Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. If you have any questions, contact the office that gave you the form.

Purpose of this Form

The United States (U.S.) Government conducts background investigations and reinvestigations of persons under consideration or reappointment in national security positions as defined in 5 CFR Parts 731, 732, and 736. You may also be asked to bring documents about information you provided on the form or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (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.

Special Instructions for Completing this Form

Questions on this form related to residence, employment, and education will require 7 years of information except that single-Scope Background Investigations (SSBI) will require 10 years of information.
Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. If you have any questions, contact the office that gave you the form.

Purpose of this Form

The United States (U.S.) Government conducts background investigations and reinvestigations of persons under consideration for or retention in national security positions as defined in 5 CFR 732 and for positions requiring access to classified information under Executive Order 12958.

Giving us 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. Any information that you provide is evaluated on the basis of its recency, seriousness, relevance to the position and duties, and consistency with all other information about you.

Withholding, misrepresenting, or falsifying information will have an impact on a security clearance, employment prospects, or job status, up to and including denial or revocation of your security clearance, or your removal and debarment from Federal Service.

This form is a permanent document that may be used as the basis for future investigations, security clearance determinations, and determinations of your suitability for employment. Your responses to this form may be compared with previous security questionnaires. It is imperative that the information provided be true and accurate to the best of your knowledge.

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 12958; sections 3301, 3302, and 9101 of title 5, U.S. 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 738 of title 5, Code of Federal Regulations.

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.

The Investigative Process

Background investigations for national security positions are conducted to gather information to show 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, even if you have previously indicated on applications or other forms that you do not want your current employer to be contacted.

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 show the person is not reliable, trustworthy, or loyal. Checks of Federal agency records may be made about your spouse or other cohabitant.

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 helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

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

You may also be asked to bring documents about information you provided on the form or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (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.

Special Instructions for Completing this Form

Questions on this form related to residence, employment, and education will require 7 years of information except that Single-Scope Background Investigations (SSBI) will require 10 years of information.

Provide 7 years of information unless you have been instructed to provide 10 years to satisfy SSBI requirements. If you are unsure as to the amount of information to provide, contact the office that gave you this form.

The instructions for these questions specify a 10-year time frame when an SSBI is required. If you have any questions about this investigative request or whether the 7-year time frame or the 10-year time frame applies to your responses to these questions, contact the office that gave you this form.

Instructions for Completing this Form

1. Follow the instructions given to you by the office that gave you this form and any other clarifying instructions furnished by that office to assist you in 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.

2. 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 by you. Under certain limited circumstances, agencies may modify your response(s) with your consent.

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

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

7. The 5-digit postal Zip Codes are needed to speed the processing of your investigation. 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., be sure to include the area code.

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, 1965, should be written as 07/29/1968. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by writing "APPROX." or "EST."

10. If you need additional space for explanation or to list your residences, employment/self-employment/unemployment, or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use the Continuation Sheet on page 17 of the blank sheet(s) of paper. Each blank sheet of paper you use must contain your name and SSN at the top of the page.

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. You will be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.
Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to 5 years of 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 give us on this form and to make your comments part of the record.

DISCLOSURE INFORMATION

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency 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 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 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 Question 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.

LOCATION CODES

<table>
<thead>
<tr>
<th>Alabama</th>
<th>AL</th>
<th>Hawaii</th>
<th>HI</th>
<th>Massachusetts</th>
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<th>South Dakota</th>
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<td>PA</td>
<td>West Virginia</td>
<td>WV</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>DC</td>
<td>Maine</td>
<td>ME</td>
<td>New Hampshire</td>
<td>NH</td>
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<td>Wisconsin</td>
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<td>NJ</td>
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<td>Wyoming</td>
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<td>Georgia</td>
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American Samoa | AS  | Guam          | GU  | Northern Mariana Islands | GM  |             |     |              |     |
Federated States of Micronesia | FM  | Marshall Islands | MI  | Puerto Rico | PR  | Palau         | PW  |              |     |

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 120 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. Time and burden estimates may change over time. Send comments regarding any 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.
QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

AGENCY USE ONLY

A Type of investigation
B Extra coverage/Advance results
C Sensitivity level
D Access/Eligibility
E Nature of action code
F Date of action

G Geographic location
H Position code
I Position title
J SON

K Location of official personnel folder
L SOI
M Location of security folder
N IPAC
O TAS
P Obligating document number
Q BETC

R Accounting data and/or Agency case number
S Investigative requirement
T Requesting official - Name
U Secondary requesting official - Name

Email address
Email address

Telephone number
Telephone number

Date
Date

Initial
Reinvestigation

Signature
Signature

FED CIV
MIL
CON
Other

PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE FOLLOWING INSTRUCTIONS.

1 FULL NAME
- If you have only initials in your name, use them and enter (I/O) after the initial(s).
- If you have no middle name, enter "NMN."
- If you are a "Jr.," "Sr.," etc. enter this in the box after your middle name.

Last name
First name
Middle name
Jr., Jr., etc.

2 DATE OF BIRTH

3 PLACE OF BIRTH
City
County
State
Country (if outside the U.S.)

4 SOCIAL SECURITY NO.

5 OTHER NAMES USED
Have you used any other names?

NO
YES

If "YES," give other names used and the period of time you used them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)]. If the other name is your maiden name, put "maiden" in front of it.

Name #1
Month/Year To Month/Year

Name #2
Month/Year To Month/Year

Name #3
Month/Year To Month/Year

Name #4
Month/Year To Month/Year

6 MOTHER'S MAIDEN NAME
Last name
First name
Middle name

7 YOUR IDENTIFYING INFORMATION

Height (feet and inches) Weight (pounds) Hair color Eye color Sex

Female
Male

8 YOUR CONTACT INFORMATION
Check box(es) indicating when you can be reached at each phone number.

Home e-mail address
Work e-mail address

Home telephone number
Day
Evening

Work telephone number
Day
Evening

Mobile telephone number
Day
Evening

Enter your Social Security Number before going to the next page
**Questionnaire for National Security Positions**

**M. Citizenship**
- Mark the box that reflects your current citizenship status and follow its instructions.
  - I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.
  - I am a U.S. citizen or national by birth, born outside the U.S. (Go to 9A)
  - I am a naturalized U.S. citizen. (Go to 9B or 9C)
  - I am not a U.S. citizen. (Go to 9D)

**9A. Documentation of U.S. Citizens Born Abroad**
- Report information, if applicable.

<table>
<thead>
<tr>
<th>Date Form was Completed</th>
<th>Document Number</th>
<th>Place of Issuance</th>
</tr>
</thead>
</table>

**9B. Citizenship Certificate (If Applicable)**
- Where was this certificate issued? City/Court.

<table>
<thead>
<tr>
<th>State</th>
<th>Certificate Number</th>
<th>Date Issued</th>
</tr>
</thead>
</table>

**9C. Naturalization Certificate (If Applicable)**
- Where was this certificate issued? City/Court.

<table>
<thead>
<tr>
<th>State</th>
<th>Certificate Number</th>
<th>Date Issued</th>
</tr>
</thead>
</table>

**9D. Immigration Status**
- Place you entered the U.S.

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country(ies) of Citizenship</th>
</tr>
</thead>
</table>

**10. Citizenship Information**
- Do you now hold or have you EVER held multiple citizenships? **Yes** Go to Question 11
- No

**11. Where Have You Lived?**
- Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 17 for additional answers.

**Residence Information and Point of Contact for That Period of Residence**

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Status</th>
<th>Own Rent</th>
<th>Military Housing</th>
<th>Street Address</th>
<th>Apt.#</th>
</tr>
</thead>
</table>

**APO/FPO Address**

<table>
<thead>
<tr>
<th>City (Country)</th>
<th>State</th>
<th>ZIP Code</th>
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</thead>
</table>

**Name of person who knows you at this address**

<table>
<thead>
<tr>
<th>Current Address</th>
<th>Apt.#</th>
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</table>

**APO/FPO Address (If Currently Applicable)**

<table>
<thead>
<tr>
<th>City (Country)</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
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</table>

**Telephone Number**

**Alternate Contact Number**

**Relationship**

<table>
<thead>
<tr>
<th>Neighbor</th>
<th>Landlord</th>
<th>Business Associate</th>
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</table>

Enter your Social Security Number before going to the next page.
### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### 11 WHERE YOU HAVE LIVED (Continued)

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<tr>
<th>#</th>
<th>Month/Year To</th>
<th>Month/Year</th>
<th>Status</th>
<th>Own</th>
<th>Rent</th>
<th>Military housing</th>
<th>Street address</th>
<th>Apt.#</th>
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<td>Name of person who knows you at this address</td>
<td>Current address</td>
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<tr>
<td>Telephone number</td>
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<td>Alternate contact number</td>
<td>Relationship</td>
<td>Neighbor</td>
<td>Landlord</td>
<td>Other (Explain)</td>
<td>Friend</td>
<td>Business associate</td>
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<td>Status</td>
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<td>Business associate</td>
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<td>Alternate contact number</td>
<td>Relationship</td>
<td>Neighbor</td>
<td>Landlord</td>
<td>Other (Explain)</td>
<td>Friend</td>
<td>Business associate</td>
</tr>
</tbody>
</table>

Enter your Social Security Number before going to the next page

Page 3
**QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

**12 WHERE YOU WENT TO SCHOOL** Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 17 for additional answers.

List all schools you have attended, beginning with the most recent (#1) working back 7 years (if an SSBI go back 10 years). List college or university degrees and the dates they were received. If your most recent degree or diploma was received more than 7 years ago (10 years for an SSBI), list it below no matter when it was received.

In the Code block, show the most appropriate code to describe your school.

1 - High School
2 - College/University/Military College
3 - Vocational/Technical/Trade School
4 - Correspondence/Distance/Extension/Online School

For Correspondence/Distance/Extension/Online School, provide the address where the records are maintained.

For schools you attended in the last 3 years, list a person who knew you at school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago.

**SCHOOL INFORMATION**

<table>
<thead>
<tr>
<th>#1 Month/Year</th>
<th>To Month/Year</th>
<th>Code</th>
<th>Name of school</th>
<th>Degree/diploma received?</th>
<th>If “Yes,” identify type of degree/diploma received and date awarded.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES or NO.</td>
</tr>
</tbody>
</table>

Street address and City (Country) of school

Name of person who knows you

Current address

Apt. #

City (Country)

State

ZIP Code

Telephone number

<table>
<thead>
<tr>
<th>#2 Month/Year</th>
<th>To Month/Year</th>
<th>Code</th>
<th>Name of school</th>
<th>Degree/diploma received?</th>
<th>If “Yes,” identify type of degree/diploma received and date awarded.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES or NO.</td>
</tr>
</tbody>
</table>

Street address and City (Country) of school

Name of person who knows you

Current address

Apt. #

City (Country)

State

ZIP Code

Telephone number

<table>
<thead>
<tr>
<th>#3 Month/Year</th>
<th>To Month/Year</th>
<th>Code</th>
<th>Name of school</th>
<th>Degree/diploma received?</th>
<th>If “Yes,” identify type of degree/diploma received and date awarded.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES or NO.</td>
</tr>
</tbody>
</table>

Street address and City (Country) of school

Name of person who knows you

Current address

Apt. #

City (Country)

State

ZIP Code

Telephone number

<table>
<thead>
<tr>
<th>#4 Month/Year</th>
<th>To Month/Year</th>
<th>Code</th>
<th>Name of school</th>
<th>Degree/diploma received?</th>
<th>If “Yes,” identify type of degree/diploma received and date awarded.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES or NO.</td>
</tr>
</tbody>
</table>

Street address and City (Country) of school

Name of person who knows you

Current address

Apt. #

City (Country)

State

ZIP Code

Telephone number

<table>
<thead>
<tr>
<th>#5 Month/Year</th>
<th>To Month/Year</th>
<th>Code</th>
<th>Name of school</th>
<th>Degree/diploma received?</th>
<th>If “Yes,” identify type of degree/diploma received and date awarded.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES or NO.</td>
</tr>
</tbody>
</table>

Street address and City (Country) of school

Name of person who knows you

Current address

Apt. #

City (Country)

State

ZIP Code

Telephone number

Enter your Social Security Number before going to the next page
**13 EMPLOYMENT ACTIVITIES** Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 17 for additional answers.

List all your employment activities, beginning with the present (#1) and working back 7 years (if an SSBI go back 10 years). You should list all full-time and part-time work, paid or unpaid, consulting/contracting work, all military service duty locations, temporary military duty locations (TDY) over 90 days, self-employment, other paid work, and all periods of unemployment. The entire period must be accounted for without breaks. EXCEPTION: Do not list employments that occurred before your 18th birthday unless it is necessary for providing a minimum of 2 years of employment history. If you require additional space, use a continuation sheet (SF 86A).

**Employer/Verifier Information.** List the business name of your employer or the name of a person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports. If you are a Federal Contractor, list company name, not Federal agency.

**Additional Periods of Activity.** Complete this block if you worked for an employer on more than one occasion at the same physical location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

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

- 1 - Active military duty stations
- 2 - National Guard/Reserve
- 3 - U.S.P.H.S. Commissioned Corps
- 4 - Other Federal employment
- 5 - State Government (Non-Federal employment)
- 6 - Self-employment (include business name and/or name of person who can verify)
- 7 - Unemployment (include name of verifier)
- 8 - Federal Contractor
- 9 - Other (explain)

<table>
<thead>
<tr>
<th>#1 Dates of Employment</th>
<th>Type of Employment</th>
<th>Work hours</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year To Month/Year Present</td>
<td>Employment code</td>
<td>Position title/Military rank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employer/Verifier**

Name of employer/verifier

Address of employer/verifier

City (Country)

State ZIP Code

**Physical Location**

Your actual work address (if different from employer address)

Telephone number

City (Country)

State ZIP Code

**Supervisor (if different from employer)**

Name and title

Telephone number

Work address of supervisor

City (Country)

State ZIP Code

**Additional Periods of Activity with this Employer**

Month/Year To Month/Year Position title

Supervisor

Month/Year To Month/Year Position title

Supervisor

Month/Year To Month/Year Position title

Supervisor

Explanation/Reason for leaving

Enter your Social Security Number before going to the next page
13A EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)

<table>
<thead>
<tr>
<th>#2 Dates of Employment</th>
<th>Type of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year To Month/Year</td>
<td>Employment code</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Work hours</td>
<td>Full-time</td>
</tr>
</tbody>
</table>

Employer/Verifier
Name of employer/verifier
Address of employer/verifier
City (Country) State ZIP Code

Physical Location
Your actual work address (if different from employer address) Telephone number
City (Country) State ZIP Code

Supervisor (if different from employer)
Name and title Telephone number
Work address of supervisor
City (Country) State ZIP Code

Additional Periods of Activity with this Employer

<table>
<thead>
<tr>
<th>Month/Year To Month/Year</th>
<th>Position title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

Explanation/Reason for leaving

#3 Dates of Employment | Type of Employment |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year To Month/Year</td>
<td>Employment code</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Work hours</td>
<td>Full-time</td>
</tr>
</tbody>
</table>

Employer/Verifier
Name of employer/verifier
Address of employer/verifier
City (Country) State ZIP Code

Physical Location
Your actual work address (if different from employer address) Telephone number
City (Country) State ZIP Code

Enter your Social Security Number before going to the next page
13A EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)

<table>
<thead>
<tr>
<th>Supervisor (if different from employer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and title</td>
</tr>
<tr>
<td>Phone number</td>
</tr>
<tr>
<td>Work address of supervisor</td>
</tr>
<tr>
<td>City (Country)</td>
</tr>
<tr>
<td>State ZIP Code</td>
</tr>
</tbody>
</table>

Additional Periods of Activity with this Employer

<table>
<thead>
<tr>
<th>Month/Year To Month/Year:</th>
<th>Position title:</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Explanation/Reason for leaving

84 Dates of Employment

<table>
<thead>
<tr>
<th>Month/Year To Month/Year</th>
<th>Employment code</th>
<th>Position title/Military rank</th>
<th>Work hours</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
</table>

Employer/Verifier

<table>
<thead>
<tr>
<th>Name of employer/verifier</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of employer/verifier</td>
<td></td>
</tr>
</tbody>
</table>

City (Country) State ZIP Code

Physical Location

<table>
<thead>
<tr>
<th>Your actual work address (if different from employer address)</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (Country) State ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

Supervisor (if different from employer)

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work address of supervisor</td>
<td></td>
</tr>
</tbody>
</table>

City (Country) State ZIP Code

Additional Periods of Activity with this Employer

<table>
<thead>
<tr>
<th>Month/Year To Month/Year:</th>
<th>Position title:</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

Explanation/Reason for leaving

Enter your Social Security Number before going to the next page
### 13B Former Federal Service, Excluding Military Service, Not Indicated Previously (List below if applicable)

<table>
<thead>
<tr>
<th>#</th>
<th>Dates of Federal Service</th>
<th>Agency/City (Country)/State/ZIP Code</th>
<th>Position Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 13C Employment Record

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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

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

- 1 - Fired from a job
- 2 - Quit a job after being told you would be fired
- 3 - Left a job by mutual agreement following charges or allegations of misconduct
- 4 - Left a job by mutual agreement following notice of unsatisfactory performance
- 5 - Left a job for other reasons under unfavorable circumstances
- 6 - Laid off from job by employer

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Code</th>
<th>Specify Reason</th>
<th>Employer's Name and Address (Include City/County if outside U.S.)</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?

3. Have you received a written warning, been officially reprimanded, suspended, or disciplined for violating a security rule or policy?

If you answered "Yes," to 13C(2) and/or 13C(3), provide the name(s) of the employer(s), date(s) of incident(s), month/day/year of official action(s), location(s) or facility(ies) of incident(s), and the nature of the violation(s) in the space below. If additional space is needed, use a blank sheet(s) of paper.

### 14 Selective Service Record

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>


b. Have you registered with the Selective Service System (SSS)? If "Yes," provide your registration number below. If "No," explain the reason for not registering below. Please consult the SSS if you are unaware of your status before signing this form.

<table>
<thead>
<tr>
<th>Registration Number</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter your Social Security Number before going to the next page.
15 MILITARY HISTORY Account for all of your military service through the questions below. If you answer "No" to both 15a and 15b, go to Question 16. YES NO

a Have you EVER served in the U.S. military or the U.S. Merchant Marine?

b Have you EVER served in a foreign country's military, security forces, merchant marine, militia, or other defense forces?

c Have you EVER received a discharge that was not honorable?

d In the last 7 years (if an SSB) go back 10 years), have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

If you answered "Yes" to any question above, list all details of your military service below, starting with the most recent period of service and working back. If you had a break in service, each separate time of service should be listed.

Code (Branch of Service): Use one of the codes listed below to identify your branch of service.

1 - Air Force 3 - Navy 5 - Coast Guard 7 - Air National Guard (NG) 9 - Foreign military, defense, militia, security forces
2 - Army 4 - Marine Corps 6 - Merchant Marine 8 - Army NG

O/E: Mark "O" block for Officer or "E" block for Enlisted, if applicable.
Status: "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

Country: Identify the country for which you served.

Code (Type of Discharge): Use one of the codes listed below to indicate your separation status from your military service.

1 - Honorable 2 - Dishonorable 3 - Other Than Honorable 4 - General 5 - Bad Conduct 6 - Other (Explain)

<table>
<thead>
<tr>
<th>Branch of Service Code</th>
<th>Month/Year To Month/Year</th>
<th>Service Number</th>
<th>O</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16 PEOPLE WHO KNOW YOU WELL

List 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 the workplace, school, or neighborhoods and whose combined association with you covers at least the last 7 years. Do not list your spouse, former spouse(s), other relatives, or anyone listed elsewhere on this form.

<table>
<thead>
<tr>
<th>Reference name #1</th>
<th>Dates known Month/Year To Month/Year</th>
<th>Relationship to you (Check all that apply)</th>
<th>Telephone number</th>
<th>Day</th>
<th>Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Neighbor Work associate Other (Explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Friend Schoolmate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home or work address</td>
<td>Apt. #</td>
<td>City (Country)</td>
<td>State</td>
<td>ZIP Code</td>
<td>Alternate telephone no.</td>
</tr>
<tr>
<td>Reference name #2</td>
<td>Dates known Month/Year To Month/Year</td>
<td>Relationship to you (Check all that: apply)</td>
<td>Telephone number</td>
<td>Day</td>
<td>Evening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neighbor Work associate Other (Explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Friend Schoolmate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home or work address</td>
<td>Apt. #</td>
<td>City (Country)</td>
<td>State</td>
<td>ZIP Code</td>
<td>Alternate telephone no.</td>
</tr>
<tr>
<td>Reference name #3</td>
<td>Dates known Month/Year To Month/Year</td>
<td>Relationship to you (Check all that: apply)</td>
<td>Telephone number</td>
<td>Day</td>
<td>Evening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neighbor Work associate Other (Explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Friend Schoolmate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home or work address</td>
<td>Apt. #</td>
<td>City (Country)</td>
<td>State</td>
<td>ZIP Code</td>
<td>Alternate telephone no.</td>
</tr>
</tbody>
</table>
17 MARITAL STATUS
Mark one box to show your current marital status and provide information about your spouse(s) or cohabitant below. If there is not a middle name, enter as "NMN."

- 1 - Never married
- 2 - Married (incl. Common Law)
- 3 - Separated
- 4 - Annulled
- 5 - Divorced
- 6 - Widowed

17A CURRENT SPOUSE If applicable, complete the following about your current spouse only. If your current spouse was born outside the U.S., provide citizenship information.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
<th>Date of birth</th>
<th>Place of birth (include Country if outside the U.S.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country(ies) of citizenship</td>
<td></td>
<td></td>
<td></td>
<td>Date married</td>
</tr>
<tr>
<td>Place married (City, include Country if outside the U.S.)</td>
<td></td>
<td></td>
<td></td>
<td>State</td>
</tr>
<tr>
<td>If separated, date of separation</td>
<td></td>
<td>If legally separated, where is the record located? City (Country)</td>
<td></td>
<td>State</td>
</tr>
<tr>
<td>Current address of spouse, if different than your current address (Street, City, include Country if outside the U.S.)</td>
<td></td>
<td>State</td>
<td>ZIP Code</td>
<td></td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If spouse was born outside the U.S. indicate one type of documentation that he or she possesses and the document numbers.

- FS 240 or 545 Citizenship certificate
- DS 1350 U.S. Passport (current or most recent)
- Alien registration
- Naturalization certificate
- Other (Explain)

Document number | Explain "Other"

17B FORMER SPOUSE(S) Complete the following about your former spouse(s). Use blank sheets if needed.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of birth (include Country if outside the U.S.)</td>
<td></td>
<td></td>
<td>State</td>
</tr>
<tr>
<td>Country(ies) of citizenship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date married</td>
<td>Place married (City, include Country if outside the U.S.)</td>
<td></td>
<td>State</td>
</tr>
<tr>
<td>Check one, then give date</td>
<td>Divorced</td>
<td>Annulled</td>
<td>Widowed</td>
</tr>
<tr>
<td>Last known address of former spouse (Street, City, include Country if outside the U.S.)</td>
<td></td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17C COHABITANT [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 for reasons of convenience (a roommate)]. If applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship information.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
<th>Date of birth</th>
<th>Place of birth (include Country if outside the U.S.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country(ies) of citizenship</td>
<td></td>
<td></td>
<td></td>
<td>Date cohabitation began</td>
</tr>
</tbody>
</table>
| If cohabitant was born outside the U.S., indicate one type of documentation that he or she possesses and the document numbers.
- FS 240 or 545 Citizenship certificate
- DS 1350 U.S. Passport (current or most recent)
- Alien registration
- Naturalization certificate
- Other (Explain)

Document number | Explain "Other"

Enter your Social Security Number before going to the next page
**18 RELATIVES**

Relative Code - Use one of the following codes (1-16) listed below for each relative and give the full name and other requested information, if applicable, for each of your relatives, living or deceased, specified below.

<table>
<thead>
<tr>
<th>Code</th>
<th>Full name</th>
<th>Deceased</th>
<th>Date of birth</th>
<th>Place of birth</th>
<th>Country(ies) of citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>15</td>
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<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current address (Street, City, and State, include Country if outside the U.S.)**

If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.

- FS 240 or 545
- DS 1350
- U.S. Passport
- Alien registration
- Naturalization certificate
- Other (Explain below)

**Current address (Street, City, and State, include Country if outside the U.S.)**

If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.

- FS 240 or 545
- DS 1350
- U.S. Passport
- Alien registration
- Naturalization certificate
- Other (Explain below)

**Current address (Street, City, and State, include Country if outside the U.S.)**

If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.

- FS 240 or 545
- DS 1350
- U.S. Passport
- Alien registration
- Naturalization certificate
- Other (Explain below)

**Current address (Street, City, and State, include Country if outside the U.S.)**

If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.

- FS 240 or 545
- DS 1350
- U.S. Passport
- Alien registration
- Naturalization certificate
- Other (Explain below)

**Enter your Social Security Number before going to the next page**
19 FOREIGN CONTACTS

Do you have or have you had close and/or continuing contact with foreign nationals within the last 7 years with whom you, your spouse, or your cohabitant are bound by affection, influence, and/or obligation? Include associates, as well as relatives, not already listed in Question 18. (A foreign national is defined as any person who is not a citizen or national of the U.S.)

<table>
<thead>
<tr>
<th>1. Full name</th>
<th>Dates known</th>
<th>Country(ies) of citizenship</th>
<th>Nature of relationship</th>
<th>Type of contact (check all that apply)</th>
<th>Number of contacts per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Year</td>
<td></td>
<td></td>
<td>Telephone In person Electronic correspondence Written correspondence Other (Explain)</td>
<td>1 2 3 - 7 8 - 15 More than 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Full name</th>
<th>Dates known</th>
<th>Country(ies) of citizenship</th>
<th>Nature of relationship</th>
<th>Type of contact (check all that apply)</th>
<th>Number of contacts per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Year</td>
<td></td>
<td></td>
<td>Telephone In person Electronic correspondence Written correspondence Other (Explain)</td>
<td>1 2 3 - 7 8 - 15 More than 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Full name</th>
<th>Dates known</th>
<th>Country(ies) of citizenship</th>
<th>Nature of relationship</th>
<th>Type of contact (check all that apply)</th>
<th>Number of contacts per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Year</td>
<td></td>
<td></td>
<td>Telephone In person Electronic correspondence Written correspondence Other (Explain)</td>
<td>1 2 3 - 7 8 - 15 More than 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Full name</th>
<th>Dates known</th>
<th>Country(ies) of citizenship</th>
<th>Nature of relationship</th>
<th>Type of contact (check all that apply)</th>
<th>Number of contacts per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Year</td>
<td></td>
<td></td>
<td>Telephone In person Electronic correspondence Written correspondence Other (Explain)</td>
<td>1 2 3 - 7 8 - 15 More than 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Full name</th>
<th>Dates known</th>
<th>Country(ies) of citizenship</th>
<th>Nature of relationship</th>
<th>Type of contact (check all that apply)</th>
<th>Number of contacts per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Year</td>
<td></td>
<td></td>
<td>Telephone In person Electronic correspondence Written correspondence Other (Explain)</td>
<td>1 2 3 - 7 8 - 15 More than 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Full name</th>
<th>Dates known</th>
<th>Country(ies) of citizenship</th>
<th>Nature of relationship</th>
<th>Type of contact (check all that apply)</th>
<th>Number of contacts per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month/Year</td>
<td></td>
<td></td>
<td>Telephone In person Electronic correspondence Written correspondence Other (Explain)</td>
<td>1 2 3 - 7 8 - 15 More than 15</td>
</tr>
</tbody>
</table>

20 FOREIGN ACTIVITIES

Respond for the time frame of the last 7 years:

20A Foreign Financial Interests Include stocks, personal property, company shares, investments, or ownership of corporate entities. Exclude U.S.-based fund managers and accounts managed through your employer.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you have or have you EVER had any foreign financial businesses, foreign bank accounts, or other foreign financial interests of which you have direct control or direct ownership?</td>
</tr>
<tr>
<td>2.</td>
<td>Do you have or have you had any foreign financial interests that someone controls on your behalf?</td>
</tr>
<tr>
<td>3.</td>
<td>Do you own or have you owned real estate in a foreign country?</td>
</tr>
<tr>
<td>4.</td>
<td>Do you receive or have you received any educational, medical, retirement, social welfare, or other such benefits from a foreign country?</td>
</tr>
</tbody>
</table>

Enter your Social Security Number before going to the next page
## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### 20B Foreign Business, Professional Activities, and Foreign Government Contacts
Respond for the timeframe of the last 7 years, unless otherwise noted. Indicate if activity was on official U.S. Government business.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Official Govt. Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

1. Have you provided advice or support to anyone associated with a foreign business or other foreign organization that you have not previously listed as a former employer regarding any of the following: management, strategy, financing, or technology?

   If "Yes" AND the activity was outside of official U.S. Government business, describe advice/support provided, name(s) of foreign national and/or organization(s) to which it was provided, the name(s) of foreign country(ies), timeframe(s), and if compensation was provided.

2. Have you attended any international conferences, trade shows, seminars, or other meetings outside of the U.S.?

   If "Yes" AND the activity was outside of official U.S. Government business, provide locations, including the name(s) of foreign country(ies), date(s), sponsoring organization(s), and purpose of event(s).

3. Have you or any of your immediate family members been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency?

   If "Yes" AND the activity was outside of official U.S. Government business, provide the date(s) of request and/or consultation(s), including the name(s) of foreign country(ies), location of consultation(s), and circumstance(s).

4. Have you or any of your immediate family members had any contact with a foreign government, its establishment (embassies, consulates, agencies, or military services), or its representatives, whether inside or outside the U.S.?

   Answer "No" if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel listed below in Question 20C. If contact was outside of official U.S. Government business, identify the foreign government(s), establishment(s), and/or representative(s) involved and provide the circumstance(s), date(s), and location(s) of contact(s).

5. Have you sponsored any foreign citizen to come to the U.S. as a student, for work, or for permanent residence?

   If "Yes," provide the name of the foreign citizen(s) you sponsored, the country(ies) of citizenship, the date(s) of the foreign citizen's stay in the U.S., their current address (if known), and the purpose of the foreign citizen's stay in the U.S.

6. Have you EVER held or do you now hold a passport that was issued by a foreign government?

   If "Yes," provide the name(s), in which your foreign passport(s) was issued, the issuing country(ies), the passport number(s), the date(s) issued, the expiration date(s), and the status of each.

### 20C Foreign Countries You Have Visited
Respond for the timeframe of the last 7 years.

<table>
<thead>
<tr>
<th>Code</th>
<th>Month/Year To Month/Year</th>
<th>Number of Days</th>
<th>Country</th>
<th>Code</th>
<th>Month/Year To Month/Year</th>
<th>Number of Days</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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</tbody>
</table>

### 21 MENTAL AND EMOTIONAL HEALTH

Mental health counseling in and of itself is not a reason to revoke or deny a clearance.

In the last 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:
1) strictly marital, family, grief not related to violence by you; or
2) strictly related to adjustments from service in a military combat environment.

If you answered "Yes," indicate who conducted the treatment and/or counseling, provide the following information, and sign the Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA).

<table>
<thead>
<tr>
<th>Date of Treatment and/or Counseling</th>
<th>Name/Address of Provider</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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<tr>
<td>#2</td>
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</tbody>
</table>

Enter your Social Security Number before going to the next page
## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### 22. POLICE RECORD
For this item, 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.

For questions a and b, respond for the timeframe of the last 7 years (if an SSBI go back 10 years). Exclude any fines of less than $300 for traffic offenses that do not involve alcohol or drugs.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you; are you on trial or awaiting a trial on criminal charges; or are you currently awaiting sentencing for a criminal offense?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Have you been arrested by any police officer, sheriff, marshal, or any other type of law enforcement officer?</td>
<td></td>
<td></td>
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<tr>
<td>c. Have you EVER been charged with any felony offense? (Include those under Uniform Code of Military Justice.)</td>
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</tr>
<tr>
<td>d. Have you EVER been charged with a firearms or explosives offense?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Have you EVER been charged with any offense(s) related to alcohol or drugs?</td>
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<td></td>
</tr>
</tbody>
</table>

If you answered "Yes" to any question above, explain below, providing information for each and every offense.

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Law Enforcement Authority/County</th>
<th>City and Country (if outside U.S.)</th>
<th>State</th>
<th>ZIP Code</th>
<th>Offense</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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</table>

### 23. ILLEGAL USE OF DRUGS OR DRUG ACTIVITY
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the question(s) fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In the last 7 years, have you illegally used any controlled substance, for example, cocaine, crack cocaine, THC (marijuana, hashish, etc.), narcotics (opium, morphine, codeine, heroin, etc.), stimulants (amphetamine, speed, crystal methamphetamine, Ecstasy, ketamine, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogens (LSD, PCP, etc.), steroids, inhalants (toluene, amyl nitrate, etc.) or prescription drugs (including painkillers)? Use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.</td>
<td></td>
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</tr>
<tr>
<td>b. Have you EVER illegally used a controlled substance while possessing a security clearance; while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety?</td>
<td></td>
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</tr>
<tr>
<td>c. In the last 7 years, have you been involved in the illegal possession, purchase, manufacture, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance (see question a above) including prescription drugs?</td>
<td></td>
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</tr>
<tr>
<td>d. In the last 7 years, have you received counseling or treatment or have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of drugs? If you answered &quot;Yes,&quot; provide date(s) of treatment and name(s) and address(es) of provider(s). You will be asked to sign an additional release if information is needed concerning any treatment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered "Yes" to a - d above, provide the date(s) of use or activity, identify the controlled substance(s), and explain the use or activity.

<table>
<thead>
<tr>
<th>Dates of Use/Activity</th>
<th>Type of Controlled Substance(s)</th>
<th>Explain (nature of use/activity, frequency of activity and number of times used)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td></td>
<td></td>
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<tr>
<td>#2</td>
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</tbody>
</table>

### 24. USE OF ALCOHOL
Respond for the timeframe of the last 7 years.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 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? (If &quot;Yes,&quot; explain.)</td>
<td></td>
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</tr>
<tr>
<td>b. Have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?</td>
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</tr>
<tr>
<td>c. Have you received counseling or treatment as a result of your use of alcohol?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered "Yes" to question b or c above, provide the date(s) of treatment and the name(s) and address(es) of the counselor(s) or doctor(s) below. Do not repeat information reported in response to Question 21. You will be asked to sign an additional release if information is needed concerning any treatment.

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>To Month/Year</th>
<th>Name/Address of Counselor or Doctor</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td></td>
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<td>#2</td>
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</tbody>
</table>

Enter your Social Security Number before going to the next page.
25 INVESTIGATIONS AND CLEARANCE RECORD

Has the U.S. Government or a foreign government EVER investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter the code for "Unknown." If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

<table>
<thead>
<tr>
<th>Investigating Agency Codes</th>
<th>Security Clearance Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Defense Department</td>
<td>0 - Not Required</td>
</tr>
<tr>
<td>2 - State Department</td>
<td>1 - Confidential</td>
</tr>
<tr>
<td>3 - Office of Personnel</td>
<td>2 - Secret</td>
</tr>
<tr>
<td>Management</td>
<td>3 - Top Secret</td>
</tr>
<tr>
<td>4 - Federal Bureau of</td>
<td>4 - Sensitive Compartmented Information</td>
</tr>
<tr>
<td>Investigation</td>
<td>5 - Q</td>
</tr>
<tr>
<td></td>
<td>6 - L</td>
</tr>
<tr>
<td></td>
<td>7 - Issued by foreign country (specify country)</td>
</tr>
<tr>
<td></td>
<td>8 - Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Agency Code</th>
<th>Foreign Government or Other Agency (If necessary)</th>
<th>Clearance Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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</tbody>
</table>

b To your knowledge, have you EVER had a clearance or access authorization denied, suspended, or revoked; or been debarred from government employment? If "Yes," give the action(s), date(s) of action(s), agency(ies), and circumstances. Note: An administrative downgrade or termination of a security clearance is not a revocation.

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Department or Agency Taking Action</th>
<th>Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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</tbody>
</table>

26 FINANCIAL RECORD

For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor, on the following page.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
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Enter your Social Security Number before going to the next page
### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#### 26. FINANCIAL RECORD (Continued)

For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor. If you answered "Yes" on the previous page (a-p), provide the information requested below. For each "Yes" answer, provide the corresponding letters.

<table>
<thead>
<tr>
<th>Indicate (a-p)</th>
<th>Date Satisfied Month/Year</th>
<th>Amount of Property Value Involved</th>
<th>Loan/Account Number/Bankruptcy Type</th>
<th>Names of Agency/Organization/Individual to Whom Debt is/was Owed</th>
<th>Name Action/Debt is Recorded Under</th>
<th>Status of Action or Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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<tr>
<td>Name/Address of Company, Court, or Agency Handling Case</td>
<td>Name Action/Debt is Recorded Under</td>
<td>Status of Action or Debt</td>
<td>State</td>
<td>ZIP Code</td>
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<td>Name Action/Debt is Recorded Under</td>
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<td>Name/Address of Company, Court, or Agency Handling Case</td>
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#### 27. USE OF INFORMATION TECHNOLOGY SYSTEMS

The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage, or protection of information. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
</table>

**a** In the last 7 years, have you illegally or without proper authorization entered into any information technology system?

**b** In the last 7 years, have you illegally or without authorization modified, destroyed, manipulated, or denied others access to information residing on an information technology system?

**c** In the last 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?

<table>
<thead>
<tr>
<th>Date of Incident (Month/Year)</th>
<th>Nature of Incident/Offense</th>
<th>Location Incident Took Place</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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### 28 INVolvement in NON-CRIMINAL COURT ACTIONS

In the last 7 years (if an SSBI go back 10 years), have you been a party to any public record civil court action(s) not listed elsewhere on this form?

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

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Nature of Action</th>
<th>Result of Action</th>
<th>Name of Principal Parties Involved (if more space is needed, use Continuation Space on page 17)</th>
<th>Court Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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<td>Court name</td>
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<td>Court name</td>
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### 29 ASSOCIATION RECORD

The following questions pertain to your associations. You are required to answer the questions fully and truly, and your failure to do so could be grounds for an adverse employment decision or action against you. 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.

- **a** Have you EVER been an officer or a member of, or made a contribution to, an organization dedicated to terrorism, and which engaged in illegal activities to that end, either with an awareness of the organization’s dedication to that end or with the specific intent to further such illegal activities?

- **b** Have you EVER been an officer or a member of, or made a contribution to, an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in illegal activities to that end, either with an awareness of the organization’s dedication to that end or with the specific intent to further such illegal activities?

- **c** Have you EVER been an officer or a member of, or made a contribution to, an organization that unlawfully advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the U.S. with the specific intent to further such unlawful activities?

- **d** Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force with the specific intent to incite others to unlawful action in furtherance of such aims?

- **e** Have you EVER knowingly engaged in any activities designed to overthrow the U.S. Government by force?

- **f** Have you EVER knowingly engaged in any acts of terrorism? Neither your truthful response nor information derived from your response to this question will be used as evidence against you in any subsequent criminal proceeding.

- **g** Have you EVER participated in militias (not including official state government militias) or paramilitary groups?

If you answered "Yes" to any of the questions above, explain below.

### CONTINUATION SPACE

Use the continuation sheet(s) (SF 86A) for additional answers for items 11, 12, and 13. Use the space below to continue answers to all other items and to provide any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and SSN. Before each answer, identify the number of the item and try to maintain 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**

**Date (mm/dd/yyyy)**

Enter your Social Security Number before going to the next page

Page 17
QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

Photocopies of this authorization that show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

---

**Table:**

<table>
<thead>
<tr>
<th>Signature (Sign in ink)</th>
<th>Full name (Type or print legibly)</th>
<th>Date signed (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other names used</td>
<td>Date of birth</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Current street address</td>
<td>Apt. #</td>
<td>City (Country)</td>
</tr>
<tr>
<td></td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td></td>
<td>Home telephone number</td>
<td></td>
</tr>
</tbody>
</table>

Enter your Social Security Number before going to the next page
QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

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

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

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

Authorization
I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

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

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Permission to release treatment information will transfer to a future employer and this authorization remains valid for the duration of the transfer.

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.

<table>
<thead>
<tr>
<th>Signature (Sign in ink)</th>
<th>Full name (Type or print legibly)</th>
<th>Date signed (mm/dd/yyyy)</th>
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Other names used

Social Security Number

Current street address

City (Country)

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 extent and duration of the impairment or treatment.

What is the prognosis?

<table>
<thead>
<tr>
<th>Signature (Sign in ink)</th>
<th>Practitioner name</th>
<th>Date signed (mm/dd/yyyy)</th>
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