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 may become 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, as amended by EO 13478.

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, your 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 or legally recognized civil union/domestic partner, 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.

The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.

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 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 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.
- All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
- 3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
- 4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.

- 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.
- 6. For telephone numbers in the U.S., ensure that the area code is included.
- 7. 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.

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 prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), 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.

You will not receive prior notice of such disclosures under a routine use.

In addition to those disclosures generally permitted under the Privacy Act, all or a portion of the records or information you provide on this form or during your investigation may be disclosed outside of OPM as a routine use as outlined below.

Office of Personnel Management (OPM) Routine Uses

OPM has published the following Privacy Act routine uses for its system of records for background investigations:

a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.

- b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, 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.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- i. To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.
- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- I. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- m. To disclose information to the National Archives and Records Administration for use in records management inspections.

- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
 - (1) OPM, or any component thereof; or
 - (2) Any employee of OPM in his or her official capacity; or
 - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.

- u. To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

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 U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E Street, N.W., Washington, DC 20415. 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.

				LOCATION CO	DES				
Alabama	AL	Hawaii	ні	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	lowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
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							
AGENCY USE	BLOC	K "AUB"							
Investigating agen	cy user o	nly	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	coverage/Adv	anced results	C	Sensit	vity lev	vel			D Acc	ess/Eligi	bility	EN	ature o	of action cod	e
F Date of action (Month/Day/	Year) G	Geographic	location	Н	Positio	n code	e I	Pos	ition title	9			JS	ON (Su	Ibmitting Office	e Number)
K Location of Official Perso			None NPRC		At SC e-OP		Ot	her	Other a	address/	Web add	dress of	e-OPF		Zip Code	
L SOI (Security Office Identifie	,	ocation of Sec	curity Folder		None NPI		At S Othe	er	-	address		1			Zip Code	
N IPAC	ОТ.					P Ob	oligatin	ig do	cument	number		Q BET				
R Accounting data and/or A		ase number									S Inves	tigative	requirem	ient	Initial Reinves	tigation
T Requesting Official - Nam	e		Title								Signature					
Email address										Telepho	one numl	ber (Incli	ude Ext.)		ate (Month/Da	ay/Year)
U Secondary Requesting O	fficial - N	lame					Titl	е								
Email address			Telep	ohor	ne num	ber (Ind	clude E	Ext.)	V App	olicant at	filiation		FED CIV MIL	·	CON Other	
W Deployment/PCS (if immin	nent)															
From (Month/Day/Year)	Est	t. To (Month	n/Day/Year)		Est. Permai	nent R	elocat	ion	Reaso	on(s) for	tempora	ry duty	assignme	ent or F	PCS	
Point of contact at locatio	on Te	lephone numb	per (Include Exi	!.)	Addre	ess/Un	nit/Duty	/ loca	ition (Ind	clude City	or Post N	Name)				
Commercial and Governmer					Contr	act Nu	umber									

Agency Special Instructions for the Investigative Service Provider.

PERSONS COMPLETIN THE PRECEDING INST		JLD BEGIN WITH THE QU	ESTIONS BELOW AFTER CA	REFULLY READING
	te or false statement (per	U. S. Criminal Code, Title 18, se	y information on this form, I am subj ction 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		tial only". If you do not have a middle n Middle name	ame, 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	n. County	State Country ((Required)
Section 4 - Social Security N	lumber		· ·	
Provide your U.S. Social Secu	rity Number.			
	Not app	blicable		
Section 5 - Other Names Use	əd			
Have you used any other nam	es?		YES NO (If N	IO, proceed to Section 6)
Complete the following if you	have responded 'Yes' to have	aving used other names.		
	you have only initials in you	ur name(s), provide them and indi	ır maiden name, name(s) by a former n cate "Initial only." If you do not have a r	
#1 Last name		First name	Middle name	Suffix
From (Month/Year)	To <i>(Month/Year)</i> Est.	Present Maiden name? Est. YES NO	Provide the reason(s) why the name	e changed
#2 Last name		First name	Middle name	Suffix
From (Month/Year)	To <i>(Month/Year)</i> Est.	Present Maiden name? Est. YES NO	Provide the reason(s) why the name	e changed
#3 Last name		First name	Middle name	Suffix
From (Month/Year)	To <i>(Month/Year)</i> Est.	Present Maiden name? Est. YES NO	Provide the reason(s) why the name	e changed
#4 Last name		First name	Middle name	Suffix
From (Month/Year)	To (<i>Month/Year</i>) Est.	Present Maiden name? Est. YES	Provide the reason(s) why the name	e changed
Section 6 - Your Identifying I	nformation			
Provide your identifying inform Height	ation. Weight <i>(in pounds)</i>	Hair color	Eye color	Sex E Female
(feet) (ind	ches)			Male

Enter your Social Security Number before going to the next page

. . .

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 7 - Your Contact Informa	ation						
Provide your contact information.	Email addresses	may be used as	s a contact m	ethod, and id	entify subje	ect in records.	
Home e-mail address				Work e-mail	address		
Provide three contact numbers. A background investigation.	t least one teleph	one number is r	equired. Add	itional numbe	rs provided	may assist in the completion of	your
International or DSN phone number Extens		Work telephon	•	one number Extension	Day	International or DSN phon Mobile/Cell telephone number	
Section 8 - U.S. Passport Inforn	nation						
Do you possess a U.S. passport (current or expire	d)?					
YES NO (If NO, proceed t	to Section 9)						
Provide the following information Passport number		te (Month/Day/Ye		y possess. ion date <i>(Mont</i>	h/Day/Year)	The following link will provide L passport help. <u>http://travel.state</u>	J.S. State Department e.gov/passport
Provide the name in which passpo	ort was first issue	d.					
Last name		First name			N	Middle name	Suffix
Section 9 - Citizenship					· ·		
Select the box that reflects your c	urrent citizenship	status.					
I am a U.S. citizen or nationa (Proceed to Section 10)	al by birth in the L	I.S. or U.S. territ	ory/common	wealth.	🗌 I am	n a derived U.S. citizen. (Complete	9.3)
[I am a U.S. citizen or nationa (Complete 9.1)	al by birth, born to	U.S. parent(s),	in a foreign	country.	lam	n not a U.S. citizen. <i>(Complete 9.4)</i>	
I am a naturalized U.S. citize	en. (Complete 9.2)						
9.1 Complete the following if y	ou answered that	you are a U.S.	citizen or na	ational by bir	th, born to	U.S. parent(s) in a foreign cou	intry.
Provide type of documentation	of U.S. citizen bo	rn abroad.					
🗌 FS 240 🗌 DS 1350	FS 545	Other (Prov	ide explanati	ion) ▶			
Provide document number for l	J.S. citizen born	abroad.	Provide the	date the docur	ment was is	ssued. (Month/Day/Year)	
						Est.	
Provide the place of issuance.	(Provide City and C	ountry if outside th	e United State	es; otherwise, pr	ovide City an	nd State.)	
City		State	Country				
Provide the name in which doc	ument was issue	d.					
Last name		First name			1	Middle name	Suffix
Provide your Certificate of Citiz	enship number.	Provide the da	ite the certific	cate was issue	ed. (Month/D	,	
						Est.	
Provide the name in which the	certificate was iss				-		Cuttin
Last name		First name			۲ ا	Middle name	Suffix
Wenner 11 0		Dues del state					
Were you born on a U.S. milita		Provide the na	arrie of the ba	ase.			
YES NO (If NO, procee	ed to Section 10)						

Section 9 - Citizenship - (Continued)

9.2 Complete the following if you answered that	you are a naturalized U.S. cit	tizen		
	ovide the location of entry into			
(Month/Day/Year)	•	State		
Est.	,			
Provide country(ies) of prior citizenship. #1 Country		#2 Country		
#1 Oodnay				
Do/did you have a U.S. alien registration numbe	r?			
	ien registration number on Cert S, CIS, or INS registration, I-55			
Provide your Certificate of Naturalization numbe	r (N550 or N570). Provide	the date the Certifica	ate of Naturalization v	vas issued. (<i>Month/Day/Year</i>)
Provide the name of the court that issued the Certificate of Naturalization.	Provide the address of the construction Street	ourt that issued the C		State Zip Code
Certificate of Naturalization.				
Provide the name in which the Certificate of Nat				0
Last name	First name		Middle name I	Suffix
Provide the basis of naturalization.				
Based on my own individual naturalization a	pplication			
Other (Provide explanation) ▶				
9.3 Complete the following if you answered that	t you are a derived U.S. citize	n.		
Provide your alien registration number (on Certi	ficate of Provide your F	Permanent Resident (e your Certificate of Citizenship
Citizenship — utilize USCIS, CIS or INS registra	tion number) _ number (I-551)	numbe	r (N560 or N561)
Provide the name in which the document was is	sued.			
Last name	First name		Middle name	Suffix
Dravida the data desurrant was issued. (Marth (folosional attino a late		
Provide the date document was issued (Month/I		of derived citizenship. f law through my U.S.		
Est.			. chizen parent	
		explanation) >		
9.4 Complete the following if you answered that	t you are not a U.S. citizen .			
Provide your residence status. Provide your	date of entry in the U.S. (Mont	h/Day/Year)		
	•		Est.	
Provide country(ies) of citizenship.			1	
#1 Country		#2 Country		
Provide your place of entry in the U.S. City	State	Provide your alien i number (I-551, I-76		de document expiration (I-766 ONLY) <i>(Month/Day/Year)</i>
City				(I-700 ONLT) (Month/Day/real)
Provide type of document issued. (I-94, U.S. Vis		019, etc.)		
I-94 U.S. Visa (red foil number) I-2	0 DS-2019			
Other (Provide explanation)				
Provide document number. Prov	ide the date document was iss	ued (Month/Day/Year)) Provide docume	nt expiration date. (Month/Day/Year)
		Est.		Est.
Provide the name in which the decument was in	such			
Provide the name in which the document was is Last name	sued. First name		Middle name	Suffix
Lastranio				
				· · · · · · · · · · · · · · · · · · ·

Section 10 - Dual/Multiple Citizenship & For	reign Passport Information						
10.1 Do you now or have you EVER held dua	l/multiple citizenships?				YES	NO (If NO, proceed	l to 10.2)
Complete the following if you answered 'Ye	s' to having EVER held dual/r	nultiple	citizenships.				
Entry #1							
Provide country of citizenship.			(Provide the da	ite range tha	at you held thi	d citizenship with this c s citizenship, beginning 'Present," whichever is	with the date it
How did you acquire this non-U.S. citizenshi	p you now have or previously l	had?	From Date (Mo	nth/Year)	Est.	To Date (Month/Year)	Present Est.
Have you taken any action to renounce you	ır foreign citizenship?	1				<u>I</u>	
YES NO Provide explanation	n:						
Do you currently hold citizenship with this c	ountry?						
YES NO Provide explanation	n:						
Entry #2							
Provide country of citizenship.			0 1			d citizenship with this o	
			`	0	,	s citizenship, beginning 'Present," whichever is	
How did you acquire this non-U.S. citizenshi	p you now have or previously l	had?	From Date (Mo	-		To Date (Month/Year)	Present
					Est.		Est.
Have you taken any action to renounce you	ir foreign citizenship?						
YES NO Provide explanation	1:						
Do you currently hold citizenship with this c	ountry?						
YES NO Provide explanation	n:						
10.2 Have you EVER been issued a passport	(or identity card for travel) by	a coun	try other than th	ne U.S.?	YES	NO (If NO, proceed	to Section 11)
Complete the following if you answered 'Ye	s' to having been issued a pa	ssport (or identity card	for travel) b	by a country	other than the U.S.	
Entry #1							
Provide the country in which the passport (or identity card) was issued.		Provide the da	ate the pass	sport (or iden	tity card) was issued. ((Month/Day/Year)
Provide the place the passport (or identity of	card) was issued.						
City				Country			
Provide the name in which passport (or ide	ntity cord) was issued						
Last name	First name			Middle n	ame	Suff	ix
Provide the passport (or identity card) numl	ber.		Provide the pa	assport (or i	dentity card)	expiration date. (Month	·
							Est.
Have you EVER used this passport (or ider	ntity card) for foreign travel?						
Provide the countries to which you traveled	d on this passport (or identity o	card) ar	nd the dates inve	olved with e	each.		
Country	F	From da	ate (Month/Year)		To date (M	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

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

Complete the following if you answered 'Yes' to have	aving been issued a p	passport	(or identity card for	or travel) b	by a country other than the U.S.	
Entry #2						
Provide country in which the passport (or identity	card) was issued.		Provide the date	e the pass	port (or identity card) was issued. (Mon	th/Day/Year)
						Est.
Provide the place the passport (or identity card) w	as issued.			<u> </u>		
City			I	Country		
Provide the name in which passport (or identity ca	ard) was issued. First name			Middle n	ame Suffix	
Last name						
Provide the passport (or identity card) number.			Provide the pase	sport (or i	dentity card) expiration date. (Month/Day	
						Est.
Have you EVER used this passport (or identity ca	rd) for foreign travel?	•				
Provide the countries to which you traveled on the	is passport (or identity	y card) a	nd the dates invol	ved with e	each.	
Country		From da	ate (Month/Year)		To date (Month/Year)	
#1				Est.	🗌 Est. 🔲 F	Present
#2				Est.	🗌 Est. 🗌 F	Present
#3				Est.	🗌 Est. 🗌 F	Present
#4				Est.	🗌 Est. 🗌 F	Present
#5				Est.	Est. F	Present
#6				Est.	Est. F	Present

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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 for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

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	Rented or le	ased by you		
Est.	Est. Milit	ary housing	Other (Provi	de explanatio	n) ▶	
Provide the street address. (Provide City and Country if	outside the United States; oth	nerwise, provide Cit	ty, State and Zip	Code.)		
Street	City	State	Zip Co	de	Country	
If you have indicated an APO/FPO address, complete	ete (a). If you have indica	ted an address of	outside of the	United States	, complete (b).	
(a) Provide physical location data with street addre	ss, base, post, embassy,	unit, and countr	y location or h			e City and Country
if outside the United States; otherwise, provide City, S			,		0	
Street Address/Unit/Duty Location	City or Post Name	State	Zip Co I	de	Country	
(b) Did you have an APO/FPO address while at this	s location?					7. 0 1
☐ YES → Address		APO or FPO		APO/FP	O State Code	Zip Code
NO						
Provide the name of a neighbor, landlord (if rental),	or other person who know	ws you at this ac	ddress.		Provide date of	f last contact.
Last name First name	1	Middle name		Suffix	(Month/Year)	
						Est.
Provide your relationship to this person (Check all t	hat apply).					
Neighbor Friend Landlord	Business associate	Other (Pro	vide explanati	on) 🕨		
Provide the following contact information for this pe	erson.					
I don't know	I don't know		1	🗌 l don't kn	ow	
International or DSN phone number	International or DSI	N phone numbe	r	Internatio	nal or DSN phone nu	mber
Evening telephone number Extension	Daytime telephone num	nber	Extension	Cell/mobile te	lephone number	Extension
Provide e-mail address for this person.						
			🗌 l don't kn	IOW		
Provide street address for this person (including ap	artment number). (Provide	City and Country in	f outside the Unit	ed States; other	wise, provide City, State	and Zip Code.)
Street	City	State	Zip Co	de	Country	. ,
If you have indicated an APO/FPO address, comple	ete (a) If you have indica	ted an address (outside of the l	Inited States	complete (b)	
(a) Provide physical location data with street addre	., ,				,	e City and Country
if outside the United States; otherwise, provide City, S	tate and Zip Code for ports in			·		, ,
Street Address/Unit/Duty Location	City or Post Name	State	Zip Co	de	Country	
(b) Does the person who knew you have an APO/F	PO address?	1				
☐ YES → Address		APO or FPO		APO/FP	O State 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 🗌 Rent	ted or leased by you	
Est.	Est. M	lilitary housing 🗌 Othe	er(Provide explanation	n) ▶
Provide the street address. (Provide City and Country	if outside the United States; o	otherwise, provide City, State	e and Zip Code.)	
Street	City	State	Zip Code	Country
If you have indicated an APO/FPO address, comp	ete (a). If you have indic	cated an address outside	of the United States	, complete (b) .
(a) Provide physical location data with street addr			ion or home port/flee	t headquarter. (Provide City and Country
if outside the United States; otherwise, provide City, Street Address/Unit/Duty Location	State and Zip Code for ports City or Post Name	s in the United States.) State	Zip Code	Country
Sileer Address/Only Duty Escation				Country
	in the entire O			
(b) Did you have an APO/FPO address while at th	is location?	APO or FPO	APO/FP	O State Code Zip Code
□ YES → Address				
Provide the name of a neighbor, landlord (if rental Last name First nam		Middle name	Suffix	Provide date of last contact. (Month/Year)
				Est.
Provide your relationship to this person (Check all		_		
Neighbor Friend Landlord	Business associate	Other (Provide ex	xplanation) ▶	
Provide the following contact information for this p	erson.			
I don't know	I don't know		🗌 l don't kn	ow
International or DSN phone number		SN phone number		nal or DSN phone number
Evening telephone number Extension	Daytime telephone nu	umber Exter	ision Cell/mobile te	elephone number Extension
Provide e-mail address for this person.	•	·		•
			don't know	
Provide street address for this person (including a	partment number). (Provi	de City and Country if outside	e the United States; other	wise, provide City, State and Zip Code.)
Street	City	State	Zip Code	Country
If you have indicated an APO/FPO address, comp	ete (a). If you have indic	cated an address outside	of the United States	complete (b).
(a) Provide physical location data with street addr	., ,			
if outside the United States; otherwise, provide City,				
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?			
YES - Address		APO or FPO	APO/FP	O State Code Zip Code
NO				

•

Section 11 - Where You Have Lived - (Continued) Enter residence information. Entry #3 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. Est. Military housing Other(Provide explanation) > 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, 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? APO/FPO State Code Address APO or FPO Zip Code YES NO Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address. Provide date of last contact. Last name First name Middle name Suffix (Month/Year) 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 Daytime telephone number Cell/mobile telephone number Evening 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 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) Does the person who knew you have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code Address YES -NO

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 Country City State 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, landlord (if rental) or other person who knows you at this address. Provide date of last contact. Suffix (Month/Year) First name 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	Went to School							
Do not list education befo	re your 18th birthday, unl	ess to provid	e a minii	mum of two yea	rs of education	history.		
(a) Have you attended ar	y schools in the last 10 y	ears?		(b) Have yo	u received a d	egree or diploma mo	ore than 10 years ago?	
YES NO				YES	NO (If NO to 1	2(a) and 12(b), procee	d to Section 13A)	
Entry #1								
Provide the dates of at	endance.		Select	the most approp	priate code to c	lescribe your schoo	l.	
From Date (Month/Year)	To Date (Month/Year)	Present	🗌 Hig	gh School		Vocational/Te	echnical/Trade School	
Est		Est.	Co	llege/University	Military Colleg	e 🗌 Corresponde	nce/Distance/Extension/Onl	ine School
Provide the name of the		·						
	the school address, refe						here the records are mainta outside the United States; other	
Street		City			State	Zip Code	Country	
completed more than 3			nce/exte				l list people for education pe while you received this educ	
Provide current addres Street	s for this person (includin	g apartment City	number)). (Provide City and	l Country if outsio State	le the United States; oth Zip Code	nerwise, provide City, State and 2 Country	Zip Code.)
Provide telephone num Telephone number	Extension	International DayNię	l or DSN	l don't know phone number	Provide email	address for this per	son. Id	on't know
Did you receive a degre	ee/diploma?							
YES NO								
Provide type of degree	s(s)/diploma(s) received	and date(s) a	awarded.	-	1			
	School Diploma, Associa al Degree (e.g. MD, DVM		or's, Mas	ster's,	Other	degree/diploma	Date awarded (Month/Year)	Est.
Entry #2								
Provide the dates of at	endance.		Select	the most appro	priate code to o	describe your schoo	l.	
From Date (Month/Year)	To Date (Month/Year)	Present	Hig	gh School		Vocational/Te	echnical/Trade School	
Est		Est.	C0 🗌	llege/University/	Military Colleg	e 🗌 Corresponde	nce/Distance/Extension/Onl	ine School
Provide the name of the	e school.		•					
	the school address, refe	•					here the records are mainta outside the United States; other	
Street		City			State	Zip Code	Country	
completed more than 3			nce/exte				list people for education per while you received this edu	

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

Entry #2 (Continued)							
Provide current address f	or this person (including	g apartment	number). <i>(Provide City a</i>	nd Country if outs	ide the United States; o	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	l address for this pe	erson.	on't know
Telephone number	Extension	nternational	or DSN phone number				
		Day 🗌 Nigl					
Did you receive a degree	/diploma?			ł			
YES NO							
Provide type of degrees	s)/diploma(s) received a	and date(s) a	warded.				
Degree/diploma (High So	, , , ,						
Doctorate, Professional I	•		,,	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	ence/Distance/Extension/Onli	ne School
Provide the name of the s	chool.						
Provide the street addres	s of the school. For con	respondence	distance/extension/on	line schools p	rovide the address v	where the records are mainta	ined For
						if outside the United States; other	
provide City, State and Zip Co	de.)			_		_	
Street		City		State	Zip Code I	Country I	
						t list people for education per	
	ears ago. For correspor t name	idence/distar	First name	noois, list som	eone who knew you	while you received this educ	cation.
I don't know							
Provido current address f	or this porson (including	a apartmont i	aumbor) (Provide City of	ad Country if outo	ida tha Unitad Statas:	otherwise, provide City, State and J	Zin Codo)
Street		City	iumber). (Frovide City al	State	Zip Code	Country	zip coue.)
Provide telephone numbe	or for this porson			Provide emai	 il address for this pe		
Telephone number	Extension —		I don't know				on't know
		Day Nig	or DSN phone number				
Did you receive a degree			nt –				
YES NO							
Provide type of degrees(, ,	()		1		1	
Degree/diploma (High So			r's, Master's,	Other d	egree/diploma	Date awarded (Month/Year)	Est.
Doctorate, Professional I	egree (e.g. MD, DVM,	JD), Other)				. ,	

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Section 12 - Where You W	ent to School - <i>(Continu</i>	ıed)					
Entry #4							
Provide the dates of atten	dance.		Select the most appro	priate code to	describe your schoo	bl.	
From Date (Month/Year)	To Date (Month/Year)	Present	High School		Vocational/T	echnical/Trade School	
Est.	[Est.	College/University	/Military Collec	ge 🗌 Corresponde	ence/Distance/Extension/Onli	ne School
Provide the name of the s	school.		•				
	e school address, refer to					vhere the records are maintai if outside the United States; otherv	
Street	ue./	City		State	Zip Code	Country	
	t name or this person (including a	apartment City	First name	nd Country if outs State	ide the United States; o Zip Code	therwise, provide City, State and 2 Country	Zip Code.)
Provide telephone numbe Telephone number	Extension Int		I don't know or DSN phone number ht	Provide emai	il address for this pe	rson.	on't know
Did you receive a degree/	'diploma?						
YES NO							
Provide type of degrees(s)/diploma(s) received ar	nd date(s) a	awarded.			1	
Degree/diploma (High So Doctorate, Professional [chool Diploma, Associate Degree (e.g. MD, DVM, J		or's, Master's,	Other d	legree/diploma	Date awarded (Month/Year)	Est.

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1	Section 13A - Employment Activities												
1	ist all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years . The entire period nust be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military uty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment efore your 18th birthday unless to provide a minimum of 2 years employment history.												
	ntry #1												
	Select your employment activity: State Government (Non-Federal employment) (Complete 13A.1, 13A.5 and 13A.6) Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) 13A.5 and 13A.6) State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) 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 Unemployment (Complete 13A.4) 13A.5 and 13A.6) 13A.5 and 13A.6) Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) Image: Self-employment (Complete 13A.2, 13A.5 and 13A.6)												
	13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.												
ury #1	Provide dates of employment. Select the employment status for this position: Provide your assigned duty station during this period. From Date To Date (Month/Year) (Month/Year)												
	Implify the set in the set												
	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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S	ection 13A - Emp	ployment Activ	vities - (Conti	inuea	0										
	13A.2 Complete	the following if	employment ty	ype is	s other fede	ral employme	nt, s	tate go	overnment, f	ederal o	contrac	tor, non	-government, or o	other	
[Provide dates of	employment.				Select the e	•	oymen	t status for	Prov	vide mo	st recer	nt position title.		
	From Date		To Date			this position	:								
	(Month/Year)		(Month/Year)		Present	Full-time	e			Prov	vide the	e name o	of your employer.		
		Est.			Est.	Part-tim	е								
	Provide the addr	ress of employe	er. (Provide City	and C		ide the United Si	ates;								
	Street				City			Sta	ite	Zip Coo	de		ountry		
	Provide telephor	o numbor	Extension												
					Day	itional or DSN	pho	one nui	nber						
	Additional Dar	riada of Activity	with this Emp				do o	of activ	ity if you wo	rkad far	r thia a	mployor	on more than on		agion of the
	same physica	l location (for e	xample, if you	work	ed at XY Pl	lumbing in De	nver	r, CO, (during 3 sep	arate p	eriods	of time,	on more than one you would enter i	nfori	mation
	concerning the as entries belo		period of emplo	oyme	nt above, a	nd provide da	tes,	positio	n titles, and	superv	visors fo	or the tw	o previous period	s of	employment
		,			1										
	Not Applicable	From date (Mo	onth/Year)		To date (M	Ionth/Year)			Pos	sition Ti	itle		Sup	ervis	or
	Applicable			Est.		L		Est.							
			<u> </u>	Est.		L		Est.							
			<u> </u>	Est.		L		Est.							
				Est.			E	Est.							
	(a) Is/was your p	ohysical work a	ddress differe	nt tha	an your emp	loyer's addres	ss?								
	YES	NO (If NO	, proceed to (b))												
	Provide the v	work address w	/here you are/	were	physically le	ocated. (Provid	le Cit	ty and C	ountry if outsid	de the Ui	nited St	ates; othe	rwise, provide City, S	State	and Zip Code.)
	Street			1	City			Sta	ite	Zip Coo	de	C	ountry		
	Provide telep	phone number		ĺ	Extension	Internat	onal	l or DS	N phone nu	mber					
						Day	Ni	ight							
													States, complete (rt/fleet headquarte		
		if outside the Un										ionie po	n/neet neadquart	er. (<i>r</i>	Provide City and
	Street	Address/Unit/D	uty Location		City or	Post Name			State	Zip (Code		Country		
		i or did you hav	/e an APO/FP ddress	O ado	dress while	at this location		PO or	FPO				PO State Code		Zip Code
		- S							110				o olale oode		
	Provide the nam		rvisor				_ Pr	rovide	the position	title of v	vour si	Iperviso	r		
	Frovide the nam	le of your super	1501.				1	Iovide			your st	1pc1 1130			
	Provide the ema	il address of vo			don't know	Provide sur	ervi	sor's te	elephone nu	mher	Exten	sion [nhono numbr
	T TOVICE LIE EIIIA		ui supervisor.	· 🗌 i	don t know			301 3 10					International or Day Night	DSIN	phone numbe
		work location	of your oupon	loor	(Dura viala Oita	and Country if a		- 46 - 14	ite d. Otete ev. e	(h					
	Provide physical Street	work location	or your superv	isor.	City	and Country If o	utsiae	e the Ul Sta		<i>inerwise,</i> Zip Co			ountry		
					<i>C</i> ity					210 00	40				
	If you have indic	ated an ∆D∩/⊏	PO address of	Comp	lete (a) If y	ou have india	ated	 an ad	dress outeid	e of the	a Inito	d States	complete (h)		
	(a) Provide phys	sical location d	ata with street	addr	ess, base, p	oost, embassy	, uni	it, and	country loca				t headquarter. <i>(Pi</i>	ovide	e City and Count
	if outside the U	United States; oth	nerwise, provide		State and Zip	Code for ports			d States.)						
	Street Addre	ess/Unit/Duty Lo	ocation		City or Po	ost Name		I	State	Zip C	ode		Country		
	(h) D: !//					4 41 1 1 1 1 1									
	(b) Did/does you	·	ave an APO/F	РО а	adress whil	e at this locati		PO or	FPO			APO/FF	PO State Code		Zip Code
		1					1				I				1

Sec	ction 13A - Employment Acti	vities - (Continue	ed)									
13	A.3 Complete the following if	employment type	is self-employ	yment								
	Provide dates of employment. From Date	To Date		Select the er this position:		ent status for	Provide m	iost rece	ent position title.			
	Month/Year)	(Month/Year)	Present	Full-time	!		Provide th	ie name	e name of your employment.			
_	Est.		Est.	Part-time	e							
	Provide address of this employ Street	ment. <i>(Provide City</i>	and Country if o City I	outside the United		otherwise, provi State	ide City, State ar Zip Code		<i>de.)</i> Country			
_	Provide telephone number.	Extension										
Г				onal or DSN ph Night	ione nu	mber						
(a) Is your physical work addre		our employm	ent address?								
	Provide the work address w Street	/here you are/wer	e physically lo City	ocated. (Provide	e City and	l Country if outs State	<i>ide the United S</i> Zip Code		erwise, provide City, S Country	State a	and Zip Code.)	
	Provide the telephone num	ber for this addres	S.									
	Telephone number	Extension		ational or DSN	l phone	number						
			Day	Night								
	Country if outside the Un Street Address/Unit/D	ited States; otherwis uty Location	e, provide Ĉity, City or	State and Zip C Post Name	ode for p			,				
	(b.2) Do you or did you hav ☐ YES → Ac ☐ NO	e an APO/FPO ad Idress	ddress while a	at this location'		or FPO		APO/F	PO State Code		Zip Code	
	Provide the name of someone ast name	hat can verify you First ו		ment.								
F	Provide the address of this veri	fier. (Provide City ar	nd Country if out	side the United S	States; ot	herwise, provide	e City, State and	Zip Code	e.)			
S	Street		City			State	Zip Code	(Country			
	Provide the telephone number elephone number	for this person. Extension	Internatio	onal or DSN ph Night	ione nu	mber	I	I.				
	f you have indicated an APO/F a) Provide physical location d if outside the United States; oth	ata with street add	dress, base, p	ost, embassy,	unit, ar	nd country loc				ovide	City and Count	
	Street Address/Unit/Duty L	ocation	City or Po	ost Name		State	Zip Code		Country			
(b) Does your self-employmen □ YES → Address □ NO	t verifier have an <i>i</i>	APO/FPO add	dress?	APO (or FPO		APO/F	PO State Code		Zip Code	

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13A.4 Complete the following if employment type is unemployment. Provide dates of unemployment. From Date (Month/Year) To Date (Month/Year) Provide dates of unemployment. Est. Est. Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City Street City Bay Night If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States; otherwise, provide City, state and Zip Code (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fileet headquarter. (Provide City and if outside the United States; otherwise, provide City, State and Zip Code (b) Does your unemployment verifier have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code (c) YES → Address Address? APO or FPO APO/FPO State Code Zip Code (b) Does your unemployment verifier have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code (b) No No Address APO or FPO APO/FPO State Code Zip Code (c) No No No APO or SPI- Commissioned Corps, Other Federal employment Governme	
From Date (Month/Year) To Date (Month/Year) Present Last name First name Provide address of this verifier. (Provide City and Country if outside the United States: otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the telephone number for this person. City State Zip Code Country Provide the telephone number Extension International or DSN phone number City State Zip Code Country Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and 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 Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Does your unemployment verifier have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code NO NO Address APO or FPO APO/FPO State Code Zip Code State Sovernment, Federal Contractor, Non-government employment, Self-Employment, or Other. Provide the reason for leaving the employment activity. For this employment have any of the following happened to you in the last seven (
From Date (Month/Year) To Date (Month/Year) Present Last name First name Provide address of this verifier. (Provide City and Country if outside the United States: otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the telephone number for this person. Verifier telephone number Extension International or DSN phone number 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 an 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 your unemployment verifier have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code If YES Address Address APO or FPO APO/FPO State Code Zip Code Street the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment Government, Federal Contractor, Non-government employment, Self-Employment, or Other. Provide the reason for leaving the employment activity. For this employment have any of the following happened to you in the last seven (7) years?	es
Street City State Zip Code Country Provide the telephone number for this person. Verifier telephone number 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 an ir 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 your unemployment verifier have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code NO Address APO or FPO APO/FPO State Code Zip Code No For this employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment Government, Federal Contractor, Non-government employment, self-Employment, or Other. Provide the reason for leaving the employment activity. For this employment have any of the following happened to you in the last seven (7) years? Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations o	
Verifier 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 an 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 your unemployment verifier have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code YES Address APO or FPO APO/FPO State Code Zip Code Image: No Image: No APO or FPO APO/FPO State Code Zip Code Provide the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment Government, Federal Contractor, Non-government employment, Self-Employment, or Other. Provide the reason for leaving the employment activity. For this employment have any of the following happened to you in the last seven (7) years? Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual	
 (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and 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 your unemployment verifier have an APO/FPO address? YES → Address Address Address Address APO or FPO APO/FPO State Code Zip Code Government, Federal Contractor, Non-government employment, Self-Employment, or Other. Provide the reason for leaving the employment activity. For this employment have any of the following happened to you in the last seven (7) years? Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following if YES NO (If NO, proceed to 13A.6) 	
YES Address APO or FPO APO/FPO State Code Zip Co NO Image: Source of the contractor of	l Country
Government, Federal Contractor, Non-government employment, Self-Employment, or Other. Provide the reason for leaving the employment activity. For this employment have any of the following happened to you in the last seven (7) years? Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement	le
For this employment have any of the following happened to you in the last seven (7) years ? Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement follo notice of unsatisfactory performance. YES NO (<i>If NO, proceed to 13A.6</i>)	State
Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement follo notice of unsatisfactory performance.	
	ving
Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Month/Year)	
	Est.
Quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after being told you would be fired. (Month/Year)	uld be
Left by mutual agreement following charges or allegations of misconduct. Provide the charges or allegations of misconduct. Provide the date you left following charges or all of misconduct. Image: Charges or allegations of misconduct Image: Charges or allegations of misconduct Provide the date you left following charges or allegations of misconduct.	
Left by mutual agreement following notice of unsatisfactory performance Provide the reason(s) for unsatisfactory performance. Provide the date you left by mutual agreement following a notice of unsatisfactory performance.	
 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment Government, Federal Contractor, Non-government employment, Self-Employment, or Other. 	State
For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for miss in the workplace, such as a violation of security policy?	onduct
#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 warned, reprimanded, suspended or disciplined. Date: (Month/Year)	Est.
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)	Est.

Section 13A - Employment Activities

	Entry #2								
	 Select your employment activity: Active military duty station (Complete 13A.1, 13A.5 and 13A.6) National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) 	(Com Self- 13A.(Uner	e Government aplete 13A.2, 13, employment (6) mployment (Cc eral Contractor 5 and 13A.6)	À.5 and Comple omplete	13A.6) te 13A.3, 13A.5 13A.4)	. ,	emplo	government employm oyment) (Complete 13A · (Provide explanation ar and 13A.6) ▼	.2, 13A.5 and 13A.6)
	13A.1 Complete the following if employment type is A	ctive Duty	/, National Gua	ard/Re	serve, or USPI	HS Comm	issioned	Corps.	
Entry #2	Provide dates of employment. From Date To Date		Select the entries this position:	nploym	ent status for	Provid	e your as	signed duty station du	ring this period.
En	(Month/Year) (Month/Year)	Present Est.	Full-time			Provid	e your mo	ost recent rank/positio	n title.
	Provide address of duty station. (Provide City and Count Street Ci	try if outside ity	the United State			ty, State and Zip Code	l Zip Code.,) Country	
	Telephone number Extension		ternational or D ayNight)SN pl	none 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, Sta Street Address/Unit/Duty Location	s, base, p	ost, embassy, <i>Code for ports in</i>	unit, a	nd country loc		ome port/i		wide City and Country
	(b) Do you or did you have an APO/FPO address wh ☐ YES → Address ☐ NO	ile at this	location?	APO	or FPO	•	APO	/FPO State Code	Zip Code
	Provide the name of your supervisor.			Provi	de the rank/pos	sition title	of your su	upervisor.	
	Provide the email address of your supervisor.	on't know	Provide supe	rvisor'	s telephone nu	umber. E	xtension	International or Day	OSN phone number
	Provide physical work location of your supervisor. (Pro Street	rovide City a ity	and Country if out		e United States; c State	otherwise, p Zip Code	•	State and Zip Code.) Country	
	If you have indicated an APO/FPO address; provide port/fleet headquarter. (Provide physical location data Street Address/Unit/Duty Location Ci		City and Country	if outsi	de the United Sta				

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	ployment Activ		nueu	<i>י</i>										
13A.2 Complete	the following if	employment t	ype is	other fede	al employme	ent,	state	government, f	ederal	contrac	tor, nor	-government, or o	ther.	
Provide dates of	f employment.				1		ploym	ent status for	Prov	vide mo	st recer	nt position title.		
From Date		To Date			this positio	n:								
(Month/Year)		(Month/Year)		Present	🗌 🗌 Full-tim	ne			Pro	vide the	name o	of your employer.		
	Est.		I	Est.	Part-tir	ne								
Provide the add	ress of employe	er. (Provide City	and C		de the United S	State								
Street			1	City			5	State	Zip Co	de		ountry		
Provide telephor	nanumbar	Extension												
Flovide telephol	le number				tional or DSN	N pl	hone r	number						
Additional Da	riada of Activity	with this Emm		Day	Night	ada	ofaa	tivity if you wa	dead fo	r this s	malayor	on more then one	- acception at t	ha
same physica	al location (for e	xample, if you	work	ed at XY Pl	umbing in De	env	er, CC), during 3 sep	arate p	periods	of time,	on more than one you would enter in	formation	ne
concerning th as entries bel		period of empl	oyme	nt above, a	nd provide da	ates	s, posi	tion titles, and	superv	isors fo	or the tw	o previous period	s of employme	ent
	,			1										
Not Applicable	From date (Mo	onth/Year)	F :	To date <i>(N</i>	onth/Year)		- ·	Pos	sition T	ıtle		Supe	ervisor	
, thuinging			Est.		L	_	Est.							
		<u> </u>	Est.		L	4	Est.							
			Est.				Est.							
			Est.				Est.							
(a) Is/was your	physical work a	ddress differe	nt tha	an your emp	loyer's addre	essʻ	?							
YES	NO (If NO	, proceed to (b))												
Provide the	work address w	/here you are/	were	physically lo	ocated. (Provi	ide (City and	l Country if outsid	de the U	Inited Sta	ates; othe	erwise, provide City, S	tate and Zip Cod	de.)
Street			1	City			5	State	Zip Co	de	C	ountry		
Provide tele	phone number		ĺ	Extension	Interna	tior	nal or [OSN phone nu	mber					
					Day		Night							
												States, complete (ort/fleet headquarte		
	y if outside the Un										ome po		a. (Provide City	anu
Street	Address/Unit/D	uty Location		City or	Post Name			State	Zip	Code		Country		
	u or did you hav	/e an APO/FP ddress	O ado	dress while	at this locatio			or FPO				PO State Code	Zin Code	
		101035										o olale oode		
Provide the nam		visor					Provid	le the position	title of	vour su	perviso	r.		
										,				
Provide the ema	ail address of vo	our supervisor		don't know	Provide su	per	visor's	telephone nu	mber.	Extens	sion 🗆	International or [SN phone ni	imbe
			· 🗆 '	don t know								Day Night		
Provide physica	l work location (of your superv	visor	(Provide City	and Country if	oute	ide the	United States: o	thenwise	provide				
Street	I WORK IOCALION C	or your superv	1301.	City		ouis		State	Zip Co			ountry		
									•			•		
If you have indic	ated an APO/F	PO address.	compl	lete (a) . If v	ou have indi	cate	ed an a	address outsid	e of th	e Unite	d States	s, complete (b) .		
	sical location da	ata with street	addr	ess, base, p	ost, embass	iy, ι	unit, ar	nd country loca				s, complete (b) . et headquarter. <i>(Pr</i> e	ovide City and C	Coun
(a) Provide phy if outside the	vsical location da United States; oth	ata with street nerwise, provide	addr	ess, base, p State and Zip	oost, embass <i>Code for ports</i>	iy, ι	unit, ar	nd country loca ited States.)	ation or	home		et headquarter. (Pro	ovide City and C	Count
(a) Provide phy if outside the	sical location da	ata with street nerwise, provide	addr	ess, base, p	oost, embass <i>Code for ports</i>	iy, ι	unit, ar	nd country loca		home		• • • •	ovide City and C	Count
(a) Provide phy if outside the Street Addre	vsical location da United States; oth ess/Unit/Duty Lo	ata with street <i>nerwise, provide</i> ocation	addr <i>City,</i>	ess, base, p State and Zip City or Po	oost, embass <i>Code for ports</i> ost Name	sy, L s in	unit, ar the Uni	nd country loca ited States.)	ation or	home		et headquarter. (Pro	ovide City and C	Count
(a) Provide phy if outside the	vsical location da United States; off ess/Unit/Duty Lo pur supervisor ha	ata with street <i>nerwise, provide</i> ocation	addr <i>City,</i>	ess, base, p State and Zip City or Po	oost, embass <i>Code for ports</i> ost Name	sy, u s in tior	unit, ar the Uni	nd country loca ited States.)	ation or	home Code	port/flee	et headquarter. (Pro	ovide City and C	

ection 13A	- Employment Ac	tivities - <i>(Continu</i>	ed)								
13A.3 Con	nplete the following	if employment type	is self-emplo	yment							
Provide da From Date	ates of employment.	To Date		Select the er this position:		nt status for	Provide m	ost recent position title	•		
(Month/Yea	· 	(Month/Year)	Present	Full-time	•		Provide th	e name of your employment.			
	Est.		Est.	Part-time	e						
Provide ad Street	ddress of this emplo	yment. (Provide City	and Country if c City	outside the United		herwise, provi ate	de City, State ar Zip Code	nd Zip Code.) Country			
Provide te	lephone number.	Extension	<u> </u>	onal or DSN ph Night	none num	ber					
	r physical work addr ES 🔲 NO <i>(If NO, p</i> .		your employm	ent address?							
Provid Street		where you are/wer	re physically lo City	ocated. (Provide		Country if outs State	ide the United S Zip Code	tates; otherwise, provide C Country	ity, State	and Zip Code.)	
Provid	le the telephone nur	mber for this addres	ss.								
	none number	Extension		ational or DSN	I phone n	umber					
			Day	Night							
	Country if outside the U Street Address/Unit/	Inited States; otherwis Duty Location	se, provide City, City or	State and Zip C Post Name	code for po			home port/fleet headqu Country	uarter. (H	Provide City and	
(b.2) [[Do you or did you ha ☐ YES → ^A _ NO	ave an APO/FPO a Address	ddress while a	at this location	? APO or	FPO		APO/FPO State Code	9	Zip Code	
Provide th Last name	e name of someone	• •	ur self-employ name	ment.							
Provide th	e address of this ve	rifier. (Provide City a	nd Country if out	side the United S	States; othe	erwise, provide	City, State and	Zip Code.)			
Street			City			State	Zip Code	Country			
Provide th Telephone	e telephone numbe e number	r for this person. Extension	Internatio	onal or DSN ph Night	none num	ber					
(a) Provid		data with street ad	dress, base, p	ost, embassy,	unit, and	country loc		ed States, complete (b) port/fleet headquarter		e City and Count	
Street	Address/Unit/Duty	Location	City or Po	ost Name		State	Zip Code	Country			
	your self-employme ES		APO/FPO ado	dress?	APO or	FPO		APO/FPO State Code	e	Zip Code	

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Section 13A - Employment Activities - (Continued)	
13A.4 Complete the following if employment type is unemployment.	
Provide dates of unemployment. Provide the name of someone that can verify your unemployme and means of support.	nt activities
From Date (Month/Year) To Date (Month/Year) Present Last name First name Est. Est. Est. Est. Est.	
Provide address of this verifier. (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 telephone number for this person. Verifier telephone number Extension International or DSN phone number	
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. (Provi 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	de City and Country
(b) Does your unemployment verifier have an APO/FPO address? □ YES → Address □ NO APO or FPO	Zip Code
13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal em Government, Federal Contractor, Non-government employment, Self-Employment, or Other.	oloyment, State
Provide the reason for leaving the employment activity.	
For this employment have any of the following happened to you in the last seven (7) years ? Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges or allegations of mutual agreement following charges or allegations of mutual agreement following charges or allegations of mutual agreement following charges or allegating charges	ent following
Select your type of incident: Reason: Employment departure date	
Provide the reason for being fired. Provide the date you were fired. (Month/	Year)
Quit after being told you would be fired Provide the reason for quitting. Provide the date you quit after being tol fired. (Month/Year)	d you would be
Left by mutual agreement following charges or allegations of misconduct. Provide the charges or allegations of misconduct. Provide the date you left following charge of misconduct. (Month/Year)	
Image: Left by mutual agreement following notice of unsatisfactory performance Provide the reason(s) for unsatisfactory performance. Provide the date you left by mutual agreement a notice of unsatisfactory performance.	
13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal em Government, Federal Contractor, Non-government employment, Self-Employment, or Other.	oloyment, State
For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or discipline in the workplace, such as a violation of security policy?	d for misconduct
#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 warned, reprimanded, suspended or disciplined. Date: (Month)	Year) Est.
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month.	

▶

Section 13A - Employment Activities

	Entry #3								
	 Select your employment activity: Active military duty station (<i>Complete 13A.1</i>, 13A.5 and 13A.6) National Guard/Reserve (<i>Complete 13A.1</i>, 13A.5 and 13A.6) USPHS Commissioned Corps (<i>Complete 13A.1</i>, 13A.5 and 13A.6) Other Federal employment (<i>Complete 13A.2</i>, 13A.5 and 13A.6) 	(Com Self- 13A.6 Uner	e Government <i>pplete 13A.2, 134</i> employment (6 mployment (Cc eral Contractor 5 and 13A.6)	À.5 and Comple omplete	13A.6) te 13A.3, 13A.5 13A.4)	. ,	emplo	government employm oyment) (Complete 13, r (Provide explanation a and 13A.6) ▼	A.2, 13A.5 and 13A.6)
	13A.1 Complete the following if employment type is Ac	ctive Duty	, National Gua	rd/Res	serve, or USPI	HS Comm	issioned	Corps.	
Entry #3	Provide dates of employment. From Date To Date		Select the em this position:	nploym	ent status for	Provide	e your as	signed duty station d	uring this period.
En		Present Est.	Full-time			Provide	e your mo	ost recent rank/positio	on title.
	Provide address of duty station. (Provide City and Country Street Cit		the United State			y, State and Zip Code	Zip Code.)	Country	
	Telephone number Extension	ו Inte Da	ernational or D ayNight)SN ph	ione 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 Street Address/Unit/Duty Location	s, base, po	ost, embassy, <i>Code for ports in</i>	unit, a	nd country loc		ome port/f		ovide City and Country
	(b) Do you or did you have an APO/FPO address whi ☐ YES → Address ☐ NO	ile at this	location?	APO	or FPO		APO	/FPO State Code	Zip Code
	Provide the name of your supervisor.			Provid	le the rank/pos	sition title	of your su	ipervisor.	
	Provide the email address of your supervisor.	on't know	Provide supe	rvisor's	s telephone nu	imber. E	xtension	☐ International or ☐ Day ☐ Night	DSN phone number
	Provide physical work location of your supervisor. (Pro Street		nd Country if out		<i>United States; c</i> State	otherwise, pr Zip Code		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		City and Country	if outsid	de the United Sta				

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Se	ction 13A - Em	oloyment Activ	vities - (Continu	ed)							
1	3A.2 Complete	the following if	employment type	e is other fede	eral employme	nt, state	e government, fe	ederal contra	ictor, non-gov	ernment, or othe	er.
	Provide dates of	employment.					nent status for	Provide m	ost recent po	sition title.	
	From Date		To Date		this position	:					
	(Month/Year)		(Month/Year)	Present	t 🗌 Full-tim	Э		Provide th	e name of yo	ur employer.	
		Est.		Est.	Part-tim	е					
		ess of employe	er. (Provide City and		ide the United Si						
	Street			City		1	State 2	Zip Code	Counti 	У	
	Provide telephor	o numbor	Extension								
					ational or DSN	phone	number				
	Additional Day	indo of Activity	with this Employ		Night	de ef e		kad for this		nora than and a	accion at the
			with this Employ xample, if you we								
	concerning the	e most recent p	eriod of employr								
	as entries belo	ow).									
	Not	From date (Mo	onth/Year)	To date (I	Month/Year)		Pos	ition Title		Supervi	sor
	Applicable		E	st.		Est.					
			E	st.		Est.					
			E	st.		Est.					
			E	st.		Est.					
	(a) Is/was your p	ohysical work a	ddress different	than your emp	ployer's addres	s?					
	YES	NO (If NO,	proceed to (b))		-						
	Provide the v	work address w	here you are/we	re physically I	located. (Provid	e City an	d Country if outsid	le the United S	tates; otherwise	, provide City, State	e and Zip Code.)
	Street		-	City			State 2	Zip Code	Count	у	
	Provide telep	ohone number		Extension	Internat	onal or	DSN phone nu	mber	•		
					Day	Night					
			O/FPO address,								
			ion data with stre ited States; otherw						home port/fle	et headquarter.	Provide City and
	•	Address/Unit/D			Post Name		State	Zip Code	Co	untry	
	(b.2) Do you	ı or did you hav	e an APO/FPO a	address while	at this location						
		is 🔶 🕴 Ad	ldress			APO	or FPO		APO/FPO S	tate Code	Zip Code I
	Provide the nam	e of your super	visor.			Provi	de the position	title of your s	supervisor.		
	Provide the ema	il address of yo	our supervisor.	I don't know	V Provide sup	ervisor'	s telephone nur	nber. Exter	nsion	ernational or DS	N phone numb
									Da	y Night	
		work location of	of your supervise		and Country if o						
	Street			City		1	State	Zip Code	Counti I	у	
	•		PO address, con	• • • •							
			ata with street ac erwise, provide Cit					uon or nome	e port/fieet hea	auquarter. (Provid	ie City and Coun
		ess/Unit/Duty Lo			ost Name		State	Zip Code	Co	untry	
	(b) Did/does yo	•	ave an APO/FPC	address whi	le at this locat			1			
	🗌 YES –	Address				APO	or FPO		APO/FPO S	tate Code	Zip Code
	NO										

Section	13A - Empl	oyment Activ	vities - (Continue	ed)									
13A.3	Complete th	e following if	employment type	is self-employ	yment								
Provie	de dates of e	employment.	To Date		Select the er this position:		ent status for	Provide m	e most recent position title.				
	h/Year)		(Month/Year)	Present	└ │			Provide th					
		Est.		Est.	Part-time					or your employment			
		of this employr	nent. (Provide City		utside the United								
Stree	t			City			State	Zip Code		Country			
Provid	de telephone	e number.	Extension	<u> </u>	nal or DSN ph Night	none nur	nber	1					
(a) Is		al work addre NO <i>(If NO, pro</i>	ss different than y	our employm	ent address?								
	rovide the wo	ork address w	here you are/wer	e physically lo City	ocated. (Provide	e City and	Country if outs State	ide the United S Zip Code		nerwise, provide City, S Country	State and Zip Coo	le.)	
P	rovide the te	lephone numb	per for this addres	S.									
Т	elephone nu	mber	Extension	Intern	ational or DSN	l phone	number						
				🗌 Day	Night								
(b	5.1) Provide p <i>Country if</i> Street Ac	physical locati <i>outside the Uni</i> ddress/Unit/Di	on data with stree ted States; otherwis uty Location	et address, ba e, provide City, City or	ase, post, emb <i>State and Zip C</i> Post Name	assy, un Code for p	it, and count	ry location or		States, complete (ort/fleet headquarte Country	,	and	
(b		•	e an APO/FPO ao Idress	ddress while a	at this location'	? _ APO o 	r FPO		APO/F	PO State Code	Zip Code		
Provid Last r		of someone t	hat can verify you First i		ment.								
		ss of this veril	fier. (Provide City ar	nd Country if out	side the United S	States; oth		e City, State and					
Stree	t			City			State	Zip Code		Country			
	de the teleph hone numbe		or this person. Extension		onal or DSN ph Night	none nur	nber	I					
(a) P if	rovide physicovide the Ur	cal location danited States; oth	erwise, provide City	dress, base, p v, State and Zip	oost, embassy, <i>Code for ports ii</i>	unit, an	d country loc ed States.)	ation or home	e port/fle	eet headquarter. (Pr	ovide City and C	Coun	
S	otreet Addres	s/Unit/Duty Lo	ocation	City or Po	ost Name		State	Zip Code		Country			
(b) D	ooes your sel ☐ YES — ☐ NO		t verifier have an .	APO/FPO add	dress?	APO c	r FPO	1	APO/F	PO State Code	Zip Code	,	

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Section 13A - Employr	nent Activities - (Co	ontinued)										
13A.4 Complete the for	llowing if employme	nt type is u	unemployment.									
Provide dates of uner	nployment.			Provide	the name o ans of suppo	f someone that can	verify your unemploy	/ment activitie	es			
From Date (Month/Yea	r) To	Date (Mon	<i>th/Year)</i> Present Est.	Last na		51.	First name					
Provide address of th Street	s verifier. <i>(Provide Ci</i> i	-	ry if outside the United Sta Nty	tes; otherw	ise, provide Ci State	ty, State and Zip Code.) Zip Code	Country					
Provide the telephone Verifier telephone num	•		ional or DSN phone n	umber	1	1						
(a) Provide physical if outside the United	If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, co (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet he 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 Count (b) Does your unemployment verifier have an APO/FPO address?											
(b) Does your unemp ☐ YES → ☐ NO	loyment verifier hav Address	e an APO/	FPO address?	APO o	Dr FPO	APC)/FPO State Code	Zip Coo	de			
,	ederal Contractor, N	Non-govern	nment employment, Se				orps, Other Federal	employment,	, State			
Provide the reason fo	r leaving the employ	ment activ	ity.									
Fired, quit after being notice of unsatisfacto	told you would be fi	- · ·	ened to you in the las mutual agreement fol			gations of miscondu	ct, left by mutual ag	eement follow	wing			
Select your type of in	cident:	Reason:				Employment de	parture date					
Fired		Provide t	he reason for being fir	ed.		Provide the date	e you were fired. <i>(M</i> o	onth/Year)	Est.			
Quit after being to fired	old you would be	Provide t	he reason for quitting.	Provide the date you quit after being to fired. (<i>Month/Year</i>)			g told you woi	uld be				
Left by mutual ag charges or allega	reement following tions of misconduct		he charges or allegation	ons of mis	of misconduct. Provide the date you left following charges or a of misconduct. (Month/Year)			harges or alle				
Left by mutual ag	reement following actory performance	Provide ti	he reason(s) for unsat	isfactory p	performance		e you left by mutual tisfactory performar		ollowing			
	• • •		Active Duty, National Iment employment, Se				orps, Other Federal	employment,	, State			
	in the last seven (7	') years ha	ve you received a writ				suspended, or discip	lined for misc	conduct			
	n(s) for being warne	d, reprimar	nded, suspended or di	sciplined.			Date: (Mo	onth/Year)				
#2 Provide the rocce	n(s) for being works	d renrime	nded, suspended or di	sciplingd			Date: (Mo	onth/Vear	Est.			
								Jildiv Tear)	Est.			
#3 Provide the reaso	n(s) for being warne	d, reprimar	nded, suspended or di	sciplined.			Date: (M	onth/Year)	Est.			
#4 Provide the reaso	n(s) for being warne	d, reprimar	nded, suspended or di	sciplined.			Date: (M	onth/Year)	Est.			

▶

Section 13A - Employment Activities

E	Entry #4										
	Select your employment activity:										
	Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	ederal employ 13A.6)			overnment employment yment) <i>(Complete 13A.2, c</i>						
	National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)										
	USPHS Commissioned Corps (Complete 13A.1, Unemployment (Complete 13A.4)										
	Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)Image: Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)										
	13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.										
Entry #4	Provide dates of employment. From Date To Date		Select the emphis position:	mployment status for		Provide your assigned duty station during this period.					
Entr	(Month/Year) (Month/Year)]Present	Full-time			Provide your most recent rank/position title.					
	Est.]Est. [Part-time								
	Provide address of duty station. (Provide City and Count Street C	try if outside the City	e United States			y, State and Zip Zip Code	,	Country			
	Telephone number Extensio	on Inter	national or D:	SN ph	one 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, Sta Street Address/Unit/Duty Location	ss, base, pos	t, embassy, ι bde for ports in t	unit, ar	nd country loca				e City and Country		
	(b) Do you or did you have an APO/FPO address wh ☐ YES → Address ☐ NO	hile at this lo		APO o	Dr FPO	I	APO/	FPO State Code	Zip Code		
	Provide the name of your supervisor.			Provid	e the rank/pos	sition title of y	our su	pervisor.			
	Provide the email address of your supervisor.	lon't know F	Provide super	visor's	telephone nu	mber. Exter	nsion	☐ International or DSN ☐ Day ☐ Night	phone number		
	Provide physical work location of your supervisor. (Pr Street	rovide City and City	l Country if outs		<i>United States; o</i> State	therwise, provic Zip Code	de City, S	State and Zip Code.) Country			
	If you have indicated an APO/FPO address; provide port/fleet headquarter. (Provide physical location data								ocation or home		
		City or Post N				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.															
						ne employment status for			Provide most recent position title.						
	From Date To Date			this position:											
((Month/Year)		(Month/Year)		Present	Full-tim	ie			Pro	vide the	e name o	of your employer.		
_		Est.			Est.	Part-tin									
	Provide the add	ress of employe	er. (Provide City	and C		de the United S	Stat								
	Street				City			ļ	State	Zip Co	ae		ountry		
ī	Provide telepho	ne number	Extension				1								
						tional or DSN	٩р	none	number						
I	Additional Pe	riods of Activity	with this Emp	lover	,		od	s of ar	tivity if you wo	rked fø	or this e	mnlover	on more than one		asion at the
	same physica	al location (for e	xample, if you	work	ked at XY Pl	umbing in De	env	/er, C0	D, during 3 sep	arate	periods	of time,	you would enter in	forn	nation
	concerning th as entries bel		period of emplo	oyme	ent above, ar	nd provide da	ate	s, pos	ition titles, and	super	visors f	or the tw	o previous periods	sof	employment
		,			1										
	Not Applicable	From date (Mo	onth/Year)		To date (M	lonth/Year)	_		Pos	sition 7	litle		Supervis		or
	Арріюаріс			Est.		L		Est.							
				Est.		L	<u> </u>	Est.							
				Est.				Est.							
				Est.				Est.							
	(a) Is/was your	physical work a	ddress differe	nt tha	an your emp	loyer's addre	ss	?							
	YES	NO (If NO	, proceed to (b))												
	Provide the	work address w	/here you are/	were	physically lo	ocated. (Provi	de	City an	d Country if outsi	de the l	Jnited St	ates; othe	erwise, provide City, S	tate a	and Zip Code.)
	Street		-		City				_	Zip Co		-	ountry		
Provide telephone number Extension International or DSN phone number															
						□ □ Day [Night	·						
ī	(b) If you have	indicated an AF	O/FPO addre	SS, C	omplete (b.1). If you have	e ir	ndicate	ed an address	outsid	e of the	United	States, complete (I	b.2)	
												home po	rt/fleet headquarte	er. <i>(P</i>	rovide City an
		/ if outside the Un Address/Unit/D		erwise		Post Name		Sae Ior	State		Code		Country		
			,								0000				
		u or did you hav	e an ΔΡΩ/FP	n ad	dress while :	at this location)							
			ddress	0 au					or FPO			APO/FI	PO State Code		Zip Code
Ī	Provide the nam	ne of your super	rvisor.					Provi	de the position	title of	your s	uperviso	r.		
ī	Provide the ema	ail address of yo	our supervisor.		l don't know	Provide su	pei	rvisor's	s telephone nu	mber.	Exten	ision [International or D	OSN	phone num
		,	•						·				Day Night		p
ĩ	Provide physica	work location	of your superv	visor	(Provide City :	and Country if	Sute	side the	I Inited States: o	therwis	e provid		ate and Zip Code.)		
	Street	i work location (or your superv	1301.	City	and Country in C	Jui		State	Zip C			ountry		
					-								-		
ī	If you have indic	ated an APO/F	PO address of	COMP	lete (a) If v	ou have indi		ed an	address outsin	le of th	ne l Inite	ed States	s complete (b)		
	•				• • •								et headquarter. <i>(Pr</i>	ovide	City and Cou
	if outside the	United States; oth	nerwise, provide		State and Zip	Code for ports			ited States.)						-
	Street Addre	ess/Unit/Duty Lo	ocation		City or Po	st Name			State	Zip I	Code		Country		
((b) Did/does yo	·	ave an APO/F	PO a	ddress while	e at this loca	tior		or FPO				PO State Code		Zip Code
							I		01110						
	NO NO														

Section 13A - Employment Activities - (Continued)												
13A.	3 Complete th	e following if	employment type	is self-employ	yment							
	vide dates of e m Date	mployment.	To Date			Select the employment status for Provide moths position:				ent position title.		
	nth/Year)	_	(Month/Year)	Present	Full-time)		Provide th	ne name	of your employme	nt.	
		Est.		Est.	Part-time	e						
Pro Stre		f this employr	nent. <i>(Provide City</i>	and Country if c City I	outside the United		otherwise, prov State	ide City, State ai Zip Code		ode.) Country		
Provide telephone number. Extension International or DSN phone number												
Provide telephone number. Extension International or DSN phone number												
(a) Is your physical work address different than your employment address?												
	Provide the wo Street	ork address w	here you are/wer	e physically lo City	ocated. (Provide	e City and	Country if outs State	side the United S Zip Code		nerwise, provide City, S Country	State	and Zip Code.)
	Provide the tel	ephone numb	per for this addres	S.								
	Telephone nur	•	Extension		ational or DSN	l 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, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country												
		•	e an APO/FPO ao Idress	ddress while a	at this location	? APO c	r FPO		APO/F	PO State Code		Zip Code
	vide the name t name	of someone t	hat can verify you First ı	ur self-employ name	ment.							
Pro	vide the addre	ss of this verif	ier. (Provide City ar	nd Country if out	side the United S	States; otl	nerwise, provid	e City, State and	l Zip Cod	e.)		
Stre	eet			City			State	Zip Code		Country		
	vide the teleph ephone numbe		or this person. Extension	Internatio	onal or DSN ph Night	none nui	nber	1	I			
•	Provide physic if outside the Un	cal location da hited States; oth	erwise, provide City	dress, base, p v, State and Zip	oost, embassy, <i>Code for ports ii</i>	, unit, ar	d country loo ted States.)	cation or home	e port/fle	eet headquarter. (P	rovide	e City and Coun
	Street Addres		Jualion	City or Po			State	Zip Code		Country		
(b)	Does your sel		verifier have an <i>i</i>	APO/FPO add	dress?	APO o	r FPO	1	L APO/F	PO State Code		Zip Code

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S	Section 13A - Employment Activities - (Continued)									
	13A.4 Complete the following if employment	nt type is unemplo	oyment.							
	Provide dates of unemployment.	Provide the name of someone that can verify your unemployment activities and means of support.								
	From Date (Month/Year) To	Date (Month/Year)	Present	Last na			First name	e		
	Provide address of this verifier. (<i>Provide City</i> Street	/ and Country if outsi City	ide the United Sta	tes; otherw	ise, provide Ci State	ty, State and Zip Code. Zip Code) Country			
	Provide the telephone number for this person. Verifier telephone 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									City and Country	
	(b) Does your unemployment verifier have ☐ YES → Address ☐ NO	e an APO/FPO ad	ldress?	APO o	Dr FPO		APO/FPO State Code Zip Code			
	13A.5 Complete the following if employme Government, Federal Contractor, N	lon-government e					Corps, Other	Federal employ	yment, State	
	Provide the reason for leaving the employ	ment activity.								
	For this employment have any of the following happened to you in the last seven (7) years ? 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	enarture date	2		
		Provide the reas	on for being fire	ed.		. ,		- fired. <i>(Month/Yea</i>	ar)	
	Fired								Est.	
	Quit after being told you would be fired					Provide the dat fired. <i>(Month/Ye</i>		fter being told y	ou would be	
	Left by mutual agreement following charges or allegations of misconduct					Provide the dat of misconduct.	te you left fol <i>(Month/Year)</i>	llowing charges		
	Left by mutual agreement following notice of unsatisfactory performance				performance		Est. Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)			
	13A.6 Complete the following if employme						Corps, Other	Federal employ	yment, State	
ľ	Government, Federal Contractor, N For this employment, in the last seven (7) in the workplace, such as a violation of sec) years have you					suspended,	or disciplined fo	or misconduct	
				·						
	#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)							ar) Est.		
	#2 Provide the reason(s) for being warned	d, reprimanded, si	uspended or dis	sciplined.			[Date: (Month/Yea	ar) Est.	
	#3 Provide the reason(s) for being warned	d, reprimanded, si	uspended or dis	sciplined.				Date: (Month/Yea	ar) Est.	
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.							 	Date: (Month/Yea	ar) Est.	
L										

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CFR Parts 731, 732, and 736	NATIONAL		FUSI						
Section 13B - Employment Activities - Forme	er Federal Service								
Do you have former federal civilian employment	, excluding military se	ervice, NOT indica	ted previou	isly, 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	e of the fed	eral agency for					
From Date (Month/Year) To Date (Mon	th/Year) Present	which you are/we	ere employe	ed.	Provide your position title.				
Est.	Est.								
Provide the location of the agency. (Provide Cit	ty and Country if outside	the United States; oth	erwise, provi	de City, State and Zi	ip Code.)				
Street	City		State	Zip Code	Country				
Entry #2	•			·					
Provide dates of federal civilian employment.		Provide the name							
From Date (Month/Year) To Date (Mon	o Date (Month/Year) Present which you are/were employed.				Provide your position title.				
Est.	Est.								
Provide the location of the agency. (Provide Ca		the United States; oth	herwise, prov						
Street	City		State	Zip Code	Country				
Entry #3	•			•					
Provide dates of federal civilian employment.		Provide the name							
From Date (Month/Year) To Date (Mon	th/Year) Present	which you are/we	ere employe	ed.	Provide your position title.				
Est.	Est.								
Provide the location of the agency. (Provide Cit		the United States; oth							
Street	City		State	Zip Code	Country				
Entry #4									
Provide dates of federal civilian employment.		Provide the name							
From Date (Month/Year) To Date (Mon	th/Year) Present	which you are/we	ere employe	ed.	Provide your position title.				
Est.	Est.								
Provide the location of the agency. (Provide Cit		the United States; oth							
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?

- 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	?								
YES NO (If NO, proceed to Section 15)									
Have you registered with the Selective Service System (SSS)? The Selective Service website, <u>www.sss.gov</u> , can help provide the									
Yes	☐ Yes → Provide registration number: → registration number for persons with Service Number is not your Social								
No → Provide explanation: ►									
☐ I don't know → Provide explanation: ►									
Section 15 - Military History									
Have you EVER served in the U.S. Military?									
YES NO (If NO, proceed to Section 15.2)									
15.1 Complete the following if you responded	l 'Yes' to having served in th	e U.S. Military.							
Entry #1			1						
Provide the branch of service you served in.	State of service, if National Guard	Officer or enlisted	Provide your service nu	ımber.					
Army Air National Guard		Not Applicable							
Army National	Provide your status	Officer							
	Active Duty	Enlisted	Provide your dates of service. From Date To Date						
Navy Coast Guard	Active Reserve		(Month/Year)	(Month/Year)	Present				
Air Force	Inactive Reserve		Es Es	st.	Est.				
Were you discharged from this instance of U.	S. military service, to include	Reserves, or National G	iuard?						
Provide the type of discharge you received:				Provide the date of	:				
Honorable Under Other than Honorable Condition	Bad Conduct			discharge listed (Month/Year)					
Dishonorable General	Other (provide ty	pe) ▶		(monus rour)	Est.				
Provide the reason(s) for the discharge, if dis	charge is other than Honoral	ble							
Entry #2									
Provide the branch of service you served in.	State of service, if	Officer or enlisted	Provide your service nu	imber.					
Army Air National	National Guard	Not Applicable							
Guard		Officer							
Guard Marine Corps	Provide your status	Enlisted	Provide your dates of s	ervice.					
Navy Coast Guard	Active Reserve		From Date (Month/Year)	To Date (<i>Month/Year</i>)	Present				
Air Force	Inactive Reserve				Est.				
Were you discharged from this instance of U.	S. military service, to include	Reserves, or National G	juard?						
Provide the type of discharge you received:				Provide the date of	:				
Honorable Under Other than Honorable Conditio	Bad Conduct			discharge listed (Month/Year)					
Dishonorable General	Other (provide ty	pe) 🕨			Est.				
Provide the reason(s) for the discharge, if discharge is other than Honorable									

Section 15 - Military History - (Continued)									
5.2 In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc?									
Complete the following if you responded 'Yes' to In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, 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	I								
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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Section 15 - Military History - (Continued)									
15.3 Have you EVER served, as a civilian or m diplomatic, security forces, militia, other d			y, intelligence, YES	NO (If NO, proceed to Section 16)					
Complete the following if you responded 'Yes' to security forces, militia, other defense force, or g		or milita	ry member in a foreign countr	y's military, intelligence, diplomatic,					
Entry #1									
During your foreign service, which organization	were you serving under?		Provide the name of the fore	ign organization.					
Military (Specify Army, Navy, Air Force, Mar	ines, etc.) 🗌 Security Forces								
Intelligence Service	Militia		Provide your period of servic	е.					
Diplomatic Service	Other Defense Fo	orces	From Date (Month/Year)	To Date (Month/Year) Present					
☐ Other Government Agency, Specify ►			Est.						
Provide the name of the country. Pro	ovide the highest position/rank held	Ι.	Provide division/de	epartment/office in which you served.					
Provide a description of the circumstances of yc	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 or former a	associates, colleagues, or acquaint	ances fro	om your service in this organi:	zation?					
YES NO (If NO, proceed to Section 16)									
Contact #1									
Provide the contact's full name. Last name	First name		Middle name	Suffix					
Provide the contact's address. (Provide City and C	ountry if outside the United States: other	wise. provi	ide Citv. State and Zip Code)						
Street	City	State		untry					
Provide the contact's official title.	Provide the frequency of contact		Provide the length of your a From Date (<i>Month/Year</i>)	ssociation with the contact. To Date <i>(Month/Year)</i> Present					
Contact #2				•					
Provide the contact's full name. Last name	First name		Middle name	Suffix					
Provide the contact's address. (Provide City and C	ountry if outside the United States; other	wise, provi	ide City, State and Zip Code)	I					
Street	City	State	Zip Code Co	untry					
Provide the contact's official title.	Provide the frequency of contact		Provide the length of your a From Date <i>(Month/Year)</i>	To Date (Month/Year) Present					

Section 15 - Military History - (Continued)

Complete the following if you responded ' Yes ' to security forces, militia, other defense force, or go		or milita	iry meml	ber in a foreign co	untry's military, inte	lligence, diplomatic,		
Entry #2								
During your foreign service, which organization	were you serving under?		Provide	e the name of the t	foreign organizatior	۱.		
Military (Specify Army, Navy, Air Force, Mar								
Intelligence Service	Militia		Provide	e your period of se	rvice.			
Diplomatic Service	Other Defense Fo	orces	From D	Date (Month/Year)	To Date (Mon	<i>th/Year)</i> Present		
Other Government Agency, Specify >				E	ist.	Est.		
Provide the name of the country. Pro	vide the highest position/rank held	1.	-	Provide divisio	n/department/office	in which you served.		
Provide a description of the circumstances of yo	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 or former a	ssociates, colleagues, or acquaint	tances fro	om your	service in this org	anization?			
YES NO (If NO, Proceed to Section 16)								
Contact #1								
Provide the contact's full name. Last name	First name		1	Middle name		Suffix		
Provide the contact's address. (Provide City and Co	ountry if outside the United States; other	wise, provi	ide City, S	State and Zip Code)		•		
Street	City	State	z	Zip Code	Country			
Provide the contact's official title.	Provide the frequency of contact.			0,	ur association with			
			From I	Date <i>(Month/Year)</i>	To Date <i>(Mor</i> Est.	<i>hth/Year)</i> Present Est.		
Contact #2								
Provide the contact's full name. Last name	First name		1	Middle name		Suffix		
Provide the contact's address. (Provide City and Co					_			
Street	City	State	z	Zip Code	Country			
Provide the contact's official title.	Provide the frequency of contact.				ur association with			
			From [Date (Month/Year)	To Date <i>(Mor</i> Est.			
					_31.	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 a	ll that apply)					
From Date (Month/Year) To Date (Month/Year)	r) Present Nei	ghbor Work associate	e Other (Provide expla	anation) 🔻				
Est.	Est. Frie	end 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 this person.	International or DSN	Provide mobile/cell telephon number for this person.		International or DSN phone number				
Extension			Extension					
	Day Night			🗌 Day 🔄 Night				
Provide home or work address for this person. (Pro Street	vide City and Country if outside City	e the United States; otherwise, prov State Zip Co	-					
Entry #2								
Provide dates known.		relationship to you. (Check a	,					
From Date (Month/Year) To Date (Month/Year)	r) Present Neight Neight Frie	ghbor UWork associate	e 🔄 Other (Provide expla	anation) 🔻				
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.	International or DSN phone number	Provide mobile/cell telephon 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. (Pro	vide City and Country if outside City	e the United States; otherwise, prov State Zip Co	_					
			,					
Entry #3								
Provide dates known. From Date (<i>Month/Year</i>) To Date (<i>Month/Yea</i> Est.		relationship to you. (Check a ghbor Work associate and Schoolmate		anation) 🔻				
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 telephon 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. (Pro	vide City and Country if outside	_	-					
Street	City	State Zip Co	ode Country					

Enter your Social Security Number before going to the next page

Section 17 - Marital/Relationship Status								
Provide your current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership: Never entered in a civil marriage, legally recognized civil union, or legally Separated (Complete 17.1 and 17.3) recognized domestic partnership (Complete 17.3) Annulled (Complete 17.2 and 17.3)								
Currently in a civil marriage, legally red				lved (Complete 17.2 and 17.3)				
recognized domestic partnership (Com	recognized domestic partnership (Complete 17.1 and 17.3) Widowed (Complete 17.2 and 17.3)							
	cted " currently in a civil marriage, " " le omplete the following about the person w or the person from whom you are curren	with whom you	are in a civil marriage, legall					
Provide full name.	First server		0	Provide date of birth.				
Last name	First name	Middle name	Suffix	(Month/Day/Year)				
Provide place of birth.	County		Otata Country (
City	County		State Country (r	equirea)				
If the person is foreign born, provide one Born Abroad to U.S. Parents: FS 240 or 545 DS 1350 Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)	Not a U.S. Citizen: I-551 Permanent Resident I-766 Employment Authorization I-94 Arrival-Departure Record DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status Other (Provide explanation)							
Provide document number. Provide do		(Month/Day/Year		urity Number.				
Provide other names used (such as ma civil unions, or legally recognized dome				Not applicable				
#1 Last name	First name		Middle name	Suffix				
Maiden name? From (Month/Yea	ar) To (Month/Year)	Present						
	Est.] Est.						
#2 Last name	First name		Middle name	Suffix				
Maiden name? From <i>(Month/Yea</i>	ar) To (Month/Year)] Present] Est.	I					
#3 Last name	 First name	<u></u>	Middle name	Suffix				
Maiden name? From (Month/Yea	ar) To (Month/Year)] Present] Est.	Middle name	Suffix				
				Gunix				
Maiden name? From (Month/Yea	ar) To (Month/Year)] Present] Est.						
Provide country(ies) of citizenship. Country #1	Country #2		Provide date when you ent marriage, civil union, or do	ered into your civil mestic partnership. <i>(Month/Day/Year)</i> Est.				

Section 17 - Marital/Relationship Status - (Continued)

17.1 Complete the following if you selected "currently in a civil marriage," "legally recognized civil union," or "legally recognized domestic partnership" or "Separated." Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated. (Continued)								
Provide location. (Provide City and Country if outside the United States; otherwise, provide City or County and State.)								
City		County	Stat	e Cour	ntry			
	ddress. (Provide City and Cour	•		•	,		e my current address	
Street		City	State	∍ Zip C	ode	Country		
Provide telephone	e number. Extension] Day 🔄 Use my curre	ent telephone nu	mber Prov	ide email add	ress.		
		Night International	or DSN phone r	umber				
Does the person	have an APO/FPO address	within the United States?		•				
🗆 YES 🔶	Address		APO or FPO		APO/FPO State Code Zip Code			
If you have indica	ited an APO/FPO address;	provide physical location d	ata with street a	ddress, base, p	ost, embassy,	, unit, and country I	ocation or home port/	
	. (Provide City and Country if ou							
Street Address/U	nit/Duty Location	City or Post Name	State	e Zip C	ode	Country		
Are you separate	d?	If legally separated, p	rovide the locati	on of the record				
Provide date of separation (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)							Not Applicable	
🗌 YES 🔶	(Month/Day/Year)	City	Stat	ə Zip C	ode	Country		
NO NO	Es							

Section 17 - Marital/Relationship Status - (Continued)

17.2 Complete the following if you sele divorced/dissolved, annulled, or w		d", "annulled"	, or "widowed" . I	Provide inform	ation about a	any person from whom you are	
Entry #1							
Provide the full name.						Provide the date of birth.	
Last name	First name	1	Middle name		Suffix	(Month/Day/Year)	
						Est.	
Provide the place of birth.	•						
City		State	Zip Code	Country	y (Required)		
Provide the country(ies) of citizenship.							
Country #1	Country #	[£] 2					
Provide telephone number.	Provide the date you	r civil marriade	e. civil union. or do	omestic partne	rship was le	gally recognized. (Month/Day/Year)	
' I dor	i't		Est.			J J J J J J J J J J	
				Country)			
Provide the location. (Provide City and Cou City	intry if outside the United State	s; otnerwise, pro	Country	Country.)			
ony							
Provide the status.		Provide the	date divorced/dis	solved, annulle	ed or widowe	ed. (Month/Day/Year)	
Divorced/Dissolved Widow	ved Annulled					Est.	
Provide where the record of divorce/dis	solution or annulment is lo	•				wise, provide City, State and Zip Code)	
City		State	Zip Code	Country	у		
Is this person deceased?							
YES NO (If NO, complete (a))	I don't know						
	(a) Provide last known address of the person from whom you are divorced/dissolved or annulled. (<i>Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code</i>)						
Street	City		State	Zip Code	Count	ry	

Section 17 - Marital/Relationship Status - (Continued)

17.2 Complete the following if you selective divorced/dissolved, annulled, or w		l", "annulled'	', or "widowed" . P	rovide informa	ation about a	any person from whom you are	
Entry #2							
Provide the full name.						Provide the date of birth.	
Last name	First name		Middle name	1	Suffix	(Month/Day/Year)	
						Est.	
Provide the place of birth.	•			I			
City		State	Zip Code	Country	(Required)		
Provide the country(ies) of citizenship.							
Country #1	Country #	2					
Provide telephone number.	Provide the date you	r civil marriage	e, civil union, or dor	mestic partne	rship was le	gally recognized. (Month/Day/Year)	
└ I don │ know		[] E	Est.				
Provide the location. (Provide City and Cou	Intry if outside the United State	s; otherwise, pro	ovide City, State and C	Country.)			
City		State Country					
Provide the status.		Provide the	date divorced, ann	ulled or widov	wed. (Month/I	Day/Year)	
Divorced/Dissolved Widow	ved Annulled					Est.	
Provide where the record of divorce/dise	solution or annulment is lo	cated. (Provide	City and Country if ou	utside the United	l States; other	wise, provide City, State and Zip Code)	
City		State	Zip Code	Country	/		
Is this person deceased?							
YES NO (If NO, complete (a))	I don't know						
	(a) Provide last known address of the person from whom you are divorced/dissolved or annulled. (<i>Provide City and Country if outside the</i> United States; otherwise, provide City, State and Zip Code)						
Street	City		State 2	Zip Code	Count	ry	

Section 17 - Marital/Relationship Status - (Continued) 17.3 Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic

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

YES NO (If NO, proceed to Section 18)

Complete the following if you presently	reside with a cohabitant.			
Entry #1				
Provide the cohabitant full name. Last name	First name	Middle name	Suffix	Provide the date of birth. Date (Month/Day/Year)
Provide the place of birth. City		State Count	ry (Required)	•
For your foreign born cohabitant, indica	ate one type of documentation that h	e or she possesses and the d	ocument numb	per.
Born Abroad to U.S. Parents: FS 240 or 545 DS 1350 Naturalized:	Derived: Alien Registration (on Certific of Citizenship—utilize USCIS CIS or INS Registration numl Permanent Resident Card (I-	ber) I-766 Employmen Authorization	t	 U.S. Visa (red foil number) I-20 Certificate of Eligibility for Non-Immigrant-F1-Student DS-2019 Certificate of Eligibility
Alien Registration (on Certificate of Naturalization—utilize USCIS,	Certificate of Citizenship (N5			of Exchange Visitor-J1-Status
CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)	or N561)	Other (Provide ex	planation)	
	document expiration date, if applicab	le. (Month/Day/Year) Provide	e vour cohabita	nt's U.S. Social Security Number.
		Est.	,	Not applicable
Provide other names used by your con name was used).	nabitant (such as maiden name, nam	nes by other marriages, etc., a	nd provide dat	es each Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Ye	ear) To (Month/Year)	Present		1
YES NO	Est.	Est.		
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Ye	ear) To (Month/Year)	Present		
YES NO	Est.	Est.		
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Ye	ear) To (Month/Year)	Present		
YES NO	Est.	Est.		
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Ye	ear) To (Month/Year)	Present		I
YES NO	Est.	Est.		
Provide your cohabitant's country(ies) Country #1	of citizenship. Country #2			vide date cohabitation residing with son began. <i>(Month/Day/Year)</i>

•

Section 17 - Marital/Relationship Status - (Continued)

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 date o Date (Month/Day/Ye		
Provide the place of birth. City			s 	state	Countr	y (Require	d)		
For your foreign born cohabitant, indica	te one type of do	cumentation that he	or sł	ne possesses a	nd the do	ocument r	numbe	er.	
		stration (on Certifica hip—utilize USCIS,	tration (on Certificate Not a U.S. Citizen:				[U.S. Visa (red fo	,
CIS or INS			Authorization Non-Immigrant-F				0 /		
Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Degistration number)	t Resident Card (I-5 of Citizenship (N560	,			ure Reco	rd [DS-2019 Certific of Exchange Vis	cate of Eligibility	
CIS or INS Registration number) Permanent Resident Card (I-551)	or N561)			Other (Pro	ovide exp	planation)			
Certificate of Naturalization (N550 or N570)									
Provide document number. Provide d	ocument expiration	on date, if applicable	e. (N	<i>Nonth/Day/Year)</i> Est.	Provide	your coh	abitar	nt's U.S. Social Sec	urity Number. Not applicable
Provide other names used by your con name was used).	abitant (such as r	maiden name, name	s by	other marriages	s, etc., ar	nd provide	e date	es each	Not applicable
#1 Last name		First name			N 	vliddle na	me		Suffix
Maiden name? From <i>(Month/Ye</i>	ar)	To (Month/Year)		Present Est.	I				1
#2 Last name		First name			M	vliddle na	me		Suffix
Maiden name? From <i>(Month/Ye</i>	ar) □ Est.	To (Month/Year)		Present Est.	I				•
#3 Last name		First name			N	vliddle na	me		Suffix
Maiden name? From <i>(Month/Ye</i>	ar)	To (Month/Year)		Present Est.	I				•
#4 Last name	_	First name			٩	vliddle na	me		Suffix
Maiden name? From (Month/Year) To (Month/Year) Present									
Provide your cohabitant's country(ies) c Country #1	of citizenship.	Country #2						vide date cohabitatio son began. <i>(Month/Da</i>	

Section 18 - Relatives					
Select each type of relative a Check all that apply.	applicable to you, rega	rdless if they are living or d	eceased. (An opportun	ity will be provided to list multiple re	elatives 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	me.				
Last name		First name		Middle name	Suffix
Provide your relative's date of		ur relative's place of birth.	.		•
Date (Month/Day/Year)	City		State	Country <i>(Required)</i>	
	Est.				
Provide your relative's count	ry(ies) of citizenship.	0 / //0			
Country #1		Country #2			
	ng if the relative listed , Stepsister, Half-bro		epmother, Stepfather	r, Child (including adopted/foster)	, Stepchild, Brother,
If mother, provide your mo	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?	ł		-	
Provide other names used name, alias, or nickname).		e that your relative used the	em (such as maiden, na	ame by a former marriage, former	Not applicable
$\frac{11}{41}$ Last name		First name		Middle name	Suffix
Maiden name? F	rom <i>(Month/Year)</i>	To (Month/Year)	Dresset Pr	rovide the reason(s) why the name	changed
		Est.	Est.		goui
		1 <u>1</u>	ESI.		0
#2 Last name		First name		Middle name	Suffix
Maidan nana O					-h
	rom <i>(Month/Year)</i>	To <i>(Month/Year)</i>		rovide the reason(s) why the name	cnanged.
YES NO		Est.	Est.		
#3 Last name		First name		Middle name	Suffix
Maiden name? F	rom <i>(Month/Year)</i>	To (Month/Year)	Present Pr	rovide the reason(s) why the name	changed.
YES NO		Est.	Est.		
#4 Last name		First name	-	Middle name	Suffix
Maiden name? F	rom (Month/Year)	To (Month/Year)	Present Pr	rovide the reason(s) why the name	changed.
YES NO		Est.	Est.	(-)	5

•

Section 18 - Relatives - (Continued)

	Is your relative deceased?				[] YI	ES (If YES, proce	ed to 18.3) NO
	18.2 Complete the following if the relat Stepchild, Brother, Sister, Step	ive listed is your Mother, Father, S brother, Stepsister, Half-brother,						
Entry #1	Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code							
■ Does this relative have an APO/FPO address? □ YES → Provide your relative's APO/FPO address. □ NO Address □ I don't know								
	OR Complete the following if the relati	Half-brother, Half-sister and is a ve listed is your Mother, Father, S brother, Stepsister, Half-brother,	J.S. Citizen, f	foreign born a Stepfather, Fo	nd is deceased. oster parent, Ch	ild (i	ncluding adop	ted/foster),
Entry #1	□ FS 240 or 545 □ DS 1350 □ F	ntation and document number belo ralized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)	Derived: Alien of Cit CIS c	nanent Reside ficate of Citize	ize USCIS, ation number) nt Card (I-551)		Other (Provide	explanation)
Provide document number. Provide the name of the court that issued the Certificate of Naturalization.								
Provide the address of the court that issued the Certificate of Naturalization. Street City State							Zip Code	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)									
		ter, Stepbrother, Stepsister, Half-brot	er, Stepmother, Stepfather, Foster parent, Child (including adopted/fost her, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S.							
	Provide type of documentation	he or she possesses to support U.S. re	sidence.							
Entry #1	Not a U.S. Citizen:	t I-94 Arrival-Departure Record	Status: I-20 Certificate of Eligibility for Other (Provide explanation) Non-Immigrant-F1-Student							
	I-766 Employment Authorization	U.S. Visa (red foil number)	DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status							
	Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)	Present						
		Est.	Est.	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	n) ►							
	Provide approximate frequency	y of contact.								
	Daily	Monthly	Annually							
	Weekly	Quarterly	☐ Other (Provide explanation) ►							
	Provide name of current emplo Employer name	oyer, or provide the name of their most m	ecent employer if not currently employed (if known).							
			n't know							
			ir most recent employer if not currently employed.	don't know						
		the United States; otherwise, provide City, Stat								
	Street	City	State Zip Code Country							
	YES Descri	be the relative's relationship with the for	efense industry, foreign movement, or intelligence service? eign government, military, security, defense industry, foreign movement, or i	intelligence						
	NO service	5.								
		ter, Stepbrother, Stepsister, Half-brot	er, Stepmother, Stepfather, Foster parent, Child (including adopted/fost her, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S.							
	Provide approximate date of fin	rst contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)							
intry #1		Est.	Est.							
Entr	Provide methods of contact (C	heck all that apply).								
	In person		Electronic (Such as e-mail, texting, chat rooms, etc)							
	Written correspondence	Other (Provide explanation)								
	Provide approximate frequency	y of contact.								
	Daily	Monthly	Annually							
	Weekly	Quarterly	Other (Provide explanation) ►							
	Provide name of current emplo Employer name	oyer, or provide the name of their most m	ecent employer if not currently employed (if known).							
I don't know										
		employer, or provide the address of the ates; otherwise, provide City, State and Zip Cod	ir most recent employer if not currently employed. (Provide City de)	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? Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service? NO I don't know										

Section 18 - Relatives - (Continued)

Entry #2					
Provide relative type.					
Provide your relative's full name. Last name	First n	ame		Middle name	Suffix
Provide your relative's date of birth. Date (<i>Month/Day/Year</i>)	Provide your relativ City	e's place of birth.	State	Country (Required)	
Provide your relative's country(ies) of a Country #1	sitizenship.	Country #2			
18.1 Complete the following if the re Sister, Stepbrother, Stepsist			epmother, Stepfa	ther, Child (including adopted/fo	oster), Stepchild, Brother,
If mother , provide your mother's ma Last name		Same as listed	🗌 l don't kno	w Middle name	Suffix
YES NO Provide other names used and the p name, alias, or nickname). #1 Last name	period of time that yo	pur relative used the First name	em (such as maidei	n, name by a former marriage, forr Middle name	ner Not applicable
Maiden name? From <i>(Monte</i>	h/Year)	To (Month/Year)	Present Est.	Provide the reason(s) why the n	
#2 Last name		First name		Middle name	Suffix
Maiden name? From (Monte	h/Year) 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 <i>(Monti</i>	h/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 (Monte YES NO	h/Year) Est.	To (Month/Year)	Present Est.	Provide the reason(s) why the n	ame changed.

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Section 18 - Relatives - (Continued)

I	Is your relative deceased?								
	18.2 Complete the following if the Stepchild, Brother, Sister,								
Entry #2	Provide your relative's current add Street	dress. (Provide City an	d Country if outside the Ur City	ited States	; otherwise, provic State	de City, State a Zip Code		le) Country	
Does this relative have an APO/FPO address? YES → Provide your relative's APO/FPO address. NO Address I don't know								Zip Code	
	18.3 Complete the following if the Sister, Stepbrother, Stepsi OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S.	ister, Half-brother, l relative listed is you Stepbrother, Steps	Half-sister and is a U. Ir Mother, Father, Ste lister, Half-brother, Ha	S. Citizen	, foreign born a Stepfather, Fo	nd is deceas	ed. , Child (i	ncluding adop	ted/foster),
Entry #2	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	Naturalized: Alien Registrat of Naturalizatio CIS or INS Reg	ion (on Certificate n—utilize USCIS, gistration number) sident Card (I-551) aturalization	Derived	: Ditizenship—util or INS Registr manent Reside tificate of Citize I561)	ize USCIS, ation number ent Card (I-55	r) 1)	Other (Provide	explanation)
	Provide document number. Provide the name of the court that issued the Certificate of Naturalization.								
	Provide the address of the court t Street	hat issued the Certif	icate of Naturalization.	City				State	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	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.											
Entry #2	Not a U.S. Citizen: I-551 Permanent Resident I-94 Arrival-Departure Record I-20 Certificate of Eligibility for Other (Provide explanation) Non-Immigrant-F1-Student										
	I-766 Employment U.S. Visa (red foil number) Authorization DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status										
	Provide document number Provide document expiration date. (Month/Day/Year) Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Provide approximate date of first contact. (Month/Year) Est. Est. Est. 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										
	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? VES NO										
	I don't know										
	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										
intry #2	Est.										
Entr	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? VES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. NO										
	I don't know										

Section 18 - Relatives - (Continued)

Entry #3				
Provide relative type.				
Provide your relative's full name. Last name	First name		Middle name	Suffix
	Provide your relative's place of City	birth. State	Country (Required)	
Provide your relative's country(ies) of ci Country #1	tizenship. Country #	2		
18.1 Complete the following if the re Sister, Stepbrother, Stepsister		her, Stepmother, Stepf	ather, Child (including adopted/	/foster), Stepchild, Brother,
If mother , provide your mother's mai	den name. Same as First name	listed 🗌 I don't kr	now Middle name	Suffix
YES NO Provide other names used and the provide and the provid	eriod of time that your relative u First name	Υ.	en, name by a former marriage, fo Middle name	ormer Dot applicable
Maiden name? From (Month)	/Year) To (Month)	Year) Present	Provide the reason(s) why the	name changed.
#2 Last name	First nam)	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 (Month)	/Year) To (Month)	Year) Present Est.	Provide the reason(s) why the	name changed.
#4 Last name	First name	•	Middle name	Suffix
Maiden name? From (Month)	/Year) To (Month)	Year) Present	Provide the reason(s) why the	name changed.

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Section 18 - Relatives - (Continued)

	Is your relative deceased?						□ Y	ES (If YES, proce	eed to 18.3) NO
	18.2 Complete the following if the rel Stepchild, Brother, Sister, Ste								
Entry #3	Provide your relative's current addres Street	•	Country if outside the Un City	ited States,	otherwise, provic State	de City, State Zip Code	•	<i>le)</i> Country	
Does this relative have an APO/FPO address? YES → Provide your relative's APO/FPO address. NO Address I don't know								Zip Code	
	 18.3 Complete the following if the rela Sister, Stepbrother, Stepsister OR Complete the following if the rela Stepchild, Brother, Sister, Ste foreign born and has a U.S. or A 	r, Half-brother, Hative listed is your	alf-sister and is a U.S Mother, Father, Step ster, Half-brother, Ha	S. Citizen,	, foreign born a Stepfather, Fo	ind is decea	ised. it, Child (i	ncluding adop	ted/foster),
Entry #3	Provide one type of citizenship documentation and document number below Born Abroad to U.S. Parents: FS 240 or 545 DS 1350 Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)			Derived: Alie of C CIS	n Registration (itizenship—util or INS Registr manent Reside tificate of Citize I561)	ize USCIS, ation numbent Card (I-5	er) 51)	Other (Provide	explanation)
	Provide document number. Provide the name of the court that issued the Certificate of Naturalization.								
	Provide the address of the court that Street	issued the Certific	ate of Naturalization.	City				State	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	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.											
Entry #3	Not a U.S. Citizen: I-551 Permanent Resident		☐ I-20 Certificate of Eligibility for Non-Immigrant-F1-Student	Status: Other (Provide explanation)							
	L I-766 Employment Authorization	U.S. Visa (red foil number)	DS-2019 Certificate of Eligibilit of Exchange Visitor-J1-Status	y							
	Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)							
		Est.	Es	st. Est.							
	Provide methods of contact (C	heck all that apply).									
	In person	Telephone	Electronic (Such as e-mail, te	exting, chat rooms, etc)							
	Written correspondence	Other (Provide explanatio	•) ►								
	Provide approximate frequency	y of contact.									
	🗌 Daily	Monthly	Annually								
	Weekly	Quarterly	Other (Provide explanation)	•							
	Provide name of current emplo Employer name	oyer, or provide the name of their most re	cent employer if not currently employe	ed (if known).							
		I dor	't know								
		employer, or provide the address of their		/ employed.							
		the United States; otherwise, provide City, State									
	Street	City	State Zip Code	Country							
		foreign government, military, security, de		5							
	YES → Descril Service		ign government, military, security, def	ense industry, foreign movement, or intelligence							
		er, Stepbrother, Stepsister, Half-broth		rrent, Child (including adopted/foster), r-in-law, Guardian and is not a U.S. Citizen,							
~	Provide approximate date of fir	rst contact. (Month/Year)	Provide approximate date of last cor	ntact. (Month/Year) Present							
intry #3		Est.		Est.							
Ent	Provide methods of contact (C	heck all that apply).	1								
	In person	Telephone	Electronic (Such as e-mail, te	exting, chat rooms, etc)							
	Written correspondence	Other (Provide explanatio) ►								
	Provide approximate frequency	y of contact.									
	Daily	Monthly	Annually								
	Weekly	Quarterly	Other (Provide explanation)	•							
	Provide name of current emplo Employer name	oyer, or provide the name of their most re	cent employer if not currently employe	ed (if known).							
I don't know											
		employer, or provide the address of thei ates; otherwise, provide City, State and Zip Coo		/ employed. <i>(Provide City</i>							
	Street	City	State Zip Code	Country							
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? VES VES VO I don't know											

Section 18 - Relatives - (Continued)

Entry #4					
Provide relative type.					
Provide your relative's full name. Last name	First n	ame		Middle name	Suffix
Provide your relative's date of birth. Date (<i>Month/Day/Year</i>)	Provide your relativ City	e's place of birth.	State	Country (Required)	
Provide your relative's country(ies) of a Country #1	itizenship.	Country #2	i		
18.1 Complete the following if the r Sister, Stepbrother, Stepsist			epmother, Stepfat	her, Child (including adopted/fo	oster), Stepchild, Brother,
If mother , provide your mother's ma Last name		Same as listed	I don't know	w Middle name	Suffix
YES NO Provide other names used and the p name, alias, or nickname). #1 Last name	period of time that yo	ur relative used the First name	em (such as maiden	n, name by a former marriage, forr Middle name	ner Not applicable
#1 Last name Maiden name? From <i>(Mont.</i>	n/Year)	First name To <i>(Month/Year)</i>	Present	Middle name Provide the reason(s) why the na	
YES NO #2 Last name	Est.	First name	Est.	Middle name	Suffix
Maiden name? From (Mont	h/Year)	To (Month/Year)	Present	Provide the reason(s) why the na	ame changed.
#3 Last name		First name		Middle name	Suffix
Maiden name? From (Mont	h/Year)	To (Month/Year)	Present Est.	Provide the reason(s) why the na	ame changed.
#4 Last name		First name		Middle name	Suffix
Maiden name? From <i>(Mont.</i>	h/Year)	To (Month/Year)	Present Est.	Provide the reason(s) why the na	ame changed.

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Section 18 - Relatives - (Continued)

	Is your relative deceased?				□ Y	ES (If YES, proce	ed to 18.3) NO
	18.2 Complete the following if the relativ Stepchild, Brother, Sister, Stepb						
Entry #4	Provide your relative's current address. (Street	Provide City and Country if outside the L City	Inited States; otherv Stat		•	de) Country	
	Does this relative have an APO/FPO add YES Provide your relative NO Address I don't know	tress? ve's APO/FPO address.	APO c	or FPO	APO/FPO S	tate Code	Zip Code
	 18.3 Complete the following if the relative Sister, Stepbrother, Stepsister, H OR Complete the following if the relative Stepchild, Brother, Sister, Stepbr foreign born and has a U.S. or APO 	alf-brother, Half-sister and is a U e listed is your Mother, Father, St other, Stepsister, Half-brother, I	I.S. Citizen, foreig	gn born and is ather, Foste	s deceased. er parent, Child (i	ncluding adop	ted/foster),
Entry #4	□ DS 1350 0 of Cl □ Pe □ Ce		Derived: Alien Reg of Citizens CIS or INS	istration (on (ship—utilize (S Registratior nt Resident C e of Citizensh	USCIS, n number) Card (I-551)	Other (Provide	explanation)
	Provide document number. Provide the name of the court that issued the Certificate of Naturalization.						
	Provide the address of the court that issu Street	led the Certificate of Naturalizatior	ı. City			State	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	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.											
Entry #4	Not a U.S. Citizen:		Status: I-20 Certificate of Eligibility for Other (Provide explanation) Non-Immigrant-F1-Student								
	I-766 Employment Authorization	U.S. Visa (red foil number)	DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status								
	Provide document number	Provide document expiration date. (Month/Day/Year)		esent							
		Est	Est.	ST.							
	Provide methods of contact (C	heck all that apply).	Electronic (Such as e-mail, texting, chat rooms, etc)								
	Written correspondence	Other (Provide explanation	on) ▶								
	Provide approximate frequency	y of contact.									
	Daily	Monthly	Annually								
	Weekly	Quarterly	☐ Other (Provide explanation)▶								
	Provide name of current emplo Employer name	byer, or provide the name of their most r	ecent employer if not currently employed (if known).								
		🗌 I do	n't know								
			eir most recent employer if not currently employed.	know							
		the United States; otherwise, provide City, Sta		KNOW							
	Street	City	State Zip Code Country								
	YES Descri	be the relative's relationship with the for	efense industry, foreign movement, or intelligence service? eign government, military, security, defense industry, foreign movement, or intelli	igence							
	NO service	3.									
		er, Stepbrother, Stepsister, Half-brot	er, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), her, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citiz	en,							
	Provide approximate date of fi	rst contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)								
intry #4		Est.	Est.								
Enti	Provide methods of contact (C	heck all that apply).									
	In person	Telephone	Electronic (Such as e-mail, texting, chat rooms, etc)								
	Written correspondence	Other (Provide explanation)) ►								
	Provide approximate frequency	y of contact.									
	Daily	Monthly	Annually								
	Weekly	Quarterly	Other (Provide explanation) ►								
	Provide name of current emplo Employer name	oyer, or provide the name of their most r	ecent employer if not currently employed (if known).								
I don't know											
	Provide the address of current and Country if outside the United Sta	employer, or provide the address of the ates; otherwise, provide City, State and Zip Co	eir most recent employer if not currently employed. (Provide City de)	know							
	Street	City	State Zip Code Country								
	□ YES → Descrii □ NO	be the relative's relationship with the for	efense industry, foreign movement, or intelligence service? eign government, military, security, defense industry, foreign movement, or intelli	igence							
	I don't know										

Section 18 - Relatives - (Continued)

Entry #5					
Provide relative type.					
Provide your relative's full name. Last name	First n	ame		Middle name	Suffix
Provide your relative's date of birth. Date (<i>Month/Day/Year</i>)	Provide your relativ City	e's place of birth.	State	Country (Required)	I
Provide your relative's country(ies) of Country #1	itizenship.	Country #2			
18.1 Complete the following if the r Sister, Stepbrother, Stepsis			epmother, Stepfat	her, Child (including adopted/fo	oster), Stepchild, Brother,
If mother , provide your mother's ma Last name	iden name. [First n	Same as listed ame	🗌 l don't kno	w Middle name	Suffix
YES NO Provide other names used and the p name, alias, or nickname). #1 Last name	period of time that yo	ur relative used the First name	em (such as maider	n, name by a former marriage, forr Middle name	ner Not applicable
Maiden name? From <i>(Mont</i>	n/Year) Est.	To (Month/Year)	Present	Provide the reason(s) why the na	ame changed.
#2 Last name		First name		Middle name	Suffix
Maiden name? From <i>(Mont</i>	h/Year) Est.	To (Month/Year)	Present Est.	Provide the reason(s) why the na	ame changed.
#3 Last name		First name		Middle name	Suffix
Maiden name? From <i>(Mont</i>	h∕Year) Est.	To (Month/Year)	Present Est.	Provide the reason(s) why the na	ame changed.
#4 Last name		First name		Middle name	Suffix
Maiden name? From <i>(Mont</i>	n/Year) Est.	To (Month/Year)	Present Est.	Provide the reason(s) why the na	ame changed.

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Section 18 - Relatives - (Continued)

I	ls your relative deceased?				[YE	ES (If YES, proce	eed to 18.3) NO
	18.2 Complete the following if the relative I Stepchild, Brother, Sister, Stepbrot							
Entry #5	Provide your relative's current address. (Pro Street	vide City and Country if outside the City	United States	; otherwise, provid State	de City, State and Zi _l Zip Code		^{e)} ountry	
	Does this relative have an APO/FPO addres YES Provide your relative' NO Address I don't know			APO or FPO	APO/FF	PO St	ate Code	Zip Code
	 18.3 Complete the following if the relative li Sister, Stepbrother, Stepsister, Half OR Complete the following if the relative li Stepchild, Brother, Sister, Stepbroth foreign born and has a U.S. or APO/FI 	-brother, Half-sister and is a steed is your Mother, Father, S ner, Stepsister, Half-brother,	J.S. Citizen	, foreign born a Stepfather, F o	nd is deceased. oster parent, Ch	ild (ir	ncluding adop	ted/foster),
Entry #5	□ DS 1350 0 Of Na CIS □ Perm □ Certi		Derived Alie of C CIS Per	n Registration Citizenship—util or INS Registr	ize USCIS, ration number) ent Card (I-551)		Other (Provide	explanation)
	Provide document number.	Provide the nar	ne of the co	urt that issued	the Certificate of	Natu	ralization.	
	Provide the address of the court that issued Street	the Certificate of Naturalizatio	n. City				State	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	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.											
Entry #5	Not a U.S. Citizen: Status: I-551 Permanent Resident I-94 Arrival-Departure Record I-50 Certificate of Eligibility for Other (Provide explanation) Non-Immigrant-F1-Student Non-Immigrant-F1-Student										
	I-766 Employment U.S. Visa (red foil number) Authorization DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status										
	Provide document number Provide document expiration date. (Month/Day/Year) Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)										
	Est Est 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										
	I don't know										
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed.										
	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										
	 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. 										
5	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present										
intry #5	Est.										
En	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?										
	service.										
	NO										

Section 18 - Relatives - (Continued)

Entry #6				
Provide relative type.				
Provide your relative's full name. Last name Fir	st name		Middle name	Suffix
Provide your relative's date of birth. Provide your relative's date of birth. Date (<i>Month/Day/Year</i>)	lative's place of birth.	State	Country (Required)	I
Provide your relative's country(ies) of citizenship. Country #1	Country #2			
18.1 Complete the following if the relative listed is your sister, Stepbrother, Stepsister, Half-brother	our Mother, Father, Ste , Half-sister.	pmother, Stepfathe	er, Child (including adopted/fos	ter), Stepchild, Brother,
If mother , provide your mother's maiden name.	Same as listed St name	🗌 l don't know	Middle name	Suffix
YES NO Provide other names used and the period of time that name, alias, or nickname). #1 Last name	t your relative used ther First name	n (such as maiden, i	name by a former marriage, forme Middle name	er Not applicable Suffix
Maiden name? From <i>(Month/Year)</i>	To (Month/Year)	Present F	Provide the reason(s) why the nar	me changed.
#2 Last name	First name		Middle name	Suffix
Maiden name? From <i>(Month/Year)</i>	To (Month/Year)	Present F	Provide the reason(s) why the nar	me changed.
#3 Last name	First name		Middle name	Suffix
Maiden name? From <i>(Month/Year)</i>	To (Month/Year)	Present F	Provide the reason(s) why the nar	me changed.
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year) YES NO	To (Month/Year)	Present F	Provide the reason(s) why the nar	me changed.

Section 18 - Relatives - (Continued)

I	ls your relative deceased?					Y	ES (If YES, proce	eed to 18.3) NO
	18.2 Complete the following if the relative list Stepchild, Brother, Sister, Stepbrother							
Entry #6	Provide your relative's current address. <i>(Provid</i> Street	de City and Country if outside the City	United States;	otherwise, provic State	le City, State and Z Zip Code		le) Country	
	Does this relative have an APO/FPO address YES Provide your relative's Address NO Address I don't know		, A	APO or FPO	APO/F	PO SI	tate Code	Zip Code
	 18.3 Complete the following if the relative lists Sister, Stepbrother, Stepsister, Half-b OR Complete the following if the relative lists Stepchild, Brother, Sister, Stepbrother foreign born and has a U.S. or APO/FPC 	rother, Half-sister and is a l ed is your Mother, Father, Si r, Stepsister, Half-brother,	J.S. Citizen, tepmother,	foreign born a Stepfather, Fo	nd is deceased. Oster parent, Cl	nild (in	ncluding adop	ted/foster),
Entry #6	Provide one type of citizenship decumentation and decument number below:			n Registration (itizenship—util or INS Registr	ize USCIS, ation number) nt Card (I-551)		Other (Provide	explanation)
	Provide document number.	Provide the nam	ne of the cou	urt that issued	the Certificate of	Natu	ralization.	
	Provide the address of the court that issued the Street	ne Certificate of Naturalizatio	n. City				State	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	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. res	dence.						
Entry #6	Not a U.S. Citizen: I-551 Permanent Resident I-766 Employment	U.S. Visa (red foil number)	I-20 Certificate of Eligibility Non-Immigrant-F1-Student						
Authorization DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status									
Provide document number Provide document expiration date. (Month/Day/Year) Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)									
		Est.] Est.					
	Provide methods of contact (Cheo	ck all that apply).							
	In person	Telephone	Electronic (Such as e-ma	il, texting, chat rooms, etc)					
	Written correspondence	Other (Provide explanation) ►						
	Provide approximate frequency of	f contact.							
	Daily	Monthly	Annually						
	Weekly	Quarterly	Other (Provide explanation	on)▶					
	Provide name of current employed Employer name	r, or provide the name of their most red	cent employer if not currently emp	loyed (if known).					
		🗌 l don'	t know						
		ployer, or provide the address of their		ently employed.					
		United States; otherwise, provide City, State		I don't know					
	Street	City	State Zip Coc	le Country					
	☐ YES → Describe ☐ NO	sign government, military, security, def the relative's relationship with the forei		or intelligence service? defense industry, foreign movement, or intelligence					
		Stepbrother, Stepsister, Half-brothe		r parent, Child (including adopted/foster), ther-in-law, Guardian and is not a U.S. Citizen,					
6	Provide approximate date of first	contact. (Month/Year)	Provide approximate date of last	contact. (Month/Year) Present					
intry #6		Est.		Est.					
Ent	Provide methods of contact (Cheo	ck all that apply).							
	In person	Telephone	Electronic (Such as e-ma	il, texting, chat rooms, etc)					
	Written correspondence	Other (Provide explanation) ▶						
	Provide approximate frequency of	f contact.							
	Daily	Monthly	Annually						
	Weekly	Quarterly	Other (Provide explanation	on)▶					
	Provide name of current employed Employer name	r, or provide the name of their most red	cent employer if not currently emp	loyed (if known).					
			t know						
		nployer, or provide the address of their s; otherwise, provide City, State and Zip Code		ently employed. (Provide City					
	Street	City	State Zip Coc	le Country					
		eign government, military, security, def the relative's relationship with the forei		or intelligence service? defense industry, foreign movement, or intelligence					
	I don't know								

Section 19 - Foreign Contacts								
A foreign national is defined as any person who is not a citizen or national of the 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 legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.	IO, proceed on 20A)							
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 Middle name Suffix Explanation if name is unknown								
Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.								
Provide methods of contact (Check all that apply). In person Telephone Written correspondence Other (Provide explanation)								
Provide approximate frequency of contact. Daily Monthly Weekly Quarterly Other (Provide explanation) •								
Provide the nature of relationship (Check all that apply). Professional or Business Obligation (Provide explanation)	erests, etc)							
Provide other names and/or nicknames, as appropriate.								
Last name Middle name	Suffix							
Provide country(ies) of citizenship. Country #1 Country #2								
Provide date of birth. I don't know (Month/Day/Year) City Est. Est.	n)							
Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)	don't know							
Street City State Zip Code Country								
Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address. □ YES → Address APO or FPO APO/FPO State Code Zip Co □ NO □ I don't know □	ode							
Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed. Employer name								
Provide the address of the foreign national's 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.)	don't know							
Street City State Zip Code Country								
Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?	onvice							
□ YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence s	EI VICE.							
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, if known.						
Last name First nar	me	Middle name	Suffix	Explanation if name	is unknown	
Provide approximate date of first contact. (Mor	nth/Year) Provide	approximate date o	of last contact. (Mor	nth/Year)		
	Est.			Est.		
Provide methods of contact (Check all that ap	ply).					
In person	elephone	Electronic (Su	ich as e-mail, texti	ng, chat rooms, etc)		
Written correspondence	other (Provide explanation)	•				
Provide approximate frequency of contact.						
Daily	lonthly	Annually				
Weekly Q	luarterly	Other (Provid	e explanation) 🕨			
Provide the nature of relationship (Check all the	nat apply).					
Professional or Business		Personal (S	Such as family ties	, friendship, affection, con	nmon interests, etc)	
☐ Obligation (Provide explanation) ►		Other (Prov	/ide explanation) ▶	,		
Provide other names and/or nicknames, as ap	ppropriate.		1			
Last name	First name		Middle name		Suffix	
Provide country(ies) of citizenship.						
Country #1	Country #2					
Provide date of birth.	Provide place of	birth.	n't know			
(Month/Day/Year)	City		-	f country unknown, requires e	xplanation)	
Est.						
Provide current address. (Provide City and Coun	try if outside the United States; oth	nerwise, 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 national	's APO/FPO addre	ss.			
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 curr	rent employer, or provide the	name of their most	t recent employer i	f not currently employed.		
Employer name						
		I don't know				
Provide the address of the foreign national's c employed. (Provide City and Country if outside the L				over if not currently	I don't know	
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 co	ontact's relationship with the f	oreign government	, military, security,	defense industry, or intel	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 and/or continuing contact with a foreign national.					
Entry #3					
Provide the full name of the foreign national, Last name First na		Middle name	Suffix	☐ I don't know Explanation if name	is unknown
Provide approximate date of first contact. (Mo	onth/Year) Provi	de approximate date c	of last contact. (Month	/Year)	
	Est.			Est.	
Provide methods of contact (Check all that a	pply).				
	Telephone		ch as e-mail, texting	, chat rooms, etc)	
	Other (Provide explanation) •			
Provide approximate frequency of contact.		_			
	Monthly	Annually			
	Quarterly	Other (Provid	e explanation) >		
Provide the nature of relationship (Check all	that apply).			iendship, affection, con	nmon interests, etc)
☐ Obligation (Provide explanation) ►		Other (Prov	ride explanation) ►		
Provide other names and/or nicknames, as a	ippropriate.		1		1
Last name	First name		Middle name		Suffix
Provide country(ies) of citizenship. Country #1	Country #2				
Provide date of birth. I don't know (Month/Day/Year)	Provide place City	e of birth. 🗌 I doi	n't know Country <i>(If c</i>	ountry unknown, requires e	explanation)
Provide current address. (Provide City and Cou	intry if outside the United States	otherwise provide City S	State and Zin Code)		I don't know
Street	City	State	Zip Code	Country	
Does this person have an APO/FPO address	2 Provide the foreign natio	nal's APO/FPO addres			
☐ YES Address		APO or FP		PO/FPO State Code	Zip Code
NO I don't know					
Provide the name of the foreign national's cu Employer name	rrent employer, or provide	the name of their most	recent employer if r	not currently employed.	
		🗌 l don't know			
Provide the address of the foreign national's	current employer, or provid	le the address of their	most recent employe	er if not currently	I don't know
employed. (Provide City and Country if outside the Street		de City, State and Zip Cod State		Country	
Gilder	City		Zip Code		
Is this foreign national affiliated with a foreigr	l n government, military, secu	urity, defense industry	or intelligence servi	ce?	
	contact's relationship with th	• •	•		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 and/or continuing contact with a foreign national.						
Entry #4						
Provide the full name of the foreign national, if known.						
Last name First na	ame	Middle	e name	Suff	ix Explanation if name	is unknown
Provide approximate date of first contact. (M	onth/Year)	Provide approx	imate date o	of last contact. (Month/Year)	
	Est.				Est.	
Provide methods of contact (Check all that a	pply).					
In person	Telephone	E	lectronic (Su	uch as e-mail, te	exting, chat rooms, etc)	
Written correspondence	Other (Provide expla	nation) 🕨				
Provide approximate frequency of contact.						
Daily	Monthly	A	nnually			
Weekly	Quarterly		ther (Provid	le explanation)	•	
Provide the nature of relationship (Check all	that apply).					
Professional or Business			Personal (S	Such as family t	ies, friendship, affection, com	nmon interests, etc)
☐ Obligation (Provide explanation) ►			Other (Prov	vide explanatior	n) 🕨	
Provide other names and/or nicknames, as a	ppropriate.			-		
Last name	First name			Middle name		Suffix
Dravida country(ica) of citizanahin						
Provide country(ies) of citizenship. Country #1	Countr	v #2				
		,				
Provide date of birth.	Provide	e place of birth.		n't know		
(Month/Day/Year)	City			-	y (If country unknown, requires e	xplanation)
Est.						
Provide current address. (Provide City and Cou	Intry if outside the United	States; otherwise,	provide City,	State and Zip Cod	e.)	I don't know
Street	City		State	Zip Code	Country	
Does this person have an APO/FPO address	? Provide the foreigr	national's APO	/FPO addre	SS.		
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 cu	rrent employer, or pro	ovide the name	of their mos	t recent employ	er if not currently employed.	-
Employer name		_				
			don't know			
Provide the address of the foreign national's employed. (Provide City and Country if outside the					ployer if not currently	I don't know
Street	City	, provide City, Stat	State	Zip Code	Country	
Is this foreign national affiliated with a foreign	n government, militar	y, security, defe	nse industrv	, or intelligence	service?	
	-	-	-	-	ity, defense industry, or intel	ligence service.
NO I don't know						

Section 20A - Foreign Activities						
20A.1 Have you, your spouse or legally recognized ci EVER had any foreign financial interests (such corporate entities, corporate interests or excha economic sectors) in which you or they have di companies or diversified mutual funds or divers	as stocks, property, investmer nge traded funds (ETFs) held i rect control or direct ownership	nts, bank account n specific geogra o? (Exclude finan	ts, ownership of aphical or cial interests in	YES NO (If NO,)	proceed to 20A.2)	
Complete the following if you responded ' Yes ' to y having EVER had any foreign financial interests (s corporate entities, corporate interests or exchange direct control or direct ownership (Exclude financia U.S. exchange.)	uch as stocks, property, invest traded funds (ETFs) held in s	ments, bank acco pecific geographi	ounts, ownership cal or economic	o of corporate entities, own sectors) in which you or th	ership of ey have	
Entry #1						
Specify (Check all that apply):	Spouse or legally recognized	civil union/domes	stic partner] Cohabitant 🔄 Deper	ndent children	
Provide the type of financial interest.	Provide the date ac	quired. <i>(Month/Da</i>	<i>y/Year)</i> Est.			
Provide how the financial interest was acquired (suc	h as purchase, gift, etc.).					
Provide the cost (in U.S. dollars) at time of acquisition.	Provide the current ownership was sold			e at the time control or	Est.	
Provide the date control or ownership was relinquis		ovide explanatio	n of how interest	control or ownership was		
Date		herwise disposed			5010, 1051 01	
Are there any co-owners of this foreign financial inte						
YES NO						
#1 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 Unite	ed States; otherwise	, provide City, State	e and Zip Code.)	•	
Street Ci	ty	State	Zip Code	Country		
Provide your co-owner's country(ies) of citizensh	ip.	1		1		
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	City and Country if outside the Unite	ed States; otherwise	, provide City, State	e and Zip Code.)		
Street Ci	ty	State	Zip Code	Country		
Provide your co-owner's country(ies) of citizensh	ip.	I		1		
Country #1	Country #2		Provide the natu	re of your relationship with	the co-owner.	

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Section 20A - Foreign Activities (Continued)

Section ZoA - Foreign Activities (Sontinued)						
Complete the following if you responded ' Yes ' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)						
Entry #2						
Specify (Check all that apply): Yourself	Spouse or legally recognized	civil union/domes	stic partner	Cohabitant Depend	ent children	
Provide the type of financial interest.	Provide the date ac	quired. (Month/Da	y/Year)			
] Est.			
Provide how the financial interest was acquired (su	ch as purchase, gift, etc.).					
Provide the cost (in U.S. dollars) at time of acquisition.	Provide the current ownership was sold	`	,	e at the time control or		
	Est.				Est.	
Provide the date control or ownership was relinquished. (<i>Month/Day/Year</i>) Date Provide explanation of how interest control or ownership was sold, lost o otherwise disposed of.				old, lost or		
Are there any co-owners of this foreign financial int YES NO #1 Provide full name of co-owner.	erest?					
Last name	First name		Middle name		Suffix	
Provide the co-owner's current address. (Provide	e City and Country if outside the Uni	ited States; otherwis	e, provide City, State	e and Zip Code.)	-	
Street C	ity	State	Zip Code	Country		
Provide your co-owner's country(ies) of citizens	ship.					
Country #1	Country #2		Provide the natu	re of your relationship with	the co-owner.	
#2 Provide full name of co-owner.			4			
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 C	ity	State	Zip Code	Country		
Provide your co-owner's country(ies) of citizensh Country #1	hip. Country #2		Provide the natu	ire of your relationship with	the co-owner.	

Section 20A - Foreign Activities - (Continued)					
20A.2 Have you, your spouse or legally recognized of children EVER had any foreign financial intere			ent	YES NO (If NO, Pro	ceed to 20A.3)
Complete the following if you responded ' Yes ' to yo EVER had any foreign financial interests that some		ized civil union/do	omestic partner, c	ohabitant, or dependent	children having
Entry #1					
Specify: (Check all that apply): Yourself	Spouse or legally recognized ci	vil union/domestic	partner 🗌 C	ohabitant 🗌 Depend	ent children
Provide the type of financial Provide the r interest. Last name	name of the individual who contro F	ols this financial in Irst name	terest on your be	half. Provide this indiv relationship to yo	
Provide details regarding how the financial interest purchase, gift, etc.).		de the date this fin cquired. <i>(Month/Da</i>		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	or otl	de explanation if interest nerwise disposed of.	was sold, lost
E	Est.	Not A	pplicable		
Are there any co-owners of this foreign financial inter-	erest controlled on your behalf?				
YES NO					
#1 Provide the full name of co-owner.					
Last name	First name		Middle name		Suffix
Provide the co-owner's current address. (Provide	Length Country if outside the Unite	d States: otherwise	nrovide City State a	and Zin Code)	
	ity		ip Code	Country	
Provide the co-owner's country(ies) of citizensh	ip				
Country #1	Country #2	P	rovide your relation	onship 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. (Provide	I city and Country if outside the Unite	d States: otherwise.	provide Citv. State a	and Zip Code.)	
	ity		ip Code	Country	
Provide the co-owner's country(ies) of citizensh Country #1	ip. Country #2	P	rovide your relati	onship with the co-owner	

Section 20A - Foreign Activities - (Continued)

Complete the following if you responded ' Yes ' to EVER had any foreign financial interests that sort			/domestic partner,	cohabitant, or dependent	children having
Entry #2					
Specify: (Check all that apply): Yourself	Spouse or legally recogr	nized civil union/dome	stic partner	Cohabitant 🗌 Depend	ent children
Provide the type of financial Provide the type of financial Last name	e name of the individual who	o controls this financia First name	ll interest on your b	ehalf. Provide this indiv relationship to yo	
Provide details regarding how the financial intere purchase, gift, etc.).	st 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 in sold, lost, or other of. <i>(Month/Day/Year)</i> Est.	wise disposed	or o	I vide explanation if interest therwise disposed of.	was sold, lost
Are there any co-owners of this foreign financial i	interest controlled on your b				
#1 Provide the full name of co-owner. Last name	First name		Middle name	9	Suffix
Provide the co-owner's current address. (Pro Street	ovide City and Country if outside t City	the United States; otherwis State	se, provide City, State Zip Code	and Zip Code.) Country	
Provide the co-owner's country(ies) of citizen Country #1	ship. Country #2	·	Provide your rela	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. (Pro	vide City and Country if outside t	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 citizen Country #1	iship. Country #2	1	Provide your rela	l tionship with the co-owner	

Section 20A - Foreign Activities - (Continu	ued)							
20A.3 Have you, your spouse or legally reconcilerent events of the second state of the				YES NO (If	NO, Proceed to 20A.4)			
Complete the following if you responded " EVER owned, or do you anticipate owning				ner, cohabitant, or depe	ndent children			
Entry #1								
Specify (Check all that apply): Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children								
Provide the type of real estate property (such as home, business, etc.).	Provide the location/address of p Street	property. City		Country				
Provide the date of purchase or to be acquired. <i>(Month/Day/Year)</i>	Provide how the foreign real esta purchase, gift, etc.).	ate was or is to be a	acquired (such as	Provide the date applicable. (Mon	<i>'</i>			
Provide the cost (in U.S. dollars) when sol	I d or expected at time of acquisitio	n. Are/we	-	o-owners of this foreign				
#1 Provide the full name of co-owner. Last name	First name		Middle nam	le	Suffix			
Provide the co-owner's current address Street	s. (Provide City and Country if outside t City	the United States; othe State	rwise, provide City, St Zip Code	tate and Zip Code.) Country	i			
Provide the co-owner's country(ies) of Country #1	citizenship. Country #2	I	Provide the na	ature of your relationshi	p with the co-owner.			
#2 Provide the full name of co-owner. Last name	First name		Middle nam	ne	Suffix			
Provide the co-owner's current address	S. (Provide City and Country if outside t	the United States; othe	rwise, provide City, St	tate and Zip Code.)				
Street	City	State	Zip Code 	Country				
Provide the co-owner's country(ies) of Country #1	citizenship. Country #2		Provide the na	ature of your relationshi	p with the co-owner.			

Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country.							
Entry #2							
Specify (Check all that apply): Yours	Specify (Check all that apply): Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children						
Provide the type of real estate property	Provide the location/address of prope						
(such as home, business, etc.).	Street	City		Country			
Provide the date of purchase or	Provide how the foreign real estate w	as or is to be ac	quired (such as	Provide the date sold, if			
to be acquired. (Month/Day/Year)	purchase, gift, etc.).			applicable. (Month/Day/Year)			
Est.				Est.			
Provide the cost (in U.S. dollars) when sole	d or expected at time of acquisition.	Are/were	/will there any co-ow	/ners of this foreign real estate?			
	Г	Est. YES					
#1 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 L	nited States: otherw	ise provide City State a	and Zin Code)			
Street	City	,		Country			
outer				Soundy			
Provide the co-owner's country(ies) of a			5	e			
Country #1	Country #2		Provide the nature	e of your relationship with the co-owner.			
#2 Provide the full name of co-owner.	F : (0.5			
Last name	First name		Middle name I	Suffix			
Provide the co-owner's current address		nited States; otherwi	ise, provide City, State a	nd Zip Code.)			
Street	City	State	Zip Code	Country			
Provide the co-owner's country(ies) of o	citizenship.	· · ·	•				
Country #1	Country #2		Provide the nature	e of your relationship with the co-owner.			

Sectio	n 20A - Foreign Activ	ities - (Con	ntinued)						
20A.4		eceived in	the last seven	(7) years,	or are eligible t	domestic partner, coha o receive in the future, n a foreign country?		☐ YE	S NO (If NO, Proceed to 20A.5)
depe		d in the las							n/domestic partner, cohabitant, or retirement, social welfare, or other
Entr	y #1								
Spec	cify (Check all that app	ly)	Yourself	Spouse or	legally recogniz	zed civil union/domestic	c partner	Coh	abitant 🔄 Dependent children
Prov	ide the type of benefit.		Educational Other such ben	efit (Provid	Medical de explanation)	Retiremer	ıt	Soc	cial Welfare
Prov bene	ide the frequency of th fit.		Onetime benefi Other <i>(Complete</i>			Future benefit (Comple	ete (b))	Cor	ntinuing benefit (Complete (c))
	you have indicated th enefit from a foreign c		r spouse or lega	ally recogni	zed civil union/	domestic partner, coha	bitant, or c	lependent	children received a onetime
	Provide the date the be vas received. (Month/Da	ay/Year)	Provide the na providing the I		country	Provide the total valu dollars) of the benefit	•	_	Provide the reason this benefit was received.
_		Est.						Est.	
	as a result of this benefivay to this foreign cour	itry?	your spouse or l	0,	gnized civil uni	on/domestic partner, yo	our cohabi	tant, or de	pendant children obligated in any
	you have indicated th enefit from a foreign c		r spouse or lega	ally recogni	zed civil union/	domestic partner, coha	bitant, or c	lependent	children expect to receive a
	Provide the date the be egin. <i>(Month/Day/Year)</i>	nefit will	Ann	the frequer ually irterly	ncy the benefit	will be received.	ide explan	ation) ▶	
P	Provide the name of the	e country pr	oviding this ben	efit. Provi	ide the value (ir	u U.S. dollars) of the		Pro	ovide the reason this benefit will
				bene	fit to be receive	ed.		be	received.
								Est.	
	as a result of this bene vay to this foreign cour ☐ YES _ NO	itry?	your spouse or l	0)	ognized civil uni	on/domestic partner, y	our cohabi	tant, or de	pendant children obligated in any
	have indicated that yo enefit from a foreign c	• •	ouse or legally r	ecognized	civil union/dom	estic partner, cohabitar	nt, or depe	ndent chil	dren receive a continuing or other
Р	Provide the date the be	nefit began	. (Month/Day/Yea	r)	Provide the da	ate the benefit is expec	ted to end	. (Month/Da	ay/Year)
				Est.					Est.
P	Provide the frequency t	hat this ben	efit is received.						
[Annually		Monthly		Other (Pro	vide explanation) ▶			
[Quarterly		Weekly						
	Provide the name of the name of the name of the	e country pr	oviding	Provide t of benefi	he total value (t.	in U.S. dollars)		Provide t being rec	he reason this benefit is eived.
							Est.	-	
	s a result of this bene ay to this foreign cour	itry?		0 7	ognized civil uni	on/domestic partner, yo		tant, or de	pendant children obligated in any
[YES	If yes, pro	vide explanatior	1.					

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Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last 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 or legally recognized civil union/domestic partner 🗌 Cohabitant 📄 Dependent children								
Provide the type of benefit. Educational Medical Retirement Social Welfare Other such benefit (Provide explanation) Image: Comparison of the such benefit (Provide explanation) Image: Comparison of the such benefit (Provide explanation) Image: Comparison of the 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 or legally recognized civil union/domestic partner, 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. Est. Est.								
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?								
 NO (b) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, 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 be received.								
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, 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 or legally recognized civil union/domestic partner, 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.								
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any								
way to this foreign country?								
YES If yes, provide explanation. NO								

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Section 20A - Foreign Activities - (Continued)

20A.5 Have you EVER provided financial support for any foreign national?							
Complete the following if you responded 'Yes	to providing financial support for a	any foreign nati	onal.				
Entry #1							
Provide the name of the foreign national you s Last name	support or have supported financia First name	illy.	Middle name		Suffix		
Provide the address of the foreign national lis	ted above. (Provide City and Country in	f outside the Unite	d States; otherwise, prov	vide City, State and Zip C	ode.)		
Street	City	State	Zip Code	Country			
Provide the nature of your relationship with th	Provide the	amount (in U.S. dolla	ars) of all financial sup	oport provided.			
Provide the frequency of your support.	Provide this foreign national's c Country #1	ountry(ies) of c	itizenship. Country #2				
Entry #2	·		•				
Provide the name of the foreign national you s Last name	support or have supported financia First name	lly.	Middle name		Suffix		
Provide the address of the foreign national lis	ted above. (Provide City and Country in	f outside the Unite	d States; otherwise, pro	vide City, State and Zip C	code.)		
Street	City	State	Zip Code	Country			
Provide the nature of your relationship with the foreign national listed above. Provide the amount (in U.S. dollars) of all financial support provided.							
	-				Est.		
Provide the frequency of your support.	Provide this foreign national's c Country #1	ountry(ies) of c	itizenship. Country #2				

Sectio	n 20B - Foreign Business, Professional Activ	vities, and Foreign Gov	vernment Contacts			
20B.1	Have you in the last seven (7) years provide foreign business or other foreign organization (Answer "No" if all your advice or support was	that you have not previo	ously listed as a former	r employer?	YES NO (If NO, p	roceed to 20B.2)
	nplete the following if you responded 'Yes' to ha ness or other foreign organization that you have			ce or support to any in	dividual associated w	vith a foreign
Ent	ry #1					
Prov	vide a description of advice/support provided.	Provide the name of th Last name	ne individual to whom a First name		provided. Middle name	Suffix
	vide the name of the foreign organization or fore ociated.	ign business with whom	the individual is Prov	vide the country of orig	in for the organizatio	n or business.
1	vide the date(s) during which this advice or support of the date (s) during which this advice or support of the date (Month/Year) To Date (Monthe date (Monthe date) To Date) To Date (Monthe date) To Date (Monthe date) To Date) To Date) To Date) To Date (Monthe date) To Dat		Describe what comp	ensation, if any, was p	rovided for your serv	ice.
Ent	ry #2					
	vide a description of advice/support provided.	Provide the name of th Last name	ne individual to whom a First name		provided. Middle name	Suffix
	<i>v</i> ide the name of the foreign organization or fore ssociated.	ign business with whom	the individual Prov	vide the country of orig	in for the organizatio	n or business.
	vide the date(s) during which this advice or supp m Date (<i>Month/Year</i>) To Date (<i>Mon</i> Est.		Describe what comp	ensation, if any, was p	rovided for your serv	ice.
	s question, 'Immediate Family' means your spou s, children, step-children, and cohabitant.	use or legally recognized	civil union/domestic pa	artner, parents, step-p	arents, siblings, half	and step-
20B.2	Have you, your spouse or legally recognized your immediate family in the last seven (7) y even informally, by any foreign government o was authorized pursuant to official U.S. Gove	rears been asked to prov fficial or agency? (Answe	vide advice or serve as	a consultant, 🛄 🗋	S NO (If NO, pl	roceed to 20B.3)
imm	nplete the following if you responded 'Yes' to yo ediate family having in the last seven (7) year s ial or agency.					
Ent	ry #1					
	vide the name of the government official. name	First name		Middle name	Su 	ffix
Prov	vide the name of the agency.		Provide the country v	vith which the governm	nent official or agency	is affiliated.
Prov	vide the date of the request. (<i>Month/Year</i>)	Provide the circumstar	nces of request.			
Ent	ry #2	+				
	vide the name of the government official. name	First name		Middle name	Su	fix
Prov	vide the name of the agency.	·	Provide the country v	vith which the governm	nent official or agency	r is affiliated.
Prov	vide the date of the request. (Month/Year)	Provide the circumstar	nces of request.			

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) 20B.3 Has any foreign national in the last 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 last 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 Country

Entry #2							
Provide the name of the foreign national	who made th	e offer.					
Last name		First name			Middle name	Suffix	
Provide a description of the position offer	ed.				Did you accept the offer?		
					☐ YES Explanation ▶		
		Est.			□ NO Explanation ►		
Provide location of where this occurred. (Provide City an	d Country if outside the	United States; otherwi	ise, provi	ide City, State and Zip Code.)		
City	State	Zip Code	Country				

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Section 20B - Foreign Business, Pre	ofessional Activitie	s, and Foreign Gov	vernme	nt Contacts -	(Contini	ued)		
20B.4 Have you in the last seven (national not described above						•	YES NO (If N	IO, proceed to 20B.5)
Complete the following if you respo national not described above.	nded 'Yes' to having	in the last seven (7) year	s been involve	d in any	other type of	of business venture v	with a foreign
Entry #1								
Provide the full name of this foreign	national.							
Last name	Fi	rst name			Midd	le name		Suffix
Provide the full current address of the	nis foreign national.	(Provide City and Count	try if outs	ide the United Sta	ates; othe	rwise, provide	e City, State and Zip Cod	le.)
Street	City			State	Zip Code	е	Country	
Provide the citizenship(s) of this for	eign national							
Country #1	sign national.	Country #2						
Provide a description of the busines	s venture.					Provide yo	our relationship to thi	s foreign national.
Provide the length of time you have	been involved in th	- husiness venture	Provid	e the nature of	associa	tion with	Provide the position	n vou held
From Date (Month/Year)	To Date (Month/Yea			siness venture				r you neid.
. , _								
Est.		Est.						
Provide the service you provided.	Provide the final	ncial support involve	ed. F	Provide a desci	ription of	f what comp	pensation was provid	ed for your service.
Entry #2								
Provide the full name of this foreign	national							
Last name		rst name			Midd	le name		Suffix
Laornamo		othanio						
<u> </u>					_			
Provide the full current address of the	-	(Provide City and Count						le.)
Street	City			State	Zip Code	e	Country	
Provide the citizenship(s) of this for	eign national.						1	
Country #1	0	Country #2						
-								
Provide a description of the busines	s venture.					Provide yo	our relationship to thi	s foreign national.
Provide the length of time you have	been involved in the	e business venture	Provid	e the nature of	associa	tion with	Provide the position	n vou held
From Date (Month/Year)	To Date (Month/Yea	_		siness venture				, journoidi
Est.								
Est.		Est.						
Provide the service you provided.	Provide the final	ncial support involve	ed. F	Provide a desci	ription of	f what comp	pensation was provid	ed for your service.

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

20B.5 Have you **in the last 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' or meetings outside the U.S.	to in the last 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 for	reign nationals as a result of the event?									
☐ YES	Contact #1 explanation									
NO for each contact.										
	Contact #3 explanation									
	Contact #4 explanation									
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 for	reign nationals as a result of the event?									
YES	Contact #1 explanation									
NO IOF each contact.	Contact #2 explanation									
	Contact #3 explanation									
	Contact #4 explanation									

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)											
For this question, 'Immediate Family' means your spouse, parents, step-parents, siblings, half and step- siblings, children, step-children, and cohabitant.											
20B.6 Have you or any member of your immediate family in the last seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) 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, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.)											
foreign governme	Complete the following if you responded 'Yes' to you or any member of your immediate family having in the last seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.										
Entry #1											
Provide the name of the individual involved in the contact. Last name First name Suffix											
Provide the location City	on of the contact. <i>(Provide Cit</i> y	and Countr	<i>ry if outside t</i> State	he United	d States; otherwise, provide Zip Code	e City, State and Zip Code.) Country					
Provide the date of (Month/Year)			de the fore try #1	ign gov	ernment(s) involved.	Country #2					
embassy, consula	of establishment (such as ate, agency, military service, curity service, etc.) involved.	Provi	de the nan sentatives		ne foreign d in contact.	Provide the purpose/circumstances	Provide the purpose/circumstances of contact.				
Was there any su	bsequent contact initiated by	you, your	immediate	e family	member, or a represer	ntative of the foreign organization?					
	Provide the purpose of the	subsequer	nt contact		e date of most recent ct <i>(Month/Day/Year)</i>	Provide plans for future contact					
□ NO											
Entry #2	of the individual involved in	he contac	\								
Last name		First				Middle name	Suffix				
Provide the location City	on of the contact. (<i>Provide Cit</i> j	and Countr	ry if outside t State	he United	d States; otherwise, provide Zip Code	City, State and Zip Code.) Country					
Provide the date of <i>(Month/Year)</i>	_	Coun I	de the fore try #1	ign gov	ernment(s) involved.	Country #2					
embassy, consula	Est. Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Provide the names of the foreign representatives involved in contact. Provide the purpose/circumstances of contact.						of contact.				
Was there any su	bsequent contact initiated by	you, your	immediate	e family	member, or a represer	ntative of the foreign organization?					
	Provide the purpose of the	subsequer	nt contact	1	le date of most recent ct <i>(Month/Day/Year)</i>	Provide plans for future contact					
NO											

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (<i>Continued</i>)									
20B.7 Have you in the last seven (7) years spo for work, or for permanent residence?									
Complete the following if you responded 'Yes' to work, or for permanent residence.	Complete the following if you responded 'Yes' to in the last seven (7) years having sponsored any foreign national to come to the U.S. as a student, for								
Entry #1									
Provide the name of the sponsored foreign natio									
Last name	First name		Middle name		Suffix				
Provide the date of birth for the sponsored foreig	n national								
• • • • • • • • • • • • • • • • • • •	5								
Est.									
Provide the place of birth for the sponsored fore	ign national.								
	-	ntry (Required)							
		, ,							
Provide the current street address of the sponsored 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 country(ies) of citizenship for the sp	-		he name of the org	•	Not Applicable				
Country #1 Co	ountry #2	which sp	onsorship was arra	nged, if applicable.					
Provide the address of the organization through		ed, if applicable. (F	Provide City and Count	try if outside the	Not Applicable				
United States; otherwise, provide City, State and Zip C		<u>.</u>	-	o 1					
Street	City	State	Zip Code	Country					
Provide the dates of stay in the U.S. for the spor	I nsored foreign national								
From Date (Month/Year) To Date (M									
	,								
Est.	Est.								
Provide the address of the sponsored foreign na	ational while residing in the U.S								
Street	City	State	Zip Code						
	-								
	<u> </u>								
Provide the purpose of stay in the U.S. for the s	ponsored foreign national.	Provide the purpos	se of your sponsors	hip for the sponsored	d foreign national.				

Enter your Social Security Number before going to the next page

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

Complete the following if you responded 'Yes' to in the last seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.								
Entry #2								
Provide the name of the sponsored for	reign nationa	al						
Last name		First name			Middle name		Suffix	
Luot hamo	l.	not name						
Provide the date of birth for the spons	ored foreign	national.						
Date (Month/Year)	don't know							
	st.							
Provide the place of birth for the spon	sored foreign	n national.						
City	State	e Zip Code	Count	ry (Required)				
Dravida the current street address of	the energy re-	d foreign notional //		and Country if out	side the United Otates		Otata and Zin Oada)	
Provide the current street address of the Street	•	city	Provide City	State	Zip Code	Country	, State and Zip Code)	
Street	ر ا	City			ZIP Code	l		
Provide the country(ies) of citizenship	for the spons	sored foreign nation	al.	Provide	the name of the or	ganization through	Not Applicable	
Country #1	•	ntry #2		which sp	oonsorship was arr	anged, if applicable.		
,	1	,		1				
Provide the address of the organization			is arranged	, if applicable. (Provide City and Cou	ntry if outside the	Not Applicable	
United States; otherwise, provide City, Stat		,		<u></u>	-	0 1		
Street		City		State	Zip Code	Country		
Provide the dates of stay in the U.S. f	or the sponso	ored foreign national						
-	Fo Date <i>(Mont</i>	-	sent					
Est.	,	∕ ⊡ ⊡ Est.						
Provide the address of the sponsored	-	-	the U.S.	e t t				
Street		City		State	Zip Code			
Provide the purpose of stay in the U.S	for the spor	nsored foreign natio	nal Pr	ovide the purpo	se of your sponsor	ship for the sponsore	d foreign national	

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)									
20B.8 Have you EVER held political office in	n a foreign country?			YES	NO (If NO, proceed to 20B.9)				
Complete the following if you responded 'Ye	s' to having EVER held political	office in a foreign count	try.						
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	1					
	Est.		Est.						
Provide the reason(s) for these activities.		Provide your current e	eligibility to ho	ld 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	Provide your current eligibility to hold political office 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	s' to having EVER voted in the e	election of a foreign cou	intry.						
Entry #1									
Provide the date you voted in the foreign ele	ection. (Month/Year)	Provide the name	Provide the name of the country involved.						
	Es	st.							
Provide the reason(s) for these activities.		Provide your current eligibility to vote in a foreign country.							
Entry #2		-							
Provide the date you voted in the foreign ele	ection. (Month/Year)	Provide the name	Provide the name of the country involved.						
	Es	st.							
Provide the reason(s) for these activities.		Provide your current eligibility to vote in a foreign country.							

Section 20C - Foreign Travel

Have you traveled outside the	e U.S. in the last seven (7) years?	YES NO (If NO, proceed to Section 21)							
Has your travel in the last seven (7) years been solely for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)?									
	ou responded 'Yes' to having traveled outside the U.S. in the last seven (7) y all such trips made outside the United States including personal trips made ir ers.								
Entry #1									
Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) Present Est.	Provide the total number of days involved in the visit. 1-5 11-20 More than 30 6-10 21-30 Many short trips							
Provide the purpose of the	travel to this country (Check all that apply).								
Business/Professional of	conference Education Trade shows, conferences	s, 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 customs or security service officials when entering or leaving this country? YES If yes, provide explanation. NO									
While traveling to or in this	country, were you involved in any encounter with the police?								
☐ YES→ If y	yes, provide explanation.								
□ NO] NO								
	country, were you contacted by, or in contact with any person known or suspity, or military organizations?	pected of being involved or associated with foreign							
☐ YES→ If y	yes, provide explanation.								
While traveling to, or in this	country, were you involved in any counterintelligence or security issues not	reported?							
│	yes, provide explanation.								
While traveling to or in this	country, were you contacted by, or in contact with anyone exhibiting excession	ive knowledge of or undue interest in you or your job?							
│	yes, provide explanation.								
information?	country, were you contacted by, or in contact with anyone attempting to obta	ain classified information or unclassified, sensitive							
│ YES> If y │	yes, provide explanation.								
While traveling to, or in this intelligence or security serv	country, were you threatened, coerced, or pressured in any way to coopera	te with a foreign government official or foreign							
	yes, provide explanation.								

Section 20C - Foreign Travel - (Continued)

	responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.							
Entry #2								
Provide the country visited. Provide the dates of your travel to this country. Provide the total number of days involved in the								
	From Date (Month/Year) To Date (Month/Year) Present 1-5 11-20 More than 30							
Dravida the nurness of the tre	Image: Section of the section of t							
Business/Professional co								
Volunteer activities	Tourism Visit family or friends							
customs or security service o	ountry, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local fficials when entering or leaving this country? s, provide explanation.							
While traveling to or in this co	untry, were you involved in any encounter with the police?							
YES	s, provide explanation.							
□ NO								
While traveling to or in this co intelligence, terrorist, security	untry, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign , or military organizations?							
YES	s, provide explanation.							
NO								
While traveling to, or in this c	ountry, were you involved in any counterintelligence or security issues not reported?							
	s, provide explanation.							
NO								
	untry, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?							
	s, provide explanation.							
NO								
information?	untry, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive s, provide explanation.							
□ NO								
While traveling to, or in this control intelligence or security service	ountry, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign e?							
YES If yes	s, provide explanation.							
□ NO								

Section 20C - Foreign Travel - (Continued)

	t all such trips	d 'Yes' to having traveled made outside the United s		• • • •	•			
Entry #3								
Provide the country visited. Provide the dates of your travel to this country. Provide the total number of days involved in the								
From Date (Month/Year) To Date (Month/Year) Present 1-5 11-20 More t								
		Est.		Est.	6-10	21-30	Many short trips	
		country (Check all that ap						
Business/Professiona	al conference	Education			es, and seminar	s [](Other	
Volunteer activities		Tourism	Visit family					
		re you questioned, search en entering or leaving this		ed (other thar	n for normal cus	stoms requireme	ents) by the local	
	f yes, provide	0 0	,					
□ NO								
While traveling to or in thi	is country, wei	re you involved in any enc	ounter with the police?					
	f yes, provide	explanation.						
□ NO								
While traveling to or in thi intelligence, terrorist, secu		re you contacted by, or in or you contacted by, or in or you contacted by, or in or you contacted by the second	contact with any person	known or su	spected of being	g involved or as	sociated with foreign	
	f yes, provide	explanation.						
□ NO								
While traveling to, or in th	iis country, we	re you involved in any cou	Interintelligence or secu	irity issues no	ot reported?			
	f yes, provide	explanation.						
NO								
While traveling to or in thi	is country, wer	re you contacted by, or in o	contact with anyone ext	nibiting exces	sive knowledge	of or undue inte	erest in you or your job?	
	f yes, provide	explanation.						
NO								
information?		re you contacted by, or in o	contact with anyone atte	empting to ob	tain classified ir	nformation or un	classified, sensitive	
	f yes, provide	explanation.						
		re you threatened accrea	d or proceured in any	way to oconor	ato with a faraic			
intelligence or security se		re you threatened, coerce	u, or pressured in any v	vay to cooper	ate with a loreit	yn government d		
	f yes, provide	explanation.						
□ NO								

Section 20C - Foreign Travel - (Continued)

	t all such trips	d ' Yes' to having traveled outs made outside the United State		· · ·		•		
Entry #4								
Provide the country visited. Provide the dates of your travel to this country. Provide the total number of days involved in the								
From Date (Month/Year) To Date (Month/Year) Present 1-5 11-20 More th								
		Est.		Est.	6-10	21-30	Many short trips	
		country (Check all that apply)				_		
Business/Professiona	al conference	Education			es, and seminar	s 🔤 C	Other	
Volunteer activities		Tourism	Visit family	or friends				
customs or security servic		re you questioned, searched, en entering or leaving this cou explanation.		ed (other thar	n for normal cus	toms requireme	nts) by the local	
While traveling to or in this	s country, wer	e you involved in any encount	er with the police?					
☐ YES → If	f yes, provide	explanation.						
While traveling to or in this intelligence, terrorist, secu		re you contacted by, or in conta y organizations?	act with any person	known or su	spected of being	g involved or ass	sociated with foreign	
☐ YES —→ If	f yes, provide	explanation.						
□ NO								
While traveling to, or in thi	is country, we	re you involved in any counter	intelligence or secu	irity issues no	ot reported?			
☐ YES —→ If	f yes, provide	explanation.						
□ NO								
While traveling to or in this	s country, wer	e you contacted by, or in conta	act with anyone exh	nibiting exces	sive knowledge	of or undue inte	rest in you or your job?	
☐ YES —→ If	f yes, provide	explanation.						
□ NO								
information?	s country, wer f yes, provide	e you contacted by, or in conta	act with anyone atte	empting to ob	tain classified in	formation or un	classified, sensitive	
	io ocuptar	revertened energy -	r propourod in crew		ento with a family			
intelligence or security ser		re you threatened, coerced, or	pressured in any v	vay to cooper	ale with a foreig	in government c	micial or toreign	
	f yes, provide	explanation.						
□ NO								

Section 21 - Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

Mental health treatment and counseling, in and of itself, <u>is not a reason</u> to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

21A	Has a court or administrative agen	cy EVER issued an order declaring y	ou mentally incompetent?	YES	NO (If NO, proc

NO (If NO, proceed to Section 21B)

Complete the following if you responded 'Yes'	to having a court or administrative a	gency EVER iss	suing an order decla	aring you mentally incompetent.
Entry #1				
Provide the date this occurred. (Month/Year)	Provide the name of the court or ad	ministrative age	ency that declared y	ou mentally incompetent.
Est.				
Provide the address of the court or administrati	ve agency. (Provide City and Country	f outside the Unite	ed States; otherwise, p	provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Was this matter appealed to a higher court or a	idministrative agency?			
YES NO				
Appeal #1				
Provide the name of the court or administration	ative agency.	Provide the fir	nal disposition.	
Provide the address of the court or administry	strative agency. (Provide City and Cou	ntry if outside the	United States; otherw	vise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Appeal #2				
Provide the name of the court or administration	ative agency.	Provide the fir	nal disposition.	
Provide the address of the court or administry	strative agency. (Provide City and Cou	ntry if outside the	United States; otherw	vise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country

ction 21A - Psychological and Emotio	onal Health - (Continued)			
Complete the following if you responded	I 'Yes' to having a court or administ	trative agency EVER i	ssuing an order de	eclaring you mentally incompetent.
Entry #2				
Provide the date this occurred. (Month/Y	ear) Provide the name of the coul Est.	urt or administrative a	gency that declare	d you mentally incompetent.
Provide the address of the court or adm	inistrative agency. (Provide City and	Country if outside the Ur	nited States; otherwis	e, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Vas this matter appealed to a higher co	urt or administrative agency?			
Appeal #1				
Provide the name of the court or ad	ministrative agency.	Provide the	final disposition.	
Provide the address of the court or Street	administrative agency. <i>(Provide City</i> City	and Country if outside the State	ne United States; oth Zip Code	erwise, provide City, State and Zip Code) Country
Appeal #2			1	I
Provide the name of the court or ad	ministrative agency.	Provide the	final disposition.	
	0, 7		•	
Provide the address of the court or	administrative agency. (Provide City	and Country if outside th	ne United States; oth	erwise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Entry #3				
Provide the date this occurred. (Month/Y	ear) Provide the name of the cou	urt or administrative a	gency that declare	d you mentally incompetent.
	Est.			
Provide the address of the court or adm	inistrative agency. (Provide City and	Country if outside the Ur	nited States; otherwis	e, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Vas this matter appealed to a higher co	urt or administrative agency?			
Appeal #1				
Provide the name of the court or ad	ministrative agency.	Provide the	final disposition.	
Provide the address of the court or	administrative agency. (Provide City	v and Country if outside th	ne United States; oth	erwise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Appeal #2			1	I
Provide the name of the court or ad	ministrative agency.	Provide the	final disposition.	
	······			
Provide the address of the court or	administrative agency. (Provide Citv	/ and Country if outside th	ne United States; oth	erwise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country

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Section 2	1B - Psychological and Emotional He	alth - (Continued)			
р () а	Has a court or administrative agency EVI professional (for example, a psychiatrist, An order to a military member by a supe and therefore would not require an affirm within the scope of the question and wou	psychologist, licensed clinical socia rior officer is not within the scope of ative response. An order by a milita	l worker, etc.)? this question,	YES	NO (If NO, proceed to Section 21C)
Comple	ete the following if you responded 'Yes' t	o having a court or administrative a	gency EVER or	dered you to consult	with a mental health professional.
Entry #	ł1				
Provide (Month/		Provide the name of the court or ad health professional.	ministrative age	ncy that ordered yo	u to consult with a mental
Provide	the address of the court or administrative	ve agency. (Provide City and Country i	f outside the Unite	ed States; otherwise, p	rovide City, State and Zip Code)
Street		City	State	Zip Code	Country
Provide	the final disposition.		-		
Was th	is matter appealed to a higher court or a	dministrative agency?			
🗌 YE	S NO				
Ар	peal #1				
Pro	ovide the name of the court or administra	tive agency.	Provide the fir	nal disposition.	
Pro	ovide the address of the court or adminis	strative agency. (Provide City and Cou	ntry if outside the	United States; otherwi	se, provide City, State and Zip Code)
	eet	City	State	Zip Code	Country
Ар	peal #2				
Pro	ovide the name of the court or administra	ative agency.	Provide the fir	nal disposition.	
Pro	ovide the address of the court or adminis	strative agency. (Provide City and Cou	ntry if outside the	United States; otherwi	
Str	eet	City	State	Zip Code	Country

tion 21B - Psychological and Em						
complete the following if you respon	ded 'Yes' f	o having a court or adminis	trative agenc	EVER or	dered you to cor	sult with a mental health professional.
ntry #2						
rovide the date this occurred. <i>Aonth/Year)</i>		Provide the name of the co health professional.	urt or adminis	trative age	ency that ordered	l you to consult with a mental
rovide the address of the court or a	dministrati	ve agency. (Provide City and	Country if outs	de the Unite	ed States; otherwis	e, provide City, State and Zip Code)
treet		City	Sta	te	Zip Code	Country
rovide the final disposition.	I					
/as this matter appealed to a highe YES NO Appeal #1	r court or a	dministrative agency?				
Provide the name of the court of	administra	ative agency.	Pro	vide the fir	nal disposition.	
Provide the address of the court	or adminis	strative agency. (Provide City	/ and Country in	outside the	United States; oth	erwise, provide City, State and Zip Code)
Street		City	Sta		Zip Code	Country
Appeal #2						
Provide the name of the court or	administra	ative agency.	Pro	vide the fir	nal disposition.	
Provide the address of the court	or adminis	strative agency. (Provide City	/ and Country in	outside the	United States; oth	erwise, provide City, State and Zip Code)
Street		City	Sta	te	Zip Code	Country I

Section 21C - Psychological and Emotional He	aith - (Continued)						
21C Have you EVER been hospitalized for a n	mental health condition?			YES	NO (If	NO, proceed to S	Section 21D)
Complete the following if you responded 'Yes' t	o having EVER been hospitalized	l for a mental he	ealth co	ondition			
Entry #1							
Was the admission voluntary or involuntary?				Provide the	dates of tre	atment.	
Voluntary Explanation ▶				From Date		To Date	
				(Month/Year)		(Month/Year)	Present
☐ Involuntary Explanation ▶					Est.		Est.
Provide the name of the facility where treatmen	t was provided.						
Provide the address of the facility where treatm						ide City, State and	d Zip Code)
Street	City	State	Zip C	Code	Country I		
Entry #2							
Was the admission voluntary or involuntary?				Provide the	dates of tre	atment.	
☐ Voluntary Explanation ▶				From Date (Month/Year)		To Date (Month/Year)	_
☐ Involuntary Explanation ▶					Est.		Present
Provide the name of the facility where treatmen	t was provided.						
Provide the address of the facility where treatm	ent was provided. (Provide City and	d Country if outsid	le the U	nited States; ot	herwise, prov	ide City, State and	d Zip Code)
Street	City	State	Zip C	ode	Country		
Entry #3			•				
Was the admission voluntary or involuntary?				Provide the	dates of tre	atment.	
Voluntary Explanation ▶				From Date		To Date	
				(Month/Year)		(Month/Year)	Present
☐ Involuntary Explanation ▶					Est.		Est.
Provide the name of the facility where treatmen	t was provided.						
Provide the address of the facility where treatm	ent was provided. (Provide City and	d Country if outsid	le the U	nited States; ot	herwise, prov	ide City, State and	d Zip Code)
Street	City	State	Zip C	ode	Country		
Entry #4				_			
Was the admission voluntary or involuntary?				Provide the	dates of tre	atment.	
☐ Voluntary Explanation ▶				From Date (Month/Year)		To Date (Month/Year)	Present
☐ Involuntary Explanation ▶					Est.		Est.
Provide the name of the facility where treatmen	t was provided.			I		I	
Provide the address of the facility where treatm	ent was provided. (Provide City and	d Country if outsid	le the U	nited States; ot	herwise, prov	ide City, State and	d Zip Code)
Street	City	State	Zip C	ode	Country		
			1		1		

Section 21D - Psychological and Emotional Heal	th - (Continued)						
The following question asks whether you have been udgment, reliability, or trustworthiness. If you answe condition, as well as any applicable course of treatm eligibility for access to classified information or for h eligibility for physical or logical access to federally co	er in the affirmative, we nent. It is important to no olding a sensitive position	will seek add ote that any s on, suitability	itional inforn uch diagnos or fitness to	nation about the se sis, in and of itself,	eriousness and is not a reasor	symptoms of <u>n</u> to revoke o	f the or deny
21D Have you EVER been diagnosed by a physic psychiatrist, psychologist, licensed clinical disorder, schizophrenia, schizoaffective dis borderline personality disorder, or antisocial	social worker, or nurse porder, delusional disord	oractitioner) v	vith psychot	ic	☐ NO (If NO,	, proceed to Si	ection 21E)
Complete the following if you responded 'Yes' to	having EVER been diag	nosed by a p	hysician or	other health profes	sional.		
Entry #1							
Identify the diagnosis or health condition.				e dates of diagnos e(<i>Month/Year</i>)		Month/Year)	Present
Provide the name of the health care professional treating you for such diagnosis, or with whom you			Provide th Telephone	e telephone numbe e number	er of the health Extension	Day	Night Night Inal or DSN
Provide the address of the health care profession such condition. (Provide City and Country if outside the Street			State and Zip		is, or with whon Country	n you have d	iscussed
Provide the name of any agency/organization/fac where counseling/treatment was provided.	ility Same as above	Provide the Telephone		number of the agen Extension	Day	Night	Same as above
Provide the address of agency/organization/facilit United States; otherwise, provide City, State and Zip Con Street		tment was pi Sta		ovide City and Country Zip Code	y if outside the Country		Same as above
Was the counseling/treatment effective in managi							
Entry #2							
Identify the diagnosis or health condition.				e dates of diagnos e <i>(Month/Year)</i>	To Date (Month/Year)	Present
Provide the name of the health care professional treating you for such diagnosis, or with whom you	i have discussed such c	ondition.	Telephone		Extension	Day Internatio	│ Night nal or DSN mber
Provide the address of the health care profession such condition. (Provide City and Country if outside the Street			State and Zip		s, or with whom Country	n you have d	iscussed
Provide the name of any agency/organization/fac where counseling/treatment was provided.	ility Same as above	Provide the Telephone	•	number of the agen Extension	Day	Night	Same as above
Provide the address of agency/organization/facilit United States; otherwise, provide City, State and Zip Co Street		atment was p Sta		ovide City and Countr	y if outside the Country		Same as above
Was the counseling/treatment effective in managi	• • • • • • • • • • • • • • • • • • •						
ter your Social Security Number before go	oing to the next page	e			▶		

Section 21D - Psychological and Emotional Health - (Continued) Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional. Entry #3 Identify the diagnosis or health condition. Provide the dates of diagnosis. From Date(Month/Year) To Date (Month/Year) Present Est. Est. Provide the telephone number of the health care professional. Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. Telephone number Extension Day Night International or DSN phone number Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street Citv State Zip Code Country Provide the telephone number of the agency/organization/facility. Provide the name of any agency/organization/facility Same as Same as where counseling/treatment was provided. above above Telephone number Extension Day Night International or DSN phone number Same as Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) above Street City State Zip Code Country Was the counseling/treatment effective in managing your symptoms? YES NO If no, provide explanation > Entry #4 Provide the dates of diagnosis. Identify the diagnosis or health condition. From Date(Month/Year) To Date (Month/Year) Present Est. Est. Provide the name of the health care professional who diagnosed you, or is currently Provide the telephone number of the health care professional. treating you for such diagnosis, or with whom you have discussed such condition. Telephone number Extension Night Day International or DSN phone number Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street State Country Citv Zip Code Provide the telephone number of the agency/organization/facility. Provide the name of any agency/organization/facility Same as Same as above where counseling/treatment was provided. above Telephone number Extension Day Night International or DSN phone number Same as Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) above Street Citv State Zip Code Country Was the counseling/treatment effective in managing your symptoms? YES NO If no, provide explanation ▶

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Section 21D - Psychological and Emotional Hea	ection 21D - Psychological and Emotional Health - (Continued)							
In the last seven years, have there been any occas altering or discontinuing, or failing to start a prescri	,				YES NO			
21D.1 Are you currently in treatment?				YES	NO (If NO, proceed to Section 21E)			
Complete the following if you responded 'Yes' to	currently being	in treatment.						
Entry #1								
Provide the name of the health care professiona	l providing	Provide the tele	phone number	of the health care p	professional.			
such treatment.		Telephone num	ber	Extension	Day Night			
Provide the address of the health care professio	nal (Provide City	and Country if outs	side the United St	tates: otherwise, provid				
Street	City		State	Zip Code	Country			
Entry #2					•			
Provide the name of the health care professiona	l providing	Provide the tele	phone number	of the health care p	professional.			
such treatment.		Telephone number Ex		Extension	Day Night			
					International or DSN phone number			
Provide the address of the health care professio	nal. (Provide City	and Country if outs	side the United St	tates; otherwise, provid				
Street	City I		State	Zip Code I	Country			
Entry #3		1						
Provide the name of the health care professiona such treatment.	l providing	Provide the tele	phone number	of the health care p	professional.			
		Telephone num	ber	Extension	Day Night			
					International or DSN phone number			
Provide the address of the health care professio		and Country if out						
Street	City 		State	Zip Code 	Country			
Entry #4 Provide the name of the health care professiona	nroviding	Provide the tele	nhone number	of the health care p	professional			
such treatment.	providing			of the fleatth care p				
		Telephone num	ber	Extension	Day Night			
Devide the eddeese of the backtone of the					International or DSN phone number			
Provide the address of the health care professio Street	nal. <i>(Provide City</i> City	and Country if outs	side the United St State	tates; otherwise, provid Zip Code	de City, State and Zip Code) Country			

Section 21E - Psychological and Emotional Health - (Contin	inued)					
Complete the following if you responded 'No' to 21A, 21B, 21C	C, and 21D (A	ll). If ' Yes ' \	vas selected fo	or either 21A, 21B	, 21C, or 21D, proceed	to Section 22.
21E Do you have a mental health or other health condition trustworthiness even if you are not experiencing such			ersely affects y	/our judgment, rel	iability, or	YES NO
(Note: If your judgment, reliability, or trustworthiness is answer "no" even if you have a mental health or other counseling as a result of service as a first responder, violence, or marital issues, but your judgment, reliabili	r condition rec service in a n	quiring treat nilitary com	tment. For exa bat environme	ample, if you are in nt, having been se	n need of emotional or n exually assaulted or a vi	nental health
Complete the following if you responded 'Yes' to having a m	nental health o	condition th	at adversely a	ffects your judgme	ent, reliability, or trustwo	rthiness.
Did you ever receive or are you currently receiving counselir consultation or treatment will not disqualify you and is consid	dered to be a	positive ac		ı may choose not	to answer this question.	However, such
YES I decline to answer (If I decline to answer, p	proceed to Sect	ion 22)				
■ NO (If NO, provide explanation and proceed to Section 22).	•					
Entry #1						
If you responded 'Yes' to having ever received or you are cu	urrently receiv	<u> </u>	0			
#1 Provide the dates of counseling or treatment From Date (Month/Year) To Date (Month/Year)	Present	Provide th Telephone		umber of the healt Extension I	h care professional.	N phono numbor
Provide the name of the health care professional.						
Provide the address of the health care professional. <i>(Pro</i> Street City	ovide City and C	Country if out	side the United S State	States; otherwise, pro Zip Code	ovide City, State and Zip Co Country	ode)
Provide the name of any agency/organization/facility [where counseling/treatment was provided	Same as above	Provide th Telephone		umber of the agen Extension	cy/organization/facility.	Same as above N phone number
Provide the address of agency/organization/facility where the United States; otherwise, provide City, State and Zip Code) Street City	e counseling/t	treatment w	vas provided. (/ State	Provide City and Cou Zip Code	untry if outside Country	Same as above
#2 Provide the dates of counseling or treatment From Date(<i>Month/Year</i>) To Date (<i>Month/Year</i>) [Est.	Present	Provide th Telephone	•	umber of the healt Extension	h care professional. Day Night	N phone number
Provide the name of the health care professional.						
Provide the address of the health care professional. <i>(Pro</i> Street City	ovide City and C	Country if out	side the United S State	States; otherwise, pro Zip Code	ovide City, State and Zip Co Country	nde)
Provide the name of any agency/organization/facility [where counseling/treatment was provided	Same as above	Provide th Telephone	•	umber of the agen Extension	cy/organization/facility.	Same as above N phone number
Provide the address of agency/organization/facility where the United States; otherwise, provide City, State and Zip Code) Street City	e counseling/t	treatment w	vas provided. (/ State	Provide City and Col Zip Code	<i>untry if outside</i> Country	Same as above
Have you ever chosen not to follow a prescribed course of tr ☐ YES If YES, provide explanation ☐ NO	reatment for a	any of these	e conditions?	1	<u> </u>	

Enter your Social Security Number before going to the next page

Section 21E - Psychological and Emotional Health - (Continued)							
Complete the following if you responded	'Yes' to having a me	ental health c	ondition th	at adversely aff	fects your judgme	nt, reliability, or trustworthi	ness.
Entry #2							
If you responded 'Yes' to having ever red	ceived or you are cur	rently receivi	ing counse	ling or treatmer	nt for that conditio	n.	
#1 Provide the dates of counseling or tree From Date (Month/Year) To Est.	eatment Date <i>(Month/Year)</i>		Provide th Telephone		mber of the health Extension	n care professional. Day Night International or DSN p	phone number
Provide the name of the health care p	professional.						
Provide the address of the health car Street	e professional. <i>(Provi</i> City	ide City and C	ountry if out	side the United St State	tates; otherwise, pro Zip Code	vide City, State and Zip Code, Country)
Provide the name of any agency/orga where counseling/treatment was prov			Provide th Telephone	•	mber of the agend Extension	cy/organization/facility. Day Night International or DSN p	Same as above
Provide the address of agency/organ the United States; otherwise, provide City, Street		counseling/tr	reatment w	vas provided. <i>(F</i> State	Provide City and Cou	ntry if outside Country	Same as above
#2 Provide the dates of counseling or tree From Date(Month/Year) To □ Est.	eatment Date (<i>Month/Year</i>)		Provide th Telephone	•	mber of the health Extension	n care professional. Day Night International or DSN p	bhone number
Provide the name of the health care p	professional.						
Provide the address of the health car Street	e professional. <i>(Provi</i> City	ide City and C	ountry if out	side the United Si State	tates; otherwise, pro Zip Code	vide City, State and Zip Code, Country)
Provide the name of any agency/orga where counseling/treatment was prov	· _	Same as above	Provide th Telephone		mber of the agend Extension	cy/organization/facility. Day Night International or DSN p	Same as above
Provide the address of agency/organ the United States; otherwise, provide City, Street	,	counseling/tr	reatment w	vas provided. <i>(P</i> State	Provide City and Cou Zip Code	ntry if outside Country	Same as above
Have you ever chosen not to follow a pre	I	atment for a	ny of these	conditions?			

Section 22 - Police Record				
For this section report information regardless of whe he charge was dismissed. You need not report con under the authority of 21 U.S.C. 844 or 18 U.S.C. 30	victions under the Federal Cont	rolled Substances	s Act for which the c	ourt issued an expungement order
22.1 Have any of the following happened? (If 'Y pertains to the actions that are identified be	es' you will be asked to provide elow.)	details for each o	ffense that	YES NO (If NO, proceed to 22.2)
 In the last seven (7) years have you (Do not check if all the citations involved) In the last seven (7) years have you convictions or sentences in any Fede In the last seven (7) years have you convictions or sentences in any Fede Are you currently on trial or awaiting a seven (7) years have you convert on the seven (7) years have you with the you current of the seven (7) years have you with the you current of the seven (7) years have you with the you current of the seven (7) years have you with the you current of the you current of the you current of the you with the you wi	ved traffic infractions where the i been arrested by any police of i been charged with, convicted of ral, state, local, military, or non- i been or are you currently on p	fine was less than ficer, sheriff, mars of, or sentenced fo U.S. court, even i	h \$300 and did not ir shal or any other typ or a crime in any cou f previously listed or	nclude alcohol or drugs) e of law enforcement official? urt? (Include all qualifying charges,
Entry #1				
Provide the date of offense. (Month/Year)	Provide a description of the st.	e specific nature o	f the offense.	
(a) Did this offense involve any of the following?	•			
YES NO				
(Check all that apply.) Domestic violence or a crime of violence or recognized civil union/domestic partner, for a child in common?				
Involve firearms or explosives?				
Involve alcohol or drugs?				
Provide the location where the offense occurr City Cou		_		City, County, State and Zip Code) Country
(b) Were you arrested, summoned, cited, or did y type of law enforcement official?	you receive a ticket to appear as	s a result of this of	ffense by any police	officer, sheriff, marshal or any other
Provide the name of the law enforcement age	ency that arrested/cited/summor	ned you.		
Provide the location of the law enforcement a				
City Col	inty	State 2	Zip Code (Country
(c) As a result of this offense were you charged, □ YES Provide the name of the (If YES, complete (c. 1)) □ NO Provide explanation ▶		al, and/or ordered	to appear in court in	n a criminal proceeding against you?
(c.1) Provide the location of the court. (Provid City	e City and Country if outside the Un County	ited States; otherwis State	e, provide City, County Zip Code	r, State and Zip Code) Country
Provide all the charges brought against you dropped or "nolle pros," etc). If you were fo offense.				
Felony/misdemeanor 0	Charge		Outcome	Date (Month/Year)
				Est.
L L				

Entry #1

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

 Complete the following if you responded 'Yes' to one of the following: In the last 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 last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? In the last seven (7) years have you been charged with, convicted of, or sentenced for 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 last 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.					
Were you sentenced to imprisonment for a term exceeding 1 year?					
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) Preser actually were incarcerated.					
If conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Preser Est. Est.					
(d.2)					
Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?					
Provide explanation.					

S	Section 22 - Police Record	- (Continued)						
	(Do not check - In the last sev - In the last sev convictions or - In the last sev - Are you currer	ven (7) years have you if all the citations involv ven (7) years have you ven (7) years have you sentences in any Feder ven (7) years have you	one of the following: been issued a summons, ci ed traffic infractions where t been arrested by any police been charged with, convicte al, state, local, military, or n been or are you currently of trial on criminal charges?	he fine officer ed of, o on-U.S	was less tha , sheriff, mar r sentenced t . court, even	n \$300 and did not i shal or any other typ or a crime in any co if previously listed c	nclude alco be of law en ourt? (Includ	hol or drugs) forcement official? e all qualifying charges,
Ż	Entry #2							
Entry +	Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.							
	(a) Did this offense involv	e any of the following?	·					
	YES NO							
		ion/domestic partner, fo ?	such as battery or assault) a ormer spouse or legally reco					
	Involve alcohol or	•						
	Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Zip Code Country							
	 (b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official? YES NO (If NO, proceed to (c)) 							
	Provide the name of the law enforcement agency that arrested/cited/summoned you.							
	Provide the location of City	the law enforcement a Cou	gency. (Provide City and Coun nty		side the United State	l States; otherwise, pro Zip Code	ovide City, Co Country	unty, State and Zip Code)
	(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?							
		Provide the name of the fYES, complete (c.1)) Provide explanation	court. ▶					
	(c.1) Provide the loca City	tion of the court. (Provid	e City and Country if outside the County	United	States; otherw State	ise, provide City, Coun Zip Code	<i>ty, State and</i> Country	Zip Code)
			l for this offense, and the ou und guilty of or pleaded guilt					
	Felony/misdemeanor	(Charge			Outcome		Date (Month/Year)
								Est.
								Est.
								Est.
								Est.

•

Entry #2

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

 Complete the following if you responded 'Yes' to one of the following: In the last seven (7) years have you been issued a summo (Do not check if all the citations involved traffic infractions where 'In the last seven (7) years have you been arrested by any period of the last seven (7) years have you been charged with, convictions or sentences in any Federal, state, local, military In the last seven (7) years have you been or are you current of the last seven (7) years have you been years have years ha	nere the fine was less police officer, sheriff, r nvicted of, or sentence , or non-U.S. court, ev ntly on probation or pa	than \$300 and did not include narshal or any other type of I ed for a crime in any court? (ren if previously listed on this	e alcohol or drugs) aw enforcement official? nclude all qualifying 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.			
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 (Month/Year) Present
actually were incarcerated.		Est.	Est.
If conviction resulted in probation or parole, provide the dates of	Not Applicable	From Date (Month/Year)	To Date (Month/Year) Present
probation or parole.		Est.	Est.
(d.2)			
Are you currently on trial, awaiting a trial, or awaiting sentencing on	criminal charges for th	is offense?	
Provide explanation.			

Section	22 - Police Record -	(Continued)						
22.2 (Other than those offer	nses already listed	l, have you EVER had the foll	lowing ha	ppen to you	?	YES [NO (If NO, proceed to 22.3)
	that crime, and in	carcerated as a re	any court of the United State esult of that sentence for not I				for a term exc	
		been charged witl	ously listed on this form) n any felony offense? (Include	e those u	nder the Unif	orm Code of Military	/ Justice and	non-military/
	 Have you EVER child, dependent, domestic partner Have you EVER 	been convicted of cohabitant, spou , or someone with been charged witl	an offense involving domesti se or legally recognized civil u whom you share a child in co n an offense involving firearm n an offense involving alcohol	union/don ommon? Is or explo	nestic partne osives?			
Entry	,	been charged with		i or urugs	<u>'</u>			
	te the date of offense	(Month/Year)	Provide a descriptior	n of the s	pecific nature	of the offense		
		[Est.					
(a) Di	d this offense involve	any of the followi	ng?					
	YES NO							
(C	heck all that apply).							
			nce (such as battery or assau se or legally recognized civil u					
	Involve firearms or	explosives?						
	Involve alcohol or d	lrugs?						
Pr	ovide the name of the	e court.						
		the court. (Provide	City and Country if outside the Ur		-			de)
Ci	ty		County	I	State	Zip Code	Country I	
			t you for this offense, and the you were found guilty of or plo					
F	elony/misdemeanor		Charge			Outcome		Date (Month/Year)
								Est.
								Est.
								Est.
								Est.
(b) W	ere you sentenced as	a result of these	charges?					
	YES (If YES, comple		IO (If NO, complete (b.2))					
(b	.1)							
· ·	vide a description of	f the sentence.						
W	ere you sentenced to	imprisonment for	a term exceeding 1 year?					YES NO
W	ere you incarcerated	as a result of that	sentence for not less than 1	year?				YES NO
	he conviction resulte tually were incarcera		, provide the dates that you	Not	Applicable	From Date (Month/Y	<i>′ear)</i> To D] Est.	ate (<i>Month/Year</i>) Present
	conviction resulted in obation or parole.	probation or paro	le, provide the dates of	Not	Applicable	From Date (Month/Y	<i>'ear)</i> To D	ate (Month/Year) Present
(b	.2)							
Ar	, ,	al, awaiting a trial, vide explanation.	or awaiting sentencing on cri	iminal cha	arges for this	offense?		

Enter your Social Security Number before going to the next page

(b) Were you sentenced as a result of these charges? (b) Were you sentenced as a result of these charges? (b) Were you sentenced as a result of these charges? (b) Were you sentenced to imprisonment for a term exceeding 1 year? (b) Were you sentenced to imprisonment for a term exceeding 1 year? (c) Were you sentenced to imprisonment for a term exceeding 1 year? (c) YES (c) YES (c) YES (c) YES (c) YES (c) YES (c) YES (c) YES (c) YES (c) YES (c) YES (c) YES (c) YES <th>tion 22 - Police Record - (</th> <th>Continued)</th> <th></th> <th></th> <th></th>	tion 22 - Police Record - (Continued)			
Est. Did this offense involve any of the following? VES NO (Check all that apply). Orneck all that apply). Orneck all that apply). Orneck all that apply). Orneck all that apply. Orneck and the court. Provide the location of the court. Orneck and the outcome of each charged offense (such as found guily, found not-guily, or charge dropped or "nole 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) Outcome Date (Month/Year) Outcome Date (Month/Year) Outcome Outcome VES (if VES, complete (b. 1)) NO (if NO, complete (b. 2)) (b.1) Provide a description of the sentence. Were you sentenced as a result of the sentence for not less than 1 year? VES (Month/Year) To Date (Month/Year) To Date (Month/Year) Fest Fest Fest To Counce (Month/Year) To Date (Month/Year) To Date (Month/Year) Fest Fest	ntry #2				
a) Did this offense involve any of the following? b) Ut his offense involve any of the following? b) VES NO C(heck all that apply). c) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civi union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? c) Involve firearms or explosives? 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, County, State and Zip Code) City County County State Zip Code Country Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, County, State and Zip Code) City Provide at the charges brought against you for this offense, and the outcome of each charged offense (such as found quilty, found not-quilty, 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/Inisdemeanor Charge Outcome Date (Month/Year) Determine (b, 1) NO (If NO, complete (b, 2)) (b.1) Provide a description of the sentence. Were you sentenced to imprisonment for a term exceeding 1 year? YES (If YES, complete (b, 1)) NO (If NO, complete (b, 2)) (b.1) Feronviction resulted in imprisonment, provide the dates that 1 year? YES NO If the conviction resulted in inprisonment, provide the dates of Provide the form Date (Month/Year) To Date (Month/Year) Provide in reaccerated. Est.	Provide the date of offense.		cription of the specific nature	e of the offense.	
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Image: Second	charge dropped or "nol	le pros," etc). If you were found guilty o	of or pleaded guilty to a lesse	rged offense (such as er offense, list both the	e found guilty, found not-guilty, or e original charge and the lesser
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(b.1) Provide a description of the sentence. Were you sentenced to imprisonment for a term exceeding 1 year? Were you incarcerated as a result of that sentence for not less than 1 year? YES NO Were you incarcerated as a result of that sentence for not less than 1 year? YES If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. If conviction resulted in probation or parole, provide the dates of probation or parole. If conviction resulted in probation or parole, provide the dates of probation or parole. If conviction resulted in probation or parole. If conviction resulted in probation or parole. If conviction resulted in probation or parole. If est.) Were you sentenced as a	a result of these charges?	I		
Provide a description of the sentence. Were you sentenced to imprisonment for a term exceeding 1 year? 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 actually were incarcerated. If conviction resulted in probation or parole, provide the dates of probation or parole. If conviction resulted in probation or parole, provide the dates of probation or parole.	YES (If YES, complete	e (b.1)) NO (If NO, complete (b.2))			
Were you sentenced to imprisonment for a term exceeding 1 year? YESNO Were you incarcerated as a result of that sentence for not less than 1 year? YESNO If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. NO Applicable From Date (Month/Year) To Date (Month/Year) Provide the dates of the dates of probation or parole, provide the dates of probation or parole. NO Applicable From Date (Month/Year) To Date (Month/Year) Provide the dates of the dates of the dates of probation or parole. If conviction resulted in probation or parole.	(b.1)				
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) Product If conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Product If conviction resulted in probation or parole. In Not Applicable From Date (Month/Year) To Date (Month/Year) Product	Provide a description of the	he sentence.			
If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. Instantial Not Applicable From Date (Month/Year) To Date (Month/Year) Product If conviction resulted in probation or parole, provide the dates of probation or parole. Instantial Not Applicable From Date (Month/Year) To Date (Month/Year) Product If conviction resulted in probation or parole. Instantial Not Applicable From Date (Month/Year) To Date (Month/Year) Product	Were you sentenced to in	nprisonment for a term exceeding 1 ye	ar?		YES NO
actually were incarcerated.	Were you incarcerated as	s a result of that sentence for not less t	than 1 year?		YES NO
If conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Pr. Est. Est. Est. Est.	If the conviction resulted i	in imprisonment, provide the dates tha	t you Not Applicable	From Date (Month/Yea	ar) To Date (Month/Year) Pres
probation or parole.	actually were incarcerate	d.			Est. Est.
	If conviction resulted in pr	robation or parole, provide the dates of	f Not Applicable	From Date (Month/Yea	ar) To Date (Month/Year) Pres
(b 2)	probation or parole.				Est. Est.
	(b.2)				

Section 22 - Police Record - (Continued)
22.3 Is there currently a domestic violence protective order or restraining order issued against you? YES NO (If NO, proceed to Section 23)
Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you?
Entry #1
Provide explanation.
Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order.
Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
City State Zip Code Country
Entry #2
Provide explanation.
Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order.
Provide the location of the court or agency that issued the order: (<i>Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code</i>) City State Zip Code Country
Entry #3
Provide explanation.
Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order.
Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country City
Entry #4
Provide explanation.
Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order.
Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country

Section 23 - Illegal Use of Drugs and Drug Activity					
We note, with reference to this section, that neither your truthful responses no evidence against you in a subsequent criminal proceeding. As to this particula government. The following questions pertain to the illegal use of drugs or con Federal laws, even though permissible under state laws.	ar section, this applies whether or not you are currently employed by the Federal				
23.1 In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or 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) year	s 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.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)				
THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)				
Ketamine (Such as special K, jet, etc.)	Narcotics (Such as opium, morphine, codeine, heroin, etc.)				
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Such as the clear, juice, etc.)				
Inhalants (Such as toluene, amyl nitrate, etc.)	Other (Provide explanation)				
Provide an estimate of the month and year of first use. (Month/Year) Provide an estimate of the mo year of most recent use. (Month					
Est.	Est.				
Was your use while you were employed as a law enforcement officer, prose a position directly and immediately affecting the public safety?	ecutor, or courtroom official, or while in				
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 c	ontrolled substance in the future.				
Entry #2					
Provide the type of drug or controlled substance.					
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)				
THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)				
Ketamine (Such as special K, jet, etc.)	Narcotics (Such as opium, morphine, codeine, heroin, etc.)				
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Such as the clear, juice, etc.)				
Inhalants (Such as toluene, amyl nitrate, etc.)	☐ Other (Provide explanation) ►				
Provide an estimate of the month and year of first use. (Month/Year) Provide an estimate of the mo year of most recent use. (Month					
Est.	Est.				
Was your use while you were employed as a law enforcement officer, prose a position directly and immediately affecting the public safety?	ecutor, or courtroom official, or while in				
Was your use while possessing a security clearance?					
Do you intend to use this drug or controlled substance in the future?					
Provide explanation of why you intend or do not intend to use this drug or c	ontrolled substance in the future.				

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Section 23 - Illegal Use	of Drugs and Drug Activ	/ity - (Continued)				
		en involved in the illegal purc receiving, handling or sale of			ceed to 23.3)	
Complete the following if you answered 'Yes' to in the last seven (7) years having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.						
Entry #1						
Provide the type of dr	ug or controlled substance					
Cocaine or crack	cocaine (Such as rock, fre	ebase, etc.)	Stimulants (Such as a	mphetamines, speed, crystal meth, ecsta	asy, etc.)	
THC (Such as marijuana, weed, pot, hashish, etc.)						
Ketamine (Such a	s special K, jet, etc.)		Narcotics (Such as op	ium, morphine, codeine, heroin, etc.)		
Hallucinogenic (S	uch as LSD, PCP, mushro	ooms, etc.)	Steroids (Such as the	clear, juice, etc.)		
Inhalants (Such a	s toluene, amyl nitrate, etc	•	Other (Provide explai	nation) 🕨		
Provide an estimate o year of first involveme		Provide an estimate of the of most recent involvement		Provide the nature and frequency of ac	:tivity.	
	Est.		Est.			
Provide the reason(s)	why you engaged in the a	ctivity.				
•	t while you were employed nmediately affecting the p	l as a law enforcement office ublic safety?	r, prosecutor, or courtroom	official, or while in a YES	NO	
Was your involvemen	t while possessing a secur	ity clearance?		YES	NO	
Do you intend to enga	ge in this activity in the ful	ure?				
🗌 YES 🛛 🔶	Provide explanation.					
NO						
Entry #2						
Provide the type of dru	g or controlled substance.					
Cocaine or crack of	cocaine (Such as rock, free	ebase, etc.)	Stimulants (Such as ar	mphetamines, speed, crystal meth, ecsta	⊧sy, etc.)	
THC (Such as ma	rijuana, weed, pot, hashisł	n, etc.)	Depressants (Such as	barbiturates, methaqualone, tranquilizer	s, etc.)	
Ketamine (Such a	s special K, jet, etc.)		Narcotics (Such as opi	ium, morphine, codeine, heroin, etc.)		
Hallucinogenic (Su	uch as LSD, PCP, mushro	oms, etc.)	Steroids (Such as the o	clear, juice, etc.)		
Inhalants (Such as	s toluene, amyl nitrate, etc	.)	Other (Provide explan	nation) >		
Provide an estimate of year of first involvement		Provide an estimate of the of most recent involvement		Provide the nature and frequency of ac	tivity.	
,	Est.		Est.			
Provide the reason(s)	why you engaged in the ad	l ctivity.				
	while you were employed mediately affecting the pu	as a law enforcement officer blic safety?	, prosecutor, or courtroom c	official, or while in a YES] NO	
Was your involvement	while possessing a securi	ty clearance?		YES] NO	
Do you intend to engage	ge in this activity in the fut	ure?				
🗌 YES 🛛 🔶	Provide explanation.					
NO						
	•					

Section 23 - Illegal Use of Drugs and Drug Activity - (Co	ontinued)					
23.3 Have you EVER illegally used or otherwise been i while possessing a security clearance other than p	Ilegally involved with a drug or controlled substance YES NO (If NO, proceed or previously listed?	ed to 23.4)				
Complete the following if you responded 'Yes' to having EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing a security clearance other than previously listed.						
Entry #1						
Provide a description of your involvement.						
Provide 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						
Provide a description of your involvement.						
Provide the dates of involvement/use. From Date (Month/Year) To Date (Month/Year) Est.	Provide an estimate of the number of times you used and/or were involved of drug or controlled substance while possessing a security clearance. Est.	with this				
23.4 Have you EVER illegally used or otherwise been in employed as a law enforcement officer, prosecuto immediately affecting the public safety other than	r, or courtroom official; or while in a position directly and	ed to 23.5)				
	EVER illegally used or otherwise been involved with a drug or controlled substance while ourtroom official; or while in a position directly and immediately affecting the public safety of	other than				
Entry #1						
Provide a description of the drugs or controlled substance	es used and your involvement.					
Provide the dates of involvement/use. From Date (Month/Year) To Date (Month/Year) Est.	Provide an estimate of the number of times you used and/or were involved drug or controlled substance while employed in this capacity. Est.	with this				
Entry #2	·					
Provide a description of the drugs or controlled substance	es used and your involvement.					
Provide the dates of involvement/use. From Date (Month/Year) To Date (Month/Year) Est.	Present Provide an estimate of the number of times you used and/or were involved drug or controlled substance while employed in this capacity. Est. Est.	with this				

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.5	In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?	YES NO (If NO, proceed to 23.6)
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Complete the following if you responded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.	
Entry #1	
Provide the name of the prescription drug that you misused.	
Provide the dates of involvement in the above.	Provide the reason(s) for and circumstances of the misuse of the prescription drug.
From Date (Month/Year) To Date (Month/Year) Present	
Est. Est.	
Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?	
Was your involvement while possessing a security clearance?	YES NO
Entry #2	
Provide the name of the prescription drug that you misused.	
Provide the dates of involvement in the above.	Provide the reason(s) for and circumstances of the misuse of the prescription drug.
From Date (Month/Year) To Date (Month/Year) Present	
Est. Est.	
Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?	
Was your involvement while possessing a security clearance?	YES NO

Sect	ion 23 - Illegal Use of Drugs and Drug Activity - ((Continued)						
23.6	Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your IVES NO (If NO, proceed to 23.7) illegal use of drugs or controlled substances?							
	omplete the following if you responded 'Yes' to hav egal use of drugs or controlled substances.	ing EVER been orde	red, advised, or ask	ed to seek counseling o	r treatment as a result of your			
Er	itry #1							
	ave any of the following ordered, advised, or asked y heck all that apply):	you to seek counseling) or treatment as a res	sult of your illegal use of	drugs or controlled substances?			
] An employer, military commander, or employee as	ssistance program	A court official / j	udge				
	A medical professional			ordered, advised, or ask atment by any of the abo				
	A mental health professional		counseling of the	autient by any of the abo				
Pr	ovide explanation 🕨							
Di	d you take action to receive counseling or treatment	t?		YES (If YES, com	olete (b)) NO (If NO, complete (a))			
(a	You have indicated that you did not receive treatm	ment.						
	Provide explanation.							
(b	You have indicated that you did receive treatment	t.						
	Provide the type of drug or controlled substance	for which you were tre	ated.					
	Cocaine or crack cocaine (Such as rock, free	ebase, etc.)	Stimulants (Such	n as amphetamines, spe	ed, crystal meth, ecstasy, etc.)			
	THC (Such as marijuana, weed, pot, hashish	n, etc.)	Depressants (Su	ich as barbiturates, meth	aqualone, tranquilizers, etc.)			
	Ketamine (Such as special K, jet, etc.)		Narcotics (Such	as opium, morphine, coo	leine, heroin, etc.)			
	Hallucinogenic (Such as LSD, PCP, mushroo	oms, etc.)	Steroids (Such a	s the clear, juice, etc.)				
	Inhalants (Such as toluene, amyl nitrate, etc.	.)	Other (Provide e	explanation) 🕨				
	Provide the name of the treatment provider. Last name Fir	rst name						
	Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)							
	Street Cit	ty	State	Zip Code Cou	ntry			
			onal or DSN	Provide the dates of tre				
	treatment provider.	phone n		From Date (Month/Year)	To Date (Month/Year) Present			
		Day	Night	Est.	Est.			
	Did you successfully complete the treatment?	🗌 YES 🗌 NO 🔶	(Provide explanatio	n)				

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)							
Complete the following if you responded 'Yes' to h illegal use of drugs or controlled substances.	naving EVER been orde	ered, advised, or ask	ed to seek counseling o	r treatment as a result of your			
Entry #2							
Have any of the following ordered, advised, or aske (Check all that apply):	ed you to seek counseling	g or treatment as a re	sult of your illegal use of o	drugs or controlled substances?			
An employer, 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		courseiing of the	eatment by any of the abc	ме.			
Provide explanation							
Did you take action to receive counseling or treatm	ent?		YES (If YES, comp	olete (b)) NO (If NO, complete (a))			
(a) You have indicated that you did not receive tre	eatment.						
Provide explanation.							
(b) You have indicated that you did receive treatm	nent.						
Provide the type of drug or controlled substan	ce for which you were tre	eated.					
Cocaine or crack cocaine (Such as rock,	freebase, etc.)	Stimulants (Suc	h as amphetamines, spee	ed, crystal meth, ecstasy, etc.)			
THC (Such as marijuana, weed, pot, has	nish, etc.)	Depressants (S	uch as barbiturates, meth	aqualone, tranquilizers, etc.)			
Ketamine (Such as special K, jet, etc.)		Narcotics (Such	as opium, morphine, cod	eine, heroin, etc.)			
Hallucinogenic (Such as LSD, PCP, must	nrooms, etc.)	Steroids (Such a	as the clear, juice, etc.)				
Inhalants (Such as toluene, amyl nitrate, o	etc.)	Other (Provide	explanation) 🕨				
Provide the name of the treatment provider.							
Last name	First name						
Provide the address for this treatment provide							
Street	City	State	Zip Code Cour	ntry			
Provide a telephone number for the		ional or DSN	Provide the dates of trea				
treatment provider.	phone r		From Date (Month/Year)				
	_ Day _	Night	Est.	Est.			
Did you successfully complete the treatment?	Did you successfully complete the treatment? YES NO (Provide explanation)						

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)						
23.7 Have you EVER voluntarily sought counseling or treatment as a resul controlled substance?	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.)						
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 First name						
Provide the address for this treatment provider. (Provide City and Country if outs	de the United States; otherwise, provide City, State and Zip Code)					
Street City	State Zip Code Country					
Provide a telephone number for the Extension	or DSN Provide the dates of treatment.					
treatment provider.						
Day Nig						
Did you successfully complete the treatment? ☐ YES ☐ NO → (Pr	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 outs	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					
Day Nig	ht Est. Est.					
Did you successfully complete the treatment? YES NO + (Provide explanation)						

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Section 24 - Use of Alcohol							
24.1 In the last seven (7) years has your use of alcohol had a negative impact or professional or personal relationships, your finances, or resulted in intervention safety personnel?							
Complete the following if you responded 'Yes' to your alcohol use having had a neg relationships, your finances, or resulted in intervention by law enforcement/public se							
Entry #1							
Provide the month/year when this negative impact occurred. From Date (Month/Year)	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Present Est. Est.						
Provide circumstances.	Provide negative impact.						
Entry #2							
Provide the month/year when this negative impact occurred. From Date (Month/Year)	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Present Est. Est.						
Provide circumstances.	Provide negative impact.						
Entry #3							
Provide the month/year when this negative impact occurred. From Date (Month/Year)	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Est.						
Provide circumstances.	Provide negative impact.						
Entry #4							
Provide the month/year when this negative impact occurred. From Date (Month/Year)	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Est.						
Provide circumstances.	Provide negative impact.						

Sectio	on 24 - Use of Alcohol - <i>(Continued)</i>							
24.2	4.2 Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of YES NO (If NO, proceed to 24.3) alcohol?							
Con	nplete 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.						
Enti	ry #1							
Hav	Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)							
	An employer, military commander, or employee assistance program							
	A medical professional							
	A mental health professional	counseling or treatment by any of the above. ☐ 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 trea	atment						
(0)	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. (Provide	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 program?	NO → (Provide explanation) ►						
Ent	ry #2							
Hav	e any of the following ordered, advised, or asked you to seek counselir	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)		tment. Explain the reasons for not taking action to seek counseling or treatment.						
(u)	Provide explanation.							
(b)	You responded 'Yes' to having taken action to seek counseling or trea	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							
	Est. Est.							
	Provide the full address for the counseling/treatment provider. (Provide Street	le City and Country if outside the United States; otherwise, provide City, State and Zip Code) State Zip Code Country						
	Provide telephone number. Extension	International or DSN phone number						
		Day Night						
	Did you successfully complete the treatment program? ☐ YES ☐ NO → (Provide explanation) ►							

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Section 24 - Use of Alcohol - (Continued)

24.3 Have you EVER voluntarily sought	counseling or treatment as	a result of your use of alco	hol?	YES NO (If NO, proceed to 24.4)			
Complete the following if you responded 'Yes' to voluntarily seeking counseling or treatment.							
Entry #1							
Provide the dates of counseling or treatment. From Date (Month/Year) To Date (Month/Year) Provide the name of the individual counselor or treatment provider. Est. Est. Est.							
Provide the full address of the counseling	/treatment provider. (Provide	City and Country if outside the	United States; otherwis	e, provide City, State and Zip Code)			
Street	City	State	Zip Code	Country			
Provide telephone number.	Extension	☐ International or DSN pl ☐ Day ☐ Night	none number				
Did you successfully complete the treatm	ent program?	6 □ NO → (Provide e	xplanation) >				
Entry #2							
Provide the dates of counseling or treatm From Date (<i>Month/Year</i>) To Da	ent. ate (<i>Month/Year)</i>	Provide the name of the	individual counselo	r or treatment provider.			
Est.	Est.						
Provide the full address of the counseling	/treatment provider. (Provide	City and Country if outside the	United States; otherwis	e, provide City, State and Zip Code)			
Street	City	State	Zip Code	Country			
Provide telephone number. Extension International or DSN phone number							
Did you successfully complete the treatment program?							

Sectio	n 24 - Use of Alcohol - (Continued)					
24.4	Have you EVER received counseling o you have already listed on this form?	r treatment as a result of your use of	f alcohol in ad	dition to what	YES IN	NO (If NO, proceed to Section 25)
Con	nplete the following if you responded 'Yes	to having EVER received counselir	ng or treatmen	nt as a result of your i	use of alcoh	ol.
Ent	ry #1					
Prov Nan	vide the name of individual counselor or tr ne	reatment provider.				
Prov	vide the full address of the counseling/treat	atment provider. (Provide City and Coun	try if outside the	United States; otherwise	e, provide City	, 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 provide	ed.			
	vide the address of agency/organization w	vhere counseling/treatment was prov	vided. (Provide	City and Country if outsid	de the United	States; Same as above
Stre	rwise, provide City, State and Zip Code) et	City	State	Zip Code	Country	
					, j	
	vide the dates of counseling or treatment. n Date (<i>Month/Year</i>) To Date (Est.	Month/Year) Present	1		1	
Did	you successfully complete your counselir	ng or treatment?		YES (Provide ex	planation)	NO (Provide explanation)
Exp	lanation					
Ent	ry #2					
Prov Nan	vide the name of individual counselor or tr	reatment provider.				
Prov Stre	vide the full address of the counseling/treater et	atment provider. <i>(Provide City and Coun</i> City	try if outside the State	United States; otherwise Zip Code	e, provide City Country	r, 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 provide	ed.			
	vide the address of agency/organization w wise, provide City, State and Zip Code)	vhere counseling/treatment was prov	rided. (Provide	City and Country if outsi	de the United	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 (Est.	Month/Year) Present	1		1	
Did	you successfully complete your counselir	ig or treatment?		YES (Provide ex	planation)	NO (Provide explanation)
Exp	lanation				- /	

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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							
U.S. Office of Personnel Management							
☐ Federal Bureau of Investigation	 ◯ Other (Provide explanation) ▶						
U.S. Department of Treasury (Provide name of	—						
	ance 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)						
Provide the level of clearance eligibility/access gra							
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	I don't know						
Federal Bureau of Investigation	Other (Provide explanation)						
U.S. Department of Treasury (Provide name of	of bureau) 🕨						
Provide the name of agency that issued the cleara	nce 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)						
	Est.						
Provide the level of clearance eligibility/access gra	nted:						
None	ΠQ						
Confidential							
Secret	 I don't know						
│ □ Top Secret							
Sensitive Compartmented Information (SCI) Other (Provide explanation) ►							

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

Section 26 - Financial Record

.1 In the last seven (7) years have you file								
Complete the following if you responded 'Yes' t	to in the last seven (7) years hav	/ing filed a petiti	ion under a	ny chapte	er of the ba	nkruptcy c	ode.	
Entry #1								
Select the applicable bankruptcy petition type.	pter 12 🗌 Chapter 13	Provide the b	ankruptcy	court doc	ket/account	t number.		
Provide the date bankruptcy was filed. (<i>Month/Year</i>)	Provide the date of bankruptc discharge. (<i>Month/Year</i>)	Not Ap	oplicable		e the total a) involved in	· ·		
Est.		Est.						E
Provide the name debt is recorded under. Last name	First name		Middle na	ame			Suffix	
Provide the name of the court involved.							I	
Provide the address of the court involved. <i>(Prov</i> Street	ide City and Country if outside the Unit City	ed States; otherwis State	se, provide C Zip Code		nd Zip Code) Country			
(a) If Chapter 13 previously selected: Provide the name of the trustee for this ban	kruptcy.							
Provide the address of the trustee for this Street	bankruptcy. <i>(Provide City and Cou</i> City	ntry if outside the U State	<i>United States</i> Zip Code	; otherwise	e, provide City Country	v, State and	Zip Code)	
Were you discharged of all debts claimed in the	bankruptcy?	•		Provide ex	(n/anation)		(Provide	explana
Provide Explanation.				i iovide ex	piariation			
Provide Explanation.				r tovide ex	planation)		, · · · ·	·
					pianauon)			·
Entry #2 Select the applicable bankruptcy petition type.	pter 12	Provide the b						
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Cha Provide the date bankruptcy was filed. (<i>Month/Year</i>)		y		court doc Provide		t number.	U.S.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Cha Provide the date bankruptcy was	pter 12	y Not Ap	pankruptcy	Court doc Provide dollars)	ket/account	t number.	U.S.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Cha Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under.	pter 12 Chapter 13 Provide the date of bankruptc discharge. <i>(Month/Year)</i>	y Not Ap	pankruptcy	Court doc Provide dollars)	ket/account	t number.	U.S. ruptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Cha Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved.	pter 12 Chapter 13 Provide the date of bankruptc discharge. <i>(Month/Year)</i> First name	y Dot Ap Est.	pankruptcy	court doc Provide dollars)	the total a	t number. mount (in hte bankr	U.S. ruptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Cha Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name	pter 12 Chapter 13 Provide the date of bankruptc discharge. <i>(Month/Year)</i> First name	y Dot Ap Est.	pankruptcy	court doc Provide dollars) ame	the total a	t number. mount (in hte bankr	U.S. ruptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Cha Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Prov	pter 12 Chapter 13 Provide the date of bankruptc discharge. (Month/Year) First name ide City and Country if outside the Unit	y Dot Ap Est.	pankruptcy pplicable Middle na	court doc Provide dollars) ame	ket/account the total a involved in	t number. mount (in hte bankr	U.S. ruptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Cha Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (Prov Street (a) If Chapter 13 previously selected:	pter 12 Chapter 13 Provide the date of bankrupto discharge. (Month/Year) First name ride City and Country if outside the Unite City kruptcy.	y D Est. ed States; otherwis State	pankruptcy pplicable Middle na se, <i>provide C</i> Zip Code	court doc Provide dollars) ame ity, State a	ket/account the total a involved in <i>nd Zip Code)</i> Country	t number.	U.S. uptcy.	
Entry #2 Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) Est. Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. (a) If Chapter 13 previously selected: Provide the name of the trustee for this bank Provide the name of the trustee for this bank	pter 12 Chapter 13 Provide the date of bankruptc discharge. (Month/Year) First name ride City and Country if outside the Unite City kruptcy. bankruptcy. (Provide City and Councily City	y Not Ap Est. ed States; otherwis State	pankruptcy poplicable Middle na Se, provide C Zip Code Zip Code	court doc Provide dollars) ame ity, State a	ket/account the total a involved in <i>nd Zip Code)</i> Country	t number. mount (in h h the bankr	U.S. uptcy.	

Section 26 - Financial Record - (Continued)

26.2 Have you EVER experienced financial problems due to gambling	g?	YES NO (If NO, proceed to 26.3)
Complete the following if you responded 'Yes' to having EVER experie	enced financial problems due to gambling.	
Entry #1		
Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling	rovide an estimate of the amount (in U.S. do	ollars) of gambling losses incurred.
	you have taken any action(s) to rectify your description of your actions. If you have not t	financial problems due to gambling, provide taken any action(s), provide explanation.
Entry #2		
Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial problems due to gambling. Provide the date range of your financial provide to gambling. Provide to gambling. Provide to gambling the date range of your financial provide		
	you have taken any action(s) to rectify your description of your actions. If you have not t	financial problems due to gambling, provide taken any action(s), provide explanation.
26.3 In the last seven (7) years have you failed to file or pay Federal or ordinance?	al, state, or other taxes when required by law	N YES NO (If NO, proceed to 26.4)
Complete the following if you responded 'Yes' to having failed to file or	r pay Federal, state, or other taxes when re	quired by law or ordinance.
Entry #1		
Did you fail to file, pay as required, or both? Provide the yet File Pay Both	/ear you failed to file or pay your Federal, st	tate, or other 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.	ovide date satisfied. (<i>Month/Year</i>)	Not Applicable Est.
Provide a description of any action(s) you have taken to satisfy this deb taken any action(s) provide explanation.	bt (such as withholdings, frequency and am	nount of payments, etc.). If you have not
Entry #2		
Did you fail to file, pay as required, or both? Provide the yet	/ear you failed to file or pay your Federal, st	tate, or other 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.	rovide date satisfied. (<i>Month/Year</i>)	Not Applicable Est.
Provide a description of any action(s) you have taken to satisfy this deb taken any action(s) provide explanation.	bt (such as withholdings, frequency and am	nount of payments, etc.). If you have not

Section 26 - Financial Record - (Continued)						
26.4 In the last seven (7) years have you been counseled, warned, or disciplined for violating agreement for a travel or credit card provided by your employer?	the terms of YES NO (If NO, proceed to 26.5)					
Complete the following if you responded 'Yes' to having been counseled, warned, or disciplined provided by your employer.	for violating the terms of agreement for a travel or credit card					
Entry #1						
Provide the name of the agency or company.						
Provide the address of the agency or company. (Provide City and Country if outside the United States; of Street City State	herwise, provide City, State and Zip Code) Zip Code Country					
Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the re	eason(s) for the counseling, warning, or disciplinary action.					
Provide the amount (in U.S. dollars) of violation. Provide a description of any action(s) you have action(s) provide explanation. Est. Est.	e taken to rectify this situation. If you have not taken any					
Entry #2						
Provide the name of the agency or company.						
Provide the address of the agency or company. (<i>Provide City and Country if outside the United States; ot</i> Street City State	herwise, provide City, State and Zip Code) Zip Code Country					
Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the re	eason(s) for the counseling, warning, or disciplinary action.					
Provide the amount (in U.S. dollars) of violation. Est.	e taken to rectify this situation. If you have not taken any					
26.5 Are you currently utilizing, or seeking assistance from, a credit counseling service or other resolve your financial difficulties?						
Complete the following if you responded 'Yes' to being currently utilizing, or seeking assistance f resolve your financial difficulties.	rom, a credit counseling service or other similar resource to					
Entry #1						
Provide explanation. Provide the name of t	he credit counseling organization or resource.					
Provide the telephone number of the credit counseling organization.	Provide the location of the credit counseling organization.					
Telephone number Extension International or DSN phone number	City State					
As 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 any action(s), provide explanation.						
Entry #2	the credit courseling ergenization or recourse					
Provide explanation. Provide the name of t	he credit counseling organization or resource.					
Provide the telephone number of the credit counseling organization.	Provide the location of the credit counseling organization.					
Telephone number Extension International or DSN phone number Day Night	City State					
As a result of this counseling, provide a description of any action(s) you have taken to resolve yo provide explanation.	ur financial difficulties. If you have not taken any action(s),					

Enter your Social Security Number before going to the next page

ed)		
ion that pertains to the items identifie ears, you have been delinquent on a ears, you had a judgment entered ag u were the sole debtor, as well as the ears, you had a lien placed against y financial obligations for which you w re a cosigner or guarantor). quent on any Federal debt. (Include f	d below) limony or child support payments. gainst you. (Include financial ose for which you were a cosigner rour property for failing to pay taxes ere the sole debtor, as well as inancial obligations for which you	YES NO (If NO, Proceed to 26.7)
(es' to having experienced one or m	ore of the previously stated financia	al issues.
/individual to which debt is/was owed	1.	
of the following? (Check all that apply	()	YES NO (If NO, Proceed to 26.7)
e been delinquent on alimony or child	l support payments.	
a judgment entered against you. (Inc		you were the sole debtor, as well as those
		s. (Include financial obligations for which
ederal debt. (Include financial obliga	tions for which you are the sole de	btor, as well as those for which you are a
ber(s) involved. Identify/describe t	he type of property involved (if any).
e financial issue. Provide the reaso	n(s) for the financial issue. Prov	vide the current status of the financial issue.
Provide date the financial issue	Provide the n	ame of the court involved.
was resolved. (Month/Year)	Not Resolved	
	Est.	
	_	_
		Country
have taken to satisfy this debt (such	as withholdings, frequency and an	nount of payments, etc.). If you have not
	any of the following happened to you ion that pertains to the items identifie ears, you have been delinquent on a ears, you had a judgment entered ag u were the sole debtor, as well as the ears, you had a lien placed against y financial obligations for which you were a cosigner or guarantor). quent on any Federal debt. (Include f well as those for which you are a cos fes' to having experienced one or m //individual to which debt is/was owed of the following? (Check all that apply e been delinquent on alimony or child a judgment entered against you. (Inc rantor). a lien placed against your property for hose for which you were a cosigner of federal debt. (Include financial obligan ber(s) involved. Identify/describe t e financial issue. Provide the reaso Est. Provide date the financial issue was resolved. (Month/Year) . (Provide City and Country if outside the U City	any of the following happened to you? (You will be asked to provide ion that pertains to the items identified below) ears, you have been delinquent on alimony or child support payments. ears, you had a judgment entered against you. (Include financial u were the sole debtor, as well as those for which you were a cosigner ears, you had a lien placed against your property for failing to pay taxes financial obligations for which you were the sole debtor, as well as re a cosigner or guarantor). quent on any Federal debt. (Include financial obligations for which you well as those for which you are a cosigner or guarantor). Yes' to having experienced one or more of the previously stated financial /individual to which debt is/was owed. //individual to which debt is/was owed. (Include financial obligations for which rantor). a lien placed against your property for failing to pay taxes or other debt hose for which you were a cosigner or guarantor). //ederal debt. (Include financial obligations for which you are the sole del iber(s) involved. Identify/describe the type of property involved (if any // Est. // Provide the financial issue // Not Resolved // Est. // Provide the financial issue // Not Resolved // Est. // Provide City and Country if outside the United States; otherwise, provide City, Sta

Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to ha	aving experienced one or more of the previously stated fir	nancial issues.
Entry #2		
Provide the name of agency/organization/individua	al to which debt is/was owed.	
Did/does this financial issue include any of the follo	owing? (Check all that apply)	YES NO (If NO, Proceed to 26.7)
In the last seven (7) years, you have been de	elinquent on alimony or child support payments.	
In the last seven (7) years, you had a judgme for which you were a cosigner or guarantor).	ent entered against you. (Include financial obligations for v	which you were the sole debtor, as well as those
In the last seven (7) years, you had a lien place you were the sole debtor, as well as those for well as the set of the	aced against your property for failing to pay taxes or other which you were a cosigner or guarantor).	debts. (Include financial obligations for which
You are currently delinquent on any Federal de cosigner or guarantor).	ebt. (Include financial obligations for which you are the so	le debtor, as well as those for which you are a
Provide the associated loan/account number(s) inv	volved. Identify/describe the type of property involved (i	if any).
Provide the amount (in U.S. dollars) of the financia	al issue. Provide the reason(s) for the financial issue.	Provide the current status of the financial issue.
	de date the financial issue Provide esolved. (Month/Year) Not Resolved Est.	the name of the court involved.
	City and Country if outside the United States; otherwise, provide Cit City State Zip Code	
Provide a description of any action(s) you have tak taken any action(s), provide explanation.	ken to satisfy this debt (such as withholdings, frequency a	nd amount of payments, etc.). If you have not

Section 26 - Financial Record - (Continued)
 26.7 Other than previously listed, have any of the following happened? In the last 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 last 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 the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last 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 last 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 last seven (7) years, you were evicted for non-payment? In the last seven (7) years, you were 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). Yeu arcurrently over 120 days delinquent on any debt? (Include financial obligations for which you are a cosigner or guarantor).
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)
In the last 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 last 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 last 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 last 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 last seven (7) years, you were evicted for non-payment?
In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
In the last seven (7) years, you were 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)
In the last 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 last 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 last 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 last 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 last seven (7) years, you were evicted for non-payment?
In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
In the last seven (7) years, you were 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.
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 neithe evidence against you in a subsequent criminal pro government. The following questions ask about yo hardware, software, firmware, and data used for th	oceeding. As to this particular sect our use of information technology	ion, this applies systems. Inform	whether or not you nation technology sy	are currently employed by the Federal stems include all related computer
27.1 In the last seven (7) years have you ille access any information technology system		on accessed or	attempted to	YES NO (If NO, proceed to 27.2)
Complete the following if you responded 'Yes' t any information technology system.	o having in the last seven (7) ye a	ars illegally or w	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	ce. (Provide Citv and Country if outside	the United States	: otherwise, provide Cit	v. State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrati	uve, criminal or other) taken as a re	sult of this incid	l dent.	1
Entry #2				
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	ce. (Provide City and Country if outside City	the United States State	; 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?	ing on an information technology	system or atten	npted any of the	YES NO (If NO, proceed to 27.3)
Complete the following if you responded 'Yes' to denied others access to information residing on				, 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	ce. (Provide City and Country if outside City	the United States State	; 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 incid	dent.	
Entry #2				
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	ce. (Provide City and Country if outside City	the United States State	; 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	sult of this incid	lent.	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 connection with any information technology syst 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 Cit	y, State and Zip Code)				
Street	City	State	Zip Code	Country				
Provide a description of the action (administrativ	re, criminal or other) taken as a re	sult of this incid	dent.					
Entry #2								
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 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 an this form?	ny public record civil court acti	on not listed els	sewhere on	YES NO (If NO, proceed to Section 29)	
Complete the following if you responded 'Yes' to ha ten (10) years.	wing been a party to any publi	c record civil co	ourt action(s) no	t listed elsewhere on this form in the last	
Entry #1					
Provide the date of the civil action. <i>(Month/Year)</i>	Provide the court name.				
Provide the address of the court. (Provide City and Cou	untry if outside the United States; ot	herwise, provide C	City, State and Zip	Code)	
Street Ci	ity	State	Zip Code	Country	
Provide details of the nature of the action.	Provide a description of the	results of the ad		ide the name(s) of the principal parties ved in the court action.	
Entry #2					
Provide the date of the civil action. (Month/Year)	Provide the court name.				
Est.					
Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street Ci	ity	State	Zip Code	Country	
Provide details of the nature of the action.	Provide a description of the	results of the ad		ide the name(s) of the principal parties ved in the court action.	

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 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 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 overthr 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 or	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)	To Date (Month/Year) 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	n. (Provide City and Cour	ntry if outside th	ne United States; o	therwise, provide City,	State and Zip C	Code)	
Street	City		State	Zip Code	Country		
Provide the dates of your involvement with the	organization.	Provide all	positions held in	n the organization,	if any.	No positions held	
From Date (Month/Year) To Date (Mon	<i>th/Year)</i> Present						
Est.	Est.						
	contributions made		•	e nature of and rea	sons for your	involvement with the	
organization, if any.		organizatio	n.				
Entry #2							
Provide the full name of the organization.							
Provide the address/location of the organization	n. (Provide City and Cour	ntry if outside th	ne United States; o	therwise, provide City,	State and Zip C	Code)	
Street	City		State	Zip Code	Country		
Provide the dates of your involvement with the	organization.	Provide all	positions held in	n the organization,	if any.	No positions held	
From Date (Month/Year) To Date (Mon	<i>hth/Year)</i> Present			-			
Est.	Est.						
Provide all contributions made to the	Provide a description of the nature of and reasons for your involvement with the						
organization, if any.		organizatio	n.				

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 of acts of 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 further such action.							
Entry #1							
Provide the full name of the organization.							
Provide the address/location of the organization. (Provide City and Coun							
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.							
Provide all contributions (in U.S. dollars) No contributions made	Provide a description of the nature of and reasons for your involvement with the						
made to the organization, if any.	organization.						
Entry #2							
Provide the full name of the organization.							
Provide the address/location of the organization. (Provide City and Coun							
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.							
Provide all contributions (in U.S. dollars) No contributions made	Provide a description of the nature of and reasons for your involvement with the						
made to the organization, if any.	organization.						

Section 29 - Association Record - (Continued)

29.6 Have you EVER knowingly engaged in activities designed to overthrow the U.S. G	Government by force?	YES NO (If NO, pr	oceed 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 fo	orce.
Entry #1			
Describe the nature and reasons for the activity.	Provide the dates of such activitie	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 activitie	es.	
	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 i	involved in activities to further terro	orism.	
Entry #1			
Provide explanation.			
Entry #2			
Provide explanation.			

Continuation Space

Use the space below to continue answers or 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 further affirm that, to the best of my knowledge, I have not included any classified information herein. 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, falsifying, or including classified 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)

Entor	vour Social	Socurity N	lumber before	aging to th	onen tvon o	
LINCE	your oociar			going to th	e 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 ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

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

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

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

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security 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 occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink)		Full name (<i>Type or print le</i>	gibly)		Date signed (mm/dd/yyyy)
Other names used				Date of birth	Social Security Number
Current street address Apt. #	City (Cou	ıntry)	State	ZIP Code	Telephone number

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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 Section 21 of the Standard Form 86 (SF-86), carefully read this authorization to release information about you, then sign and date it in ink.

This is an authorization for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility. Your signature will allow the practitioner(s) to answer only those questions identified below.

Authorization

I am seeking assignment to or retention in a national security sensitive position. As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e., continuous evaluation) of eligibility for access to classified information or eligibility to hold a national security sensitive position to request, and my health practitioner(s) to provide, the information requested below, 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 my health care provider/ entity. Revocation of this authorization is not effective until received by my health care provider/entity. 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 authorization for use by the Federal Government only for purposes provided in the Standard Form 86 will no longer be covered by the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

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 (<i>Type or print legibly</i>)			Date signed (mm/dd/yyyy)
Other names used					Social Security Number
Current street address Apt. #	City (Cou	untry)	State	ZIP Code	Telephone number

For Use By Practitioner(s) Only

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.					
What is the prognosis?					
Dates of treatment?					
Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)			

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

The Federal government requires information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. 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 any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position to request, and any consumer reporting agency to provide, such reports for purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

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

Print Name	Social Security Number
Signature (Sign in ink)	Date signed (mm/dd/yyyy)