



# Federal Bureau of Investigation

## SF-86 Cover Sheet

**INSTRUCTIONS:** Please attach this form when submitting the SF-86 to FBIHQ

<b>Your Name</b>	<b>Your Social Security Number</b>
------------------	------------------------------------

**PERSONAL DECLARATIONS:**

1. Are you aware of any information about yourself or anyone with whom you have been closely associated (including relatives and roommates) that tends to reflect unfavorably on your reputation, morals, character, abilities or loyalty to the United States? If yes, provide details on an attached sheet of paper.

Yes  No

2. Do you understand that all prospective employees will be required to submit to a urinalysis test for drug abuse prior to employment?

Yes  No

**SUPPLEMENTAL QUESTIONS:** If sufficient space is not available on this form, please continue on a separate sheet of paper (please make sure to note your name, social security number, and the question number).

*Employment Activities*

1. Have you previously submitted an application for employment with the FBI? If yes, indicate date(s) and the position(s) for which you applied.

Yes  No

Date:	Position:
-------	-----------

2. List all federal agencies and any state or local law enforcement entities to which you have applied for employment.

Agency/Entity:	Position:
----------------	-----------

3. Has any organization listed above investigated, interviewed, tested, or subjected you to a polygraph examination? If yes, indicate the name of the agency, the date, and the type of pre-screening method.

Yes  No

Agency:	Date:	Pre-screening Method:
---------	-------	-----------------------

*Financial Delinquencies*

4. Are you currently delinquent or have you ever been in default on any student loan?

Yes  No

5. Are you current on all federal, state, and local tax debts (including individual and employer tax debts that apply to you)?

Yes  No

6. Do you have income from sources other than your salary and your spouse's salary? If yes, specify the source and amount?

Yes  No

Source:	Amount:
---------	---------

*Licenses and Certifications*

7. Are you a member of the bar? If yes, give the date of membership and the state. Also indicate on a separate sheet of paper if any complaints or grievances were ever filed against you.

Yes  No

Date of Membership:	State:
---------------------	--------

8. Are you a licensed automobile driver? If yes, provide the information requested below.

Yes  No

License Type:	Expiration Date:
State:	License Number:

9. Do you possess any other licenses or certifications (e.g., Nurse, Emergency Medical Technician, Real Estate, etc.)? If yes, provide the information requested below. Also indicate on a separate sheet of paper if any complaints or grievances were ever filed against you.

Yes  No

License Type:	Issuing Entity:
---------------	-----------------

*Availability to Begin Work With the FBI*

10. How much advance notice (i.e., number of weeks) do you need to report to work at the FBI?

Number of Weeks: \_\_\_\_\_

---

**FBI SF 86 REQUIREMENTS:**

---

The SF-86 is a standard background investigation form used by the entire U.S. Intelligence Community. Several questions on the form ask for seven years of information. However, because of some security requirements unique to the FBI, the FBI requires certain questions to be answered back to age 18. Please validate that you completed the following sections of the SF-86 back to age 18.

	Yes	No
Section 9: Where You Have Lived		
Section 10: Where You Went To School		
Section 11: Your Employment Activities		
Section 12: People Who Know You Well		
Section 17: Your Foreign Activities		
Section 18: Foreign Countries You Have Visited		
Section 21: Your Medical Record		
Section 22: Your Employment Record		
Section 23: Your Police Record (questions e and f)		
Section 24: Your Use of Illegal Drugs (questions a and c)		
Section 25: Your Use of Alcohol		
Section 27: Your Financial Record		
Section 28: Your Financial Delinquencies (question a)		
Section 29: Public Record Civil Court Actions		

---

**AGENCY USE ONLY. APPLICANTS ARE NOT TO FILL OUT THIS SECTION**

---

**Please ensure to obtain the following during the PSI:**

- A copy of the applicant's passport, if necessary
- All counseling information, to include the name of the person conducting the counseling, their address, the relevant dates, and any medication(s) prescribed.
- Date and place of birth for all references/roommates

**Please ensure that all of the applicant's fingerprint cards sent to CJIS.**