

**STATEMENT OF PERSONAL HISTORY  
FOR CONTRACT AND CHILDCARE APPLICANTS**

OMB No.: 3090-0006  
Expires: 05/31/2005

*(See Privacy Act and Public Reporting Burden statements on page 4)*

**NOTE:** Childcare applicants in General Services Administration (GSA) controlled facilities are required to complete only the following sections of this form: Items 1 through 12, 14, 16, 19, 20 and 21. All other applicants must complete everything. If more space is needed for any item, continue under item 18.

|  |   |               |               |   |                                    |
|--|---|---------------|---------------|---|------------------------------------|
| 1. NAME DATA<br><i>(Give your full name. Initials and abridgements are not acceptable)</i> | NAME <i>(Last, first, middle)</i>   |               |               | 2. SOCIAL SECURITY NUMBER   |                                    |
|  | OTHER NAMES USED <i>(Maiden name, names by former marriages, former name changed legally or otherwise, nicknames, etc. Specify which, and show dates used.)</i> |               |               | 3. DATE OF BIRTH  |                                    |
|  |   |               |               | 4. PLACE OF BIRTH   |                                    |
|  |   |               |               | 5. SEX<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                                    |
| 6. HEIGHT  | 7. WEIGHT   | 8. COLOR EYES | 9. COLOR HAIR | 10. MARTIAL STATUS  |                                    |
|  |   |               |               | <input type="checkbox"/> SINGLE   | <input type="checkbox"/> WIDOW(ER) |
|  |   |               |               | <input type="checkbox"/> MARRIED  | <input type="checkbox"/> DIVORCED  |

11. RACE *(Check one)*

|  |           |  |           |             |
|--|-----------|--|-----------|-------------|
| A - ASIAN OR PACIFIC, INCLUDING CHINESE, JAPANESE, FILIPINOS, POLYNESIANS, INDONESIAN, AND | B - BLACK | I - AMERICAN INDIAN OR ALASKAN NATIVE, INCLUDING ESKIMOS | W - WHITE | U - UNKNOWN |
|--|-----------|--|-----------|-------------|

12. DATES AND PLACES OF RESIDENCE *(Begin with present and go back (5) years. Continue in Item 18 if necessary.)*

| FROM | TO | NUMBER AND STREET | CITY | STATE | ZIP CODE |
|------|----|-------------------|------|-------|----------|
|      |    |                   |      |       |          |

|  |   |   |      |    |
|--|---|---|------|----|
| 13. MILITARY SERVICE<br><i>(Past or Present)</i> | SERIAL NO./SOCIAL SECURITY NO.<br><i>(If none, give grade or rating at separation.)</i> | BRANCH OF SERVICE<br><i>(Army, Navy, Air Force, Etc.)</i> | YEAR |    |
|  |   |   | FROM | TO |
|  |   |   |      |    |

|           |   |   |                 |                                   |                    |
|-----------|---|---|-----------------|-----------------------------------|--------------------|
| 14. CHECK | BY BIRTH <i>(If checked, go to Item 16)</i> | A. CERT. NO.                              | B. PETITION NO. | C. DATE                           | D. PLACE AND COURT |
|           | U.S. CITIZEN                                | NATURALIZED<br><i>(Complete A thru D)</i> |                 | E. PARENT'S CERTIFICATION NUMBERS |                    |
|           | ALIEN                                       | REGISTRATION NO.                          | NATIVE COUNTRY  |                                   | DATE OF ENTRY      |

**15. EDUCATION (All schools above elementary)**

| NAME OF SCHOOL | ADDRESS | YEAR |    | DEGREES |
|----------------|---------|------|----|---------|
|                |         | FROM | TO |         |
|                |         |      |    |         |

16. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW-ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, MILITARY LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION, ORDINANCE, OR ANY CRIME OR OFFENSE INVOLVING A CHILD? (Do not include traffic violations for which a fine of \$25 or less was imposed. All other charges must be included even if they were dismissed. Continue in item 18, if necessary)

YES     NO (If answer is "YES," furnish details in below)

| REASON CHARGED OR HELD | DATE | PLACE WHERE CHARGED OR HELD | FINAL DISPOSITION<br>(Outcome/Conclusion/Decision) |
|------------------------|------|-----------------------------|--|
|                        |      |                             |  |

17. EMPLOYMENT *(List employment dates starting with your present employment for the last ten (10) years. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)*

| FROM<br>(mm/yyyy) | TO<br>(mm/yyyy) | NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER; NAME OF SUPERVISOR | TYPE OF WORK | REASON FOR LEAVING |
|-------------------|-----------------|--|--------------|--------------------|
|                   |                 |  |              |                    |

17a. HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY POSITION FOR CAUSE?

YES       NO *(If answer is "YES," furnish details in Item 18)*

17b. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS?

YES       NO *(If answer is "YES," furnish details in Item 18)*

18. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS *(Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)*

|   |   |  |
|---|---|--|
| <p>19. AUTHORIZATION AND RELEASE</p>                  | <p>I hereby authorize the General Services Administration to obtain any information required from the Federal government of state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Immigration and Naturalization Service (INS), (if applicable), and from the State Criminal History Repository (childcare employees only) of each State where I have resided.</p> <p>I have been notified of any employer's obligation to require a criminal history records check as a condition of employment and of my right to obtain a copy of the criminal history report by writing to the General Services Administration, Freedom of Information Officer. I understand that I have a right to challenge the accuracy and competencies of any information contained in the report. I also understand that this information will be treated as privileged and confidential information. Case files are handled under the procedures for safeguarding records outlined in the Handbook, General Services Administration Privacy Act Program (OAD P 1878.8).</p> <p>I release any individual, including records custodians, any component of the U.S. Government, or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p> |  |
| <p>20. PRIVACY ACT OF 1974 COMPLIANCE INFORMATION</p> | <p>Privacy Act of 1974 compliance information. Solicitation of information contained herein is authorized by Executive Order 10450, and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041), and may be used as a basis for suitability determinations. Your social security number is being requested pursuant to Executive Order 9397. Disclosure of the information by you is voluntary. Information may be transferred as a routine use to appropriate federal, state, local, or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or pursuant to a request by GSA or such other agency in connection with the hiring or retention of an employee, the issuance of a security clearance, the investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit. Information also may be transferred as a routine use to a duly authorized official engaged in investigation or settlement of a grievance, complaint, or appeal filed by an employee. Failure to provide information requested on this form may result in the government's inability to determine your suitability for the position applied for or occupied, and may affect your prospects for employment or continued employment under a government contract, or at a federal facility, or with a government license.</p>  |  |
| <p>21. PUBLIC REPORTING BURDEN STATEMENT</p>          | <p>Public reporting burden for this collection of information is estimated to average 8 hours per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Security Division (PSS), Office of Federal Protective Service, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (3090-0006), Washington, DC 20503.</p>  |  |
| <p>22. CERTIFICATION</p>                              | <p>FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES OF UP TO \$2000 AND IMPRISONMENT UP TO FIVE YEARS.</p> <p>I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.</p>  | <p>Before signing this form, check back over it to make sure you have answered all questions fully and correctly.</p> <p>SIGNATURE _____</p> <p>DATE _____</p> |