

PRIVACY ACT PROTECTED INFORMATION

U.S. Department of Justice

Contractor Employee Security Information Form

Please complete the following information. Print or type.

1. Full Name (Initials are not acceptable. If no middle name, show "(NMN)"; if initials only, show "(no given or middle name)."

(last name) (first name) (middle name)

Other names used: (Former name(s) changed legally or otherwise, aliases, nicknames, maiden names, former married name(s), etc.)

2. Place of Birth 3. Date of Birth

4. Male Female 5. Social Security No.

6. U.S. Citizen By Birth Naturalized Alien Registration No. Cert. No. Petition No. Date, Place and Court Alien Native Country Registration No. Date of Entry Port of Entry

7. Present Employment (Give name of present employer, supervisor, and address) Supervisor's Phone Number How long with present employer?

Before signing this form, make sure you have answered all questions fully and correctly.

CERTIFICATION

I certify that the statements made by me on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that this information may be used for a criminal records identification check done by the Federal Bureau of Investigation.

(date) (signature)

Please print CURRENT address

SPS Office Use Only OBD ID FBI-sent rec'd P.N.