
	Provide your relative's full name. .ast name	First name		Middle name	Suffix
	Provide your relative's date of birth. Provi Date (<i>Month/Day/Year</i>) City	de your relative's place of b	irth. State	Country (Required)	
	Provide your relative's country(ies) of citizens Country #1	Country #2		- 	
	18.1 Complete the following if the relative Sister, Stepbrother, Stepsister, Ha	listed is your Mother, Fath If-brother, Half-sister.	er, Stepmother, Stepfa	ther, Child (including adopted/	foster), Stepchild, Brother,
Entry #2	If mother , provide your mother's maiden r Last name	ame. 🔄 Same as I First name	isted 🗌 I don't kno	ow Middle name	Suffix
	Has this relative used any other names? YES NO Provide other names used and the period name, alias, or nickname).	n name by a former marriage, for	mer 🗌 Not applicable		
	#1 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Y	ear) Present Est.	Provide the reason(s) why the	name changed.
	#2 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Y	ear) Present	Provide the reason(s) why the	name changed.
	#3 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Y	ear)	Provide the reason(s) why the	name changed.
	#4 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Y	ear) Present	Provide the reason(s) why the	name changed.

Entry #2

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?									
18.2 Complete the following if the relative listed is your Mother, Father, Stepmoth Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sist									
Provide your relative's current address. (Provide City and Country if outside the United Star Street City	tes; otherwise, provid State	•	^{de)} Country						
Does this relative have an APO/FPO address? □ YES → Provide your relative's APO/FPO address. □ NO Address □ I don't know	APO or FPO	APO/FPO S	State Code	Zip Code					
 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Stepsister, Half-brother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. 									
Provide one type of documentation that he or she possesses and the document nu	mber.								
FS 240 or 545 U.S. Naturalization certificate Ot	her (Provide expl	anation) 🕨							
DS 1350 U.S. Passport									
U.S. Citizenship certificate None (Provide explanation)									
Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.									
Provide the address of the court that issued the U.S. Citizenship/Naturalization cert Street City	ificate.		State	Zip Code					

Section 18 - Relatives - (Continued)

Γ			
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.		
	Provide type of documentation he or she possesses to support U.S. residence.		
ζ# λ	U.S. Alien registration U.S. Visa Provide document number		
Entry #2	Other (Provide explanation)		
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present		
	Est.		
	Provide methods of contact (Check all that apply).		
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)		
	Written correspondence Other (Provide explanation) >		
	Provide approximate frequency of contact.		
	Daily Monthly Annually		
	Weekly Quarterly Other (Provide explanation) ►		
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name		
	l don't know		
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City		
	and Country if outside the United States; otherwise, provide City, State and Zip Code)		
	Street City State Zip Code Country		
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?		
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence		
	service.		
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster),		
	Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.		
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)		
y #2	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present		
Entry #2			
	Provide methods of contact (Check all that apply).		
	In person I Telephone Electronic (Such as e-mail, texting, chat rooms, etc)		
	Written correspondence Other (Provide explanation)		
	Provide approximate frequency of contact.		
	Daily Monthly Annually		
	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ►		
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).		
	Employer name		
	I don't know		
and Country if outside the United States; otherwise, provide City, State and Zip Code)			
1	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City		
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City		
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)		
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)		
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence		
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) I don't know Street City State Zip Code Country Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? Image: City integration of the city		
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service?		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

F	Provide relative type.					
	Provide your relative's full name. ast name	First na	ame		Middle name	Suffix
	Provide your relative's date of birth. Date (<i>Month/Day/Year</i>)	Provide your relative City	e's place of birth.	State	Country (Required)	
	Provide your relative's country(ies) of c Country #1	itizenship.	Country #2			
	18.1 Complete the following if the re Sister, Stepbrother, Stepsister	er, Half-brother, Ha		epmother, Stepfat	her, Child (including adopted/	foster), Stepchild, Brother,
Entry #3	lf mother , provide your mother's ma Last name	iden name. [First na	Same as listed	🔲 l don't know	w Middle name	Suffix
	Has this relative used any other name YES NO Provide other names used and the p name, alias, or nickname).		ur relative used the	m (such as maiden	name by a former marriage, for	mer 🗌 Not applicable
	#1 Last name		First name		Middle name	Suffix
	Maiden name? From <i>(Month</i>	/Year)	To (Month/Year)	Present Est.	Provide the reason(s) why the	name changed.
	#2 Last name		First name		Middle name	Suffix
	Maiden name? From <i>(Month</i>	/Year)	To (Month/Year)	Present	Provide the reason(s) why the	name changed.
	#3 Last name		First name		Middle name	Suffix
	Maiden name? From <i>(Month</i>	/Year)	To (Month/Year)	Present	Provide the reason(s) why the	name changed.
	#4 Last name		First name		Middle name	Suffix
	Maiden name? From <i>(Month</i>	/Year)	To (Month/Year)	Present Est.	Provide the reason(s) why the	name changed.

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

	Is your relative deceased?						
		elative listed is your Mother, Father, St tepbrother, Stepsister, Half-brother, H	• • • •	• • •	• •		
Entry #3	Provide your relative's current addre Street	ess. (Provide City and Country if outside the U City	nited States; otherwise, provid State		le) Country		
	Does this relative have an APO/FPO YES Provide your NO Address I don't know	O address? relative's APO/FPO address.	APO or FPO	APO/FPO Si	tate Code	Zip Code	
	 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Stepsister, Half-brother, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. 						
Entry #3	Provide one type of documentation FS 240 or 545 DS 1350 U.S. Citizenship certificate	that he or she possesses and the docur □ U.S. Naturalization certificate □ U.S. Passport □ None (Provide explanation) ►	nent number.	anation) ▶			
	Provide document number.	Provide the name	e of the court that issued	the U.S. Citizenship/N	laturalization ce	rtificate.	
	Provide the address of the court tha Street	at issued the U.S. Citizenship/Naturalizat	tion certificate. City		State	Zip Code	

Section 18 - Relatives - (Continued)

Г	
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
	Provide type of documentation he or she possesses to support U.S. residence.
۲#3	U.S. Alien registration U.S. Visa Provide document number
Entry #3	Other (Provide explanation)
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	Est.
	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
	Written correspondence Other (Provide explanation) >
	Provide approximate frequency of contact.
	Daily Monthly Annually
	□ Weekly □ Quarterly □ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
	l don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
	NO
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster),
	Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.
_	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
Entry #3	
Ent	
	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
	Written correspondence Other (Provide explanation)
	Provide approximate frequency of contact.
	Daily Monthly Annually
	□ Weekly □ Quarterly □ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES> Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
	NO service.
	I don't know
L	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

F	Provide relative type.						
	Provide your relative's full name. ast name	First na	ame		Middle name	Suffix	
	Provide your relative's date of birth. Provi Date (Month/Day/Year) City	de your relative	e's place of birth.	State	Country (<i>Required</i>)		
	Provide your relative's country(ies) of citizen Country #1	ship.	Country #2				
	18.1 Complete the following if the relative Sister, Stepbrother, Stepsister, Ha			epmother, Stepfat	her, Child (including adopted/fo	oster), Stepchild, Brother,	
Entry #4	If mother , provide your mother's maiden r Last name	name. [First na	Same as listed	🗌 l don't kno	w Middle name	Suffix	
	Has this relative used any other names? YES NO Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname). Not applicable						
	#1 Last name		First name		Middle name	Suffix	
	Maiden name? From <i>(Month/Year)</i>	Est.	To (Month/Year)	Present Est.	Provide the reason(s) why the n	ame changed.	
	#2 Last name		First name		Middle name	Suffix	
	Maiden name? From <i>(Month/Year)</i>	Est.	To (Month/Year)	Present Est.	Provide the reason(s) why the n	ame changed.	
	#3 Last name		First name		Middle name	Suffix	
	Maiden name? From (Month/Year)	Est.	To (Month/Year)	Present Est.	Provide the reason(s) why the n	ame changed.	
	#4 Last name		First name		Middle name	Suffix	
	Maiden name? From (Month/Year)	Est.	To (Month/Year)	Present Est.	Provide the reason(s) why the n	ame changed.	

Entry #4

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?						
18.2 Complete the following if the relative listed is your Mother, Father, Stepmoth Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sist						
Provide your relative's current address. (Provide City and Country if outside the United State Street City	tes; otherwise, provia State	•	<i>de)</i> Country			
Does this relative have an APO/FPO address? □ YES → Provide your relative's APO/FPO address. □ NO Address □ I don't know	APO or FPO	APO/FPO S	State Code	Zip Code		
 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Stepsister, Half-brother, Half-brother, Half-sister, Father, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. 						
Provide one type of documentation that he or she possesses and the document nu	mber.					
FS 240 or 545 U.S. Naturalization certificate Ot	her (Provide expl	anation) 🕨				
DS 1350 U.S. Passport						
U.S. Citizenship certificate None (Provide explanation)						
Provide document number. Provide the name of the	court that issued	the U.S. Citizenship/l	Naturalization ce	rtificate.		
Provide the address of the court that issued the U.S. Citizenship/Naturalization cert Street City	ificate.		State	Zip Code		

Section 18 - Relatives - (Continued)

П	
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
	Provide type of documentation he or she possesses to support U.S. residence.
¥	U.S. Alien registration U.S. Visa Provide document number
Entry #4	Other (Provide explanation)
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	Est.
	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
	Written correspondence Other (Provide explanation) >
	Provide approximate frequency of contact.
	Daily Monthly Annually
	Weekly Quarterly Other (Provide explanation) ►
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
	l don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	I lis this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
	service.
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster),
	Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)
۲#4	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
Entry #4	
	Provide methods of contact (Check all that apply).
	In person I Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
	Written correspondence Other (Provide explanation)
	Provide approximate frequency of contact.
	Daily Monthly Annually
	Weekly Quarterly Other (Provide explanation)
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	I don't know
	I don't know Provide the address of current employer, or provide the address of their most recent, employer if not currently employed. (Provide City
	I don't know
	I don't know Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	I don't know Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) I don't know
	I don't know Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) I don't know
	□ I don't know Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) □ I don't know Street City State Zip Code Country Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	I don't know Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	□ I don't know Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) □ I don't know Street City State Zip Code Country Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

F	Provide relative type.				
	Provide your relative's full name. ast name	First name		Middle name	Suffix
	Provide your relative's date of birth. Provide City	your relative's place of birth.	State	Country (Required)	
	Provide your relative's country(ies) of citizenshi Country #1	Country #2			
	18.1 Complete the following if the relative lis Sister, Stepbrother, Stepsister, Half-	ted is your Mother, Father, Si brother, Half-sister.	tepmother, Stepfather,	, Child (including adopted/fost	er), Stepchild, Brother,
Entry #5	If mother , provide your mother's maiden nan Last name	ne. Same as listed First name	I don't know	Middle name	Suffix
	Has this relative used any other names?	time that your relative used the	am (such as maidan na	me hu a former marriage, former	
	name, alias, or nickname).	-			
	#1 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	ovide the reason(s) why the nam	e changed.
	#2 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	ovide the reason(s) why the nam	e changed.
	#3 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	ovide the reason(s) why the nam	e changed.
	#4 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)	Present Prese	ovide the reason(s) why the nam	e changed.

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

	Is your relative deceased?						
	18.2 Complete the following if the rela Stepchild, Brother, Sister, Step	tive listed is your Mother, Father, Sobrother, Stepsister, Half-brother,	•	• •	· · ·		
Entry #5	Provide your relative's current address Street	s. (Provide City and Country if outside the City	United States; otherwise, pr State	rovide City, State and Zip C Zip Code	ode) Country		
	Does this relative have an APO/FPO a YES Provide your relative NO Address I don't know	address? ative's APO/FPO address.	APO or FPC) APO/FPO	State Code	Zip Code	
	 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Stepchild, Brother, Stepsister, Half-brother, Half-brother, Half-sister, Father-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. 						
Entry #5	Provide one type of documentation tha FS 240 or 545 DS 1350 U.S. Citizenship certificate	at he or she possesses and the docu U.S. Naturalization certificate U.S. Passport None (Provide explanation) ▶	ument number.	explanation) 🕨			
	Provide document number.	Provide the nar	me of the court that issu	ed the U.S. Citizenship	/Naturalization ce	ertificate.	
	Provide the address of the court that is Street	ssued the U.S. Citizenship/Naturaliz	ation certificate. City		State	Zip Code	

Section 18 - Relatives - (Continued)

Г	
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
	Provide type of documentation he or she possesses to support U.S. residence.
۲ #5	U.S. Alien registration U.S. Visa Provide document number
Entry #5	☐ Other (Provide explanation) ►
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	Est.
	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
	Written correspondence Other (Provide explanation) >
	Provide approximate frequency of contact.
	Daily Monthly Annually
	□ Weekly □ Quarterly □ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
	l don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
	NO
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster),
	Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.
10	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)
Entry #5	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
Ent	
	Provide methods of contact (Check all that apply).
	In person
	Written correspondence Other (Provide explanation)
	Provide approximate frequency of contact.
	Daily Monthly Annually
	□ Weekly □ Quarterly □ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if auticide the United States: otherwise, provide City State and Zin Code)
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	I don't know
L	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

F	Provide relative type.					
	rovide your relative's full name. ast name	First na	ame		Middle name	Suffix
	Provide your relative's date of birth. Date (Month/Day/Year)	Provide your relative City	e's place of birth.	State	Country (Required)	
	rovide your relative's country(ies) of c Country #1	citizenship.	Country #2			
	18.1 Complete the following if the re Sister, Stepbrother, Stepsist			epmother, Stepfat	her, Child (including adopted	/foster), Stepchild, Brother,
Entry #6	If mother , provide your mother's ma Last name	iden name. [First na	Same as listed	🗌 l don't know	w Middle name	Suffix
	Has this relative used any other name YES NO Provide other names used and the p name, alias, or nickname).		ur relative used the	m (such as maiden	n name by a former marriage, fo	rmer 🗌 Not applicable
	#1 Last name		First name		Middle name	Suffix
	Maiden name? From (Monte	h/Year)	To (Month/Year)	Present Est.	Provide the reason(s) why the	name changed.
	#2 Last name		First name		Middle name	Suffix
	Maiden name? From <i>(Monti</i>	h/Year) Est.	To (Month/Year)	Present Est.	Provide the reason(s) why the	name changed.
	#3 Last name		First name		Middle name	Suffix
	Maiden name? From (Monti	h/Year)	To (Month/Year)	Present	Provide the reason(s) why the	name changed.
	#4 Last name		First name		Middle name	Suffix
	Maiden name? From (Monta)	h/Year)	To (Month/Year)	Present Est.	Provide the reason(s) why the	name changed.

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

	s your relative deceased?				Y	'ES (If YES, proce	eed to 18.3) NO
	18.2 Complete the following if the rela Stepchild, Brother, Sister, Step	tive listed is your Mother, Father, S bbrother, Stepsister, Half-brother,	•				
Entry #6	Provide your relative's current address Street	. (Provide City and Country if outside the City	United States; otherwise, µ State	provide City, State a Zip Code		<i>de)</i> Country	
	Does this relative have an APO/FPO a YES Provide your relation NO Address I don't know	ddress? ative's APO/FPO address.	APO or FP	0 AP	O/FPO S	itate Code	Zip Code
	 18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Stepchild, Brother, Stepsister, Half-brother, Half-brother, Half-sister, Father-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address. 						
Entry #6	Provide one type of documentation that FS 240 or 545 DS 1350 U.S. Citizenship certificate	at he or she possesses and the docu ☐ U.S. Naturalization certificate ☐ U.S. Passport ☐ None (Provide explanation) ▶	ument number.	explanation) ▶			
	Provide document number.	Provide the nar	ne of the court that iss	ued the U.S. Citi	zenship/N	Naturalization ce	rtificate.
	Provide the address of the court that is Street	sued the U.S. Citizenship/Naturaliz	ation certificate. City			State	Zip Code

Section 18 - Relatives - (Continued)

Г							
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.						
Provide type of documentation he or she possesses to support U.S. residence.							
y #6	U.S. Alien registration U.S. Visa Provide document number						
Entry #6	☐ Other (Provide explanation) ►						
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present						
	Est.						
	Provide methods of contact (Check all that apply).						
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)						
	Written correspondence Other (Provide explanation) >						
	Provide approximate frequency of contact.						
	Daily Monthly Annually						
	□ Weekly □ Quarterly □ Other (Provide explanation) ▶						
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name						
	l don't know						
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City						
	and Country if outside the United States; otherwise, provide City, State and Zip Code)						
	Street City State Zip Code Country						
	I I I I I I I I I I I I I I I I I I I						
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence						
	NO						
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster),						
	Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.						
6	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present						
Entry #6							
Ent							
	Provide methods of contact (Check all that apply).						
	In person						
	Written correspondence Other (Provide explanation)						
	Provide approximate frequency of contact.						
	Daily Monthly Annually						
	□ Weekly □ Quarterly □ Other (Provide explanation) ▶						
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).						
	Employer name						
I don't know							
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if auticide the United States: otherwise, provide City State and Zin Code)						
	Street City State Zip Code Country						
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?						
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.						
	I don't know						
L							

Section 19 - Foreign Contacts								
A foreign national is defined as any person who is not a citizen or national of the	e U.S.							
Do you have, or have you had, close and/or continuing contact with a foreign national within the last seven (7) years with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.								
Complete the following if you responded 'Yes' to have, or have had, close and	Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.							
Entry #1								
Provide the full name of the foreign national, if known.	I don't know							
Last name First name M	Viddle name Suffix Explanation if name is unknown							
Provide approximate date of first contact. (Month/Year) Provide ap	pproximate date of last contact. (Month/Year)							
Provide methods of contact (Check all that apply).	_							
In person Telephone	Electronic (Such as e-mail, texting, chat rooms, etc)							
Written correspondence Other (Provide explanation) >								
Provide approximate frequency of contact.								
Daily Monthly	Annually							
U Weekly Quarterly	Other (Provide explanation)							
Provide the nature of relationship (Check all that apply).	Personal (Such as family ties, friendship, affection, common interests, etc)							
☐ Obligation (Provide explanation) ►	Other (Provide explanation) ►							
Provide other names and/or nicknames, as appropriate.								
Last name First name	Middle name Suffix							
Provide country(ies) of citizenship.								
Country #1 Country #2								
Provide date of birth. I don't know Provide place of bi	pirth. 🗌 I don't know							
(Month/Day/Year) City	Country (If country unknown, requires explanation)							
Est.								
Provide current address. (Provide City and Country if outside the United States; other								
Street City	State Zip Code Country							
Does this person have an APO/FPO address? Provide the foreign national's Address	APO/FPO address. APO or FPO APO/FPO State Code Zip Code							
Provide the name of the foreign national's current employer, or provide the na	ame of their most recent employer if not currently employed							
Employer name	ane of their most recent employer if not currently employed.							
	I don't know							
Provide the address of the foreign national's current employer, or provide the	e address of their most recent employer if not currently							
employed. (Provide City and Country if outside the United States; otherwise, provide City Street City								
Street City	State Zip Code Country							
Is this foreign national affiliated with a foreign government, military, security, o	defense industry, or intelligence service?							
	reign government, military, security, defense industry, or intelligence service.							
NO I don't know								

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.						
Entry #2						
Provide the full name of the foreign national,				I don't know		
Last name First na	ime	Middle name	Suffi	x Explanation if name	is unknown	
Provide approximate date of first contact. (Mo	·	ide approximate date of	of last contact. (A	Ionth/Year)		
	Est.			Est.		
Provide methods of contact (Check all that ap						
	Felephone		uch as e-mail, te:	xting, chat rooms, etc)		
Written correspondence	Other (Provide explanation	ı) ►				
Provide approximate frequency of contact.						
	Monthly	Annually				
	Quarterly	Other (Provid	e explanation)	•		
Provide the nature of relationship (Check all t	hat apply).			с с		
Professional or Business			•	es, friendship, affection, com	imon interests, etc)	
Obligation (Provide explanation)			vide explanation) ▶		
Provide other names and/or nicknames, as a	1				0.5	
Last name	First name		Middle name		Suffix	
Provide country(ies) of citizenship.	- I				- 1	
Country #1	Country #2					
Provide date of birth.	Provide place	e of birth.	n't know			
(Month/Day/Year)	City		Country	(If country unknown, requires e	xplanation)	
Est.						
Provide current address. (Provide City and Court	ntry if outside the United States	s; otherwise, provide City,	State and Zip Code		I don't know	
Street	City	State	Zip Code	Country		
Does this person have an APO/FPO address	? Provide the foreign natio				Zin Cada	
YES Address		APO or FP	0	APO/FPO State Code	Zip Code	
NO I don't know						
Provide the name of the foreign national's cur Employer name	rent employer, or provide t	the name of their most	t recent employe	r if not currently employed.		
		I don't know				
Provide the address of the foreign national's	current employer or provid		most recent em	plover if not currently		
employed. (Provide City and Country if outside the					I don't know	
Street	City	State	Zip Code	Country		
Is this foreign national affiliated with a foreign			-			
□ YES → Describe the c	ontact's relationship with th	he foreign government	t, military, securi	ty, defense industry, or intell	igence service.	
NO I don't know						

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes'	to have, or have had, close a	and/or continuing c	ontact with a foreign r	national.	
Entry #3					
Provide the full name of the foreign national, i Last name First na		Middle name	Suffix	I don't know Explanation if name i	is unknown
Provide approximate date of first contact. (Mo	nth/Year) Provide	approximate date of	of last contact. (Month/	Year)	
	Est.			Est.	
Provide methods of contact (Check all that ap					
	elephone		uch as e-mail, texting,	chat rooms, etc)	
	Other (Provide explanation)				
Provide approximate frequency of contact.	A 4 1	A			
	Ionthly		a combanation) b		
	Quarterly		e explanation) >		
Provide the nature of relationship (Check all the Check al	nat apply).	Personal (S	Such as family ties. fri	endship, affection, com	mon interests. etc)
Obligation (Provide explanation)			vide explanation)	,,,,,	,
Provide other names and/or nicknames, as a	opropriate.		. ,		
Last name	First name		Middle name		Suffix
Provide country(ies) of citizenship.					
Country #1	Country #2				
Provide date of birth.	Provide place of	f birth. 🗌 I do	n't know		
(Month/Day/Year)	City		Country (If co	untry unknown, requires ex	planation)
Est.					
Provide current address. (Provide City and Cour					I don't know
Street	City	State	Zip Code	Country	
Describion and have an ADO//EDO address	 				
Does this person have an APO/FPO address	? Provide the foreign national	APO/FPO addre		O/FPO State Code	Zip Code
Provide the name of the foreign national's cur	rent employer, or provide the	name of their mos	t recent employer if no	ot currently employed.	
Employer name					
		I don't know			
Provide the address of the foreign national's of				r if not currently	I don't know
employed. (Provide City and Country if outside the Street	City	State and 210 Cod	Zip Code	Country	
Is this foreign national affiliated with a foreign	government, military, security	y, defense industry	, or intelligence servic	e?	
□ YES → Describe the co	ontact's relationship with the f	foreign government	t, military, security, de	fense industry, or intelli	gence service.
NO I don't know					

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.						
Entry #4						
Provide the full name of the foreign national,	if known.			I don't know		
Last name First na	ame	Middle name	Suffix I	Explanation if name	is unknown	
Provide approximate date of first contact. (Me	· _ I	ovide approximate date o	of last contact. (Moni	h/Year)		
	Est.			Est.		
Provide methods of contact (Check all that a	pply).					
In person	Telephone	Electronic (Su	uch as e-mail, textin	g, chat rooms, etc)		
Written correspondence	Other (Provide explanati	ion) 🕨				
Provide approximate frequency of contact.						
Daily	Monthly	Annually				
Weekly	Quarterly	Other (Provid	e explanation) 🕨			
Provide the nature of relationship (Check all	that apply).					
Professional or Business		Personal (S	Such as family ties,	friendship, affection, com	mon interests, etc)	
☐ Obligation (Provide explanation) ►		Other (Prov	vide explanation) >			
Provide other names and/or nicknames, as a	ppropriate.		1		1	
Last name	First name		Middle name		Suffix	
	-					
Brovido country/ico) of citizonabin						
Provide country(ies) of citizenship. Country #1	Country #2	2				
Provide date of birth.	Provide pl;	lace of birth.	n't know			
(Month/Day/Year)	City		_	country unknown, requires e	xplanation)	
Est.						
Provide current address. (Provide City and Cou	Intry if outside the United Sta	ates; otherwise, provide City, S	State and Zip Code.)		I don't know	
Street	City	State	Zip Code	Country		
Does this person have an APO/FPO address	? Provide the foreign na	ational's APO/FPO addres	SS.			
YES		APO or FP		PO/FPO State Code	Zip Code	
🗌 NO 🔄 I don't know						
Provide the name of the foreign national's cu	rrent employer, or provid	de the name of their most	t recent employer if	not currently employed.	•	
Employer name						
		I don't know				
Provide the address of the foreign national's employed. (Provide City and Country if outside the				ver if not currently	I don't know	
Street	City	State	Zip Code	Country		
Is this foreign national affiliated with a foreigr	ו government, military, se	ecurity, defense industry.	, or intelligence serv	vice?		
		h the foreign government	-		igence service.	
NO I don't know						

Section 20A - Foreign Activities								
20A.1 Have you, your spouse, cohabitant, or depend stocks, property, investments, bank accounts, businesses) in which you or they have direct of companies or diversified mutual funds that are	ownership of corporate entit	ies, corporate inter Exclude financial ir	rests or	YES NO (If NO, p	roceed to 20A.2)			
Complete the following if you responded 'YES' to h corporate entities, corporate interests or businesse diversified mutual funds that are publicly traded on	s) in which you had or have o	sts (such as stocks direct control or dir	, property, investr ect ownership? (E	nents, bank accounts, owne xclude financial interests in	ership of companies or			
Entry #1								
Specify (Check all that apply): Yourself Spouse Cohabitant Dependent children								
Provide the type of financial interest.	Provide the date a	cquired. (Month/Day	y/Year)					
			Est.					
Provide how the financial interest was acquired (su	ich as purchase, gift, etc.).							
Provide the cost (in U.S. dollars) at time of acquisition.	Provide the curren ownership was sol			at the time control or				
[Est.				Est.			
Provide the date control or ownership was relinquis	shed. (Month/Day/Year)	Provide explanation	on of how interest	control or ownership was s	old, lost or			
Date	Est.	otherwise dispose	ed of.					
	Not Applicable							
Are there any co-owners of this foreign financial int	erest?							
#1 Provide full name of co-owner. Last name	First name		Middle name		Suffix			
Provide the co-owner's current address. (Provia	le City and Country if outside the L	Inited States; otherwis	se, provide City, State	e and Zip Code.)				
Street	City	State	Zip Code	Country				
Provide your co-owner's country(ies) of citizens	hip.		•	•				
Country #1	Country #2		Provide the natu	re of your relationship with	the co-owner.			
#2 Provide full name of co-owner.								
Last name	First name		Middle name		Suffix			
Provide the co-owner's current address. (Provide	le City and Country if outside the L	Inited States; otherwis	se, provide City, State	e and Zip Code.)				
Street C	Dity	State	Zip Code	Country				
Provide your co-owner's country(ies) of citizens	hip.	•						
Country #1	Country #2		Provide the natu	re of your relationship with	the co-owner.			

Section 20A - Foreign Activities (Continued)

Complete the following if you responded 'YES' to having foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you had or have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)							
Entry #2							
Specify (Check all that apply): Yourself Spouse Cohabitant Dep	pendent children						
Provide the type of financial interest. Provide the date acquired. (Month/Day/Year)							
Est.							
Provide how the financial interest was acquired (such as purchase, gift, etc.).							
Provide the cost (in U.S. dollars) at time of acquisition. Provide the current value (in U.S. dollars) or the ownership was sold, lost or otherwise dispose							
Est.	Est.						
Provide the date control or ownership was relinquished. (Month/Day/Year) Provide explanation of how otherwise disposed of.	interest control or ownership was sold, lost or						
Are there any co-owners of this foreign financial interest?							
#1 Provide full name of co-owner. Last name Middle Last name First name Middle	name Suffix						
Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide	City, State and Zip Code.)						
Street City State Zip Cod	le Country						
Provide your co-owner's country(ies) of citizenship.							
	the nature of your relationship with the co-owner.						
#2 Provide full name of co-owner. Last name First name Middle	name Suffix						
Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide	City, State and Zip Code.)						
Street City State Zip Cod	le Country						
Provide your co-owner's country(ies) of citizenship.	1						
	the nature of your relationship with the co-owner.						

Section 20A - Foreign Activities - (Continued)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

20A.2 Have you, your spouse, cohabitant, or deposition someone controlled on your behalf?	endent children EVER had a	ny foreign financial int	erests that	YES NO (If NO, Pro	oceed to 20A.3)
Complete the following if you responded 'YE interests that someone controlled on your be		habitant, or depende	nt children having	g EVER had any foreign	financial
Entry #1					
Specify: (Check all that apply): Yourself	Spouse	Cohabitant	Dependent ch	nildren	
Provide the type of financial Provide th interest. Last name	ie name of the individual wh e	o controls this financia First name	l interest on your b	ehalf. Provide this indi relationship to yo	
Provide details regarding how the financial inter- purchase, gift, etc.).	est was acquired (such as	Provide the date this was acquired. (Month		Provide the cost (in U.S at time of acquisition.	. dollars)
Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of.	Provide the date ir sold, lost, or other of. <i>(Month/Day/Year,</i>	wise disposed	or of	ide explanation if interest therwise disposed of.	t was sold, losi
Are there any co-owners of this foreign financial	interest controlled on your h				
#1 Provide the full name of co-owner.					
Last name	First name		Middle name	2	Suffix
Provide the co-owner's current address. (Provide the co-owner's current address.	ovide City and Country if outside	the United States; otherwis	se, provide City, State	and Zip Code.)	
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of citizer	nship.		•		
Country #1	Country #2		Provide your relat	ionship with the co-owner	- <u>.</u>
#2 Provide the full name of co-owner. Last name	First name		Middle name		Suffix
Provide the co-owner's current address. (Provide the co-owner's current address.)	ovide City and Country if outside	the United States; otherwis	se, provide City, State	and Zip Code.)	1
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of citizer	l	<u> </u>			
Country #1	Country #2		Provide your relat	ionship with the co-owner	2

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Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'YE interests that someone controlled on your be		nt, or depende	ent children having	g EVER had any foreign	financial
Entry #2					
Specify: (Check all that apply): Yourself	Spouse Co	habitant	Dependent ch	nildren	
Provide the type of financial Provide the interest.	ne name of the individual who contr e F	ols this financia irst name	Il interest on your b	ehalf. Provide this indi relationship to yo	
Provide details regarding how the financial interpurchase, gift, etc.).		Provide the dat interest was ac	e this financial quired. <i>(Month/Year)</i> Sst.	Provide the cost (in U.S at time of acquisition.	. dollars)
Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of.	Provide the date interest v sold, lost, or other wise di of. (Month/Day/Year)	sposed	Prov or of	/ vide explanation if interest therwise disposed of.	
Are there any co-owners of this foreign financial	interest controlled on your behalf?		·		
#1 Provide the full name of co-owner. Last name First name Middle name Suf					Suffix
Provide the co-owner's current address. (Pr Street	ovide City and Country if outside the Unite City	ed States; otherwi State	se, provide City, State Zip Code	and Zip Code.) Country	
Provide the co-owner's country(ies) of citizer Country #1	nship. Country #2		Provide your relat	ionship with the co-owner	
#2 Provide the full name of co-owner. Last name	First name		Middle name		Suffix
Provide the co-owner's current address. (Pr Street	ovide City and Country if outside the Unite City	ed States; otherwis State	se, provide City, State Zip Code	and Zip Code.) Country	
Provide the co-owner's country(ies) of citizer Country #1	nship. Country #2		Provide your relat	ionship with the co-owner	

Section 20A - Foreign Activities - (Continued)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

20A.3 Have you, your spouse, cohabitant, or d plan to purchase real estate in a foreign		l, or do you anticip	ate owning	g, or	YES NO (If N	O, Proceed to 20A.4)
Complete the following if you responded 'Yes' to purchase real estate in a foreign country.	to you, your spouse, cohabitant	, or dependent chil	ldren havir	ng EVER own	ned, or anticipate of	wning, or planning
Entry #1						
Specify (Check all that apply): Yourself	Spouse	Cohabitant	🗌 De	pendent child	dren	
	ovide the location/address of pro eet	perty. City			Country	
Provide the date to be acquired. (Month/Day/Year)	Provide how the foreign real (such as purchase, gift, etc.)				ost (in U.S. dollars) ime of acquisition.	Est.
Are there any co-owners of this foreign real es	tate?					
#1 Provide the full name of co-owner. Last name	First name		Midd	le name		Suffix
Provide the co-owner's current address. (F	Provide City and Country if outside the	United States; otherw	vise, provide	City, State and	l Zip Code.)	
Street	City	State	Zip Code	Co	buntry	
Provide the co-owner's country(ies) of citize Country #1	enship. Country #2		Provide	the nature c	of your relationship	with the co-owner.
#2 Provide the full name of co-owner. Last name	First name		Midd	le name		Suffix
Provide the co-owner's current address. (F Street	rovide City and Country if outside the City		<i>ise, provide</i> Zip Code		d Zip Code.) buntry	
- Provide the co-owner's country(ies) of citize Country #1	enship. Country #2		Provide	the nature c	of your relationship v	with the co-owner.

Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having EVER owned, or anticipate owning, or planning to purchase real estate in a foreign country.								
Entry #2								
Specify (Check all that apply): Yourself	Spouse 0	Cohabitant	Dependent of	children				
Provide the type of real estate property (such as home, business, etc.).	ide the location/address of prope et	rty. City		Country				
Provide the date to be acquired. (Month/Day/Year)	Provide how the foreign real es (such as purchase, gift, etc.).	tate is to be acqui		ne cost (in U.S. dollars) at time of acquisition.	Est.			
Are there any co-owners of this foreign real esta	Are there any co-owners of this foreign real estate?							
#1 Provide the full name of co-owner. Last name	First name		Middle name	Suffix				
Provide the co-owner's current address. (Pro Street	vide City and Country if outside the Un City		e, provide City, State ip Code	and Zip Code.) Country				
Provide the co-owner's country(ies) of citizen Country #1	ship. Country #2		Provide the natu	re of your relationship with	n the co-owner.			
#2 Provide the full name of co-owner. Last name	First name		Middle name		Suffix			
Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State City City City City City City City City								
Provide the co-owner's country(ies) of citizen Country #1	ship. Country #2		Provide the natu	re of your relationship with	the co-owner.			

Section	Section 20A - Foreign Activities - (Continued)									
20A.4	A.4 As a U.S. citizen, have you, your spouse, cohabitant, or dependent children received in the past seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?									
	blete the following if yo , or are eligible to rec									
Entry	[,] #1									
Speci	fy (Check all that appl	ly) 🗌 Yo	ourself	Spou	se	Cohabitant		Dependent child	dren	
Provid	de the type of benefit.	Ed	lucational	Medi	cal	Retirement		Social Welfare		
☐ Other such benefit (Provide explanation) ▶										
Provid benef	de the frequency of the fit.		netime benefit (her (Complete (c	Complete (a)) ;)) (Provide explar		benefit (Complete (b))		Continuing bene	efit (Complete (c))	
(a) f	you have indicated that	at you, your s	pouse, cohabita	ant, or dependent	children receiv	ed a onetime benefit	from a for	eign country:		
1	rovide the date the be as received. (Month/Da		Provide the name providing the be	ne of the country nefit.		e the total value (in L) of the benefit receiv		was receive	reason this benefit ed.	
	s a result of this benef YES NO you have indicated that	If yes, provid	le explanation.				-			
be	ovide the date the bei egin. (Month/Day/Year)	Ē	St. Quart	erly 🗌 W	onthly] Other (Provide ex	planation)			
Pr	ovide the name of the	e country provi	iding this benef	fit. Provide the va benefit to be r	•	llars) of the	Est.	Provide the rea received.	ison this benefit will be	
As	s a result of this benef] YES∳] NO		ur spouse, your le explanation.	⁻ cohabitant, or de	pendant childre	en obligated in any w	ay to this f	oreign country?		
(c) f	have indicated that yo	ou, your spous	se, cohabitant, o	or dependent child	fren receive a	continuing or other l	penefit fror	n a foreign cour	ntry:	
Pr	Provide the date the benefit began. (Month/Day/Year) Provide the date the benefit is expected to end. (Month/Day/Year) Est.									
Pr	ovide the frequency the	hat this benefi	it is received.							
□ Annually □ Monthly □ Other (Provide explanation) ▶ □ Quarterly □ Weekly										
1	ovide the name of the enefit.	e country provi	0	Provide the total benefit.	value (in U.S. d	·	receiv		is benefit is being	
As	As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country? If yes, provide explanation. NO									
Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'YES' to as a U.S. citizen, you, your spouse, cohabitant, or dependent children received in the past seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.
Entry #2
Specify (Check all that apply) Yourself Spouse Cohabitant Dependent children
Provide the type of benefit. Educational Medical Retirement Social Welfare Other such benefit (Provide explanation) > Other such benefit (Provide explanation) > Other such benefit (Provide explanation) > Other such benefit (Provide explanation) >
Provide the frequency of the benefit. Onetime benefit (Complete (a)) Future benefit (Complete (b)) Continuing benefit (Complete (c)) Other (Complete (c)) Other (Complete (c)) Provide explanation
(a) If you have indicated that you, your spouse, cohabitant, or dependent children received a onetime benefit from a foreign country:
Provide the date the benefit was received. (Month/Day/Year) Provide the name of the country providing the benefit. Provide the total value (in U.S. dollars) of the benefit received. Provide the reason this benefit was received. Est. Est. Est. Est.
As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country? YES If yes, provide explanation. NO
(b) If you have indicated that you, your spouse, cohabitant, or dependent children expect to receive a benefit from a foreign country:
Provide the date the benefit will Provide the frequency the benefit will be received. begin. (Month/Day/Year) □ Annually □ Monthly □ Other (Provide explanation) ▶ □ Est. □ Quarterly □ Weekly
Provide the name of the country providing this benefit. Provide the value (in U.S. dollars) of the benefit to be received. Provide the reason this benefit will received.
As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country? YES If yes, provide explanation. NO
(c) If have indicated that you, your spouse, cohabitant, or dependent children receive a continuing or other benefit from a foreign country:
Provide the date the benefit began. (Month/Day/Year) Provide the date the benefit is expected to end. (Month/Day/Year) Est. Est.
Provide the frequency that this benefit is received. □ Annually □ Monthly □ Other (Provide explanation) ► □ Quarterly □ Weekly
Provide the name of the country providing this benefit. Provide the total value (in U.S. dollars) of benefit. Provide the reason this benefit is being received. Est. Est.
As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country? YES If yes, provide explanation. NO

Section 20A - Foreign Activities - (Continued)

20A.5 Have you EVER provided financial supp	ort for any foreign national?				NO, proceed to 20B)
Complete the following if you responded 'Yes'	to providing financial support for a	ny foreign nati	onal.		
Entry #1					
Provide the name of the foreign national you so Last name	upport or have supported financiall First name	у.	Middle name		Suffix
Provide the address of the foreign national liste	ed above. (Provide City and Country if	outside the Unite	d States; otherwise, prov	ide City, State and Zip Co	ode.)
Street	City	State	Zip Code	Country	
Provide the nature of your relationship with the	foreign national listed above.	Provide the	amount (in U.S. dolla	rs) of all financial sup	· · _
					Est.
Provide the frequency of your support.	Provide this foreign national's co Country #1	untry(ies) of ci	itizenship. Country #2		
Entry #2					
Provide the name of the foreign national you so Last name	upport or have supported financiall First name	у.	Middle name		Suffix
Provide the address of the foreign national liste	ed above. (Provide City and Country if	outside the Unite	d States; otherwise, prov	ide City, State and Zip Co	ode.)
Street	City	State	Zip Code	Country	
Provide the nature of your relationship with the	foreign national listed above.	Provide the	amount (in U.S. dolla	rs) of all financial sup	port provided.
	•		``	, .	Est.
Provide the frequency of your support.	Provide this foreign national's co Country #1	untry(ies) of ci	itizenship. Country #2		

Sectio	n 20B - Foreign Business, Professional Activ	vities, and Foreign Gov	ernment Contacts	5		
20B.1	Have you in the past seven (7) years provid foreign business or other foreign organization (Answer "No" if all your advice or support was	that you have not previo	ously listed as a for	mer employer?	YES NO (If N	D, proceed to 20B.2)
	plete the following if you responded 'Yes' to ha ness or other foreign organization that you have				individual associate	ed with a foreign
Entr	y #1					
Prov	ide a description of advice/support provided.	Provide the name of th Last name	e individual to who First na 	m advice or support was me	provided. Middle name	Suffix
	ide the name of the foreign organization or fore ciated.	ign business with whom	the individual is F	Provide the country of orig	gin for the organiza	ation or business.
	ide the date(s) during which this advice or supp n Date (Month/Year) To Date (Mont Est.		Describe what co	mpensation, if any, was p	provided for your s	ervice.
Entr						
	ide a description of advice/support provided.	Provide the name of th Last name	e individual to who First na	m advice or support was ime	provided. Middle name	Suffix
	ide the name of the foreign organization or fore ciated.	ign business with whom	the individual is F	Provide the country of orig	gin for the organiza	ation or business.
1	ide the date(s) during which this advice or supp n Date (Month/Year) To Date (Mont	th/Year) Present	Describe what co	mpensation, if any, was p	provided for your s	ervice.
	Est.	Est.				
For this	s question, 'Immediate Family' means your spou	ise, parents, step-parent	s, siblings, half and	l step-siblings, children, s	step-children, and o	cohabitant.
20B.2	Have you, your spouse, cohabitant, or any me been asked to provide advice or serve as a co official or agency? (Answer 'No' if all the advice Government business.)	onsultant, even informall	y, by any foreign go	overnment	ES 🗌 NO (If NO	D, proceed to 20B.3)
	plete the following if you responded 'Yes' to you asked to provide advice or serve as a consulta				having in the pas	t seven (7) years
Entr	y #1					
	ide the name of the government official. name	First name		Middle name		Suffix
Prov	ide the name of the agency.		Provide the count	ry with which the governr	nent official or age	ncy is affiliated.
Prov	ide the date of the request. (Month/Year)	Provide the circumstar	nces of request.			
Entr	y #2					
	ide the name of the government official. name	First name		Middle name		Suffix
Prov	ide the name of the agency.	1	Provide the count	l ry with which the governr	nent official or age	ncy is affiliated.
Prov	ide the date of the request. (Month/Year)	Provide the circumstar	nces of request.			

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) 20B.3 Has any foreign national in the past seven (7) years offered you a job, asked you to work as a YES NO (If NO, proceed to 20B.4) consultant, or consider employment with them? Complete the following if you responded 'Yes' to any foreign national having in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them. Entry #1 Provide the name of the foreign national who made the offer. Suffix Last name First name Middle name Provide a description of the position offered. Provide the date when this offer Did you accept the offer? was extended. (Month/Year) YES Explanation > Est. NO Explanation > Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code		nse, prov		
Entry #2						
Provide the name of the foreign national Last name	who made th	e offer. First name			Middle name	Suffix
Provide a description of the position offer	red.	Provide the date wh was extended. (Mon		1 1	ou accept the offer? YES Explanation	
			Est.	۹ <u> </u>	O Explanation ►	
Provide location of where this occurred. City	Provide City an State	nd Country if outside the U Zip Code	<i>United States; otherwi</i> Country	ise, prov	ide City, State and Zip Code.)	

Enter your Social Security Number before going to the next page

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) 20B.4 Have you in the past seven (7) years been involved in any other type of business venture with a foreign YES NO (If NO, proceed to 20B.5) national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? Complete the following if you responded 'Yes' to having in the past seven (7) years been involved in any other type of business venture with a foreign national not described above. Entry #1 Provide the full name of this foreign national. Last name First name Middle name Suffix Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the citizenship(s) of this foreign national. Country #1 Country #2 Provide a description of the business venture. Provide your relationship to this foreign national. Provide the length of time you have been involved in the business venture. Provide the nature of association with Provide the position you held. this business venture. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the financial support involved. Provide the service you provided. Provide a description of what compensation was provided for your service. Entry #2 Provide the full name of this foreign national. Suffix Last name First name Middle name Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the citizenship(s) of this foreign national. Country #1 Country #2 Provide a description of the business venture. Provide your relationship to this foreign national. Provide the length of time you have been involved in the business venture. Provide the nature of association with Provide the position you held. From Date (Month/Year) To Date (Month/Year) Present this business venture. Est. Est. Provide the financial support involved. Provide the service you provided. Provide a description of what compensation was provided for your service.

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.5 Have you **in the past seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)

YES NO (If NO, proceed to 20B.6)

Complete the following if you responded 'Yes' to or meetings outside the U.S.	o in the past seven (7) years having attended or participated in any conferences, trade shows, seminars,
Entry #1	
Provide the name and description of event.	Provide the dates for the event. Provide the purpose of the event. From Date (Month/Year) To Date (Month/Year) Present Est. Est.
Provide the name of sponsoring organization.	Provide the city where the event was held. Provide the country where the event was held.
Was there any subsequent contact with any fore	eign nationals as a result of the event?
YES Provide explanation for each contact.	Contact #1
NO	Contact #2
	Contact #3
	Contact #4
Entry #2	
Provide the name and description of event.	Provide the dates for the event. Provide the purpose of the event. From Date (Month/Year) To Date (Month/Year) Present
	Est. Est.
Provide the name of sponsoring organization.	Provide the city where the event was held. Provide the country where the event was held.
Was there any subsequent contact with any fore	eign nationals as a result of the event?
YES	Contact #1
NO	Contact #2
	Contact #3
	Contact #4

Section 20B - Forei	ign Business, Professional Ac	tivities, and For	eign Government Contac	ts - (Continued)	
For this question, 'In	nmediate Family' means your sp	ouse, parents, st	ep-parents, siblings, half ar	nd step-siblings, children, step-child	ren, and cohabitant.
foreign gov or security contact was	or any member of your immediate ernment, its establishment (such service, etc.) or its representative s for routine visa applications an reign travel on a U.S. passport.)	n as embassy, co es, whether insid	nsulate, agency, military se e or outside the U.S.? (Ans	wer 'No' if the	NO (If NO, Proceed to 20B.7)
	nt, its establishment (such as en			r having in the past seven (7) year intelligence or security service, etc.	
Entry #1					
Provide the name Last name	of the individual involved in the	contact. First name		Middle name	Suffix
Provide the location	on of the contact. (Provide City and	l Country if outside t	the United States; otherwise, pro	ovide City, State and Zip Code.)	
City		State	Zip Code	Country	
Provide the date of (Month/Year)	of contact.	Provide the fore Country #1	eign government(s) involved	d. Country #2	
	Est.				
embassy, consula	of establishment (such as ate, agency, military service, curity service, etc.) involved.		nes of the foreign involved in contact.	Provide the purpose/circums	stances of contact.
Was there any su	bsequent contact initiated by you	u, your immediate	e family member, or a repre	esentative of the foreign organization	n?
□YES>	Provide the purpose of the sub	sequent contact	Provide date of most rece	ent Provide plans for future contac	t
NO			contact (Month/Day/Year)		
Entry #2					
Provide the name Last name	of the individual involved in the	contact. First name		Middle name	Suffix
Provide the location City	on of the contact. (Provide City and	l Country if outside t State	the United States; otherwise, pro Zip Code	ovide City, State and Zip Code.) Country	I
Provide the date of <i>(Month/Year)</i>	of contact.	Provide the fore Country #1	eign government(s) involved	d. Country #2	
	Est.				
embassy, consula	of establishment (such as ate, agency, military service, curity service, etc.) involved.		nes of the foreign involved in contact.	Provide the purpose/circums	stances of contact.
Was there any su	bsequent contact initiated by you	u, your immediate	e family member, or a repre	esentative of the foreign organization	n?
	Provide the purpose of the sub-	sequent contact	Provide date of most rece contact (Month/Day/Year)	Provide plans for future contac	t
NO					

Enter your Social Security Number before going to the next page

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Section 20B - Foreign Business, Professiona	al Activities, and Foreign G	overnment Contacts -	(Continued)		
20B.7 Have you in the past seven (7) years for work, or for permanent residence?	sponsored any foreign natio	nal to come to the U.S.	as a student,	YES NO (If	NO, proceed to 20B.8)
Complete the following if you responded 'Yes work, or for permanent residence.	s' to in the past seven (7) ye	ears having sponsored a	any foreign national	to come to the U.S.	as a student, for
Entry #1					
Provide the name of the sponsored foreign na	ational.				
Last name	First name		Middle name		Suffix
Provide the date of birth for the sponsored for	reign national.				
Date (Month/Year)	0				
Est.					
Provide the place of birth for the sponsored for	oreign national.				
City	State Zip Code	Country (Required)			
Provide the current street address of the spor	psored foreign national (Prov	ide City and Country if out	side the United States	othenwise provide Cit	v State and Zin Code)
Street	City	State	Zip Code	Country	y, State and Zip Code)
oncer	City	Oldic		Country	
Provide the country(ies) of citizenship for the	sponsored foreign national.		the name of the org	•	Not Applicable
Country #1	Country #2	which sp	oonsorship was arra	nged, if applicable.	
Provide the address of the organization throu United States; otherwise, provide City, State and Zij		rranged, if applicable. (I	Provide City and Coun	try if outside the	Not Applicable
Street	City	State	Zip Code	Country	
onoon					
Provide the dates of stay in the U.S. for the s	sponsored foreign national.				
From Date (Month/Year) To Date	e (Month/Year) Presen	t			
Est.	Est.				
Provide the address of the sponsored foreign	n national while residing in the	e U.S.			
Street	City	State	Zip Code		
Provide the purpose of stay in the U.S. for the	e sponsored foreign national	Provide the purpo	l se of your sponsors	hip for the sponsore	d foreign national
	e sponsoreu ioreigii national.				a loreigit hational.

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

Complete the following if you responded " work, or for permanent residence.	Yes' to in the p	ast seven (7) ye	ears hav	ving sponsored a	any foreign nationa	I to come to the U.S.	as a student, for
Entry #2							
Provide the name of the sponsored foreign	n national.						
Last name	First na	ime			Middle name		Suffix
Provide the date of birth for the sponsored	foreign nationa	al.			•		•
Date (Month/Year)	know						
Est.							
Provide the place of birth for the sponsore	d foreign natior	nal.					
City	State	Zip Code	Countr	y (Required)			
Provide the current street address of the s	ponsored forei	gn national. (Prov	/ide City a	and Country if outs	side the United States	; otherwise, provide City	, State and Zip Code)
Street	City			State	Zip Code	Country	
Provide the country(ies) of citizenship for	the sponsored f	oreign national		Provide	the name of the ord	anization through	Not Applicable
Country #1	Country #2	oroigii national.		which sp	onsorship was arra	anged, if applicable.	
Provide the address of the organization th	l rough which sp	onsorship was a	rranged	if applicable. (F	Provide Citv and Cour	ntrv if outside the	Not Applicable
United States; otherwise, provide City, State and				,		,	
Street	City			State	Zip Code	Country	
Provide the dates of stay in the U.S. for th	e sponsored for	reign national.		1		1	
From Date (Month/Year) To D	ate (Month/Year)	Preser	nt				
Est.		Est.					
Provide the address of the sponsored fore	ign national wh	ile residing in th	e U.S.				
Street	City			State	Zip Code		
Provide the purpose of stay in the U.S. for	the sponsored	foreign national	. Pr	vide the purpo	se of your sponsors	ship for the sponsore	d foreign national.
	·	C C					0

Section 20B - Foreign Business, Profession	al Activities, and Foreign Gov	ernment Contacts - (C	continued)		
20B.8 Have you EVER held political office in	a foreign country?			YES	NO (If NO, proceed to 20B.9)
Complete the following if you responded 'Ye	es' to having EVER held political	office in a foreign count	ry.		
Entry #1					
Provide the position held.	Provide the dates you held pol	itical office.		Provide the	e name of the country involved.
	From Date (Month/Year)	To Date (Month/Year)	Present	i .	
	Est.		Est.		
Provide the reason(s) for these activities.		Provide your current e	ligibility to hol	d political of	fice in a foreign country.
Entry #2					
Provide the position held.	Provide the dates you held pol	itical office.		Provide the	e name of the country involved.
	From Date (Month/Year)	To Date (Month/Year)	Present		
	Est.		Est.		
Provide the reason(s) for these activities.		Provide your current e	ligibility to hol	d political of	fice in a foreign country.
20B.9 Have you EVER voted in the election	of a foreign country?			YES	NO (If NO, Proceed to 20C)
Complete the following if you responded 'Ye	es' to having EVER voted in the e	lection of a foreign cou	ntry.		
Entry #1					
Provide the date you voted in the foreign ele	ection. (Month/Year)	Provide the name of	of the country	involved.	
	Es	st.			
Provide the reason(s) for these activities.		Provide your currer	nt eligibility to	vote in a for	eign country.
Entry #2					
Provide the date you voted in the foreign ele	ection. (Month/Year)	Provide the name of	of the country	involved.	
	Es	it.			
Provide the reason(s) for these activities.		Provide your currer	nt eligibility to	vote in a for	eign country.

Section 20C - Foreign Travel

Have you traveled outside the U.S.	in the last seven (7) years?	YES NO (If NO, proceed to Section 21)
Has your travel in the last seven (7 in conjunction with the official U.S. (7) years been solely for U.S. Government business (i.e., no persona Government business)?	Al trips YES (If YES, proceed to Section 21) NO
	ponded 'Yes' to having traveled outside the U.S. in the last seven (out all such trips made outside the United States including personal	
Entry #1		
Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) Est.	Provide the total number of days involved in the visit. 1-5 11-20 6-10 21-30 Many short trips
Provide the purpose of the travel	to this country (Check all that	
apply) Business/Professional confer	ence Education Trade shows, conference	es, and seminars
Volunteer activities	Tourism Visit family or friends	_
customs or security service officia	try, were you questioned, searched, or otherwise detained (other that als when entering or leaving this country? ovide explanation.	n for normal customs requirements) by the local
While traveling to or in this countr	ry, were you involved in any encounter with the police?	
If yes, pr	ovide explanation.	
While traveling to or in this countrintelligence, terrorist, security, or	ry, were you contacted by, or in contact with any person known or sumilitary organizations?	ispected of being involved or associated with foreign
│ YES → If yes, pr │ NO	ovide explanation.	
While traveling to, or in this count	ry, were you involved in any counterintelligence or security issues n	ot reported?
	ovide explanation.	•
While traveling to or in this countr	ry, were you contacted by, or in contact with anyone exhibiting exces	ssive knowledge of or undue interest in you or your job?
YES If yes, pr	ovide explanation.	
□ NO		
information?	ry, were you contacted by, or in contact with anyone attempting to ob	otain classified information or unclassified, sensitive
│ YES	ovide explanation.	
	try, were you threatened, coerced, or pressured in any way to coope	rate with a foreign government official or foreign
	ovide explanation.	
	· · · · · · · · · · · · · · · · · · ·	

Section 20C - Foreign Travel - (Continued)

Complete the following if you responde business. Provide information about al U.S. Government business.						
Entry #2						
Provide the country visited.	Provide the dates of your			Provide the to	tal number of da	ys involved in the visit.
	From Date (Month/Year)	To Date (Month/Year)	Present	1-5	11-20	More than 30
	Est.		Est.	6-10	21-30	Many short trips
Provide the purpose of the travel to thi	s country (Check all that					
apply) Business/Professional conference	Education	Trade show	vs, conference	es, and semina	rs 🗌 🤇	Other
Volunteer activities	Tourism	Visit family	or friends			
While traveling to, or in this country, we customs or security service officials when	ere you questioned, searche	ed, or otherwise detain countrv?	ed (other thai	n for normal cus	stoms requireme	ents) by the local
YES	0 0	,				
While traveling to or in this country, we	re you involved in any enco	ounter with the police?				
YES If yes, provide	explanation.					
□ NO						
While traveling to or in this country, we intelligence, terrorist, security, or milita		contact with any person	I known or su	spected of bein	g involved or as	sociated with foreign
YES If yes, provide	explanation.					
□ NO						
While traveling to, or in this country, we	ere you involved in any cou	nterintelligence or secu	urity issues no	ot reported?		
YES	explanation.					
NO						
While traveling to or in this country, we	re you contacted by, or in c	contact with anyone ext	nibiting exces	sive knowledge	of or undue inte	erest in you or your job?
YES	explanation.					
□ NO						
While traveling to or in this country, we information?		contact with anyone atte	empting to ob	tain classified i	nformation or un	classified, sensitive
YES If yes, provide	explanation.					
While traveling to, or in this country, we intelligence or security service?	ere you threatened, coerced	d, or pressured in any v	way to cooper	rate with a forei	gn government o	official or foreign
YES If yes, provide	explanation.					
NO						

Section 20C - Foreign Travel - (Continued)

Entry #3 Provide the country visited. Provide the dates of your travel to this country. From Date (Month/Year) Provide the total number of days involved in the visit. Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to this country (Check all that Image: Provide the purpose of the travel to t
From Date (Month/Year) To Date (Month/Year) Present 1-5 11-20 More than 30 Est. Est. 6-10 21-30 Many short trips Provide the purpose of the travel to this country (Check all that Trade shows, conferences, and seminars Other Image: Wolunteer activities Tourism Visit family or friends While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local
Image: Sector of the travel to this country (Check all that
Provide the purpose of the travel to this country (Check all that apply) Business/Professional conference Education Trade shows, conferences, and seminars Other Volunteer activities Tourism Visit family or friends While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local
Volunteer activities Tourism Visit family or friends
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local
customs or security service officials when entering or leaving this country?
YES
While traveling to or in this country, were you involved in any encounter with the police?
YES
NO
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?
YES
NO
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?
YES
NO
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?
YES
NO
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?
YES
NO
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?
YES
□ NO

Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.									
Entry #4									
Provide the country visited.	Provide the dates of your			Provide the tot	al number of da	ys involved in the visit.			
	From Date (Month/Year)	To Date (Month/Year)	Present	1-5	11-20	More than 30			
	Est.		Est.	6-10	21-30	Many short trips			
Provide the purpose of the travel to this	s country (Check all that								
Business/Professional conference	Education	Trade show	s, conference	es, and seminar	s 🗌 C	Other			
Volunteer activities	Tourism	Visit family	or friends						
While traveling to, or in this country, we customs or security service officials wh	ere you questioned, searche	ed, or otherwise detain	ed (other thar	n for normal cus	toms requireme	nts) by the local			
YES If yes, provide	0 0								
While traveling to or in this country, we	re you involved in any enco	ounter with the police?							
YES If yes, provide	explanation.								
□ NO									
	While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?								
YES	explanation.								
NO									
While traveling to, or in this country, we	ere you involved in any cour	nterintelligence or secu	irity issues no	t reported?					
YES If yes, provide	explanation.								
NO									
While traveling to or in this country, we	re you contacted by, or in c	ontact with anyone exh	nibiting exces	sive knowledge	of or undue inte	erest in you or your job?			
YES	explanation.								
NO									
While traveling to or in this country, we information?		ontact with anyone atte	empting to ob	tain classified in	formation or une	classified, sensitive			
YES If yes, provide	explanation.								
NO									
While traveling to, or in this country, we intelligence or security service?	ere you threatened, coerced	d, or pressured in any v	vay to cooper	ate with a foreig	n government o	official or foreign			
YES	explanation.								
NO									

Section 21 - Psychological and Emotional Health								
Mental health counseling in and of itself <u>is</u> fitness to obtain or retain Federal employm facilities or information systems.								
 21.1 In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered: strictly marital, family, grief not related to violence by you; or strictly related to adjustments from service in a military combat environment 								
Complete the following if you responded hospitalized for such a condition.	'Yes' to havin	g consulted with a health c	are professi	ional regarding a menta	I or emotional hea	Ith condition or were		
Entry #1								
Provide the dates of counseling or treatr	nent.	Provide the name of the h care professional.	nealth	Provide the telephone		·		
From Date To Date (Month/Year) (Month/Year)	Present			Telephone number		Extension		
Est.	Est.							
Provide the address of the health care p	rofessional. (F	Provide City and Country if outs	ide the Unite	d States; otherwise, provid	e City, State and Zip	Code)		
Street	City		State	Zip Code	Country			
Provide the name of agency/organizatio	n/facility where	e counseling/treatment was	provided.	Same as	above			
Provide the address of agency/organiza	tion/facility pro	vider. (Provide City and Cour	ntry if outside	the United States; otherwis	se, provide City,	Same as above		
State and Zip Code)	0.1		<u></u>		a <i>i</i>			
Street	City		State	Zip Code	Country			
Were you EVER admitted as an inpatier	it to the agenc	y/organization where couns	l seling/treatn	nent was provided?				
			0					
You responded 'YES' to having been ad voluntary or involuntary?	mitted as an in	patient to the agency/orga	nization whe	ere counseling/treatmer	nt was provided, w	as the admission		
Voluntary Involuntary	Exp	lanation >						
Entry #2								
Provide the dates of counseling or treatr	nent.	Provide the name of the h	nealth	Provide the telephone	number of the he	alth care professional.		
From Doto To Doto		care professional.		International or D	SN phone number	Day Night		
From Date To Date (Month/Year) (Month/Year)	Present			Telephone number	·	Extension		
Est.	Est.							
Provide the address of the health care p	rofessional. (F	Provide City and Country if outs	ide the Unite	d States; otherwise, provid	e City, State and Zip	Code)		
Street	City		State	Zip Code	Country			
	- / f = -1114							
Provide the name of agency/organizatio	h/acility where	counseling/treatment was	provided.	Same as	above			
Provide the address of agency/organiza State and Zip Code)	tion/facility pro	vider. (Provide City and Cour	ntry if outside	the United States; otherwis	se, provide City,	Same as above		
Street	City		State	Zip Code	Country			
Were you EVER admitted as an inpatier	it to the agenc	y/organization where couns	seling/treatn	nent was provided?				
YES NO You responded 'YES' to having been ad	mitted as an ir	patient to the agency/orga	nization whe	ere counseling/treatmer	nt was provided w	as the admission		
voluntary or involuntary?								
Voluntary Involuntary	Exp	lanation >						

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR

NATIONAL SECURITY POSITIONS Section 21 - Psychological and Emotional Health - (Continued) 21.2 Has a court or administrative agency EVER declared you mentally incompetent? YES NO (If NO, proceed to Section 22) Complete the following if you responded 'Yes' to having a court or administrative agency EVER declare you mentally incompetent. Entry #1 Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent. Est. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Was this matter appealed to a higher court? YES **N O** Appeal #1 Provide the name of the court. Provide the final disposition. Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code Appeal #2 Provide the name of the court. Provide the final disposition. Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Country Street City State Zip Code Entry #2 Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent. Est. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code Was this matter appealed to a higher court? YES NO (If NO, proceed to Section 22) Appeal #1 Provide the name of the court. Provide the final disposition. Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Country Street City State Zip Code Appeal #2 Provide the name of the court. Provide the final disposition. Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Country Street City State Zip Code

Sec	Section 22 - Police Record								
the o	For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.								
22.1	Have any of the following happened? (I pertains to the actions that are identified		de details for each	offense that	YES	NO (If NO, proceed to 22.2)			
	 In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? 								
	 In the past seven (7) years had charges convictions or sentence In the past seven (7) years had a vertice of the point of the past seven (7) years had a vertice of the point of the past seven (7) years had a vertice of the past seven (7) years had a vertic	es in any Federal, state, local, m ve you been or are you currently	illitary, or non-U.S. y on probation or p	. court, even if previ					
F	ntry #1								
-	rovide the date of offense. (Month/Year)	Provide a description of] Est.	the specific nature	of the offense.					
(2	a) Did this offense involve any of the followin	a?							
		5.							
	(Check all that apply.)								
	Domestic violence or a crime of violen someone with whom you share a child	, , ,	against your child,	dependent, cohabita	ant, spouse, for	mer spouse, or			
	Involve firearms or explosives?								
	Involve alcohol or drugs?								
	Provide the location where the offense oc City	curred. <i>(Provide City and Country if</i> County	outside the United Si State	tates; otherwise, provid Zip Code	de City, County, S Country	tate and Zip Code)			
(t) Were you arrested, summoned, cited, or c type of law enforcement official? YES NO (<i>If NO, proceed to (c</i>))	id you receive a ticket to appear	as a result of this	offense by any poli	L ce officer, sherit	ff, marshal or any other			
	Provide the name of the law enforcement	agency that arrested/cited/sumn	noned you.						
	Provide the location of the law enforcement City	nt agency. <i>(Provide City and Counti</i> County	ry if outside the Unite State	d States; otherwise, p Zip Code	rovide City, Count Country	y, State and Zip Code)			
(0	As a result of this offense were you charge YES	, .	trial, and/or ordere	ed to appear in cour	t in a criminal p	roceeding against you?			
	☐ NO → Provide explanation	•							
	(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Zip Code Country								
	Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.								
	Felony/misdemeanor Charge Outcome Date (Month/Year)								
						Est.			
						Est.			
						Est.			
						Est.			

 Complete the following if you responded 'Yes' to one of the following: In the past seven (7) years have you been issued a summon (Do not check if all the citations involved traffic infractions whe In the past seven (7) years have you been arrested by any p In the past seven (7) years have you been charged, convicte or sentences in any Federal, state, local, military, or non-U.S. In the past seven (7) years have you been or are you current Are you currently on trial or awaiting a trial on criminal charges 	the fine was less olice officer, sheriff, ad, or sentenced of a court, even if previou tly on probation or pa	than \$300 and did not inclu marshal or any other type c crime in any court? (Includ usly listed on this form).	de alcohol or drugs) if law enforcement official?
 Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) 			
(d.1)			
Provide a description of the sentence.			
Were you sentenced to imprisonment for a term exceeding 1 year?			YES NO
Were you incarcerated as a result of that sentence for not less than 1	year?		YES NO
If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.	Not Applicable	From Date (Month/Year)	To Date (Month/Year) Present
If conviction resulted in probation or parole, provide the dates of probation or parole.	Not Applicable	From Date (Month/Year)	To Date (Month/Year) Present
(d.2)			
Are you currently on trial, awaiting a trial, or awaiting sentencing on cr	iminal charges for th	is offense?	YES NO
Provide explanation.			

S	ection 22 - Police Record	- (Continued)						
	(Do not check i - In the past se - In the past se or sentences ir - In the past se - Are you curren	ven (7) years have if all the citations inv ven (7) years have ven (7) years have n any Federal, state, ven (7) years have	you been issued a sur olved traffic infractions you been arrested by a	mmons, citation s where the fin any police offic nvicted, or sen U.S. court, evo urrently on pro	e was less tha cer, sheriff, ma tenced of a cri en if previously	IN \$300 and did not i Irshal or any other ty Ime in any court? (In Isted on this form)	include alcohol pe of law enfor clude all qualif	or drugs)
#2	Entry #2							
ntry	Provide the date of offens	e. (Month/Year)	Provide a desc	cription of the s	pecific nature	of the offense.		
ш			Est.					
	(a) Did this offense involve	e any of the following	g?					
	YES NO							
	(Check all that apply.)							
		or a crime of violen om you share a child	ce (such as battery or in common?	assault) again	st your child, c	lependent, cohabita	nt, spouse, forr	ner spouse, or
	Involve firearms or	explosives?						
	Involve alcohol or	drugs?						
	Provide the location w			l Country if outsi				tate and Zip Code)
	City		County		State	Zip Code	Country	
	(b) Were you arrested, su	mmonod citod or d	id vou rocoivo a tickot	to appear as a	rocult of this	offonso by any polic	o officar sharif	f marshal or any other
	type of law enforcement					onense by any polic	e onicer, shem	
	YES NO (If I	NO, proceed to (c))						
	Provide the name of the	e law enforcement a	agency that arrested/c	ited/summone	d you.			
	Provide the location of	_		and Country if o			-	y, State and Zip Code)
	City		County		State	Zip Code	Country	
	(c) As a result of this offer		d convicted currently	/ awaiting trial	and/or ordere	d to appear in court	in a criminal pr	oceeding against you?
		rovide the name of t		y awalting trial,				oceeding against you?
		f YES, complete (c.1))						
	□ NO → P	rovide explanation	•					
	(c.1) Provide the locat	ion of the court. (Pro		outside the Unite				Code)
	City		County		State	Zip Code	Country	
	Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.							
	Felony/misdemeanor Charge Outcome Date (Month/Year)							
	-		-					Est.
								Est.
								Est.

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Section 22 - Police Record - (Continued) Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) (d.1) Provide a description of the sentence. NO NO Were you sentenced to imprisonment for a term exceeding 1 year? YES YES □ NO Were you incarcerated as a result of that sentence for not less than 1 year? If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/Year) To Date (Month/Year) Present actually were incarcerated. Est. Est. If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) To Date (Month/Year) Present Not Applicable probation or parole. Est. Est. (d.2) Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? YES NO Provide explanation.

22 Other than toole differess already listed, have you EVER had the following happen to you? Image: the	Section 22 - Police Record - (Continued)									
that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or inflary contractions in federal, state, former spouse, or someone with whom you stars a shift in common? • Have you EVER been charged with an offense involving dama or explosive? • Have you EVER been charged with an offense involving dama or explosive? • Have you EVER been charged with an offense involving dama or explosive? • Have you EVER been charged with an offense involving dama or explosive? • Have you EVER been charged with an offense involving dama or explosive? • Have you EVER been charged with an offense involving dama or explosive? • Have you EVER been charged with an offense involving dama or explosive? • Or charged with an offense involving dama or explosive? • Involve at of the following? • YES NO (Chards at that apply). • Constraint explosive? Explore • Involve at contro for example or the output of the offense, when we are a child in common? • Involve at contro for example or the output of the offense, when we are other or the output of the output of the output or the output of the outpu	2.2 Other than those offense	es already listed, have you EVER had the fol	llowing happen to you?	YES	NO (If NO, proceed to 22.3)					
civilian felony offenses)	that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)									
Have you EVER been convicted of an offense involving domestic violence or a crite of violence (such as battery or assault) against your child, dependent, cobabitant, spouse, former spouse, or someone with whom you share a child in common? Have you EVER been charged with an offense involving incames or explosives? Have you EVER been charged with an offense involving altohol or drugs? Fory #I Provide the date of offense, <i>Month</i> /Yeen			e those under the Uniform Code of M	lilitary Justice and	non-military/					
Entry #1 Provide a description of the specific nature of the offense. (a) Did this offense involve any of the following?	 Have you EVER be child, dependent, co Have you EVER be 	 Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common? 								
Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.	-	en charged with an offense involving alcoho	of drugs?							
Control of the settence of a result of these charges? Control of the settence. Control of		Anth Maari Drovido o doporintion	of the energific nature of the offense							
YES NO (Check all that apply) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common? Involve firearms or explosives? Involve firearms or explosives? Involve firearms or explosives? State Provide the name of the court. Provide the name of the court. Provide the name of the court. County State Zip Code City County State Zip Code County State Provide all the charges brought against you for this offense, and the outcome of each charged offense, list both the original charge and the lesser offense separately. Perovide all the charge and provide or found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser effense separately. Est. Felony/misdemeanor Charge Outcome Date (Month/Year) Est. Est. Image: State and State as result of these charges? YES (M YES, complete (b, 1)) NO Were you sentenced as a result of that sentence for not less than 1 year? To Date (Month/Year) Present State State State		Est.								
C(Check all that apply). C(Check all that apply). Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whon you share a child in common? Involve finarms or explosives? Involve finarms or explosives? Provide the name of the court. Provide the location of the court. Provide the location of the court. Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc.). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense, separately. Felony/misdemeanor Charge Outcome Date (Month/Year) Est. Est. Image: Image:	(a) Did this offense involve any	y of the following?								
Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common? Involve alcohol or drugs? Provide the name of the court. Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, Country, State and Zip Code) City County State Zip Code Country Frovide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, Country, State and Zip Code) City County State Zip Code Country Frovide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or offense separately. Felony/misdemeanor Charge Outcome Date (Month/Year) Est. Est. County Kere you sentenced as a result of these charges? Kere you sentenced to imprisonment, provide (a.2) Kere you sentenced to imprisonment, provide the dates that you Not Applicable From Date (Month/Year) To Date (Month/Year) To Date (Month/Year) To Date (Month/Year) To Date (Month/Year) County Kere you currently on trial, avaiting a trial, or awaiting sentencing on criminal charges for this offense? Nets City Kere you currently on trial, avaiting a trial, or awaiting sentencing on criminal charges for this offense? Nets Kere you currently on trial, avaiting a trial, or awaiting sentencing on criminal charges for this offense? Nets Kere you currently on trial, avaiting a trial, or awaiting sentencing on criminal charges for this offense? Nets Kere you currently on trial, avaiting a trial, or awaiting sentencing on criminal charges for this offense? Nets Kere you currently on trial, avaiting a trial, or awaiting sentencing on criminal charges for this offense? Nets Kere you currently on trial, avaiting a trial, or awaiting sentencing on criminal charges for this offense? Nets Kere you currently on trial, avaiting a trial, or awaiting sentencing on criminal	YES NO									
with whom you share a child in common? Involve firearms or explosives? Involve alcohol of drugs? Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, County, State and Zip Code) City County State Zip Code County State Zip Code Country charged offense (such as found quilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. Felony/misdemeanor Charge Quecome Date (Month*/ear) Est. Est. Image: State of the court of the sentence. YES (If YES, complete (b. 1)) Were you sentenced to imprisonment for a term exceeding 1 year? YES (If YES, complete (b. 1)) Were you sentenced to imprisonment, provide the dates that you In Applicable From Date (Month*/ear) Were you sentenced to imprisonment, provide the dates of In Applicable From Date (Month*/ear) If the conviction resulted in imprisonment, provide the dates of In Applicable From Date (Month*/ear) Present actually were incarcerated. Isst. Isst. </td <td>(Check all that apply).</td> <td></td> <td></td> <td></td> <td></td>	(Check all that apply).									
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Image: state of the sector					Est.					
(b) Were you sentenced as a result of these charges?					Est.					
(b) Were you sentenced as a result of these charges?										
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actually were incarcerated.	Were you incarcerated as	a result of that sentence for not less than 1 y	vear?		YES NO					
probation or parole.			Not Applicable From Date (Mon							
(b.2) Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?	•	bation or parole, provide the dates of	Not Applicable From Date (Mon							
Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?	(b.2)									
Provide explanation.	<u>· · ·</u>	waiting a trial, or awaiting sentencing on crir	minal charges for this offense?		YES NO					
	Provide explanation.									

Enter your Social Security Number before going to the next page

Date (Month/Year)

___ Est. ___ Est. ___ Est.

Section 22 - Police Record - (Continued) Entry #2 Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense. (a) Did this offense involve any of the following? YES NO (Check all that apply).

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?

Involve firearms or explosives?
 Involve alcohol or drugs?

Provide the name of the court.

Felony/misdemeanor

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Country

Charge

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or								
charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser								
offense separately.								

Outcome

								Est.		
b)	Were you sentenced as	s a result of these charges?								
	YES (If YES, complete (b.1)) INO (If NO, complete (b.2))									
	(b.1)									
	Provide a description o	f the sentence.								
	Were you sentenced to	imprisonment for a term exceeding 1 year?					YES	NO		
Were you incarcerated as a result of that sentence for not less than 1 year?							YES	NO		
	If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/Year)					To Date	e (Month/Year)) 🗌 Present		
	actually were incarcera	ted.			Est.			Est.		
		probation or parole, provide the dates of	Not Applicable	From Date	(Month/Year)	To Date	e (Month/Year)) 🗌 Present		
	probation or parole.				Est.			Est.		
	(b.2)									
	Are you currently on tria	al, awaiting a trial, or awaiting sentencing on cr	minal charges for thi	is offense?			YES	NO		
	Provide explanation.									

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Section 22 - Police Record - (Continued)

22.3 Is there currently a domestic violence p	rotective order o	r restraining order iss	ued against you?	YES	NO (If NO, proceed to Section 23)
Complete the following if you responded 'Yes'	to currently hav	ing a domestic violend	ce protective order or res	training orde	r issued against you?
Entry #1					
Provide explanation.					
Provide the date the order was issued. (Month)	Year) Est.	Provide the name of	f the court or agency that	issued the c	order.
Provide the location of the court or agency the City	t issued the orde State	er: (Provide City and Cou Zip Code	untry if outside the United St Country	ates; otherwise	e, provide City, State and Zip Code)
Entry #2	-	·	•		
Provide explanation.					
Provide the date the order was issued. (Month)	Year) Est.	Provide the name of	f the court or agency that	issued the c	order.
Provide the location of the court or agency the City	t issued the ord State	er: (Provide City and Cou Zip Code	untry if outside the United St Country	ates; otherwise	e, provide City, State and Zip Code)
Entry #3		1			
Provide explanation.					
Provide the date the order was issued. (Month)	Year) Est.	Provide the name of	f the court or agency that	issued the c	order.
Provide the location of the court or agency the City	t issued the orde State	er: (Provide City and Cou Zip Code	untry if outside the United St Country	ates; otherwise	e, provide City, State and Zip Code)
Entry #4	•	•	1		
Provide explanation.					
Provide the date the order was issued. (Month)	<i>Year)</i> Est.	Provide the name of	f the court or agency that	issued the c	order.
Provide the location of the court or agency that City	t issued the orde State	er: (Provide City and Cou Zip Code	untry if outside the United St Country	ates; otherwise	e, provide City, State and Zip Code)

Section 23 - Illegal Use of Drugs and Drug Activity We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity. In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or 23.1 YES NO (If NO, proceed to 23.2) controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. Complete the following if you answered 'Yes' to in the last seven (7) years having illegally used a drug or controlled substance. Entry #1 Provide the type of drug or controlled substance. Cocaine or crack cocaine (Such as rock, freebase, etc.) Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) THC (Such as marijuana, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Ketamine (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) Provide an estimate of the month Provide an estimate of the month and Provide nature of use, frequency, and number of times used. and year of first use. (Month/Year) year of most recent use. (Month/Year) Est. Est. Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in YES NO a position directly and immediately affecting the public safety? Was your use while possessing a security clearance? YES NO Do you intend to use this drug or controlled substance in the future? YES NO Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future. Entry #2 Provide the type of drug or controlled substance. Cocaine or crack cocaine (Such as rock, freebase, etc.) Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) THC (Such as marijuana, weed, pot, hashish, etc.) Ketamine (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Other (Provide explanation) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) Provide an estimate of the month Provide an estimate of the month and Provide nature of use, frequency, and number of times used. and year of first use. (Month/Year) year of most recent use. (Month/Year) Est. Est. Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in YES NO a position directly and immediately affecting the public safety? Was your use while possessing a security clearance? YES 🗌 NO Do you intend to use this drug or controlled substance in the future? YES NO Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

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Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)							
23.2 In the last seven (7) years, have you been involved in the illegal pur trafficking, production, transfer, shipping, receiving, handling or sale of							
Complete the following if you answered 'Yes' to in the last seven (7) years trafficking, production, transfer, shipping, receiving, handling or sale of a dru							
Entry #1							
Provide the type of drug or controlled substance.							
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)						
THC (Such as marijuana, weed, pot, hashish, etc.)	Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)						
Ketamine (Such as special K, jet, etc.)	Steroids (Such as the clear, juice, etc.)						
Narcotics (Such as opium, morphine, codeine, heroin, etc.)	Inhalants (Such as toluene, amyl nitrate, etc.)						
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	Other (Provide explanation) ►						
Provide an estimate of the month and year of first involvement. (Month/Year) Provide an estimate of the of most recent involvement							
Est.	Est.						
Provide the reason(s) why you engaged in the activity							
Was your involvement while you were employed as a law enforcement office position directly and immediately affecting the public safety?	er, prosecutor, or courtroom official, or while in a YES NO						
Was your involvement while possessing a security clearance?	YES NO						
Do you intend to engage in this activity in the future? □ YES → Provide explanation. □ NO							
Entry #2							
Provide the type of drug or controlled substance.							
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)						
THC (Such as marijuana, weed, pot, hashish, etc.)	Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)						
Ketamine (Such as special K, jet, etc.)	Steroids (Such as the clear, juice, etc.)						
Narcotics (Such as opium, morphine, codeine, heroin, etc.)	Inhalants (Such as toluene, amyl nitrate, etc.)						
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	Other (Provide explanation)						
Provide an estimate of the month and year of first involvement. (Month/Year) Provide an estimate of the of most recent involvement							
Est.	Est.						
Provide the reason(s) why you engaged in the activity							
Was your involvement while you were employed as a law enforcement office position directly and immediately affecting the public safety?	r, prosecutor, or courtroom official, or while in a						
Was your involvement while possessing a security clearance?	YES NO						
Do you intend to engage in this activity in the future?							
YES Provide explanation.							
NO							

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Section	23 - Illegal Use of Drugs and Drug Activity - (Continued)								
23.3	3.3 Have you EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed?								
	Complete the following if you responded 'Yes' to having EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance, other than previously listed.								
Entry	#1								
Provi	e a description of your involvement.								
Provi	e the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this								
From	Date (Month/Year) To Date (Month/Year) Present drug or controlled substance while possessing a security clearance.								
Entry	#2								
	e a description of your involvement.								
	e the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance. Date (Month/Year) Present Est. Est.								
23.4	Have you EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?								
	lete the following if you responded 'Yes' to having EVER illegally used, or otherwise been involved with a drug or controlled substance while employed aw enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously								
Entry	#1								
Provi	le a description of the drugs or controlled substances used and your involvement.								
	le the dates of involvement/use. Date (Month/Year) Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity. Est. Est.								
Entr	#2								
Provi	Provide a description of the drugs or controlled substances used and your involvement.								
	de the dates of involvement/use. Date (Month/Year) To Date (Month/Year) Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity. Est. Est. Present								

YES

NO

position directly and immediately affecting the public safety? Was your involvement while possessing a security clearance?

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)								
3.5 In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of YES NO (If NO, proceed to 23.6) whether or not the drugs were prescribed for you or someone else?								
Complete the following if you of whether the drugs were p			years having intentionally engaged in the misuse of prescr	iption drugs, regardless				
Entry #1								
Provide the name of the pres	scription drug that you misu	used.						
Provide the dates of involver	ment/use		Provide the reason(s) for and circumstances of the misuse	e of the prescription drug.				
From Date (Month/Year)	To Date (Month/Year)	Present						
Est.		Est.						
Was your involvement while position directly and immedia			t officer, prosecutor, or courtroom official, or while in a	YES NO				
Was your involvement while	possessing a security clea	rance?		YES NO				
Entry #2								
Provide the name of the pres	scription drug that you misu	used.						
Provide the dates of involver	ment/use		Provide the reason(s) for and circumstances of the misuse	e of the prescription drug.				
From Date (Month/Year)	To Date (Month/Year)	Present						
Est.		Est.						
Was your involvement while	you were employed as a la	aw enforcemen	t officer, prosecutor, or courtroom official, or while in a	YES NO				

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

-							
Sect	tion 23 - Illegal Use of Drugs and Drug Activity - (Con	tinued)					
23.6	Have you EVER been ordered, advised, or asked to illegal use of drugs or controlled substances?	seek counseling or tr	eatment as a res	ult of your	YES NO (If NO, proceed to 23.7)		
	Complete the following if you responded 'Yes' to having EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.						
Er	Entry #1						
	lave any of the following ordered, advised, or asked you t Check all that apply):	o seek counseling or	treatment as a re	sult of your illegal use of	drugs or controlled substances?		
	An employer, military commander, or employee assista	ance program	A court official /	judge			
	A medical professional		1	ordered, advised, or ask eatment by any of the ab			
	A mental health professional		counsening of the	eathent by any of the ab	546		
Pr	rovide explanation						
Di	id you take action to receive counseling or treatment?			YES (If YES, com	plete (b)) NO (If NO, complete (a))		
(a)	a) You have indicated that you did not receive treatment.						
	Provide explanation.						
(b)	b) You have indicated that you did receive treatment.						
	Provide the type of drug or controlled substance for w	hich you were treated	J.				
	Cocaine or crack cocaine (Such as rock, freebase	e, etc.)	Depressa	nts (Such as barbiturates	s, methaqualone, tranquilizers, etc.)		
	THC (Such as marijuana, weed, pot, hashish, etc	.)	Hallucino	genic (Such as LSD, PCI	P, mushrooms, etc.)		
	Ketamine (Such as special K, jet, etc.)		Steroids (Such as the clear, juice,	etc.)		
	Narcotics (Such as opium, morphine, codeine, he	roin, etc.)	Inhalants	(Such as toluene, amyl r	itrate, etc.)		
	Stimulants (Such as amphetamines, speed, cryst	al meth, ecstasy, etc.) Dther (P	rovide explanation) <			
	Provide the name of the treatment provider. Last name	ime					
	Provide the address for this treatment provider. (Provid	le City and Country if out	side the United State	es; otherwise, provide City, S	tate and Zip Code)		
	Street City		State	Zip Code Cou	ntry		
	Provide a telephone number for the Extens treatment provider.	ion Internationa phone numb		Provide the dates of tre From Date (Month/Year)			
		Day Nig		Est.	Est.		
	Did you successfully complete the treatment?		Provide explanation	ו <u>ה</u> (חמ			
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Complete the following if you responded 'Y'es' to having EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances. Entry #2 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply): An employer, military commander, or employee assistance program A court official / judge A mendical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above Provide explanation > Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (all) (a) You have indicated that you did not receive treatment. Provide explanation. Provide the type of drug or controlled substance for which you were treated. Cocaine or crack cocaine (Such as rock, freebase, etc.) Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) Check as a marjuana, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) <ld>Ketamine (Such as special K, jet, etc.)</ld> <ld>Inhalants (Such as tolear, juce, etc.)</ld> <ld>Narcotics (Such as opium, morphine, codeine, heroin, etc.)</ld> <ld>Inhalants (Such as tolear, juce, etc.)</ld> <ld>Provide the name of the treatment provider. <ld>Provide the address for this treatment provider.</ld> <ld>Provide the address for this treatment provider.</ld></ld>	Sectio	n 23 - Illegal Use of Drugs and Drug Activit	Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)						
Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply): A memployer, military commander, or employee assistance program A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above A mental health professional Frovide explanation Forvide explanation Forvide explanation. (b) You have indicated that you did not receive treatment. Frovide the type of drug or controlled substance for which you were treated. Cocaine or crack cocaine (Such as rock, freebase, etc.) Halfucinogenic (Such as a barbiturates, methaqualone, tranquilizers, etc.) Ketamine (Such as a special K, jet, etc.) Steroids (Such as toluene, anyl nitrate, etc.) Stimulants (Such as anyhetamines, speed, crystal meth, ecstasy, etc.) Frist name Frovide the dadress for this treatment provider. Last name Frovide ta delephone number for the Extension International or DSN phone number For Day [Night]			having EVE F	R been ordered, a	dvised, or ask	ed to seek counselin	ig or treatmen	it as a result o	of your
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A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above Provide explanation ▶ Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (c)) (a) You have indicated that you did not receive treatment. Provide explanation. (b) You have indicated that you did not receive treatment. Provide thype of drug or controlled substance for which you were treated. Cocaine or crack cocaine (Such as rock, freebase, etc.) THC (Such as marijuana, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Ketamine (Such as special K, jet, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) Stimulants (Such as ampletamines, speed, crystal meth, ecstasy, etc.) Other (Provide the taddress for this treatment provider. Provide the address for this treatment provider. City State Zip Code Country Provide the dates of treatment. Provide the dates of treatment provider. Last name First name Provide the address for this treatment provider. City State Zip Code Country State To Date (Month/Year) <			ed you to see	k counseling or tre	atment as a re	sult of your illegal use	of drugs or co	introlled subst	tances?
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A mental health professional Provide explanation > Provide explanation > Provide explanation > Did you take action to receive counseling or treatment? Provide (b) NO (if NO, complete (a)) (a) You have indicated that you did not receive treatment. Provide explanation. (b) You have indicated that you did receive treatment. Provide explanation. (c) You have indicated that you did receive treatment. Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) Cocaine or crack cocaine (Such as rock, freebase, etc.) Depressants (Such as LSD, PCP, mushrooms, etc.) THC (Such as marijuana, weed, pot, hashish, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Ketamine (Such as special K, jet, etc.) Steroids (Such as the clear, juice, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Stimulants (Such as ampletamines, speed, crystal meth, ecstasy, etc.) Other (Provide explanation) > Provide the name of the treatment provider. First name At a methane First name Provide the address for this treatment provider. City Street City Qiay Night Provide the dates of treatment. Provide a telephone number for									
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treatment provider.		Describe a talankana muskan fan tha				Descripte the states of			
Day Night Est. Est.		•	Extension					(Month/Year) [Present
Did you approach the treatment?		·		•			1		
Did you successfully complete the treatment? YES NO -> (Provide explanation)		Did you successfully complete the treatment?	!? □ YES	NO - (Pro	vide explanatio	on)	I		

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)						
23.7 Have you EVER voluntarily sought counseling or treatment as a result controlled substance?	r of your use of a drug or YES NO (If NO, proceed to Section 24)					
Complete the following if you responded 'Yes' to having EVER voluntarily controlled substance?	sought counseling or treatment as a result of your use of a drug or					
Entry #1						
Provide the type of drug or controlled substance for which you were treated.						
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)					
THC (Such as marijuana, weed, pot, hashish, etc.)	THC (Such as marijuana, weed, pot, hashish, etc.)					
Ketamine (Such as special K, jet, etc.)	Steroids (Such as the clear, juice, etc.)					
Narcotics (Such as opium, morphine, codeine, heroin, etc.)	Inhalants (Such as toluene, amyl nitrate, etc.)					
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	☐ Other (Provide explanation) ►					
Provide the name of the treatment provider. Last name						
Provide the address for this treatment provider. (Provide City and Country if outsi	de the United States; otherwise, provide City, State and Zip Code)					
Street City	State Zip Code Country					
Provide a telephone number for the Extension International						
treatment provider.						
	ht Est. Est.					
Did you successfully complete the treatment? \Box YES \Box NO \rightarrow (Production of the treatment)	ovide explanation)					
Entry #2						
Provide the type of drug or controlled substance for which you were treated.						
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)					
THC (Such as marijuana, weed, pot, hashish, etc.)	Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)					
Ketamine (Such as special K, jet, etc.)	Steroids (Such as the clear, juice, etc.)					
Narcotics (Such as opium, morphine, codeine, heroin, etc.)	Inhalants (Such as toluene, amyl nitrate, etc.)					
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	Other (Provide explanation) ►					
Provide the name of the treatment provider. Last name						
Provide the address for this treatment provider. (Provide City and Country if outsi	de the United States; otherwise, provide City, State and Zip Code)					
Street City	State Zip Code Country					
Provide a telephone number for the Extension International	or DSN phone Provide the dates of treatment.					
treatment provider.	From Date (Month/Year) To Date (Month/Year) Present					
DayNig	ht Est. Est.					
Did you successfully complete the treatment? \square YES \square NO \rightarrow (Production of the treatment)	ovide explanation)					

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Section 24	1	Use	of	Alco	ohol
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24.1 In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

YES NO (If NO, proceed to 24.2)

Complete the following if you responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.					
Entry #1					
Provide the dates of involvement or					
From Date (Month/Year)	To Date (Month/Year)	Present			
Est.		Est.			
Provide the month/year when this negative impact occurred.	Provide circumstances	3.	Provide negative impact.		
From Date (Month/Year)					
Est.					
Entry #2					
Provide the dates of involvement or					
From Date (Month/Year)	To Date (Month/Year)	Present			
Est.		Est.			
Provide the month/year when this negative impact occurred.	Provide circumstances	5.	Provide negative impact.		
From Date (Month/Year)					
Est.					
Entry #3					
Provide the dates of involvement or					
From Date (Month/Year)	To Date (Month/Year)	Present			
Est.		Est.			
Provide the month/year when this negative impact occurred.	Provide circumstances	5.	Provide negative impact.		
From Date (Month/Year)					
Est.					
Entry #4					
Provide the dates of involvement or					
From Date (Month/Year)	To Date (Month/Year)	Present			
Est.		Est.			
Provide the month/year when this negative impact occurred.	Provide circumstances	S.	Provide negative impact.		
From Date (Month/Year)					
Est.					

Section 24 - Use of Alcohol - (Continued)	Section 24 - Use of Alcohol - (Continued)						
24.2 Have you EVER been ordered, advised, or asked to seek counseling alcohol?	g or treatment as a result of your use of YES NO (If NO, proceed to 24.3)						
Complete the following if you responded 'Yes' to having been ordered, adv	vised, or asked to seek counseling or treatment as a result of your use of alcohol.						
Entry #1							
Have any of the following ordered, advised, or asked you to seek counseling	ng or treatment as a result of your use of alcohol? (Check all that apply)						
An employer, military commander, or employee assistance program	An employer, military commander, or employee assistance program						
A medical professional	counseling or treatment by any of the above						
A mental health professional Other (Provide explanation)							
Did you take action to receive counseling or treatment?	YES (If YES, complete (b)) NO (If NO, complete (a))						
(a) You responded 'No' to having taken action to seek counseling or trea	tment. Explain the reasons for not taking action to seek counseling or treatment.						
Provide explanation.							
(b) You responded 'Yes' to having taken action to seek counseling or treat	atment.						
Provide the dates of counseling or treatment.	Provide the name of the individual counselor or treatment provider.						
From Date (Month/Year) To Date (Month/Year) Present							
Provide the full address for the counseling/treatment provider. (Provid	le City and Country if outside the United States; otherwise, provide City, State and Zip Code)						
Street City	State Zip Code Country						
Provide telephone number. Extension	International or DSN phone number						
	Day Night						
Did you successfully complete the treatment?	(Provide explanation)						
Entry #2							
Have any of the following ordered, advised, or asked you to seek counseling	ng or treatment as a result of your use of alcohol? (Check all that apply):						
An employer, military commander, or employee assistance program	A court official / judge						
A medical professional	I have not been ordered, advised, or asked to seek counseling or treatment by any of the above						
A mental health professional	☐ Other (Provide explanation) ►						
Did you take action to receive counseling or treatment?	YES (If YES, complete (b)) NO (If NO, complete (a))						
(a) You responded 'No' to having taken action to seek counseling or treat	tment. Explain the reasons for not taking action to seek counseling or treatment.						
Provide explanation.							
(b) You responded 'Yes' to having taken action to seek counseling or treat	atment.						
Provide the dates of counseling or treatment. From Date (<i>Month/Year</i>) To Date (<i>Month/Year</i>) Present	Provide the name of the individual counselor or treatment provider.						
	le City and Country if outside the United States; otherwise, provide City, State and Zip Code) State Zip Code Country						
Provide telephone number. Extension	Day Night						
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Section 24 - Use of Alcohol - (Continued)

4.3 Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol? YES NO (If NO, proceed to 24.4)						
Complete the following if you responded 'Yes	s' to voluntarily seeking counselir	ng or treatment.				
Entry #1						
Provide the dates of counseling or treatment. From Date (Month/Year) To Date (Est.	Month/Year) Present St.	le the name of the	e individual counselor	or treatment provider.		
Provide the full address of the counseling/trea		Country if outside the	United States: otherwise	e provide City, State and Zin Code)		
Street	City	State	Zip Code	Country		
Provide telephone number.	Extension Inter	national or DSN p	hone number			
Did you successfully complete the treatment?	? ☐ YES ☐ NO → (Prov	vide explanation)	•			
Entry #2	_					
5						
Provide the full address of the counseling/treat	atment provider. (Provide City and	Country if outside the	United States; otherwise	e, provide City, State and Zip Code)		
Street	City	State	Zip Code	Country		
Provide telephone number.	Extension Inter	national or DSN p	hone number	·		
Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ►						

Sectio	n 24 - Use of Alcohol - <i>(Continued)</i>					
24.4	Have you EVER received counseling o you have already listed on this form?	r treatment as a result of your use o	f alcohol in ad	dition to what	YES	NO (If NO, proceed to Section 25)
Con	Complete the following if you responded 'Yes' to having EVER received counseling or treatment as a result of your use of alcohol.					
Enti	·y #1					
Prov Nan	vide the name of the individual counselor ne	or treatment provider.				
Prov	vide the full address of the counseling/treat	atment provider. (Provide City and Cour	ntry if outside the	United States; otherwis	e, provide Cit	y, State and Zip Code)
Stre	et	City	State	Zip Code	Country	
Prov Nan	vide the name of agency/organization when the name of agency/organization when the name of agency/organization when the name of a gency/organization when the name of a gency/organizati	ere counseling/treatment was provid	ed.			
	vide the address of agency/organization w	where counseling/treatment was prov	vided. (Provide	City and Country if outsi	ide the United	States; Same as above
Stre	wise, provide City, State and Zip Code) et	City	State	Zip Code	Country	
	ride the dates of counseling or treatment. n Date (<i>Month/Year</i>) To Date (Est.	<i>Month/Year)</i> Present Est.		1	1	
Did	you successfully complete your counselir	ig or treatment?		YES (Provide ex	(planation)	NO (Provide explanation)
Exp	anation					
Enti	ry #2					
Prov Nan	vide the name of the individual counselor ne	or treatment provider.				
Prov Stre	vide the full address of the counseling/treater et	atment provider. <i>(Provide City and Cour</i> City	ntry if outside the State	e United States; otherwis Zip Code	<i>e, provide Cit</i> y Country	y, State and Zip Code)
Prov Nan	vide the name of agency/organization when the name of agency/organization when the name of agency/organization when the name of a gency/organization when the name of a gency/organizati	ere counseling/treatment was provid	ed.		·	
	vide the address of agency/organization w wise, provide City, State and Zip Code)					States; Same as above
Stre	et	City	State	Zip Code	Country	
	vide the dates of counseling or treatment. n Date (<i>Month/Year</i>) To Date (<i>Month/Year</i>)	<i>Month/Year)</i> Present Est.	·		·	
Did	you successfully complete your counselir	ng or treatment?		YES (Provide ex	planation)	NO (Provide explanation)
Exp	anation					

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Section 25 - Investigations and Clearance Record					
25.1 Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access?					
Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.					
Entry #1					
Provide the investigating agency:					
U.S. Department of Defense U.S. Department of Homeland Security					
U.S. Department of State Foreign government (Provide name of government) >					
U.S. Office of Personnel Management					
☐ Federal Bureau of Investigation ☐ Other (Provide explanation) ►					
U.S. Department of Treasury					
Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.					
Date the investigation was completed (Month/Year) I don't know Provide the date clearance eligibility/access was granted. (Month/Year) I don't know					
Est. Est.					
Provide the level of clearance eligibility/access granted:					
□ None □ Q					
Confidential					
Secret I don't know					
Top Secret Issued by foreign country					
Sensitive Compartmented Information (SCI) Other (Provide explanation)					
Entry #2					
Provide the investigating agency:					
U.S. Department of Defense U.S. Department of Homeland Security					
U.S. Department of State Foreign government (Provide name of government) >					
U.S. Office of Personnel Management					
☐ Federal Bureau of Investigation ☐ Other (Provide explanation) ►					
U.S. Department of Treasury					
Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.					
Date the investigation was completed (Month/Year) I don't know Provide the date clearance eligibility/access was granted. (Month/Year) I don't know					
Est.					
Provide the level of clearance eligibility/access granted:					
□ None □ Q					
Secret I don't know					
Top Secret Issued by foreign country					
Sensitive Compartmented Information (SCI)					

Section 25 - Investigations and Clearance I	Record -	(Continued)							
25.2 Have you EVER had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)									
Complete the following if you responded 'Ye	es' to hav	ving EVER had a security clearance eligibilit	y/access authorization denied, suspended, or revoked.						
Entry #1									
Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)		Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.						
	Est.								
Entry #2			l						
Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)	Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.						
25.3 Have you EVER been debarred from	governn	nent employment?	YES NO (If NO, proceed to Section 26)						
Complete the following if you responded 'Ye	es' to hav	ving EVER been debarred from government	employment.						
Entry #1	_								
Provide the name of the government agency taking debarment action.	Provide (Month/	e the date the debarment occurred. Year)	Provide an explanation of the circumstances of the debarment.						
		Est.							
Entry #2									
Provide the name of the government agency taking debarment action.	Provide (Month/	e the date the debarment occurred. Year)	Provide an explanation of the circumstances of the debarment.						
		Est.							
Section 26 - Financial Record

.1 In the last seven (7) years have you filed	a petition under any chapter of	the bankruptcy	code?	<u> </u>	YES NO	(If NO, proc	eed to 26.
Complete the following if you responded 'Yes' to	o in the last seven (7) years ha	ving filed a petit	tion under a	any chapter of th	ne bankruptcy	code.	
Entry #1							
Select the applicable bankruptcy petition type.	Provide	the bankruptcy of	court docke	t/account numb	er.		
Chapter 7 Chapter 11	Chapter 13						
Provide the date bankruptcy was filed. (<i>Month/Year)</i>	Provide the date of bankrupto discharge. (Month/Year)	-	pplicable		otal amount (in /ed in the bank		
Est.		Est.					Es
Provide the name debt is recorded under. Last name	First name		Middle na	ame		Suffix	
Provide the name of the court involved.							
Provide the address of the court involved. (Prov.	ide City and Country if outside the Uni	ted States; otherw	ise, provide C	ity, State and Zip	Code)		
Street	City	State	Zip Code	_			
(a) If Chapter 13 previously selected: Provide the name of the trustee for this bank	kruptcy.	1		I			
Provide the address of the trustee for this	bankruptcy. (Provide City and Cou	untry if outside the	United States	s; otherwise, provid	le City, State and	d Zip Code)	
Street	City	State	Zip Code	Cour 	ntry		
	h a rahmum tau Q						
Were you discharged of all debts claimed in the	bankruptcy?		YES (Provide explanati	on) 🗌 NC) (Provide e	explanati
Provide Explanation.							
Entry #2							
Select the applicable bankruptcy petition type.	Provide	the bankruptcy of	court docke	t/account numh	er.		
Chapter 7 Chapter 11	Chapter 13						
Provide the date bankruptcy was	Provide the date of bankrupto			Provide the to	otal amount (in	U.S.	
filed. (Month/Year)	discharge. (Month/Year)	Not A	pplicable	dollars) involv	ed in the bank	cruptcy.	
Est.		Est.					Est
Provide the name debt is recorded under.							
Last name	First name		Middle na	ame		Suffix	
Provide the name of the court involved.	-		-			1	
Provide the address of the court involved. (Prov.	ide City and Country if outside the Uni	ted States: otherw	ise provide (ity State and Zin	Codel		
Street	City	State	Zip Code	-			
					ici y		
(a) If Chapter 13 previously selected:							
Provide the name of the trustee for this bank	ruptcy.						
Provide the address of the trustee for this	bankruptcy. (Provide City and Cou	untry if outside the	United States	s; otherwise, provid	le City, State and	d Zip Code)	
Street	City	State	Zip Code	Cour 	ntry		
Were you discharged of all debts claimed in the	hankruptev?						
	Summupicy :		U YES (Provide explanati	on) 📋 NC) (Provide e	explanatio
Provide Explanation.							
er your Social Security Number before g	oing to the next page			→			

Section 26 - Financial Record - (Continued)

26.2 Have you EVER experienced financial problems due to gam	bling?	YES NO (If NO, proceed to 26.3)
Complete the following if you responded 'Yes' to having EVER exp	perienced financial problems due to gambling.	
Entry #1		
Provide the date range of your financial problems due to gambling. From Date (Month/Year) To Date (Month/Year) Est. Est.		dollars) of gambling losses incurred.
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify yo a description of your actions. If you have no	ur financial problems due to gambling,provide ot taken any action(s), provide explanation.
Entry #2		
Provide the date range of your financial problems due to gambling. From Date (Month/Year) To Date (Month/Year) Present Est. Est.		
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify yo a description of your actions. If you have no	ur financial problems due to gambling,provide ot taken any action(s), provide explanation.
26.3 In the past seven (7) years have you failed to file or pay Fe law or ordinance?	deral, state, or other taxes when required by	YES NO (If NO, proceed to 26.4)
Complete the following if you responded 'Yes' to having failed to fil	e or pay Federal, state, or other taxes when r	required by law or ordinance.
Entry #1		
Did you fail to file, pay as required, or both? Provide th File Pay Both	ne year you failed to file or pay your Federal, s	state, or other taxes.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applicable
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and a	mount of payments, etc.). If you have not
Entry #2		
Did you fail to file, pay as required, or both? Provide th	ne year you failed to file or pay your Federal, s	state, or other taxes.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	☐ Not Applicable ☐ Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and a	mount of payments, etc.). If you have not

Section	on 26 - Financial Record - <i>(Continued)</i>	
26.4	In the past seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?	D, proceed to 26.5)
	mplete the following if you responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a tra ovided by your employer.	vel or credit card
Entr	try #1	
Prov	wide the name of the agency or company.	
Stree		
Prov	by b	
	wide the amount (in U.S. dollars) Provide a description of any action(s) you have taken to rectify this situation. If you have n action(s) provide explanation. List. Est.	ot taken any
Entr	try #2	
	ovide the name of the agency or company.	
Stree		
Prov	by by the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the reason(s) for the counseling, warning, or disc Est.	iplinary action
	wide the amount (in U.S. dollars) Provide a description of any action(s) you have taken to rectify this situation. If you have n action(s) provide explanation. List. Est.	ot taken any
26.5	Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to YES NO (If No resolve your financial difficulties?	D, proceed to 26.6)
	mplete the following if you responded 'Yes' to being currently utilizing, or seeking assistance from, a credit counseling service or other sin olve your financial difficulties.	nilar resource to
Entr	try #1	
Prov	vide explanation. Provide the name of the credit counseling organization or resource	æ.
Tele		State
	a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken vide explanation.	any action(s),
Entr	try #2	
Prov	ovide explanation. Provide the name of the credit counseling organization or resource	e.
Tele		State
	a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken vide explanation.	any action(s),

Enter your Social Security Number before going to the next page

Sectio	n 26 - Financial Record - (Continue	d)						
26.6	Other than previously listed, have a details about each financial obligati - In the past seven (7) y - In the past seven (7) y obligations for which yo or guarantor). - In the past seven (7) y or other debts. (Include those for which you wer - You are currently deline are the sole debtor, as y	on that pertains t ears, you have b ears, you had a j u were the sole d ears, you had a l financial obligatio e a cosigner or g juent on any Fed	o the items identified een delinquent on a udgment entered ag ebtor, as well as tho ien placed against y ons for which you we uarantor). eral debt. (Include fi	d below) limony or child sup gainst you. (Include ose for which you w your property for fa ere the sole debtor nancial obligations	pport paym e financial were a cosi ailing to pay r, as well as s for which	ents. gner v taxes	YES	NO (If NO, Proceed to 26.7)
Com	plete the following if you answered '	'es' to having exp	perienced one or mo	ore of the previous	ly stated fin	nancial issues	i.	
Entr								
Prov	ide the name of agency/organization,	individual to whic	ch debt is/was owed					
Did/o	loes this financial issue include any c	of the following? (Check all that apply)			YES	NO (If NO, Proceed to 26.7)
ı	n the past seven (7) years, you hav	e been delinquen	t on alimony or child	l support payment	S.			
	n the past seven (7) years , you had or which you were a cosigner or guar		red against you. (Ind	clude financial obli	gations for	which you we	ere the	e sole debtor, as well as those
	n the past seven (7) years , you had ou were the sole debtor, as well as th				xes or othe	r debts. (Inclu	ıde fir	nancial obligations for which
	'ou are currently delinquent on any F osigner or guarantor).	ederal debt. (Incl	ude financial obligat	ions for which you	ı are the so	le debtor, as	well a	as those for which you are a
Prov	ide the associated loan/account num	ber(s) involved.	Identify/describe th	ne type of property	involved (i	f any).		
Prov	ide the amount (in U.S. dollars) of the	e financial issue.	Provide the reasor	n(s) for the financia	al issue.	Provide the	curre	nt status of the financial issue.
1	ide the date the financial		ne financial issue		Provide	the name of t	he co	urt involved.
ISSU	e began. <i>(Month/Year)</i> Est.	was resolved.	(Month/Year)	Not Resolved				
Prov	ide the address of the court involved.	(Provide City and C	Country if outside the Ur	ited States; otherwise	e, provide Cit	y, State and Zip	Code)
Stre		City		State	Zip Code		untry	
	ide a description of any action(s) you	have taken to sa	tisfy this debt (such	as withholdings, f	requency a	ind amount of	payr	nents, etc.). If you have not
таке	n any action(s), provide explanation.							

Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having	experienced one or more of the previously stated fi	nancial issues.
Entry #2		
Provide the name of agency/organization/individual to w	hich debt is/was owed.	
Did/does this financial issue include any of the following	? (Check all that apply)	YES NO (If NO, Proceed to 26.7)
In the past seven (7) years, you have been deling	ent on alimony or child support payments.	
In the past seven (7) years, you had a judgment er for which you were a cosigner or guarantor).	tered against you. (Include financial obligations for	which you were the sole debtor, as well as those
In the past seven (7) years, you had a lien placed you were the sole debtor, as well as those for which		er debts. (Include financial obligations for which
You are currently delinquent on any Federal debt. (I cosigner or guarantor).	nclude financial obligations for which you are the so	ole debtor, as well as those for which you are a
Provide the associated loan/account number(s) involved	 Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issu	e. Provide the reason(s) for the financial issue.	Provide the current status of the financial issue.
Es		
	e the financial issue Provide	the name of the court involved.
issue began. (Month/Year) was resolve	d. (Month/Year) Not Resolved	
Est.	Est.	
Provide the address of the court involved. (Provide City and	d Country if outside the United States; otherwise, provide C	ity, State and Zip Code)
Street City	State Zip Code	Country
Provide a description of any action(s) you have taken to	satisfy this debt (such as withholdings, frequency a	and amount of payments, etc.). If you have not
taken any action(s), provide explanation.		

Section 26 - Financial Record - (Continued)
 26.7 Other than previously listed, have any of the following happened? In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were a cosigner or guarantor) In the past seven (7) years, you had you were a cosigner or guarantor) In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason? In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) Yes NO (<i>lt NO, proceed to Section 27</i>)
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #1
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply) YES NO (If NO, proceed to Section 27)
 In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for
which you were a cosigner or guarantor) In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
In the past seven (7) years, you were evicted for non-payment?
In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Not Resolved Est. Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

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Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #2
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply) YES NO (If NO, proceed to Section 27)
In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
In the past seven (7) years, you were evicted for non-payment?
In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Est.
Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Not Resolved
Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not
taken any action(s), provide explanation.

Section 27 - Use of Information Technology Sy	/stems				
We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer nardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.					
27.1 In the last seven (7) years have you ille access any information technology syste		on accessed or	attempted to	YES NO (If NO, proceed to 27.2)	
Complete the following if you responded 'Yes' any information technology system.	to having in the last seven (7) ye	ars illegally or v	vithout proper autho	rization entered or attempted to enter into	
Entry #1					
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incide	ent or offense.		
Provide the location where the incident took pla Street	ace. (Provide City and Country if outside City	e the United States State	s; otherwise, provide Cit Zip Code	y, State and Zip Code) Country	
Provide a description of the action (administrati	ve, criminal or other) taken as a re	esult of this inci	dent.	1	
Entry #2					
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incid	ent or offense.		
Provide the location where the incident took pla Street	ace. (Provide City and Country if outside City	e the United States State	s; otherwise, provide Cit Zip Code	y, State and Zip Code) Country	
27.2 In the last seven (7) years have you ille denied others access to information reside above?				YES NO (If NO, proceed to 27.3)	
Complete the following if you responded 'Yes' to denied others access to information residing or				, modified, destroyed, manipulated, or	
Entry #1					
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incide	ent or offense.		
Provide the location where the incident took pla Street	ace. (Provide City and Country if outside City	e the United States State	s; otherwise, provide Cit Zip Code	y, State and Zip Code) Country	
Provide a description of the action (administrati	ve, criminal or other) taken as a re	esult of this inci	dent.		
Entry #2					
Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.					
Provide the location where the incident took pla Street	ace. (Provide City and Country if outside City	e the United States State	s; otherwise, provide Cit Zip Code	y, State and Zip Code) Country	
Provide a description of the action (administrati	ve, criminal or other) taken as a re	esult of this inci	dent.	1	

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Section 27 - Use of Information Technology Systems - (Continued)

27.3 In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?

YES NO (If NO, proceed to Section 28)

Complete the following if you responded 'Yes' to having in the last seven (7) years introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above.					
Entry #1					
Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.					
Provide the location where the incident took place	ce. (Provide City and Country if outside	the United States	s; otherwise, provide Ci	ty, State and Zip Code)	
Street	City	State	Zip Code	Country	
Provide a description of the action (administrativ	e, criminal or other) taken as a re	sult of this inci	dent.		
Entry #2					
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incid	ent or offense.		
Est.	Est.				
Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street	City	State	Zip Code	Country	
Provide a description of the action (administrative, criminal or other) taken as a result of this incident.					

Section 28 - Involvement in Non-Criminal Court Actions

In the last ten (10) years, have you been a party to this form?	o any public record civil court act	tion not listed els	sewhere on	YES NO (If NO, proceed to Section 29)
Complete the following if you responded 'Yes' to ten (10) years.	having been a party to any publ	lic record civil co	ourt action(s) not list	ed elsewhere on this form in the last
Entry #1				
Provide the date of the civil action. (Month/Year)	Provide the court name.			
Es	t.			
Provide the address of the court. (Provide City and	Country if outside the United States; o	therwise, provide (City, State and Zip Cod	e)
Street	City	State	Zip Code	Country
Provide details of the nature of the action.	Provide a description of the	results of the a	ction. Provide t	he name(s) of the principal parties
			involved	in the court action.
Entry #2			ł	
Provide the date of the civil action. (Month/Year)	Provide the court name.			
Es	t.			
Provide the address of the court. (Provide City and	Country if outside the United States; o	therwise, provide (City, State and Zip Cod	e)
Street	City	State	Zip Code	Country
Provide details of the nature of the action.	Provide a description of the	results of the a		he name(s) of the principal parties
			involved	in the court action.
			1	

Section 29 - Association Record

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

29.1 Are you now or have you **EVER** been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?

YES NO (If NO, proceed to 29.2)

Complete the following if you responded 'YES' to being or ever having been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities. Entry #1 Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide all contributions made to the Provide a description of the nature of and reasons for your involvement with the No contributions made organization, if any. organization. Entry #2 Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held To Date (Month/Year) From Date (Month/Year) Present Est. Est. Provide all contributions made to the Provide a description of the nature of and reasons for your involvement with the No contributions made organization, if any. organization.

Section 29 - Association Record - (Continued)

29.2 Have you EVER knowingly engaged in any acts of terrorism?		YES NO (If NO, proceed to 29.3)
Complete the following if you responded 'Yes' to EVER having knowingly engaged in a	ny acts of terrorism.	
Entry #1		
Describe the nature and reasons for the activity.	Provide the dates for any such a From Date (<i>Month/Year</i>)	ctivities. To Date (<i>Month/Year</i>) Present
Entry #2	·	•
Describe the nature and reasons for the activity.	Provide the dates for any such a From Date (<i>Month/Year</i>)	ctivities. To Date (Month/Year) Present
29.3 Have you EVER advocated any acts of terrorism or activities designed to overther force?	ow the U.S. Government by	YES NO (Proceed to 29.4)
Complete the following if you responded 'Yes' to having EVER advocated any acts of to force.	errorism or activities designed to ov	verthrow the U.S. Government by
Entry #1		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating From Date (Month/Year)	acts of terrorism. To Date <i>(Month/Year)</i> Present
	Est.	Est.
Entry #2	•	•
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating	acts of terrorism.
	From Date (Month/Year)	To Date (Month/Year) Present
	Est.	Est.

Section 29 - Association Record - (Continued)

29.4 Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?

YES NO (If NO, proceed to 29.5)

Complete the following if you responded 'Yes' to having EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.					
Entry #1					
Provide the full name of the organization.					
Provide the address/location of the organization. (Provide City and Count					
Street City	State Zip Code Country				
Provide the dates of your involvement with the organization.	Provide all positions held in the organization, if any. No positions held				
From Date (Month/Year) To Date (Month/Year) Present					
Est. Est.					
Provide all contributions made to the No contributions made	Provide a description of the nature of and reasons for your involvement with the				
organization, if any.	organization.				
Entry #2					
Provide the full name of the organization.					
Provide the address/location of the organization. (Provide City and Count	try if outside the United States; otherwise, provide City, State and Zip Code)				
Street City	State Zip Code Country				
Provide the dates of your involvement with the organization.	Provide all positions held in the organization, if any.				
From Date (Month/Year) To Date (Month/Year) Present					
Est. Est.					
Provide all contributions made to the No contributions made organization, if any.	Provide a description of the nature of and reasons for your involvement with the organization.				

Section 29 - Association Record - (Continued)

29.5 Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?

YES NO (If NO, proceed to 29.6)

Complete the following if you responded 'Yes' to being or EVER having been a member of an organization that advocates or practices commission or force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to such action.				
Entry #1				
Provide the full name of the organization.				
Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				
Street City State Zip Code Country				
Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held				
From Date (Month/Year) To Date (Month/Year) Present				
Est.				
	Provide a description of the nature of and reasons for your involvement with the			
made to the organization, if any.				
Entry #2				
Provide the full name of the organization.				
Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country				
Street City State Zip Code Country				
Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held				
From Date (Month/Year) To Date (Month/Year) Present				
Est.				
Provide all contributions (in U.S. dollars) No contributions made Provide a description of the nature of and reasons for your involvement with the	3			
made to the organization, if any.				

Section 29 - Association Record - (Continued)

			,	
29.6 Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force? YES NO (If NO, proceed to 29.7)				
Complete the following if you responded 'Yes' to having EVER knowingly engaged in ac	ctivities designed to overthrow the	U.S. Government by for	orce.	
Entry #1				
Describe the nature and reasons for the activity.	Provide the dates of such activiti	es.		
	From Date (Month/Year)	To Date (Month/Year)	Present	
	Est.		Est.	
Entry #2				
Describe the nature and reasons for the activity.	Provide the dates of such activities.			
	From Date (Month/Year)	To Date (Month/Year)	Present	
	Est.		Est.	
29.7 Have you EVER associated with anyone involved in activities to further terrorism?	,	YES NO		
Complete the following if you responded 'Yes' to having EVER associated with anyone it	involved in activities to further terr	orism.		
Entry #1				
Provide explanation.				
Entry #2				
Provide explanation.				

Continuation Space

Use the Standard Form 86A (SF 86A) for additional answers for Sections 11, 12 and 13. Use the space below to continue answers, to all other items. If additional space is required, use a blank sheet (s) of paper. Include your name and SSN at the top of each blank sheet (s). Before each answer, identify the number of the item and attempt to maintain sequential order and question format.

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

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 signed (mm/dd/yyyy)
Enter your Social Security Number before going to the next page _	→ [

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

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

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

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 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 position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

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

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be 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 remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (Sign in ink)		Full name (Type or print le	gibly)		Date signed (mm/dd/yyyy)
Other names used				Date of birth	Social Security Number
Current street address Apt. #	City (Cou	untry)	State	Zip Code	Home telephone number

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 le	gibly)		Date signed (mm/dd/yyyy)
Other names used					Social Security Number
Current street address Apt. #	City (Co	untry)	State	Zip Code	Home telephone number

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?			
YES NO If so, describe the nature of the condition and the ext	ent 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)	

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