Standard Form 86
Revised July 2008
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206 0005
NSN 7540-00 634-4036
86-111

Questionnaire for National Security Positions

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

Purpose of this Form

The United States (U.S.) Government conducts background investigations and reinvestigations of persons under consideration for or retention in national security positions as defined in 5 CFR 732 and for positions requiring access to classified information under Executive Order 12968.

Giving us this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position. Any information that you provide is evaluated on the basis of its recency, seriousness, relevance to the position and duties, and consistency with all other information about you.

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

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

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, U.S. Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

The Investigative Process

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

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal. Checks of Federal agency records may be made about your spouse or other cohabitant.

Your Personal Interview

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

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

You may also be asked to bring documents about information you provided on the form or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Special Instructions for Completing this Form

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

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

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

Instructions for Completing this Form

1. Follow the instructions given to you by the office that gave you this form and any other clarifying instructions furnished by that office to assist you in completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**

2. Type or legibly print your answers in ink (if the form is not legible, it will not be accepted). You may also be asked to submit your form using the approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A" unless otherwise noted.

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify your response(s) with your consent.

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

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

7. The 5-digit postal Zip Codes are needed to speed the processing of your investigation. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.

8. For telephone numbers in the U.S., be sure to include the area code.

9. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by writing "APPROX." or "EST."

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

Final Determination on Your Eligibility

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

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Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to 5 years of imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give to us on this form and to make your comments part of the record.

DISCLOSURE INFORMATION

The information you give to us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

LOCATION CODES

Alabama	AL	Hawaii	HI	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	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	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	Guam	GU	Northern Mariana Islands	MP	Palau	PW		
Federated States of Micronesia	FM	Marshall Islands	MH	Puerto Rico	PR	Virgin Islands of the U.S.	VI		

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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Investigating agency use only	Codes	Case number

AGENCY USE ONLY

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

G Geographic location	H Position code	I Position title	J SON

K Location of official personnel folder	☐ None ☐ NPRC	☐ At SON ☐ e-OPF ☐ Other	Other address/Web address of e-OPF	ZIP Code

L SOI	M Location of security folder	☐ None ☐ NPI	☐ At SOI ☐ Other	Other address	ZIP Code

N IPAC	O TAS	P Obligating document number	Q BETC

R Accounting data and/or Agency case number	S Investigative requirement	☐ Initial ☐ Reinvestigation

T Requesting official - Name	Title	Signature

Email address	Telephone number	Date

U Secondary requesting official - Name	Title

Email address	Telephone number	V Applicant affiliation	☐ FED CIV ☐ MIL	☐ CON ☐ Other

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

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

2 DATE OF BIRTH

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

3 PLACE OF BIRTH **4 SOCIAL SECURITY NO.**

City	County	State	Country *(if outside the U.S.)*

5 OTHER NAMES USED Have you used any other names?

NO ☐ **YES** ☐ → If "Yes," give other names used and the period of time you used them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)]. If the other name is your **maiden name**, put "maiden" in front of it.

Name **#1**	Month/Year	To	Month/Year
Name **#2**	Month/Year	To	Month/Year
Name **#3**	Month/Year	To	Month/Year
Name **#4**	Month/Year	To	Month/Year

6 MOTHER'S MAIDEN NAME

Last name	First name	Middle name

7 YOUR IDENTIFYING INFORMATION

Height *(feet and inches)*	Weight *(pounds)*	Hair color	Eye color	Sex	☐ Female ☐ Male

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

Home e-mail address	Work e-mail address

Home telephone number	☐ Day ☐ Evening	Work telephone number	☐ Day ☐ Evening	Mobile telephone number	☐ Day ☐ Evening

Enter your Social Security Number before going to the next page →

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9 CITIZENSHIP Mark the box that reflects your current citizenship status and follow its instructions.

☐ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.
☐ I am a U.S. citizen or national by birth, born outside the U.S. **Go to 9A**
☐ I am a naturalized U.S. citizen. **Go to 9B or 9C**
☐ I am not a U.S. citizen. **Go to 9D**

U.S. PASSPORT *Current or most recent passport*

Number | Date issued | Expired ☐ YES ☐ NO

ALIEN REGISTRATION NUMBER *(if applicable)*

Number

9A DOCUMENTATION OF U.S. CITIZENS BORN ABROAD [STATE DEPARTMENT FORM (FS) 240, DS 1350, FS 545, etc.] *Report information, if applicable.*

Date form was completed | Document number | Place of issuance

9B CITIZENSHIP CERTIFICATE *(if applicable)*

Where was this certificate issued? City/Court | State | Certificate number | Date issued

9C NATURALIZATION CERTIFICATE *(if applicable)*

Where was this certificate issued? City/Court | State | Certificate number | Date issued

9D IMMIGRATION STATUS *Place you entered the U.S.*

City | State | Country*(ies)* of citizenship

Date of entry | Type of document (I-94, etc.) | Document number

10 CITIZENSHIP INFORMATION

Do you now hold or have you EVER held multiple citizenships? ☐ YES ☐ NO **Go to Question 11**

A If "Yes," provide the name(s) of the country(ies).

B During what periods of time did you hold multiple citizenships?

C Is your non-U.S. citizenship based on your birth in a foreign country or the citizenship of your parents? *(If "No," explain.)*
☐ YES ☐ NO, explain →

D Have you renounced or attempted to renounce your foreign citizenship(s)? *(If "Yes," explain.)*
☐ NO ☐ YES, explain →

11 WHERE YOU HAVE LIVED Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 17 for additional answers.

List the places where you have lived, beginning with your present residence (#1) and working back 7 years (if an SSBI go back 10 years). **Residences for the entire 7 year period must be accounted for without breaks.** Indicate the actual physical location of your residence. Do not use a Post Office Box as an address, and do not list a permanent address when you were actually living at a school address, etc. Be sure to be as specific as possible when listing an address location: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations (TDY) under 90 days (list your address of record instead), but you must list other part-time residences. Your actual physical location in addition to your APO/FPO address is required for overseas assignments.

For any address in the last 3 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 3-year period, and do not list your spouse, former spouse, or other relatives. Also, for addresses in the last 3 years, if the address is "General Delivery," a Rural or State Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet (SF 86A). Do not list residences before your 18th birthday unless to provide a minimum of 2 years of residence history.

Residence Information and Point of Contact for that Period of Residence

#1 Month/Year | To Month/Year **Present** | Status ☐ Own ☐ Rent ☐ Military housing ☐ Other *(Explain)* | Street address | Apt.#

APO/FPO address

City (Country) | State | ZIP Code

Name of person who knows you at this address | Current address | Apt.#

APO/FPO address *(if currently applicable)*

City (Country) | State | ZIP Code

Telephone number | Alternate contact number | Relationship ☐ Neighbor ☐ Friend ☐ Landlord ☐ Business associate ☐ Other *(Explain)*

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11 WHERE YOU HAVE LIVED *(Continued)*

#2 Month/Year | To | Month/Year | Status | ☐ Own ☐ Rent | ☐ Military housing ☐ Other *(Explain)* | Street address | Apt.#

APO/FPO address

City (Country) | State | ZIP Code

Name of person who knows you at this address | Current address | Apt.#

APO/FPO address *(if currently applicable)*

City (Country) | State | ZIP Code

Telephone number | Alternate contact number | Relationship | ☐ Neighbor ☐ Friend | ☐ Landlord ☐ Business associate | ☐ Other *(Explain)*

#3 Month/Year | To | Month/Year | Status | ☐ Own ☐ Rent | ☐ Military housing ☐ Other *(Explain)* | Street address | Apt.#

APO/FPO address

City (Country) | State | ZIP Code

Name of person who knows you at this address | Current address | Apt.#

APO/FPO address *(if currently applicable)*

City (Country) | State | ZIP Code

Telephone number | Alternate contact number | Relationship | ☐ Neighbor ☐ Friend | ☐ Landlord ☐ Business associate | ☐ Other *(Explain)*

#4 Month/Year | To | Month/Year | Status | ☐ Own ☐ Rent | ☐ Military housing ☐ Other *(Explain)* | Street address | Apt.#

APO/FPO address

City (Country) | State | ZIP Code

Name of person who knows you at this address | Current address | Apt.#

APO/FPO address *(if currently applicable)*

City (Country) | State | ZIP Code

Telephone number | Alternate contact number | Relationship | ☐ Neighbor ☐ Friend | ☐ Landlord ☐ Business associate | ☐ Other *(Explain)*

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

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

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

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

For Correspondence/Distance/Extension/Online School, provide the address where the records are maintained.
For schools you attended in the last 3 years, list a person who knew you at school (instructor, student, etc.).
Do not list people for education periods completed more than 3 years ago.

SCHOOL INFORMATION

#1 Month/Year To Month/Year Code Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. ☑ YES ☐ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

#2 Month/Year To Month/Year Code Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. ☐ YES ☐ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

#3 Month/Year To Month/Year Code Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. ☐ YES ☐ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

#4 Month/Year To Month/Year Code Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. ☐ YES ☐ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

#5 Month/Year To Month/Year Code Name of school | Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded. ☐ YES ☑ NO

Street address and City (Country) of school | State | ZIP Code

Name of person who knows you | Current address | Apt. #

City (Country) | State | ZIP Code | Telephone number

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13 EMPLOYMENT ACTIVITIES Use the Continuation Sheet(s) (SF 86A) or the Continuation Space on page 17 for additional answers.

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

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

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

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

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

13A EMPLOYMENT/UNEMPLOYMENT INFORMATION

#1 Dates of Employment | **Type of Employment**

Month/Year To Month/Year (Present) | Employment code | Position title/Military rank | Work hours | Full-time ☐ Part-time ☐

Employer/Verifier

Name of employer/verifier | Telephone number

Address of employer/verifier

City (Country) | State | ZIP Code

Physical Location

Your actual work address (if different from employer address) | Telephone number

City (Country) | State | ZIP Code

Supervisor *(if different from employer)*

Name and title | Telephone number

Work address of supervisor

City (Country) | State | ZIP Code

Additional Periods of Activity with this Employer

Month/Year	To	Month/Year	Position title	Supervisor

Explanation/Reason for leaving

Enter your Social Security Number before going to the next page →

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13A EMPLOYMENT/UNEMPLOYMENT INFORMATION *(Continued)*

#2 Dates of Employment (Month/Year To Month/Year) | **Type of Employment** (Employment code | Position title/Military rank | Work hours Full-time / Part-time)

Employer/Verifier

Name of employer/verifier | Telephone number

Address of employer/verifier

City (Country) | State | ZIP Code

Physical Location

Your actual work address (if different from employer address) | Telephone number

City (Country) | State | ZIP Code

Supervisor *(if different from employer)*

Name and title | Telephone number

Work address of supervisor

City (Country) | State | ZIP Code

Additional Periods of Activity with this Employer

Month/Year To Month/Year	Position title	Supervisor
Month/Year To Month/Year	Position title	Supervisor
Month/Year To Month/Year	Position title	Supervisor

Explanation/Reason for leaving

#3 Dates of Employment (Month/Year To Month/Year) | **Type of Employment** (Employment code | Position title/Military rank | Work hours Full-time / Part-time)

Employer/Verifier

Name of employer/verifier | Telephone number

Address of employer/verifier

City (Country) | State | ZIP Code

Physical Location

Your actual work address (if different from employer address) | Telephone number

City (Country) | State | ZIP Code

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13A EMPLOYMENT/UNEMPLOYMENT INFORMATION *(Continued)*

Supervisor *(if different from employer)*

Name and title | Telephone number

Work address of supervisor

City (Country) | State | ZIP Code

Additional Periods of Activity with this Employer

Month/Year	To	Month/Year	Position title	Supervisor

Explanation/Reason for leaving

#4 Dates of Employment (Month/Year To Month/Year) | **Type of Employment** (Employment code | Position title/Military rank | Work hours | Full-time | Part-time)

Employer/Verifier

Name of employer/verifier | Telephone number

Address of employer/verifier

City (Country) | State | ZIP Code

Physical Location

Your actual work address (if different from employer address) | Telephone number

City (Country) | State | ZIP Code

Supervisor *(if different from employer)*

Name and title | Telephone number

Work address of supervisor

City (Country) | State | ZIP Code

Additional Periods of Activity with this Employer

Month/Year	To	Month/Year	Position title	Supervisor

Explanation/Reason for leaving

Enter your Social Security Number before going to the next page →

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13B FORMER FEDERAL SERVICE, EXCLUDING MILITARY SERVICE, NOT INDICATED PREVIOUSLY (list below if applicable)

Dates of Federal Service Month/Year To Month/Year	Agency/City (Country)/State/ZIP Code	Position Title
#1		
#2		
#3		

13C EMPLOYMENT RECORD

	YES	NO
1. Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.	☐	☐

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

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

Month/Year	Code	Specify Reason	Employer's Name and Address *(Include City/Country if outside U.S.)*	State	ZIP Code

	YES	NO
2. Have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?	☐	☐
3. Have you received a written warning, been officially reprimanded, suspended, or disciplined for violating a security rule or policy?	☐	☐

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

14 SELECTIVE SERVICE RECORD

	YES	NO
a Are you a male born after December 31, 1959? If "No," go to Question 15. If "Yes," go to b.	☐	☐
b Have you registered with the Selective Service System (SSS)? If "Yes," provide your registration number below. If "No," explain the reason for not registering below. Please consult the SSS if you are unaware of your status before signing this form.	☐	☐

Registration Number	Explanation

Enter your Social Security Number before going to the next page →

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15 MILITARY HISTORY Account for all of your military service through the questions below. If you answer "No" to both 15a and 15b, go to Question 16.	YES	NO
a Have you EVER served in the U.S. military or the U.S. Merchant Marine?	☐	☐
b Have you EVER served in a foreign country's military, security forces, merchant marine, militia, or other defense forces?	☐	☐
c Have you EVER received a discharge that was not honorable?	☐	☐
d In the last 7 years (if an SSBI go back 10 years), have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).	☐	☐

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

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

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

O/E: Mark "O" block for Officer or "E" block for Enlisted, if applicable.
Status: "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.
Country: Identify the country for which you served.
Code (Type of Discharge): Use one of the codes listed below to indicate your separation status from your military service.

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

Branch of Service Code	Month/Year To Month/Year	Service Number	O	E	Status: Active Duty	Status: Active Reserve	Status: Inactive Reserve	Status: Air NG State	Status: Army NG State	Country	Type of Discharge Code
			☐	☐	☐	☐	☐				
			☐	☐	☐	☐	☐				

16 PEOPLE WHO KNOW YOU WELL

List three people who know you well and who preferably live in the U. S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of the workplace, school, or neighborhoods and whose combined association with you covers at least the last 7 years. **Do not list your spouse, former spouse(s), other relatives, or anyone listed elsewhere on this form.**

Reference name **#1**	Dates known Month/Year To Month/Year	Relationship to you (Check all that apply)	Telephone number
		☐ Neighbor ☐ Work associate ☐ Other (Explain) _____ ☐ Friend ☐ Schoolmate	☐ Day ☐ Evening

Home or work address	Apt. #	City (Country)	State	ZIP Code	Alternate telephone no.

Reference name **#2**	Dates known Month/Year To Month/Year	Relationship to you (Check all that apply)	Telephone number
		☐ Neighbor ☐ Work associate ☐ Other (Explain) _____ ☐ Friend ☐ Schoolmate	☐ Day ☐ Evening

Home or work address	Apt. #	City (Country)	State	ZIP Code	Alternate telephone no.

Reference name **#3**	Dates known Month/Year To Month/Year	Relationship to you (Check all that apply)	Telephone number
		☐ Neighbor ☐ Work associate ☐ Other (Explain) _____ ☐ Friend ☐ Schoolmate	☐ Day ☐ Evening

Home or work address	Apt. #	City (Country)	State	ZIP Code	Alternate telephone no.

Enter your Social Security Number before going to the next page →

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17 MARITAL STATUS

Mark one box to show your current marital status and provide information about your spouse(s) or cohabitant below. If there is not a middle name, enter as "NMN."

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

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

Last name | First name | Middle name | Date of birth | Place of birth *(include Country if outside the U.S.)*

Social Security Number | Other names used *(specify maiden name, names by other marriages, etc., and show dates used for each name)*

Country(ies) of citizenship | Date married

Place married *(City, include Country if outside the U.S.)* | State

If separated, date of separation | If legally separated, where is the record located? City *(Country)* | State | ZIP Code

Current address of spouse, if different than your current address *(Street, City, include Country if outside the U.S.)* | State | ZIP Code | Telephone number

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

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

Document number | Explain "Other"

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

Last name | First name | Middle name | Date of birth

Place of birth *(include Country if outside the U.S.)* | State | Country(ies) of citizenship

Date married | Place married *(City, include Country if outside the U.S.)* | State

Check one, then give date ☐ Divorced ☐ Annulled ☐ Widowed | Date | If divorced/annulled, where is the record located? City *(Country)* | State | ZIP Code

Last known address of former spouse *(Street, City, include Country if outside the U.S.)* | State | ZIP Code | Telephone number

17C COHABITANT [A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (a roommate)]. If applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship information.

Last name | First name | Middle name | Date of birth | Place of birth *(include Country if outside the U.S.)*

Social Security Number | Other names used *(specifically maiden names, names by other marriages, etc., and show dates used for each name)*

Country(ies) of citizenship | Date cohabitation began

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

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

Document number | Explain "Other"

Enter your Social Security Number before going to the next page →

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18 RELATIVES

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

1 - Mother	5 - Foster parent	9 - Sister	13 - Half-sister
2 - Father	6 - Child *(incl. adopted and foster)*	10 - Stepbrother	14 - Father-in-law
3 - Stepmother	7 - Stepchild	11 - Stepsister	15 - Mother-in-law
4 - Stepfather	8 - Brother	12 - Half-brother	16 - Guardian

Code	Full name	☐ Deceased	Date of birth	Place of birth	Country(ies) of citizenship
1					

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

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

☐ FS 240 or 545 ☐ DS 1350 ☐ Alien registration ☐ Other (Explain below) Document number
☐ Citizenship certificate ☐ Naturalization certificate ☐ U.S. Passport

Code	Full name	☐ Deceased	Date of birth	Place of birth	Country(ies) of citizenship
2					

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

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

☐ FS 240 or 545 ☐ DS 1350 ☐ Alien registration ☐ Other (Explain below) Document number
☐ Citizenship certificate ☐ Naturalization certificate ☐ U.S. Passport

Code	Full name	☐ Deceased	Date of birth	Place of birth	Country(ies) of citizenship
▼					

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

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

☐ FS 240 or 545 ☐ DS 1350 ☐ Alien registration ☐ Other (Explain below) Document number
☐ Citizenship certificate ☐ Naturalization certificate ☐ U.S. Passport

Code	Full name	☐ Deceased	Date of birth	Place of birth	Country(ies) of citizenship
▼					

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

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

☐ FS 240 or 545 ☐ DS 1350 ☐ Alien registration ☐ Other (Explain below) Document number
☐ Citizenship certificate ☐ Naturalization certificate ☐ U.S. Passport

Code	Full name	☐ Deceased	Date of birth	Place of birth	Country(ies) of citizenship
▼					

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

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

☐ FS 240 or 545 ☐ DS 1350 ☐ Alien registration ☐ Other (Explain below) Document number
☐ Citizenship certificate ☐ Naturalization certificate ☐ U.S. Passport

Code	Full name	☐ Deceased	Date of birth	Place of birth	Country(ies) of citizenship
▼					

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

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

☐ FS 240 or 545 ☐ DS 1350 ☐ Alien registration ☐ Other (Explain below) Document number
☐ Citizenship certificate ☐ Naturalization certificate ☐ U.S. Passport

Enter your Social Security Number before going to the next page →

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19 FOREIGN CONTACTS

Do you have or have you had close and/or continuing contact with foreign nationals within the last 7 years with whom you, your spouse, or your cohabitant are bound by affection, influence, and/or obligation? Include associates, as well as relatives, not already listed in Question 18. (A foreign national is defined as any person who is not a citizen or national of the U.S.) Yes ☐ No ☐

1. Full name	Dates known Month/Year To Month/Year	Country(ies) of citizenship Country of residence
Nature of relationship ☐ Business ☐ Personal ☐ Other (Explain)	Type of contact (check all that apply) ☐ Telephone ☐ Electronic correspondence ☐ Other (Explain) ☐ In person ☐ Written correspondence	Number of contacts per year ☐ 1 - 2 ☐ 3 - 7 ☐ 8 - 15 ☐ More than 15
2. Full name	Dates known Month/Year To Month/Year	Country(ies) of citizenship Country of residence
Nature of relationship ☐ Business ☐ Personal ☐ Other (Explain)	Type of contact (check all that apply) ☐ Telephone ☐ Electronic correspondence ☐ Other (Explain) ☐ In person ☐ Written correspondence	Number of contacts per year ☐ 1 - 2 ☐ 3 - 7 ☐ 8 - 15 ☐ More than 15
3. Full name	Dates known Month/Year To Month/Year	Country(ies) of citizenship Country of residence
Nature of relationship ☐ Business ☐ Personal ☐ Other (Explain)	Type of contact (check all that apply) ☐ Telephone ☐ Electronic correspondence ☐ Other (Explain) ☐ In person ☐ Written correspondence	Number of contacts per year ☐ 1 - 2 ☐ 3 - 7 ☐ 8 - 15 ☐ More than 15
4. Full name	Dates known Month/Year To Month/Year	Country(ies) of citizenship Country of residence
Nature of relationship ☐ Business ☐ Personal ☐ Other (Explain)	Type of contact (check all that apply) ☐ Telephone ☐ Electronic correspondence ☐ Other (Explain) ☐ In person ☐ Written correspondence	Number of contacts per year ☐ 1 - 2 ☐ 3 - 7 ☐ 8 - 15 ☐ More than 15
5. Full name	Dates known Month/Year To Month/Year	Country(ies) of citizenship Country of residence
Nature of relationship ☐ Business ☐ Personal ☐ Other (Explain)	Type of contact (check all that apply) ☐ Telephone ☐ Electronic correspondence ☐ Other (Explain) ☐ In person ☐ Written correspondence	Number of contacts per year ☐ 1 - 2 ☐ 3 - 7 ☐ 8 - 15 ☐ More than 15
6. Full name	Dates known Month/Year To Month/Year	Country(ies) of citizenship Country of residence
Nature of relationship ☐ Business ☐ Personal ☐ Other (Explain)	Type of contact (check all that apply) ☐ Telephone ☐ Electronic correspondence ☐ Other (Explain) ☐ In person ☐ Written correspondence	Number of contacts per year ☐ 1 - 2 ☐ 3 - 7 ☐ 8 - 15 ☐ More than 15

20 FOREIGN ACTIVITIES

Respond for the time frame of the last 7 years.

20A Foreign Financial Interests Include stocks, personal property, company shares, investments, or ownership of corporate entities. Exclude U.S.-based fund managers and accounts managed through your employer.			**YES**	**NO**
1.	Do you have or have you EVER had any foreign financial businesses, foreign bank accounts, or other foreign financial interests of which you have direct control or direct ownership?		☐	☐
	Type of financial interest	Amount of funds in U.S. dollars		
2.	Do you have or have you had any foreign financial interests that someone controls on your behalf?		☐	☐
	Type of financial interest and name of party who controls it	Amount of funds in U.S. dollars		
3.	Do you own or have you owned real estate in a foreign country?		☐	☐
	Type of property and date(s) owned	Location of property / Estimated value of property in U.S. dollars		
4.	Do you receive or have you received any educational, medical, retirement, social welfare, or other such benefits from a foreign country?		☐	☐
	Type of benefit	Estimated value in U.S. dollars		

Enter your Social Security Number before going to the next page →

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20B Foreign Business, Professional Activities, and Foreign Government Contacts Respond for the time frame of the last 7 years, unless otherwise noted. Indicate if activity was on official U.S. Government business.	YES	NO	Official Govt. Business
1. Have you provided advice or support to anyone associated with a foreign business or other foreign organization that you have not previously listed as a former employer regarding any of the following: management, strategy, financing, or technology?	☐	☐	☐
If "Yes" AND the activity was outside of official U.S. Government business, describe advice/support provided, name(s) of foreign national and/or organization(s) to which it was provided, the name(s) of foreign country(ies), timeframe(s), and if compensation was provided.			
2. Have you attended any international conferences, trade shows, seminars, or other meetings outside of the U.S.?	☐	☐	☐
If "Yes" AND the activity was outside of official U.S. Government business, provide locations, including the name(s) of foreign country(ies), date(s), sponsoring organization(s), and purpose of event(s).			
3. Have you or any of your immediate family members been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency?	☐	☐	☐
If "Yes" AND the activity was outside of official U.S. Government business, provide the date(s) of request and/or consultation(s), including the name(s) of foreign country(ies), location of consultation(s), and circumstance(s).			
4. Have you or any of your immediate family members had any contact with a foreign government, its establishment (embassies, consulates, agencies, or military services), or its representatives, whether inside or outside the U.S.?	☐	☐	☐
Answer "No" if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel listed below in Question 20C. If contact was outside of official U.S. Government business, identify the foreign government(s), establishment(s), and/or representative(s) involved and provide the circumstance(s), date(s), and location(s) of contact(s).			
5. Have you sponsored any foreign citizen to come to the U.S. as a student, for work, or for permanent residence?	☐	☐	☐
If "Yes," provide the name of the foreign citizen(s) you sponsored, the country(ies) of citizenship, the date(s) of the foreign citizen's stay in the U.S., their current address (if known), and the purpose of the foreign citizen's stay in the U.S.			
6. Have you EVER held or do you now hold a passport that was issued by a foreign government?	☐	☐	☐
If "Yes," provide the name(s), in which your foreign passport(s) was issued, the issuing country(ies), the passport number(s), the date(s) issued, the expiration date(s), and the status of each.			

20C Foreign Countries You Have Visited Respond for the time frame of the last 7 years.	YES	NO
Have you traveled outside the U.S. in the last 7 years?	☐	☐

Respond for foreign countries you have visited in the last 7 years, beginning with the most current and working back. If you have lived near a border and have made short (one day or less) trips to the neighboring country (e.g. Canada or Mexico), you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips"). Do not list travel under official U.S. Government business, but you must include any personal trips made in conjunction with the official U.S. Government travel.

▶ **Use these codes to indicate the purpose(s) of your visit:** 1 - Business/Professional conference; 2 - Volunteer activities; 3 - Education; 4 - Tourism; 5 - Visit family or friends; 6 - Other

Code	Month/Year To Month/Year	Number of Days	Country	Code	Month/Year To Month/Year	Number of Days	Country
▼	**#1**			▼	**#4**		
▼	**#2**			▼	**#5**		
▼	**#3**			▼	**#6**		

21 MENTAL AND EMOTIONAL HEALTH

Mental health counseling in and of itself **is not a reason** to revoke or deny a clearance. In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer "No" if the counseling was for any of the following reasons and was not court-ordered: 1) strictly marital, family, grief not related to violence by you; or 2) strictly related to adjustments from service in a military combat environment.	YES	NO
	☐	☐

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

Dates of Treatment and/or Counseling Month/Year To Month/Year	Name/Address of Provider	State	ZIP Code
#1		▼	
#2		▼	

Enter your Social Security Number before going to the next page ⟶

22 POLICE RECORD

For this item, report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

For questions a and b, respond for the timeframe of the last 7 years (if an SSBI go back 10 years). Exclude any fines of less than $300 for traffic offenses that do not involve alcohol or drugs.	YES	NO
a. Have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you; are you on trial or awaiting a trial on criminal charges; or are you currently awaiting sentencing for a criminal offense?	☐	☐
b. Have you been arrested by any police officer, sheriff, marshal, or any other type of law enforcement officer?	☐	☐
c Have you EVER been charged with any felony offense? *(Include those under Uniform Code of Military Justice.)*	☐	☐
d Have you EVER been charged with a firearms or explosives offense?	☐	☐
e Have you EVER been charged with any offense(s) related to alcohol or drugs?	☐	☐

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

Month/Year	Law Enforcement Authority/Court	City and Country *(if outside U.S.)*	State	ZIP Code	Offense	Action Taken
#1						
#2						

23 ILLEGAL USE OF DRUGS OR DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.	YES	NO
a In the last 7 years, have you illegally used any controlled substance, for example, cocaine, crack cocaine, THC *(marijuana, hashish, etc.)*, narcotics *(opium, morphine, codeine, heroin, etc.)*, stimulants *(amphetamines, speed, crystal methamphetamine, Ecstacy, ketamine, etc.)*, depressants *(barbiturates, methaqualone, tranquilizers, etc.)*, hallucinogenics *(LSD, PCP, etc.)*, steroids, inhalants *(toluene, amyl nitrate, etc.)* or prescription drugs *(including painkillers)*? Use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.	☐	☐
b Have you EVER illegally used a controlled substance while possessing a security clearance; while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety?	☐	☐
c In the last 7 years, have you been involved in the illegal possession, purchase, manufacture, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance *(see question **a** above)* including prescription drugs?	☐	☐
d In the last 7 years, have you received counseling or treatment or have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of drugs? If you answered "Yes," provide date(s) of treatment and name(s) and address(es) of provider(s). You will be asked to sign an additional release if information is needed concerning any treatment.	☐	☐

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

Dates of Use/Activity Month/Year To Month/Year	Type of Controlled Substance(s)	Explain (nature of use/activity, frequency of activity and number of times used)
#1		
#2		

24 USE OF ALCOHOL Respond for the time frame of the last 7 years.

	YES	NO
a Has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? *(If "Yes," explain.)*	☐	☐
b Have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?	☐	☐
c Have you received counseling or treatment as a result of your use of alcohol?	☐	☐

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

Month/Year To Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
#1			
#2			

Enter your Social Security Number before going to the next page →

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25 INVESTIGATIONS AND CLEARANCE RECORD

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

Investigating Agency Codes

1 - Defense Department
2 - State Department
3 - Office of Personnel Management
4 - Federal Bureau of Investigation
5 - Treasury Department
6 - Department of Homeland Security
7 - Foreign government *(Specify country)*
8 - Unknown
9 - Other *(Explain below)*

Security Clearance Codes

0 - Not Required
1 - Confidential
2 - Secret
3 - Top Secret
4 - Sensitive Compartmented Information
5 - Q
6 - L
7 - Issued by foreign country *(specify country)*
8 - Unknown
9 - Other *(Explain below)*

Month/Year	Agency Code	Foreign Government or Other Agency *(If necessary)*	Clearance Code
#1			
#2			
#3			
#4			

	YES	NO
b To your knowledge, have you EVER had a clearance or access authorization denied, suspended, or revoked; or been debarred from government employment? If "Yes," give the action(s), date(s) of action(s), agency(ies), and circumstances. Note: An administrative downgrade or termination of a security clearance is not a revocation.	☐	☐

Month/Year	Department or Agency Taking Action	Circumstances
#1		
#2		

26 FINANCIAL RECORD

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

	YES	NO
a Have you filed a petition under any chapter of the bankruptcy code? If "Yes," indicate type.	☐	☐
b Have you had any possessions or property voluntarily or involuntarily repossessed or foreclosed?	☐	☐
c Have you failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance?	☐	☐
d Have you had a lien placed against your property for failing to pay taxes or other debts?	☐	☐
e Have you had a judgment entered against you?	☐	☐
f Have you defaulted on any type of loan?	☐	☐
g Have you had bills or debts turned over to a collection agency?	☐	☐
h Have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?	☐	☐
i Have you been evicted for non-payment of financial obligations?	☐	☐
j Have you been delinquent on court-imposed alimony or child support payments?	☐	☐
k Have you had your wages, benefits, or assets garnished or attached for any reason?	☐	☐
l Have you been counseled, warned, or disciplined for violating terms of agreement for a travel or credit card provided by your employer?	☐	☐
m Have you been over 180 days delinquent on any debt(s)?	☐	☐
n Are you currently over 90 days delinquent on any debt(s)?	☐	☐
o Have you EVER experienced financial problems due to gambling?	☐	☐
p Are you currently delinquent on any Federal debt?	☐	☐

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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26 FINANCIAL RECORD *(Continued)*

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

	Indicate (a-p)	Date Satisfied Month/Year	Amount of Property Value Involved	Loan/Account Number/ Bankruptcy Type	Names of Agency/Organization/Individual to Whom Debt is/was Owed	
#1						
Name/Address of Company, Court, or Agency Handling Case					Name Action/Debt is Recorded Under	Status of Action or Debt
			State	ZIP Code		
#2						
Name/Address of Company, Court, or Agency Handling Case					Name Action/Debt is Recorded Under	Status of Action or Debt
			State	ZIP Code		
#3						
Name/Address of Company, Court, or Agency Handling Case					Name Action/Debt is Recorded Under	Status of Action or Debt
			State	ZIP Code		
#4						
Name/Address of Company, Court, or Agency Handling Case					Name Action/Debt is Recorded Under	Status of Action or Debt
			State	ZIP Code		

27 USE OF INFORMATION TECHNOLOGY SYSTEMS

The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage, or protection of information. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.	YES	NO
a In the last 7 years, have you illegally or without proper authorization entered into any information technology system?	☐	☐
b In the last 7 years, have you illegally or without authorization modified, destroyed, manipulated, or denied others access to information residing on an information technology system?	☐	☐
c In the last 7 years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations?	☐	☐

	Date of Incident (Month/Year)	Nature of Incident/Offense	Location Incident Took Place	Action Taken
#1				
#2				
#3				
#4				
#5				
#6				
#7				

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28 INVOLVEMENT IN NON-CRIMINAL COURT ACTIONS

	YES	NO
In the last 7 years (if an SSBI go back 10 years), have you been a party to any public record civil court action(s) not listed elsewhere on this form?	☐	☐

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

Month/Year	Nature of Action	Result of Action	Name of Principal Parties Involved (if more space is needed, use Continuation Space on page 17)	Court Information
#1				Court name Street address City / State / ZIP Code
#2				Court name Street address City / State / ZIP Code

29 ASSOCIATION RECORD

The following questions 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 decision or action against you. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

		YES	NO
a	Have you EVER been an officer or a member of, or made a contribution to, an organization dedicated to terrorism, and which engaged in illegal activities to that end, either with an awareness of the organization's dedication to that end or with the specific intent to further such illegal activities?	☐	☐
b	Have you EVER been an officer or a member of, or made a contribution to, an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in illegal activities to that end, either with an awareness of the organization's dedication to that end or with the specific intent to further such illegal activities?	☐	☐
c	Have you EVER been an officer or a member of, or made a contribution to, an organization that unlawfully advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the U.S. with the specific intent to further such unlawful activities?	☐	☐
d	Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force with the specific intent to incite others to unlawful action in furtherance of such aims?	☐	☐
e	Have you EVER knowingly engaged in any activities designed to overthrow the U.S. Government by force?	☐	☐
f	Have you EVER knowingly engaged in any acts of terrorism? Neither your truthful response nor information derived from your response to this question will be used as evidence against you in any subsequent criminal proceeding.	☐	☐
g	Have you EVER participated in militias (not including official state government militias) or paramilitary groups?	☐	☐

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

CONTINUATION SPACE

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

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

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

Enter your Social Security Number before going to the next page →

Standard Form 86-1
Revised July 2008
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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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 and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

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

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

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

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

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

Enter your Social Security Number before going to the next page →

Standard Form 86-2
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5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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86-111

UNITED STATES OF AMERICA

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

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

Instructions for Completing this Release

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

Authorization

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

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

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

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 *(Type or print legibly)*			Date signed *(mm/dd/yyyy)*
Other names used				Social Security Number
Current street address Apt. #	City *(Country)*	State	ZIP Code	Home telephone number

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

☐ Yes ☐ No

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

What is the prognosis?

Signature *(Sign in ink)*	Practitioner name	Date signed *(mm/dd/yyyy)*

Print Form Clear Form

Enter your Social Security Number before going to the next page →