

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

WASHINGTON, DC 20415-0001

Attachment to FIN 97-06

STANDARD FORM 86 AND E.O. 12968 (ACCESS to CLASSIFIED INFORMATION)

The Standard Form 86, dated September 1995, will continue to be used when submitting requests for access investigations. Some questions on the current SF 86, specify a time frame of seven years, which is not consistent with E.O. 12968. Until a revised form is in place, interim instructions are needed for some of the items on the current SF 86 when an SSBI is required. The following questions should be answered with a ten (10) year time frame for the case to meet the new standard:

Number	Question
9	Where You Have Lived
10	Where You Went To School
11	Your Employment Activities
22	Your Employment Record
23 (e & f)	Your Police Record
29	Public Record Civil Court Actions

If you have any questions, please contact OPM-IS, Oversight and Technical Assistance Division, 202-606-1042, or OPM-FIPC, Program Services Office, 412-794-5612. Any applicants/subjects with questions should contact their agency's security office.

^{*} This attachment may be reproduced locally and a copy provided to each person asked to complete an SF86 for a Single Scope Background Investigation.

Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or security clearance prospects.

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 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732 and 736 of Title 5. Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change,

You may also be asked to bring documents about information you provided on the form or other matters requiring specificattention. These matters include alien registration, delinquer loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support alimony or property settlements, agreets, convictions, probation and/or parole.

Organization of this Form

This form has two parts. Part 1 asks for backgroun information, including where you have lived, gone to school, an worked. Part 2 asks about your activities and such matters a firings from a job, criminal history record, use of illegal drugs and abuse of alcohol.

In answering all questions on this form, keep in mind that you answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

Instructions for Completing this Form

- 1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
- 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example enter "None" or "N/A"). If you find that you cannot report are exact date, approximate or estimate the date to the best of you ability and indicate this by marking "APPROX." or "EST."
- Any changes that you make to this form after you sign it mus be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
- 5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- 6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
- All telephone numbers must include area codes.
- 8. All dates provided on this form must be in Month/Day/Year o Month/Year format. Use numbers (1-12) to indicate months. Fo example, June 8, 1978, should be shown as 6/8/1978.
- Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address i outside the United States.
- 10. If you need additional space to list your residences c employments/self-employments/unemployments or educatior you should use a continuation sheet, SF86A. If additional spacis needed to answer other items, use a blank piece of paper Each blank piece of paper you use must contain your name an Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. 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. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for a security clearance. Your prospects of placement or security clearance

are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of record.

Disclosure of Information

The information you give us is for the purpose of investigating y for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure background investigative information is governed by the Priva Act. The agency which requested the investigation and the ager which conducted the investigation have published notices in Federal Register describing the systems of records in which y records will be maintained. You may obtain copies of the relevances from the person who gave you this form. The information this form, and information we collect during an investigation of the disclosed without your consent as permitted by the Privacy (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

- 1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government; is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records
- 3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
- 4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

- 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that system of records contains information relevant to the retention of an employee, or retention of a security clearance, contract, license, grant, or other benefit. The oragency or licensing organization may then make a request supported by we consent of the individual for the entire record if it so chooses. No disclosure with made unless the information has been determined to be sufficiently reliable to supported a referral to another office within the agency or to another Federal agency for crimicivil, administrative, personnel, or regulatory action.
- To contractors, grantees, experts, consultants, or volunteers when necessar perform a function or service related to this record for which they have been engage Such recipients shall be required to comply with the Privacy Act of 1974, as amende
- To the news media or the general public, factual information the disclosur which would be in the public interest and which would not constitute an unwarrant invasion of personal privacy.
- 8. To a Federal, State, or local agency, or other appropriate entities or individuals through established liaison channels to selected foreign governments, in orde enable an intelligence agency to carry out its responsibilities under the Nation Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Of 12333 or any successor order, applicable national security directives, or classifunplementing procedures approved by the Attorney General and promulgation pursuant to such statutes, orders or directives.
- To a Member of Congress or to a Congressional staff member in response to inquiry of the Congressional office made at the written request of the constituent all whom the record is maintained.
- To the National Archives and Records Administration for records manager inspections conducted under 44 USC 2904 and 2906.
- To the Office of Management and Budget when necessary to the review of prirelief legislation.

			STAT	E CODES (AB	BREVIA	TIONS)			
Alabama	AL	Hawaii	н	Massachusetts	MA	New Mexico	NM	South Dakota	SE
Alaska	AK	ldaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
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	W
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	W
Florida	FL	Maine	ME	New Hamphshire	NH	Rhode Island	RI	Wisconsin	
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	,
American Samoa	AS	Dist. of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PF
Trust Territory	13	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searchin 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 Reports and Forms Management Office U.S. Office of Personnel Management, 1900 E Street N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

FR Parts 731, 732, and	d 736								86	5-111		
PART 1	estigating Agency Use On	nly .	Codes				С	ase Numb	per			
	Agency Use Only (Co	omplete Items A thro	ough P usi	ng Instru	ctions pr	ovided b	y the Investig	ating ag	ency).			
Type of Investigation	B Extra Coverage	C Se	ensitivity evel		Access		Nature of Action Code		F Date of	of Month	Day	Ye
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Requesting Name and T Official	itle	Sig I	nature				Teleph	one Numt	oer	Da I	te	
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	only initials in your name no middle name, enter "f		IO).	-	are a "Jr., niddle nan		l," etc., enter thi	s in the b	ox after	2	DATE	
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that reflects your current citizenship status, and		but I was NOT born in th	ne U.S. —				Answ	er items b,	c, and d			
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City						State	Certificate Numb	er	Month/	Day/Year	Issued	
State Department For	m 240 - Report of Birth A			ates								
Give the date the form was prepared and give an explanation if needed	Month/Day/Year	Explanatio	on									
U.S. Passport												
This may be either a cu	rrent or previous U.S. Pas	ssport	Passp	ort Number				-	Month	/Day/Year	issued	
DUAL CITIZENSH		ual citizen of the United Sta me of that country in the sp			itry							
ALIEN if you are a	in alien, provide the follow	ing information:										
Place You City Entered the United States			Sta	te Date Y Month	Day Yea	J.S. Alien	Registration Nu	nber	Countr	y(ies) of (Citizensh	ıiр

9 WHERE YOU HAVE LIN

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residences: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

_	Month/Year Mon	nth/Year	Street Addres	S		Apt. #	City (Country)			State	ZIP Code
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-	Month/Year Mon	nth/Year	Street Address	s		Apt. #	City (Country)			State	ZIP Code
#3	То										
-	Name of Person Who	Knows \	You	Street Address	Apt. #	City (Cou	ntry)	State	ZIP Code	Telepho	one Number
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-	Month/Year Mon	nth/Year	Street Address	S .	7	Apt. #	City (Country)			State	ZIP Code
#4	То										
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#5	То										
	Name of Person Who	Knows \	You	Street Address	Apt. #	City (Cou	ntry)	State	ZIP Code	Telepho	one Number
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WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- . Use on of the following codes in the "Code" block:
 - 1 High School

- 2 College/University/Military College
- 3 Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education
 completely outside this 3-year period.
- · For correspondence schools and extension classes, provide the address where the records are maintained.

Enter your Social Security Number before going to the next page

	Month/Year	Month/Year	Code	Name of School		Degree/Diploma/Other			Mo	onth/Year Awarded
#1	Te	0								
Si	reet Address	and City (Count	ry) of Scho	ool					State	ZIP Code
N	ame of Person	Who Knew You	1	Street Address	Apt. #	City (Country)	State	ZIP Code	Telepho	ne Number
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	Month/Year	Month/Year	Code	Name of School		Degree/Diploma/Other			Mo	nth/Year Awarded
#2	T	0								
St	reet Address	and City (Count	ry) of Scho	ool					State	ZIP Code
N	ame of Person	Who Knew You	u	Street Address	Apt. #	City (Country)	State	ZIP Code	Telepho	ne Number
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	Month/Year	Month/Year	Code	Name of School		Degree/Diploma/Other			Mo	onth/Year Awarded
#3	Т	0							1	
Si	reet Address	and City (Count	ry) of Scho	pal .					State	ZIP Code
Ν	ame of Persor	Who Knew Yo	u	Street Address	. Apt. #	City (Country)	State	ZIP Code	Telepho	ne Number
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YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- Code. Use one of the codes listed below to identify the type of employment:
 - 1 Active military duty stations2 National Guard/Reserve
- 5 State Government (Non-Federal employment
- 7 Unemployment (Include name of person who can verify)
- 9 Other

- 3 U.S.P.H.S. Commissioned Corps4 Other Federal employment
- Self-employment (Include business name and/or name of person who can verify)
- Federal Contractor (List Contractor, not Federal agency)
- Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the
 most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines
 provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning
 the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines
 below that information.

ì	below that information	1.	inployment mot, and provide dat	cs, position titles, and sup		pro: ous	periods of empi	
Month/	Year Month/Year	Cod	le Employer/Verifier Name/Military	Duty Location		Your Posi	tion Title/Military R	ank
#1	To Present							
Employer's	s/Verifier's Street Addres	ss		City (Country)		State	ZIP Code	Telephone Number
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Street Add	dress of Job Location (if	differer	t than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
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Superviso	r's Name & Street Addre	ss (if di	fferent than Job Location)	City (Country)		State	ZIP Code	Telephone Number
	768.3v					<u> </u>		()
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PREVIOUS PERIODS OF ACTIVITY(Black#1)	То							
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Month/	Year Month/Year	Cod	e Employer/Verifier Name/Military	Duty Location		Your Posit	ion Title/Military R	ank
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Supervisor	r's Name & Street Addre	ss (if di	fferent than Job Location)	City (Country)		State	ZIP Code	Telephone Number
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PREVIOUS PERIODS OF ACTIVITY(Block #2)	То							
Month/		Cod	le Employer/Verifier Name/Military	Duty Location		Your Posit	ion Title/Military R	ank
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)DS k #3			1 CORROLL TILLE		Capervisor			
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	То							
Enter	your Social S	Seci	urity Number before	going to the nex	t page		→	

YOUR EN	IPLOYMENT AC	CTIV	ITIES (CONTINUED)							
Month/Ye			de Employer/Verifier Name/Military	Duty Location			Your Posi	tion Title/Military	Rank	
44										
#4	To Verifier's Street Addres			City (Co	untry)		State	ZIP Code	Teler	hone Number
Employer an	Vermer 5 Greet Maares			, (-···· / /			5522		
Street Addre	see of Joh Location (if	differen	nt than Employer's Address)	City (Co	untry)		State	ZIP Code	(Teler) phone Number
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Month/Ye	ear Month/Year	Cod	de Employer/Verifier Name/Military	Duty Location			Your Posit	ion Title/Military	Rank	
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#5	To Verifier's Street Addres			City (Cou	intrv)		State	ZIP Code	Telen	hone Number
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Mark one box to show your current r 1 - Never married 2 - Married			3 - Separated 4 - Legally Separ				5 - Div 6 - Wid			
Current Spouse Complete the for Full Name	ollowing	Date of Birth	spouse only. Place of Birth (included)	de country if out	side the	U.S.)	Social Sec	curity Num	ber	
Other Names Used (Specify maiden n	ame, nam	nes by other marriag	es, etc., and show date	es used for each	name)		1	Country(i	es) of Citiz	enship
Date Married		Place Married (inclu	ide country if outside th	e U.S.)						State
If Separated, Date of Separation		If Legally Separated	d, Where is the Record	Located? City (Country)				State
Address of Current Spouse, If different	than you	r current address (S	treet, city, and country	if outside the U.	S.)			State	ZIP Co	de
Former Spouse(s) Complete the	e followin								L	
Full Name	me Date of			te of Birth Place of Birth (include country if outside the U.S.						State
Country(ies) of Citizenship		Date Married	Place Married (in	clude country if	outside	the U.S.)				State
Check One, Then Give Date		Month/Day/Year	If Divorced, When	e is the Record	Located	l? City (Coun	try)			State
Address of Former Spouse (Street, city		ntry if outside the U	.S.)		State	ZIP Code	Telephone	Number		
YOUR RELATIVES AND ASSOCIA			·				()		
4 - Stepfather 8 - Brother		12 - Half-b					ntly Living \			
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CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14). On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested. 1. Naturalization Certificate: Provide the date 3. Alien Registration: Provide the date issued and the location where the person was and place where the person entered naturalized (Court, City and State) the U.S. (City and State). Citizenship Certificate: Provide the date and Other: Provide an explanation in the location issued (City and State). "Additional Information" block Name Date of Birth (Month/Day/Year) Association Certificate/Registration # Document Code | Additional Information Association Name Date of Birth (Month/Day/Year) #2 Certificate/Registration # Document Code Additional Information YOUR MILITARY HISTORY Yes No a Have you served in the United States military? b Have you served in the United States Merchant Marine? List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed. • Code. Use one of the codes listed below to identify your branch of service: 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard 1 - Air Force 2 - Army 3 - Navv . O/E. Mark "O" block for Officer or "E" block for enlisted. Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block. · Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served. Service/Certificate # Month/Year Month/Year Code Country Active Reserve Inactive Reserve National Guard (State) Active To To YOUR FOREIGN ACTIVITIES Yes Nο a Do you have any foreign property, business connections, or financial interests? D Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency? Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.) d In the last 7 years, have you had an active passport that was issued by a foreign government? If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement. Explanation Month/Year Firm and/or Government Month/Year Month/Year FOREIGN COUNTRIES YOU HAVE VISITED 18 List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.) 1 - Business 2 - Pleasure 3 - Education 4 - Other Use one of these codes to indicate the purpose of your visit: • Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the codes, the country, and a note ("Many Short Trips"). Do not repeat travel covered in items 9, 10, or 11. Month/Year Country Month/Year Month/Year Country Month/Year Code #3 To To #4 #2 To To This concludes Part 1 of this form. If you have used Page 9, continuation sheets or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right: Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

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a						" go to 21. If "Yes							-
•	Have yo reason	ou registe for your l	red with the Se egal exemption	elective Serv below.	vice System	? If "Yes," provide	your registra	ation numbe	r. If "No," s	show the			
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YOUF	R MEDIC	CAL REC	ORĐ				٠.					Yes	No
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YOUR	R USE C	F ILLEG	AL DRUGS	AND DRUG A	CHVIIY							Yes	No
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•	marijuai	na, cocain	e, crack cod	caine, hashish,	narcotics (o	pium, mor	phine, code	eine, he	d any controlled substance, roin, etc.), amphetamines, d prescription drugs?) ,		
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•	In the la	st 7 years of any nar	s, have you cotic, depre	been involved ssant, stimular	in the illegal nt, hallucinog	purchase, en, or car	, manufactu nnabis for y	ire, traff our own	icking, production, transfer, intended profit or that of an	shipping, red nother?	ceiving,		
		nswered * each was		b above, prov	ide the date(s), identify	the contro	lled sub	stance(s) and/or prescriptio	on drugs used	d, and th	e nun	nber
Month/Year	Month/\	'ear Cont	rolled Substanc	e/Prescription Drug	Used			1	lumber of Times Used		<u>-</u>		
	To To	-			·								
25 YOUR	R USE C	F ALCO							•			Yes	No
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	To DINVES	TIGATIO	NS RECOR	D								Voc	N
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YOUR	R FINANCIAL I	DELINQUENC	IES				Yes	No
28			been over 180 days de	elinque	ent on any debt(s)?			
O :	Are you curren	tly over 90 da	ys delinquent on any de	ebt(s)?	?		<u>L</u>	
	, ,		b, provide the informa					
Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Nam	ne/Address of Creditor or Obligee	State	ZIP C	ode
20 PURI	IC RÉCORD C	IVII COURT	ACTIONS				Yes	No
				cord ci	ivil court actions not listed elsewhere on this form?			
					record civil court action requested below.			
Month/Year	Nature of Action	Result of Acti	on Name of Parties Involve	ed	Court (Include City and county/country if outside U.S.)	State	ZIP C	ode
					·		-	
							L.	
3U	ASSOCIATIO						Yes	No
	United States (Government ar	er or a member or made nd which engages in ille ent to further such activ	egal a	ntribution to an organization dedicated to the violent overthrow of ctivities to that end, knowing that the organization engages in suc	the h		
(Have you ever	knowingly eng	gaged in any acts or act	ctivities	s designed to overthrow the United States Government by force?			
-	f vou answere	d "Yes" to a or	b, explain in the space	e belov	N.			
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	After completin	ng Parts 1 and	2 of this form and any	attach	ments, you should review your answers to all questions to make	sure the fo	orm is	
	complete and a	accurate, and	then sign and date the	follow	ing certification and sign and date the release on page 10.			
belief an	d are made	in good fair	d any attachments th. I understand th	to it, hat a	n That My Answers Are True are true, complete, and correct to the best of my knowing and willful false statement on this form can title 18, United States Code).			
Signature (0. 2011	. (222 000.011 100		Date			
Enter y	our Socia	I Security	Number before	e goi	ing to the next page ─►			

Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, 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 access to classified information and/or for assignment to, or retention in, a sensitive 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 redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)	Full Name (Type	or Print Legibly)	Date Signed		
Other Names Used			. <u> </u>	Social Security Number	
Current Address (Street, City		State	Zip Code	Home Telephone Number (Include Area Code)	
				()	

Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Instructions for Completing this Release

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

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

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

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

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (Type or Print Leg	Full Name (Type or Print Legibly)			Date Signed	
Other Names Used			Social	Social Security Number		
Current Address (Street, City)	St	ate Zip Coo		Telephone Number a Area Code)		