

Federal Deposit Insurance Corporation
**BACKGROUND INVESTIGATION QUESTIONNAIRE
 FOR CONTRACTOR PERSONNEL AND SUBCONTRACTORS**

INSTRUCTIONS: Type or Print Legibly. Complete each item on this form, as applicable. See Page 4 for the Privacy Act Statement and Estimated Reporting Burden.

SECTION I - GENERAL INFORMATION

1. Full Name (Last, First, MI)		2. Social Security Number		3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Date of Birth	5. Place of Birth (City and State)	6. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," complete item 7.)		7. Country (If not U.S. Citizen)	
8. Other Names Used (e.g., maiden name, names from former marriages, or aliases. Include the dates when used.)					
Name		Date		Name	
Name		Date		Name	
9. Residential Address (Start with current address and work backwards 10 years. Use a separate sheet of paper, if necessary.)					
Month/Year (From)		Month/Year (To)		Street Address (Include City, State, and ZIP Code)	
10. Employer's Name				11. Office Telephone Number	
12. Employer's Address (Include City, State, and ZIP Code)					
13. Title/Position				14. Years with Employer	

SECTION II - DISCLOSURE

Check one box for each of the following questions. If your response is "Yes" to any of the questions listed below, provide a detailed explanation including dates, names, and the locations of the event(s) in question on a separate sheet of paper and attach to this form.

- 15. Have you ever been employed by the RTC/FDIC? Yes No
- 16. Have you ever been convicted of a felony? (If "Yes," provide the offense, law enforcement authority and/or court, city and state, and disposition of charges.) Yes No
- 17. Have you been removed from or prohibited from participating in the affairs of any FDIC-insured depository institution because of a Federal banking agency action? Yes No
- 18. Have you demonstrated a pattern or practice of defalcation regarding obligations? (See Page 2) Yes No
- 19. Have you caused a substantial loss to Federal deposit insurance funds? (See Page 2) Yes No
- 20. Have you defaulted on a material obligation to any insured depository institution during the past 5 years? (See Page 2) (If "Yes," list and describe on a separate sheet of paper.) Yes No
- 21. Have you ever been employed by a Financial Institution? (If "Yes," complete information below.) Yes No

Financial Institution (Include City and State)	Date of Employment
--	--------------------

QUESTION 18. When is there a pattern or practice of defalcation? (12 CFR § 366.4)

You have a pattern or practice of defalcation under 12 CFR Section 366.3(c) when you, any person that owns or controls you, or any entity you own or control (see Note below) has a legal responsibility for the payment on at least two obligations that are:

- a. To one or more FDIC-insured depository institutions;
- b. More than ninety (90) days delinquent in the payment of principal, interest, or a combination thereof; and
- c. More than \$50,000 each.

QUESTION 19. What causes a substantial loss to a Federal deposit insurance fund? (12 CFR § 366.5)

You cause a substantial loss to a Federal deposit insurance fund under 12 CFR Section 366.3(d) when you, or any person that owns or controls you, or any entity you own or control (see **NOTE** below) has:

- a. An obligation to the FDIC that is delinquent for ninety (90) days or more and on which there is an outstanding balance of principal, interest, or a combination thereof of more than \$50,000;
- b. An unpaid final judgment in the FDIC's favor that is in excess of \$50,000, regardless of whether it becomes discharged in whole or in part in a bankruptcy proceeding;
- c. A deficiency balance following foreclosure of collateral on an obligation owed to the FDIC that is in excess of \$50,000, regardless of whether it becomes discharged in whole or in part in a bankruptcy proceeding; or
- d. A loss to FDIC that is in excess of \$50,000 that FDIC report on IRS Form 1099C, Information Reporting for Discharge of Indebtedness.

QUESTION 20. What is a default on a material obligation? (12 CFR § 366.13 (b))

A default on a material obligation occurs when a loan or advance with an outstanding balance of more than \$50,000 is or was delinquent for ninety (90) days or more.

NOTE: How is my ownership or control determined? (12 CFR § 366.6)

- a. Your ownership or control is determined on a case-by-case basis and depends on the specific facts of your situation and the particular industry and legal entity involved. You must provide documentation to us to use in determining your ownership or control.
- b. The interest of a spouse or other family member in the same organization is imputed to you in determining your ownership or control.
- c. The following are examples of when your ownership or control may or may not exist. The examples are not inclusive.
 - (1) You have control if you are the president or chief executive officer of an organization.
 - (2) You have ownership or control if you are a partner in a small law firm.
 - (3) You have control if you are a general partner of a limited partnership. You have ownership of control if you have a limited partnership interest of twenty five percent (25%) or more.
 - (4) You have ownership or control if you have the:
 - (i) Power to vote, directly or indirectly, 25% or more interest of any class of voting stock of a company;
 - (ii) Ability to direct in any manner the election of a majority of a company's directors or trustees; or
 - (iii) Ability to exercise a controlling influence over the company's management and policies.

DEFINITIONS

Contractor. A Contractor is any individual or entity that has submitted an offer to the FDIC to perform services or has a contractual arrangement with the FDIC to perform services.

Delinquent Obligation. A Delinquent Obligation is any debt or duty to pay money to the FDIC in excess of \$50,000 (in the aggregate for all such debts or duties) that is more than 60 days delinquent, or any other failure to comply with the terms and conditions of a written agreement with the FDIC that continues for more than sixty (60) days following notice. A Delinquent Obligation does not include any debt that has been settled, or any debt that has been sold or transferred by the FDIC, or any debt for which the FDIC has reported forgiveness of debt through the issuance of an IRS form 1099, nor any debt discharged in bankruptcy.

Failed Financial Institution. A Failed Financial Institution is any bank or savings association that has been under the conservatorship or receivership of the FDIC or of the Resolution Trust Corporation. It includes any entity owned and controlled by such a bank or savings association.

FDIC. FDIC means the Federal Deposit Insurance Corporation, whether acting in its corporate capacity or as conservator or receiver of a Failed Financial Institution.

Prospective Contractor Employee. A Prospective Contractor Employee is any individual that has or intends to provide services to the FDIC as a Contractor employee for a Contractor that has a contractual arrangement with the FDIC.

Substantial Loss. A Substantial Loss is (i) any debt or duty to pay money to the FDIC or a Failed Financial Institution that has an outstanding balance of more than \$50,000 and that is more than 90 days past due; (ii) an unpaid final judgment of more than \$50,000 regardless of whether it is forgiven in a bankruptcy proceeding; (iii) a deficiency balance following a foreclosure sale of more than \$50,000 regardless of whether it is forgiven in a bankruptcy proceeding; or (iv) any loss of more than \$50,000 reported on an IRS Form 1099-C (Information Reporting for Discharge of Indebtedness).

SECTION III – ELIGIBILITY CERTIFICATION

The purpose of the Employee Eligibility Certification is to identify Prospective Contractor Employees who are not eligible to provide services to the Federal Deposit Insurance Corporation under the laws, regulations and policies governing contractor employee eligibility and based upon the Prospective Contractor Employees prior association or employment at a failed financial institution. Completion of the Eligibility Certification, without modification, is a prerequisite to any such employment.

The undersigned hereby certifies that all of the following statements are true, correct and complete when made and will be true as of the date of employment or commencement of the contract.

- A. **FDIC Employees.** The Prospective Contractor Employee is not an FDIC employee, the spouse of an FDIC employee, or the minor child of an FDIC employee.
- B. **Delinquent Obligors.** The Prospective Contractor Employee does not have a Delinquent Obligation as defined above.
- C. **Officers or Directors of Failed Financial Institutions.** The Prospective Contractor Employee has never been an officer or director of a Failed Financial Institution or of an affiliate of a Failed Financial Institution who (1) has participated in a material way in one or more transactions that caused a Substantial Loss to any such Failed Financial Institution; and (2) in connection with such Substantial Loss has been found by a court or administrative tribunal, or alleged in a judicial or administrative action brought by the FDIC or any federal or state governmental entity to have (i) violated any law, regulation or order issued by a federal or state banking agency; (ii) breached a written agreement with a federal or state banking agency or with a Failed Financial Institution; (iii) engaged in an unsafe or unsound practice in conducting the affairs of a Failed Financial Institution; or (iv) breached a fiduciary duty owed to a Failed Financial Institution.
- D. **Investigation of the Prospective Contractor Employee.** The Prospective Contractor Employee is not under investigation for any conduct, either criminal or civil, related to his/her employment at a Failed Financial Institution nor is the Prospective Contractor Employee aware of any acts or circumstances that could lead to an investigation involving the Prospective Contractor Employee. Should the Prospective Contractor Employee become aware of, or be notified that he/she is a target of an investigation after the commencement of the contract or employment with the Contractor, the Prospective Contractor Employee must notify the FDIC immediately and the FDIC reserves the right to request that the Contractor reassign the Prospective Contractor Employee to other contracts not associated with providing services to the FDIC.

SECTION IV – AUTHORIZATION TO RELEASE INFORMATION

Carefully read the certification and the authorization to release information below, then sign and date in ink.

I certify that I have read and understood each question asked of me on this form, and that the information provided, including attachments to this form, is true and correct to the best of my knowledge, information, and belief as of the date of employment. I understand that anyone who knowingly or willfully makes false or fraudulent statements or representations in connection with disclosures or certifications herein may be subject to fines and/or imprisonment or both (18 U.S.C. § 1001 and § 1007). I agree to notify the FDIC immediately of any change in circumstances that would require disclosure hereunder.

I hereby authorize FDIC to conduct any investigation or inquiry necessary to verify the aforementioned information, the information provided in my resume or other personal data in order to verify my fitness and integrity to provide services for the Federal Deposit Insurance Corporation. The background investigation I am authorizing may require information contained herein and acquired during the investigation to be disclosed to third parties, including credit-reporting businesses and state and local licensing agencies. I hereby authorize and give my consent to such disclosures. This authorization will remain valid for the life of the contract or until termination of my employment or affiliation with the contractor, whichever is sooner. Photocopies of this authorization that show my signature are as valid as the **original signed by me**. (Pursuant to section 604 of the Fair Credit Reporting Act, a separate notice in writing pertaining solely to obtaining a credit/consumer report will be provided to you. See 15 U.S.C. § 1681b(2)(A)).

22. Print or Type Name	23. Signature (<i>Sign in ink</i>)	24. Date
------------------------	--------------------------------------	----------

PRIVACY ACT STATEMENT

Collection of this information is authorized by the Federal Deposit Insurance Act (12 U.S.C. §§ 1819, 1821, and 1822(f)(3) and (4)), Executive Order 9397, as well as the FDIC regulations at 12 CFR Part 366. The requested information will be used by FDIC personnel to conduct background investigations of contractors seeking to provide services to the FDIC to determine whether the individual meets the FDIC's fitness and integrity standards. Specifically, the information provided may be disclosed to third parties including credit-reporting businesses and state and local licensing agencies as necessary to conduct the background investigation authorized herein.

Disclosure of information on this form may also be made to appropriate Federal or state agencies if a violation or possible violation of a civil or criminal law is apparent; to the General Accounting Office for inspection by auditors; and, to a Congressional office in response to an inquiry made at the request of the individual or in accordance with the other "routine uses of records" listed in the FDIC's Financial Information System 30-64-0012. Your Social Security Number (SSN) is requested to ensure record accuracy. Completion of this form is voluntary, but failure to provide the requested information, including your SSN, may preclude you and your employer from consideration for the award of a particular contract.

ESTIMATED REPORTING BURDEN

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0072), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.