

# **United States Secret Service**



## **Security Clearance Forms**

## Instructions

You are being considered for a position with the United States Secret Service. Since all Secret Service employees are required to have a Top Secret Security Clearance, the enclosed background investigation forms are being provided for your immediate completion.

Once you have been asked by a Secret Service representative to complete this package, please note the following instructions.

- **All forms must be typed.** If the paper-based version of this package has been provided to you, and if you are able to complete this package in electronic format, please call your designated Secret Service point-of-contact so an Adobe Acrobat-based version of this package can be provided to you.
- Ensure that **ALL** questions are answered or addressed. If a question does not apply (and it is not a yes/no question), indicate N/A for not applicable.
- **Completion of Standard Form 86.** Included in this package is the SF 86, a standard background investigation form used by various agencies in the intelligence and law enforcement communities. Several questions on the form ask for seven years of information. However, because of some security requirements unique to the Secret Service, we require certain questions to be answered back to age 18.

**The Adobe Acrobat version of this package has highlighted these questions in yellow, and provides specific guidance to consider when providing your answers.** As noted on the SF 86, 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.

- **Do not sign** or initial any of the forms unless otherwise indicated. (Your signatures must be witnessed by Secret Service representatives.)

**GINA DISCLAIMER**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

DEPARTMENT OF HOMELAND SECURITY  
United States Secret Service  
**ACKNOWLEDGMENT OF SECURITY  
CLEARANCE REQUIREMENTS**

NAME OF CANDIDATE

THIS FORM MUST BE SIGNED BY ALL CANDIDATES WHO ARE TO BE APPOINTED ON A CONTINGENCY BASIS.

I understand that I am being considered for appointment with the U.S. Secret Service based on a contingent security investigation.

I understand that, if accepted, continued employment with the U.S. Secret Service is contingent on the satisfactory completion of a special security background investigation and, if the position is considered critical-sensitive, the granting of a Top Secret clearance.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE SIGNED

# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)



2. **SOCIAL SECURITY NUMBER**



3a. **PLACE OF BIRTH** (Include city and state or country)



3b. **ARE YOU A U.S. CITIZEN?**

YES  NO (If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)



5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)



6. **PHONE NUMBERS** (Include area codes)

Day ◆

Night ◆

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

## Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below)  NO

*If you answered "YES," list the branch, dates, and type of discharge for all active duty.*

*If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*  YES  NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*  YES  NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*  YES  NO

# Declaration for Federal Employment\*

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## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.  YES  NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?  YES  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

### Appointing Officer:

Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? \_\_\_\_\_  
DATE: MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?  YES  NO  DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.  YES  NO  DO NOT KNOW

# 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.



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## 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.

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.

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.

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.

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.

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.

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.

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.

**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

Investigating agency use only				Codes		Case number		
<b>AGENCY USE ONLY</b>								
<b>A</b> Type of investigation		<b>B</b> Extra coverage/Advance results		<b>C</b> Sensitivity level		<b>D</b> Access/Eligibility		
<b>E</b> Nature of action code		<b>F</b> Date of action		<b>G</b> Geographic location		<b>H</b> Position code		
<b>I</b> Position title		<b>J</b> SON		<b>K</b> Location of official personnel folder		None NPRC		
At SON e-OPF		Other		Other address/Web address of e-OPF		ZIP Code		
<b>L</b> SOI		<b>M</b> Location of security folder		None NPI		At SOI Other		
Other address		ZIP Code		<b>N</b> IPAC		<b>O</b> TAS		
<b>P</b> Obligating document number		<b>Q</b> BETC		<b>R</b> Accounting data and/or Agency case number				
<b>S</b> Investigative requirement				Initial Reinvestigation				
<b>T</b> Requesting official - Name			Title			Signature		
Email address				Telephone number		Date		
<b>U</b> Secondary requesting official - Name				Title				
Email address			Telephone number		<b>V</b> Applicant affiliation		FED CIV MIL	
CON Other								
<b>PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE FOREGOING INSTRUCTIONS.</b>								
<b>1 FULL NAME</b> - 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.						<b>2 DATE OF BIRTH</b>		
Last name		First name		Middle name		Jr., II, etc.		
<b>3 PLACE OF BIRTH</b>				<b>4 SOCIAL SECURITY NO.</b>				
City		County		State		Country (if outside the U.S.)		
<b>5 OTHER NAMES USED</b> Have you used any other names?								
NO <input type="checkbox"/>		YES <input type="checkbox"/> ->		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 <b>maiden name</b> , 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		
<b>6 MOTHER'S MAIDEN NAME</b>								
Last name		First name			Middle name			
<b>7 YOUR IDENTIFYING INFORMATION</b>								
Height (feet and inches)		Weight (pounds)		Hair color		Eye color		
Sex		Female		Male				
<b>8 YOUR CONTACT INFORMATION</b> 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				

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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

<b>9 CITIZENSHIP</b> Mark the box that reflects your current citizenship status and follow its instructions.										
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.					<input type="checkbox"/> I am a naturalized U.S. citizen. <b>Go to 9B or 9C</b>					
<input type="checkbox"/> I am a U.S. citizen or national by birth, born outside the U.S. <b>Go to 9A</b>					<input type="checkbox"/> I am not a U.S. citizen. <b>Go to 9D</b>					
<b>U.S. PASSPORT</b> <i>Current or most recent passport</i>					<b>ALIEN REGISTRATION NUMBER</b> <i>(if applicable)</i>					
Number		Date issued		Expired		YES NO		Number		
<b>9A DOCUMENTATION OF U.S. CITIZENS BORN ABROAD [STATE DEPARTMENT FORM (FS) 240, DS 1350, FS 545, etc.]</b> <i>Report information, if applicable.</i>										
Date form was completed				Document number			Place of issuance			
<b>9B CITIZENSHIP CERTIFICATE</b> <i>(if applicable)</i>										
Where was this certificate issued? City/Court				State		Certificate number		Date issued		
<b>9C NATURALIZATION CERTIFICATE</b> <i>(if applicable)</i>										
Where was this certificate issued? City/Court				State		Certificate number		Date issued		
<b>9D IMMIGRATION STATUS</b> <i>Place you entered the U.S.</i>										
City				State		Country(ies) of citizenship				
Date of entry		Type of document (I-94, etc.)				Document number				
<b>10 CITIZENSHIP INFORMATION</b>										
Do you now hold or have you EVER held multiple citizenships?					<input type="checkbox"/> YES <input type="checkbox"/> NO <b>Go to Question 11</b>					
<b>A</b> If "Yes," provide the name(s) of the country(ies).					<b>B</b> During what periods of time did you hold multiple citizenships?					
<b>C</b> Is your non-U.S. citizenship based on your birth in a foreign country or the citizenship of your parents? <i>(If "No," explain.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO, explain →										
<b>D</b> Have you renounced or attempted to renounce your foreign citizenship(s)? <i>(If "Yes," explain.)</i> <input type="checkbox"/> NO <input type="checkbox"/> YES, explain →										
<b>11 WHERE YOU HAVE LIVED</b> 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). <b>Residences for the entire year period must be accounted for without breaks.</b> 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.										
<b>Residence Information and Point of Contact for that Period of Residence</b>										
#1	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address	Apt.#
			<b>Present</b>		<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other <i>(Explain)</i>		
APO/FPO address										
City (Country)								State	ZIP Code	
Name of person who knows you at this address				Current address				Apt.#		
APO/FPO address <i>(if currently applicable)</i>										
City (Country)								State	ZIP Code	
Telephone number		Alternate contact number			Relationship		<input type="checkbox"/>	Neighbor Friend	<input type="checkbox"/>	Landlord Business associate
							<input type="checkbox"/>	Other <i>(Explain)</i>		

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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

11 WHERE YOU HAVE LIVED ( <i>Continued</i> )													
<b>#2</b>	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address	Apt.#		
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other ( <i>Explain</i> )				
APO/FPO address													
City (Country)										State	ZIP Code		
Name of person who knows you at this address						Current address					Apt.#		
APO/FPO address ( <i>if currently applicable</i> )													
City (Country)										State	ZIP Code		
Telephone number			Alternate contact number			Relationship		<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other ( <i>Explain</i> )
								<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		
<b>#3</b>	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address	Apt.#		
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other ( <i>Explain</i> )				
APO/FPO address													
City (Country)										State	ZIP Code		
Name of person who knows you at this address						Current address					Apt.#		
APO/FPO address ( <i>if currently applicable</i> )													
City (Country)										State	ZIP Code		
Telephone number			Alternate contact number			Relationship		<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other ( <i>Explain</i> )
								<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		
<b>#4</b>	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	Military housing	Street address	Apt.#		
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Other ( <i>Explain</i> )				
APO/FPO address													
City (Country)										State	ZIP Code		
Name of person who knows you at this address						Current address					Apt.#		
APO/FPO address ( <i>if currently applicable</i> )													
City (Country)										State	ZIP Code		
Telephone number			Alternate contact number			Relationship		<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other ( <i>Explain</i> )
								<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		

Enter your Social Security Number before going to the next page

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**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
- 3 - Vocational/Technical/Trade School
- 2 - College/University/Military College
- 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.	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> 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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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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

**13A EMPLOYMENT/UNEMPLOYMENT INFORMATION**

#1 Dates of Employment		Type of Employment							
Month/Year	To	Month/Year	Employment code	Position title/Military rank	Work hours	Full-time			
		<b>Present</b>							
<b>Employer/Verifier</b>									
Name of employer/verifier						Telephone number			
Address of employer/verifier									
City (Country)						State		ZIP Code	
<b>Physical Location</b>									
Your actual work address (if different from employer address)						Telephone number			
City (Country)						State		ZIP Code	
<b>Supervisor (if different from employer)</b>									
Name and title						Telephone number			
Work address of supervisor									
City (Country)						State		ZIP Code	
<b>Additional Periods of Activity with this Employer</b>									
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									

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**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

<b>13A EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)</b>										
<b>#2 Dates of Employment</b>				<b>Type of Employment</b>						
Month/Year	To	Month/Year	Employment code	Position title/Military rank			Work hours	Full-time		
								Part-time		
<b>Employer/Verifier</b>										
Name of employer/verifier							Telephone number			
Address of employer/verifier										
City (Country)							State	ZIP Code		
<b>Physical Location</b>										
Your actual work address (if different from employer address)							Telephone number			
City (Country)							State	ZIP Code		
<b>Supervisor (if different from employer)</b>										
Name and title							Telephone number			
Work address of supervisor										
City (Country)							State	ZIP Code		
<b>Additional Periods of Activity with this Employer</b>										
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										
<b>#3 Dates of Employment</b>				<b>Type of Employment</b>						
Month/Year	To	Month/Year	Employment code	Position title/Military rank			Work hours	Full-time		
								Part-time		
<b>Employer/Verifier</b>										
Name of employer/verifier							Telephone number			
Address of employer/verifier										
City (Country)							State	ZIP Code		
<b>Physical Location</b>										
Your actual work address (if different from employer address)							Telephone number			
City (Country)							State	ZIP Code		

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**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

<b>13A EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)</b>										
<b>Supervisor (if different from employer)</b>										
Name and title							Telephone number			
Work address of supervisor										
City (Country)							State	ZIP Code		
<b>Additional Periods of Activity with this Employer</b>										
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										
<b>#4 Dates of Employment</b>										
Month/Year	To	Month/Year	Employment code		Position title/Military rank			Work hours	Full-time	
									Part-time	
<b>Employer/Verifier</b>										
Name of employer/verifier							Telephone number			
Address of employer/verifier										
City (Country)							State	ZIP Code		
<b>Physical Location</b>										
Your actual work address (if different from employer address)							Telephone number			
City (Country)							State	ZIP Code		
<b>Supervisor (if different from employer)</b>										
Name and title							Telephone number			
Work address of supervisor										
City (Country)							State	ZIP Code		
<b>Additional Periods of Activity with this Employer</b>										
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										

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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

<b>13B FORMER FEDERAL SERVICE, EXCLUDING MILITARY SERVICE, <u>NOT</u> INDICATED PREVIOUSLY (list below if applicable)</b>		
Dates of Federal Service Month/Year To Month/Year	Agency/City (Country)/State/ZIP Code	Position Title
#1		
#2		
#3		

<b>13C EMPLOYMENT RECORD</b>	<b>YES</b>	<b>NO</b>
------------------------------	------------	-----------

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.

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

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

	<b>YES</b>	<b>NO</b>
--	------------	-----------

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.

<b>14 SELECTIVE SERVICE RECORD</b>	<b>YES</b>	<b>NO</b>
------------------------------------	------------	-----------

a Are you a male born after December 31, 1959? If "No," go to Question 15. If "Yes," go to b.

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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.

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Registration Number	Explanation

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

15 <b>MILITARY HISTORY</b> 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					Country	Type of Discharge Code
						Active Duty	Active Reserve	Inactive Reserve	Air NG State	Army NG State		

### 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 <b>#1</b>	Dates known Month/Year To Month/Year	Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work associate <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate    _____	Telephone number  <input type="checkbox"/> Day <input type="checkbox"/> Evening
Home or work address	Apt. #	City (Country)	State    ZIP Code    Alternate telephone no.
Reference name <b>#2</b>	Dates known Month/Year To Month/Year	Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work associate <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate    _____	Telephone number  <input type="checkbox"/> Day <input type="checkbox"/> Evening
Home or work address	Apt. #	City (Country)	State    ZIP Code    Alternate telephone no.
Reference name <b>#3</b>	Dates known Month/Year To Month/Year	Relationship to you (Check all that apply) <input type="checkbox"/> Neighbor <input type="checkbox"/> Work associate <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate    _____	Telephone number  <input type="checkbox"/> Day <input type="checkbox"/> 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



## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

<b>17 MARITAL STATUS</b>										
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."										
<input type="checkbox"/>	1 - Never married		<input type="checkbox"/>	3 - Separated		<input type="checkbox"/>	5 - Divorced			
<input type="checkbox"/>	2 - Married (incl. Common Law)		<input type="checkbox"/>	4 - Annulled		<input type="checkbox"/>	6 - Widowed			
<b>17A CURRENT SPOUSE</b> 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.										
<input type="checkbox"/>	FS 240 or 545		<input type="checkbox"/>	Citizenship certificate		<input type="checkbox"/>	Alien registration		<input type="checkbox"/>	Other (Explain)
<input type="checkbox"/>	DS 1350		<input type="checkbox"/>	U.S. Passport (current or most recent)		<input type="checkbox"/>	Naturalization certificate			
Document number					Explain "Other"					
<b>17B FORMER SPOUSE(S)</b> 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	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Annulled	Date	If divorced/annulled, where is the record located? City (Country)			State	ZIP Code
	<input type="checkbox"/>	Widowed								
Last known address of former spouse (Street, City, include Country if outside the U.S.)						State	ZIP Code	Telephone number		
<b>17C COHABITANT</b> [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.										
<input type="checkbox"/>	FS 240 or 545		<input type="checkbox"/>	Citizenship certificate		<input type="checkbox"/>	Alien registration		<input type="checkbox"/>	Other (Explain)
<input type="checkbox"/>	DS 1350		<input type="checkbox"/>	U.S. Passport (current or most recent)		<input type="checkbox"/>	Naturalization certificate			
Document number					Explain "Other"					

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

<b>18 RELATIVES</b>																						
<b>Relative Code</b> - 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.																						
<table style="width:100%; border: none;"> <tr> <td style="width: 25%;">1 - Mother</td> <td style="width: 25%;">5 - Foster parent</td> <td style="width: 25%;">9 - Sister</td> <td style="width: 25%;">13 - Half-sister</td> </tr> <tr> <td>2 - Father</td> <td>6 - Child <i>(incl. adopted and foster)</i></td> <td>10 - Stepbrother</td> <td>14 - Father-in-law</td> </tr> <tr> <td>3 - Stepmother</td> <td>7 - Stepchild</td> <td>11 - Stepsister</td> <td>15 - Mother-in-law</td> </tr> <tr> <td>4 - Stepfather</td> <td>8 - Brother</td> <td>12 - Half-brother</td> <td>16 - Guardian</td> </tr> </table>							1 - Mother	5 - Foster parent	9 - Sister	13 - Half-sister	2 - Father	6 - Child <i>(incl. adopted and foster)</i>	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
1 - Mother	5 - Foster parent	9 - Sister	13 - Half-sister																			
2 - Father	6 - Child <i>(incl. adopted and foster)</i>	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 1	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship																	
Current address <i>(Street, City, and State, include Country if outside the U.S.)</i>																						
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.																						
<input type="checkbox"/>	FS 240 or 545 Citizenship certificate	<input type="checkbox"/>	DS 1350 Naturalization certificate	<input type="checkbox"/>	Alien registration U.S. Passport	<input type="checkbox"/>	Other (Explain below) Document number															
Code 2	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship																	
Current address <i>(Street, City, and State, include Country if outside the U.S.)</i>																						
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.																						
<input type="checkbox"/>	FS 240 or 545 Citizenship certificate	<input type="checkbox"/>	DS 1350 Naturalization certificate	<input type="checkbox"/>	Alien registration U.S. Passport	<input type="checkbox"/>	Other (Explain below) Document number															
Code 2	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship																	
Current address <i>(Street, City, and State, include Country if outside the U.S.)</i>																						
If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.																						
<input type="checkbox"/>	FS 240 or 545 Citizenship certificate	<input type="checkbox"/>	DS 1350 Naturalization certificate	<input type="checkbox"/>	Alien registration U.S. Passport	<input type="checkbox"/>	Other (Explain below) Document number															
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Current address <i>(Street, City, and State, include Country if outside the U.S.)</i>																						
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Code 2	Full name	<input type="checkbox"/> Deceased	Date of birth	Place of birth	Country(ies) of citizenship																	
Current address <i>(Street, City, and State, include Country if outside the U.S.)</i>																						

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**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

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

**20 FOREIGN ACTIVITIES** Respond for the time frame of the last 7 years.

<b>20A Foreign Financial Interests</b> Include stocks, personal property, company shares, investments, or ownership of corporate entities. Exclude U.S.-based fund managers and accounts managed through your employer.		<b>YES</b>	<b>NO</b>
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		

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**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

<b>20B Foreign Business, Professional Activities, and Foreign Government Contacts</b> 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.			

<b>20C Foreign Countries You Have Visited</b> 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.								
<p>▶ <b>Use these codes to indicate the purpose(s) of your visit:</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">1 - Business/Professional conference</td> <td style="width:33%;">3 - Education</td> <td style="width:33%;">5 - Visit family or friends</td> </tr> <tr> <td>2 - Volunteer activities</td> <td>4 - Tourism</td> <td>6 - Other</td> </tr> </table>			1 - Business/Professional conference	3 - Education	5 - Visit family or friends	2 - Volunteer activities	4 - Tourism	6 - Other
1 - Business/Professional conference	3 - Education	5 - Visit family or friends						
2 - Volunteer activities	4 - Tourism	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			

<b>21 MENTAL AND EMOTIONAL HEALTH</b>				
Mental health counseling in and of itself <b>is not a reason</b> 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 <i>Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA)</i> .				
Dates of Treatment and/or Counseling Month/Year To Month/Year	Name/Address of Provider	State	ZIP Code	
#1				
#2				

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**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

<b>22 POLICE RECORD</b>							
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.						<b>YES</b>	<b>NO</b>
<b>a.</b> 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>b.</b> Have you been arrested by any police officer, sheriff, marshal, or any other type of law enforcement officer?							
<b>c.</b> Have you EVER been charged with any felony offense? (Include those under Uniform Code of Military Justice.)							
<b>d.</b> Have you EVER been charged with a firearms or explosives offense?							
<b>e.</b> 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							
<b>23 ILLEGAL USE OF DRUGS OR DRUG ACTIVITY</b>							
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.						<b>YES</b>	<b>NO</b>
<b>a.</b> In the last 7 years, have you illegally used any controlled substance, for example, cocaine, crack cocaine, THC ( <i>marijuana, hashish, etc.</i> ), narcotics ( <i>opium, morphine, codeine, heroin, etc.</i> ), stimulants ( <i>amphetamines, speed, crystal methamphetamine, Ecstasy, ketamine, etc.</i> ), depressants ( <i>barbiturates, methaqualone, tranquilizers, etc.</i> ), hallucinogenics ( <i>LSD, PCP, etc.</i> ), steroids, inhalants ( <i>toluene, amyl nitrate, etc.</i> ) or prescription drugs ( <i>including painkillers</i> )? Use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.							
<b>b.</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?							
<b>c.</b> 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 ( <i>see question a above</i> ) including prescription drugs?							
<b>d.</b> 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							
<b>24 USE OF ALCOHOL</b> Respond for the time frame of the last 7 years.						<b>YES</b>	<b>NO</b>
<b>a.</b> 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>b.</b> Have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?							
<b>c.</b> 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							

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**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

<b>25 INVESTIGATIONS AND CLEARANCE RECORD</b>				<b>YES</b>	<b>NO</b>
<b>a</b> 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.					
<b>Investigating Agency Codes</b> 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 ( <i>Specify country</i> ) 8 - Unknown 9 - Other ( <i>Explain below</i> )		<b>Security Clearance Codes</b> 0 - Not Required 1 - Confidential 2 - Secret 3 - Top Secret 4 - Sensitive Compartmented Information 5 - Q 6 - L 7 - Issued by foreign country ( <i>specify country</i> ) 8 - Unknown 9 - Other ( <i>Explain below</i> )			
Month/Year	Agency Code	Foreign Government or Other Agency <i>(If necessary)</i>	Clearance Code		
#1					
#2					
#3					
#4					
				<b>YES</b>	<b>NO</b>
<b>b</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					
<b>26 FINANCIAL RECORD</b>				<b>YES</b>	<b>NO</b>
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.					
<b>a</b> Have you filed a petition under any chapter of the bankruptcy code? If "Yes," indicate type.					
<b>b</b> Have you had any possessions or property voluntarily or involuntarily repossessed or foreclosed?					
<b>c</b> Have you failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance?					
<b>d</b> Have you had a lien placed against your property for failing to pay taxes or other debts?					
<b>e</b> Have you had a judgment entered against you?					
<b>f</b> Have you defaulted on any type of loan?					
<b>g</b> Have you had bills or debts turned over to a collection agency?					
<b>h</b> Have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?					
<b>i</b> Have you been evicted for non-payment of financial obligations?					
<b>j</b> Have you been delinquent on court-imposed alimony or child support payments?					
<b>k</b> Have you had your wages, benefits, or assets garnished or attached for any reason?					
<b>l</b> Have you been counseled, warned, or disciplined for violating terms of agreement for a travel or credit card provided by your employer?					
<b>m</b> Have you been over 180 days delinquent on any debt(s)?					
<b>n</b> Are you currently over 90 days delinquent on any debt(s)?					
<b>o</b> Have you EVER experienced financial problems due to gambling?					
<b>p</b> Are you currently delinquent on any Federal debt?					

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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**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		
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	
#2					
Name/Address of Company, Court, or Agency Handling Case			Name Action/Debt is Recorded Under	Status of Action or Debt	
State			ZIP Code		
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	
#3					
Name/Address of Company, Court, or Agency Handling Case			Name Action/Debt is Recorded Under	Status of Action or Debt	
State			ZIP Code		
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	
#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.	<b>YES</b>	<b>NO</b>
<b>a</b> In the last 7 years, have you illegally or without proper authorization entered into any information technology system?		
<b>b</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?		
<b>c</b> 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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**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

**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 <span style="float:right">State</span> <span style="float:right">ZIP Code</span>
#2				Court name
				Street address
				City <span style="float:right">State</span> <span style="float:right">ZIP Code</span>

**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.

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?	YES	NO
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.

<b>Signature</b>	<b>Date (mm/dd/yyyy)</b>
------------------	--------------------------

**Enter your Social Security Number before going to the next page** —————>

**QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS**

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

Enter your Social Security Number before going to the next page 

**QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS**

**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.

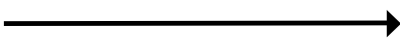
I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

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 ( <i>Sign in ink</i> )		Full name ( <i>Type or print legibly</i> )			Date signed ( <i>mm/dd/yyyy</i> )
Other names used					Social Security Number
Current street address	Apt. #	City ( <i>Country</i> )	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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.		
What is the prognosis?		
Signature ( <i>Sign in ink</i> )	Practitioner name	Date signed ( <i>mm/dd/yyyy</i> )

Enter your Social Security Number before going to the next page 

**CONTINUATION SHEET FOR QUESTIONNAIRES  
 SF 85, SF 85P, AND SF 86**

**For use with the SF 85, Questionnaire for Non-Sensitive Positions;  
 SF 85P, Questionnaire for Public Trust Positions;  
 and SF 86, Questionnaire for National Security Positions**

**INSTRUCTIONS:** Use this form to continue your answers to "Where You Have Lived," "Where You Went to School," and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

Your Name	Your Social Security Number

**11 WHERE YOU HAVE LIVED (Continued)**

<b>#5</b>	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	<input type="checkbox"/>	Military housing	Street address	Apt.#		
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	<input type="checkbox"/>	Other (Explain)				
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			<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)
									<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		

<b>#6</b>	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	<input type="checkbox"/>	Military housing	Street address	Apt.#		
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	<input type="checkbox"/>	Other (Explain)				
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			<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)
									<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		

<b>#7</b>	Month/Year	To	Month/Year	Status	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>	<input type="checkbox"/>	Military housing	Street address	Apt.#		
					<input type="checkbox"/>	<input type="checkbox"/>	Rent	<input type="checkbox"/>	<input type="checkbox"/>	Other (Explain)				
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			<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Other (Explain)
									<input type="checkbox"/>	Friend	<input type="checkbox"/>	Business associate		

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

**CONTINUATION SHEET FOR QUESTIONNAIRES  
 SF 85, SF 85P, AND SF 86**

<b>12 WHERE YOU WENT TO SCHOOL (Continued)</b>											
<b>#6</b>	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/>	YES	<input type="checkbox"/>	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				
<b>#7</b>	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/>	YES	<input type="checkbox"/>	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				
<b>#8</b>	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/>	YES	<input type="checkbox"/>	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				
<b>#9</b>	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/>	YES	<input type="checkbox"/>	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				
<b>#10</b>	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/>	YES	<input type="checkbox"/>	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				

Enter your Social Security Number before going to the next page

**CONTINUATION SHEET FOR QUESTIONNAIRES  
 SF 85, SF 85P, AND SF 86**

**13 EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)**

#5 Dates of Employment		Type of Employment					
Month/Year	To	Month/Year	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 \_\_\_\_\_

#6 Dates of Employment		Type of Employment					
Month/Year	To	Month/Year	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 \_\_\_\_\_

Enter your Social Security Number before going to the next page 

**CONTINUATION SHEET FOR QUESTIONNAIRES  
 SF 85, SF 85P, AND SF 86**

<b>13 EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)</b>					
<b>Additional Periods of Activity with this Employer</b>					
Month/Year	To	Month/Year	Position title	Supervisor	
Explanation/Reason for leaving					

<b>#7 Dates of Employment</b>	<b>Type of Employment</b>	Work hours	Full-Time	
Month/Year To Month/Year	Employment code Position title/Military rank			

<b>Employer/Verifier</b>			
Name of employer/verifier			Telephone number
Address of employer/verifier			
City (Country)			State ZIP Code

<b>Physical Location</b>			
Your actual work address (if different from employer address)			Telephone number
City (Country)			State ZIP Code

<b>Supervisor (if different from employer)</b>			
Name and title			Telephone number
Work address of supervisor			
City (Country)			State ZIP Code

<b>Additional Periods of Activity with this Employer</b>					
Month/Year	To	Month/Year	Position title	Supervisor	
Explanation/Reason for leaving					

**PUBLIC BURDEN INFORMATION**

Public burden reporting for this collection of information averages 20 minutes, 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 NW, 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.

**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.

<b>Signature</b>	<b>Date (mm/dd/yyyy)</b>
------------------	--------------------------

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



**DEPARTMENT OF HOMELAND SECURITY**  
**United States Secret Service**  
**SUPPORTING DOCUMENTATION CHECKLIST**  
**Application for Special Agent Positions - U.S. Secret Service**

NAME (Last, First, M.I.)	SSN
--------------------------	-----

**PRIVACY ACT STATEMENT:** Your Social Security Number (SSN) is solicited under the authority of Executive Order 9397. This information is needed to process an application for employment, and will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your SSN is voluntary; however, failure to provide your SSN and other information requested may delay or prohibit processing of your application.

In order to give appropriate consideration to your application, each of the following questions must be answered in full. Failure to submit requested documentation will result in a delay in the processing of your application.

1. What is the highest level of education attained by you to date: \_\_\_\_\_  
(e.g., High School Diploma, GED, A.A., B.A., M.A., J.D., etc.)

Indicate major(s), specialization(s), etc.: \_\_\_\_\_

ATTACH A COPY OF YOUR OFFICIAL TRANSCRIPT(S) TO THIS APPLICATION PACKAGE.

2. Are you a current or former Federal employee?

No

Yes - ATTACH A COPY OF YOUR MOST RECENT SF-50 (Notification of Personnel Action) TO THIS APPLICATION PACKAGE.

3. Are you a current or former member of any branch of the armed forces or its reserve component?

No

Yes

COMPLETE SSF 3280A (Military/Reserve Information and Status) INCLUDED IN THIS APPLICATION PACKAGE.

4. Have you previously applied to any law enforcement agencies (to include any position with the U.S. Secret Service)?

No

Yes - PROVIDE AGENCY NAME(S), APPROXIMATE APPLICATION DATE(S), AND STATUS:

\_\_\_\_\_

5. Do you currently have an application pending for any other U.S. Secret Service positions (Uniformed Div. Officer, Clerical, etc.)?

No

Yes - LIST POSITION(S): \_\_\_\_\_

6. Have you previously taken the Treasury Enforcement Exam (TEA) with the Office of Personnel Management, the U.S. Secret Service, or any other agency of the U.S. Treasury Department?

No

Yes - ATTACH A COPY OF YOUR "NOTICE OF RATING" OR OTHER OFFICIAL DOCUMENTATION INDICATING YOUR SCORE TO THIS APPLICATION PACKAGE.

DEPARTMENT OF HOMELAND SECURITY  
United States Secret Service  
**SUPPORTING DOCUMENTATION CHECKLIST**  
**Application for Uniformed Division Officer Positions - U.S. Secret Service**

NAME (Last, First, M.I.)	SSN
--------------------------	-----

**PRIVACY ACT STATEMENT:** Your Social Security Number (SSN) is solicited under the authority of Executive Order 9397. This information is needed to process an application for employment, and will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your SSN is voluntary; however, failure to provide your SSN and other information requested may delay or prohibit processing of your application.

In order to give appropriate consideration to your application, each of the following questions must be answered in full. Failure to submit requested documentation will result in a delay in the processing of your application.

1. What is the highest level of education attained by you to date: \_\_\_\_\_  
(e.g., High School Diploma, GED, A.A., B.A., M.A., J.D., etc.)

Indicate major(s), specialization(s), etc.: \_\_\_\_\_

ATTACH A COPY OF YOUR OFFICIAL TRANSCRIPT(S) TO THIS APPLICATION PACKAGE.

2. Are you a current or former Federal employee?

No

Yes - ATTACH A COPY OF YOUR MOST RECENT SF-50 (Notification of Personnel Action) TO THIS APPLICATION PACKAGE.

3. Are you a current or former member of any branch of the armed forces or its reserve component?

No

Yes

COMPLETE SSF 3280A (Military/Reserve Information and Status) INCLUDED IN THIS APPLICATION PACKAGE.

4. Have you previously applied to any law enforcement agencies (to include any position with the U.S. Secret Service)?

No

Yes - PROVIDE AGENCY NAME(S), APPROXIMATE APPLICATION DATE(S), AND STATUS: \_\_\_\_\_

5. Do you currently have an application pending for any other U.S. Secret Service positions (Special Agent, Clerical, etc.)?

No

Yes - LIST POSITION(S): \_\_\_\_\_

6. Have you previously taken the Police Office Selection Test (POST) with the Office of Personnel Management, the U.S. Secret Service, or any other Federal agency?

No

Yes - ATTACH A COPY OF YOUR "NOTICE OF RATING" OR OTHER OFFICIAL DOCUMENTATION INDICATING YOUR SCORE TO THIS APPLICATION PACKAGE.

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A polygraph examination will be required during the application process. This polygraph examination will assist the Secret Service in verifying the background information provided by the applicant on the SF 86, SSF 86A, and other areas of significant security interest. Voluntary consent is required: however, refusal results in employment ineligibility. Refusal will **not** be made part of personnel files, but will be considered as a withdrawal from the application process.

By executing this form, I acknowledge that I have been advised of the requirement of polygraph testing as a condition of employment. I understand that any information I provide which evidences a potential violation of law may be provided to the appropriate law enforcement authorities.

Further, I acknowledge that if I am currently employed by a law enforcement agency of a Federal, state, or local jurisdiction or occupy any position, whether paid or unpaid, involving contact with children or involving the public safety or trust, any information developed as a result of the polygraph examination may be made available to my employer and/or referred to the appropriate authority at the discretion of the United States Secret Service.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

I am signing this waiver to permit the Internal Revenue Service to release information about me which would otherwise be confidential under 26 U.S.C. 6103. This information will be used in connection with my appointment or employment by the United States Government. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the Internal Revenue Service release the following information to:

CHIEF - SECURITY CLEARANCE DIVISION  
U.S. SECRET SERVICE  
SUITE 3800  
950 H STREET, NW  
WASHINGTON, DC 20223

or his/her designee.

1. Have I failed to file any Federal income tax return for any of the last three years?

*If the filing date without regard to extensions and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed.*

2. Were any income tax returns filed more than 45 days after the due date for filing (determined with regard to any extension of time for filing)?
3. Have I failed to pay any tax, penalty, or interest during the current or last three calendar years within 45 days of the date on which the Internal Revenue Service gave notice of the amount due and requested payment?
4. Am I now or have I ever been under investigation by the Internal Revenue Service for possible criminal offenses?
5. Has any civil penalty for fraud ever been assessed against me during the current or last three years?

If the Internal Revenue Service response includes a "YES" answer (based on currently available information) to any of the above six questions, I authorize the Internal Revenue Service to release any additional relevant information.

(over)

To help the Internal Revenue Service find my tax records. I am voluntarily giving the following information:

My Name \_\_\_\_\_ My SSN \_\_\_\_\_

If Married and Filed a Joint Return:

Husband/Wife Name: \_\_\_\_\_ Husband/Wife SSN \_\_\_\_\_

Current Address \_\_\_\_\_

Names and addresses shown on returns (if different from above)

Year	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_  
(waiver invalid unless received by the Internal Revenue Service within 60 days of this date)

\_\_\_\_\_  
Signature of Taxpayer Authorizing the Disclosure of Return Information

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**PRIVACY ACT STATEMENT:** ALL INFORMATION REQUESTED ON THE INCOME TAX WAIVER IS COLLECTED THROUGH AUTHORIZATION DERIVED FROM 26 U.S.C 6103, 26 U.S.C. 6103 (C) AND EXECUTIVE ORDER 9397. THE INFORMATION WILL SERVE AS IDENTIFYING INFORMATION TO BE USED BY THE INTERNAL REVENUE SERVICE.

YOUR SOCIAL SECURITY NUMBER (SSN) IS SOLICITED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397. THE INFORMATION WILL BE USED TO IDENTIFY AND SEPARATE INDIVIDUALS WITH SIMILAR OR IDENTICAL NAMES OR INITIALS. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND OTHER REQUESTED INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE YOUR SSN AND OTHER INFORMATION REQUESTED MAY PROHIBIT PROCESSING AND CAUSE DENIAL OF ACCESS TO SECURE AREAS OR SENSITIVE MATERIAL PROTECTED BY THE UNITED STATES SECRET SERVICE.

DEPARTMENT OF HOMELAND SECURITY  
UNITED STATES SECRET SERVICE

**Disclosure and Authorization  
Pertaining to Consumer Reports  
Pursuant to the Fair Credit Reporting Act**

This is a release for the United States Secret Service (or other component of the Department of Homeland Security) to obtain one or more consumer credit reports about you in connection with your employment (or application for employment) with the Department of Homeland Security or one of its components, including as a contract employee. One or more consumer credit reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention or access to classified information.

I, \_\_\_\_\_ ,  
hereby authorize the United States Secret Service (or other component of the  
Department of Homeland Security) to obtain such report(s) from any consumer  
credit reporting agency for employment purposes. Copies of this authorization  
that show my signature are as valid as the original signed by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

Additional information regarding the credit bureaus that report credit history can be obtained via their home pages at:

[www.experian.com](http://www.experian.com)  
[www.transunion.com](http://www.transunion.com)  
[www.equifax.com](http://www.equifax.com)

Please retain this information to assist you with any credit issues.

**PRIVACY ACT STATEMENT:** YOUR SOCIAL SECURITY NUMBER (SSN) IS SOLICITED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397. THIS INFORMATION WILL BE USED TO IDENTIFY AND SEPARATE INDIVIDUALS WITH SIMILAR OR IDENTICAL NAMES OR INITIALS. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND OTHER REQUESTED INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE YOUR SSN AND OTHER INFORMATION REQUESTED MAY PROHIBIT PROCESSING AND CAUSE DENIAL OF ACCESS TO SECURE AREAS OR SENSITIVE MATERIAL PROTECTED BY THE UNITED STATES SECRET SERVICE.

## STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so you are ineligible for appointment by executive agencies of the Federal Government. (5 U.S.C. 3328)

### CERTIFICATION OF REGISTRATIONS STATUS - Check one:

I certify I am registered with the Selective Service System. (A copy of my Acknowledgement Letter or other proof of registration issued by the Selective Service System is attached.) (If I previously served in the U.S. Armed Forces, a copy of Form DD-214 is attached.)

I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law. (A copy of my Exemption Letter or other proof of exemption issued by the Selective Service System is attached.)

I certify I have not registered with the Selective Service System.

I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

**NON-REGISTRANTS UNDER AGE 26** - If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office, or consular office if you are outside the United States.

**NON-REGISTRANTS AGE 26 AND OVER** - If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the Secret Service by returning this statement with your written request for an OPM determination, together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

**PRIVACY ACT STATEMENT** - Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

**FALSE STATEMENT NOTIFICATION**- A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (18 U.S.C. 1001)

**PERMISSION TO VERIFY STATUS** - By signing below, you are granting the Secret Service permission to contact the Selective Service System to verify your Selective Service registration status. *(If you are completing and/or submitting this form through electronic means, you may provide a signature by typing "/s/" followed by your name. Further endorsement may be required to validate this information at a later point in the application process.)*

Signature of Individual

Date Signed

You may obtain more information about Selective Service requirements and procedures by contacting:

Selective Service  
Registration Information Office  
P.O. Box 94638  
Palatine, IL 60094-4638  
(847) 688-6888  
TTY: 847-688-2567  
<http://www.sss.gov>

NAME (Last, First, M.I.)	
SSN	DATE OF BIRTH
<small><b>PRIVACY ACT STATEMENT:</b> Your Social Security Number (SSN) is solicited under the authority of Executive Order 9397. This information is needed to process an application for employment, and will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your SSN is voluntary; however, failure to provide your SSN and other information requested may delay or prohibit processing of your application.</small>	

PERSONNEL DIVISION USE ONLY	
CLASS NUMBER	<input type="checkbox"/> SATC <input type="checkbox"/> UDTC
EOD	
POSITION	

**1. Are you a current or previous member of any branch of the U.S. Armed Forces?**

No - GO TO PAGE 2 .

Yes - Specify which branch(es):  Air Force  Army  Coast Guard  Marine Corps  Navy  
and complete information below.

**2. Have you been discharged?  No - GO TO QUESTION 3.**

Yes - Include a copy of the DD-214 in your application packet, and complete information below.

Discharge Date: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Rank and Pay Grade at Discharge: \_\_\_\_\_

**3. Are you claiming a 5 point or 10 point Veteran's Preference on your application?**

No - GO TO QUESTION 5.

Yes - If claiming a 5 point Veteran's Preference, include in your application packet the appropriate DD-214.

If claiming a 10 point Veteran's Preference, include in your application packet an SF 15 (Application for 10-Point Veteran's Preference) and a letter from the Veteran's Administration, dated within the last 12 months, documenting your 10 Point Veteran's Preference.

**(Note: There are existing guidelines for claiming Veteran's Preference. Discharge from the Armed Forces DOES NOT automatically entitle you to receive Veteran's Preference. Refer to the Office of Personnel Management's web site at [www.opm.gov](http://www.opm.gov) for additional information.)**



**MILITARY/RESERVE INFORMATION AND STATUS**  
(continued)

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4. Are you currently a member of a U.S. Armed Forces reserve component?

No - GO TO ITEM 6.

- Yes - Specify which component:  
and complete information below.
- Air Force
  - Air National Guard
  - Army
  - Army National Guard
  - Coast Guard
  - Marine Corps
  - Navy

Name and address of unit:

\_\_\_\_\_

Rank and Pay Grade:

\_\_\_\_\_

5. What is your present reserve status (check one):  Ready Reserve     Retired Reserve     Other: \_\_\_\_\_  
 Standby Reserve     Not Applicable

6. **ACKNOWLEDGEMENT** - By signing below, you acknowledge that the information you have provided on this form is truthful and accurate.

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

# United States Secret Service MEDICAL EXAMINATION

**NOTE: Examinee will complete items 1 through 15 and the Physician will complete items E 01 - E 13 and items 16a through 35.**

1. Last Name - First Name - Middle Name		2. Social Security Number		3. Date of Examination	
4. Home Address (Number, street or RFD, city or town, state and zip code) (Applicants Only)		Home Telephone Number (include area code) (Applicants Only)		5. Job Classification/Grade/Series	
6. Purpose of Examination <input type="checkbox"/> Mandatory Exam Program <input type="checkbox"/> Pre-employment <input type="checkbox"/> Voluntary Exam Program		7. Sex		8. Race <input type="checkbox"/> Black (B) <input type="checkbox"/> White (W) <input type="checkbox"/> Asian/Pacific Islander (A) <input type="checkbox"/> American Indian/Alaskan Native (I)	
9. RC Code (Employee Only)		10a. Position - (check one) <input type="checkbox"/> SA <input type="checkbox"/> OST <input type="checkbox"/> SES <input type="checkbox"/> SO <input type="checkbox"/> PSS <input type="checkbox"/> MVO <input type="checkbox"/> PST <input type="checkbox"/> FSD <input type="checkbox"/> USSS/UD		11. Date of Birth	
12. Place of Birth		13. Name, Relationship, Address of Next of Kin		10b. Check if applicable <input type="checkbox"/> Protective Driver <input type="checkbox"/> Firearms Instructor <input type="checkbox"/> Employee Assigned JJRTC/POR	
14. Examining Facility or Examiner, and Address				15. Total Years of Government Service Military    Civilian	

I have read and understand the United States Secret Service Medical/Physical Requirements Manual.

\_\_\_\_\_  
Physicians' Signature

\_\_\_\_\_  
Date

NOR-MAL	E 01 - E 13	CLINICAL EVALUATION (Check each item in appropriate column; enter NE if not evaluated.) Item numbers correspond to USSS Medical Physical Requirements Manual/Maintenance and Selection Requirements/Areas.	ABNOR-MAL	NOTES: Describe each abnormality in detail. Enter pertinent item number before each comment.
	E 01	EYES and VISION - 01-Distant 02-Near 03-Color 04-Depth Perception 05-Peripheral 06-Glaucoma 07-Strabismus 08-Cataracts 09-Retinopathy 10-Nystagmus 11-Monocular 12-Blindness 13-Retinal Detachment 14-Papilledema 15-Tumor 16-Surgery		
	E 02	EARS and HEARING - 01/02-Ability to Hear R/L 03-Perforated Tympanic Membrane 04-Otitis Media/Externa, Mastoiditis 05-Inner/Middle/Outer Ear Disorder		
	E 03	NOSE, MOUTH, and THROAT - 01-Loss Sense of Smell 02-Rhinitis 03-Speech Defects 04-Nose, Throat/Mouth Abnormalities 05/06-Perforation of Nasal Septum 07-Chronic Sinusitis/Nasal Malformations 08-Deformities Interfering with Fitting of a Gas Mask		
	E 04	PERIPHERAL VASCULAR SYSTEM - 01-Resting Blood Pressure 02/03-Hypertension 04-Varicose Veins 05-Chronic Venous Insufficiency 06-Peripheral Vascular Disease 07-Thrombophlebitis		
	E 05	HEART and CARDIOVASCULAR SYSTEM - 01/02/03-Functional Work Capacity 04-Murmurs 05-Valvular Heart Disease 06/07-Hyperlipidemia 08-Coronary Artery Disease 09/10-ECG Abnormalities 11-Angina 12-Congestive Heart Failure 13-Cardiomyopathy 14-Pericarditis/Myocarditis 15-Coronary Risk		
	E 06	CHEST and RESPIRATORY SYSTEM - 01-Pulmonary Tuberculosis 02-Chronic Bronchitis 03/04-Asthma 05-Chronic Obstructive Pulmonary Disease 06-Bronchiectasis/ Pneumothorax 07-Pneumectomy 08-Reduced Pulmonary Function		
	E 07	ABDOMEN and GASTROINTESTINAL SYSTEM - 01-Colitis 02-Diverticulitis 03-Esophageal Disorders 04-Hemorrhoids 05-Pancreatitis 06-Gall Bladder Disorders 07-Symptomatic Esophageal Spasm/Stricture 08/09-Peptic Ulcer 10-Inguinal/Umbilical Hernias 11-Femoral Hernia 12-Malignant Disease 13-G.I. Bleeding 14-Active Hepatitis 15-Cirrhosis of the Liver		
	E 08	GENITOURINARY and REPRODUCTIVE SYSTEM - 01-Pregnancy 02-Acute Nephritis 03-Renal Calculi 04-Renal Failure 05-Urinary Calculi 06/07-Asymptomatic Benign/ Symptomatic Prostatic Hypertrophy 08-Hydrocele/Varicocele 09-Malignant Diseases of Kidney/Ureter/Bladder/Prostate/Cervix/Ovaries/Breasts 10-Veneral Disease 11-Nephrosis 12-Pyelonephritis 13-Polycystic Kidney Disease		
	E 09	ENDOCRINE and METABOLIC SYSTEM - 01-Thyroid Disease 02 Diabetes Mellitus 03-Uncontrolled Diabetes Mellitus 04-Body Composition 05-Obesity 06-Adrenal Dysfunction/Addison's Disease/Cushing's Syndrome 07-Symptomatic Hypoglycemia 08-Pituitary Dysfunction		
	E 10	SKIN and COLLAGEN DISEASES - 01-Psoriasis 02-Plantar Warts/Feet 03-Eczema/ Furunculosis Conditions 04-Lupus Erythematosus 05-Severe Contact Allergies		
	E 11	MUSCULOSKELETAL SYSTEM - 01-Motor Performance 02-Cervical Spine/ Lumbosacral Fusion 03-Active and Symptomatic Degenerative Cervical/Lumbar Disc 04-Major Extremity Amputation 05-Tendon/Nerve Injury 06-Active Rheumatoid Arthritis/ Osteoarthritis 07/08/09-Lower Back Flexibility 10/11-Abdominal Muscular Endurance 12/13-Coordinated Balance 14-Herniated Disc 15-Muscular Dystrophy 16-Spinal Deviations		
	E 12	HEMATOPOIETIC and LYMPHATIC SYSTEMS - 01-Red Blood Cell Volume 02-Anemia 03-Sickle Cell Trait 04-Hodgkin's Disease/Lymphosarcomas 05-Hemophilia 06-Sickle Cell Disease 07-Leukemia		
	E 13	NERVOUS SYSTEM - 01-Epilepsy 02-Cerebral Palsy 03-Parkinsonism 04-Cerebrovascular Disease 05-Tremors 06-Cerebral Aneurysms 07-Unexplained Syncope 08-Multiple Sclerosis		

# Measurements and Other Findings

16a. Height		17. Percent Fat				18. Blood Pressure (Arm at heart level)								19. Pulse (Arm at heart level)					
		MALE		FEMALE						A. Sitting or				A. Sitting or		B. Recumbent			
		Chest		Tricep															
16b. Weight		Abdomen		Hip						B. Recumbent				20. Proctosigmoidoscopy					
		Thigh		Thigh															
16c. Waist		Total								DIAS									
		Percent Fat																	
21. Hearing								21. Hearing											
RIGHT EAR								LEFT EAR											
250	500	1000	2000	3000	4000	6000	8000	250	500	1000	2000	3000	4000	6000	8000	22. Pulmonary Function			
																Fev 1			
23. Distant Vision (Standard test types only)								24. Near Vision (Use linear values)								Fev 1			
Right Eye		20/		Corrected to 20/		20/		Corrected to 20/		Fev 2		Forced Vital Capacity							
Left Eye		20/		Corrected to 20/		20/		Corrected to 20/											
Both Eyes		20/		Corrected to 20/		20/		Corrected to 20/											
25. Intraocular Tension				26. Color vision (Test used, number of plates missed/number of plates used)															
Tactile		Right Eye		Left Eye															
No Touch																			
27. Field of Vision				28. Check boxes in which individual demonstrates ability to pass the following coordinated balance tests.								29. Depth Perception							
Right Eye		Left Eye		<input type="checkbox"/> Squat and rise without holding on to any object <input type="checkbox"/> Walk on toes and heels without holding on to another object <input type="checkbox"/> Close eyes with feet together and not lose balance															
30. Laboratory Tests (blood & urine) specimen collected								32. Stress Electrocardiogram (attach report)											
- specimen collected <input type="checkbox"/> Yes <input type="checkbox"/> No								conducted <input type="checkbox"/> Yes <input type="checkbox"/> No											
- sent to lab - date _____								33. Chest X-ray (attach report)											
31. Blood Type / Rh Factor (Applicants Only)								conducted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal											
								34. Electrocardiogram (attach report)											
								conducted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal											
35. PHYSICIAN CONCLUSIONS - Summarize below any findings, in your opinion, which would limit the performance of job duties.																			
<input type="checkbox"/> Limiting Conditions (Please check)																			
Summary of Defects and Diagnosis								Recommendations											
Historically Stable (Chronic)																			
Historically Progressive (Chronic)																			
New																			
Recommendations - Specialty Examinations								Date of Consultation				Date Report Submitted							
1.																			
2.																			
3.																			
Typed Name of Examining Physician								Signature				Date							

**PRIVACY ACT STATEMENT:** Executive Order 9397 allows federal agencies to use the Social Security Number as an individual identifier to avoid confusion caused by employees with the same or similar names. However, failure to provide the information requested may delay processing under the Secret Service Mandatory Medical Examination Program.

# United States Secret Service MEDICAL HISTORY QUESTIONNAIRE

1. Employees Full Name (Last, First, Middle Initial)	1a. Date	1b. Social Security No.*	1c. Date of Birth
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## I. General History

1. Marital Status (check appropriate box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	2. Number of children _____ Ages of children _____																				
3. Employee's Occupation/Position	4. How Long in Current Occupation/Position?	5. Highest Level of Education (circle one) 12    13    14    15    16    16+																			
6. Have you ever been a regular smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No / If you have quit.....when? _____ Please check if you regularly smoke - <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigars    number of times per day _____ How long have you been smoking? _____																					
7. Please check if you drink <input type="checkbox"/> Liquor <input type="checkbox"/> Beer <input type="checkbox"/> Wine			7a. Amount per day or week (please specify)																		
8. Do you drink caffeinated beverages (i.e. coffee, cola, tea)? <input type="checkbox"/> Yes <input type="checkbox"/> No			8a. Amount per day or week (please specify)																		
9. Please respond to the following series of questions using the code:  <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">1. Never or Very Infrequently</td> <td style="width: 5%;">_____</td> <td style="width: 65%;">How often do you feel tense, anxious, and/or have nervous indigestion?</td> </tr> <tr> <td>2. Occasionally</td> <td>_____</td> <td>Do you eat, drink, and/or smoke in response to stress/tension?</td> </tr> <tr> <td>3. Frequently</td> <td>_____</td> <td>Do you have headaches and/or pain/tension in the neck and/or shoulders?</td> </tr> <tr> <td></td> <td>_____</td> <td>Do you get 7-8 hours of sleep per night?</td> </tr> <tr> <td></td> <td>_____</td> <td>Do you take time to relax and do things you enjoy?</td> </tr> <tr> <td></td> <td>_____</td> <td>Do you take tranquilizers (or other drugs) to relax?</td> </tr> </table>				1. Never or Very Infrequently	_____	How often do you feel tense, anxious, and/or have nervous indigestion?	2. Occasionally	_____	Do you eat, drink, and/or smoke in response to stress/tension?	3. Frequently	_____	Do you have headaches and/or pain/tension in the neck and/or shoulders?		_____	Do you get 7-8 hours of sleep per night?		_____	Do you take time to relax and do things you enjoy?		_____	Do you take tranquilizers (or other drugs) to relax?
1. Never or Very Infrequently	_____	How often do you feel tense, anxious, and/or have nervous indigestion?																			
2. Occasionally	_____	Do you eat, drink, and/or smoke in response to stress/tension?																			
3. Frequently	_____	Do you have headaches and/or pain/tension in the neck and/or shoulders?																			
	_____	Do you get 7-8 hours of sleep per night?																			
	_____	Do you take time to relax and do things you enjoy?																			
	_____	Do you take tranquilizers (or other drugs) to relax?																			

## II. Physical Fitness History

1. How physically fit do you feel at present? (check appropriate box) <input type="checkbox"/> Unfit <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Very Fit	2. Are you presently active in the U.S. Secret Service Fitness Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Aerobic Exercise (Cardiovascular Endurance Component) is accomplished through which of the following activities? A. Mode - <input type="checkbox"/> 1. Walking <input type="checkbox"/> 2. Jog/Run <input type="checkbox"/> 3. Swimming <input type="checkbox"/> 4. Biking <input type="checkbox"/> 5. Other _____			
Regarding the above listed activities --			
B. Frequency (days per week) - <input type="checkbox"/> 1. Two or less <input type="checkbox"/> 2. Three <input type="checkbox"/> 3. Four <input type="checkbox"/> 4. Five or more			
C. Duration (minutes per workout) - <input type="checkbox"/> 1. Less than 15 <input type="checkbox"/> 2. 15-30 <input type="checkbox"/> 3. 30-60 <input type="checkbox"/> 4. 60 or more			
D. Intensity (your perceived exertion most consistently is) - <input type="checkbox"/> 1. Very, very light <input type="checkbox"/> 2. Very light <input type="checkbox"/> 3. Somewhat hard <input type="checkbox"/> 4. Hard <input type="checkbox"/> 5. Very hard <input type="checkbox"/> 6. Very, very hard			
E. Environment (exercise is accomplished at the following locations) - <input type="checkbox"/> 1. At home <input type="checkbox"/> 2. At work <input type="checkbox"/> 3. Other _____			
4. Strength Development Dynamic Strength Component) is accomplished through which of the following activities? A. Mode - <input type="checkbox"/> 1. Calisthenics <input type="checkbox"/> 2. Free-weight training (barbell/dumbell) <input type="checkbox"/> 3. Universal <input type="checkbox"/> 4. Nautilus <input type="checkbox"/> 5. Other _____			
B. Frequency (days per week) - <input type="checkbox"/> 1. Two or less <input type="checkbox"/> 2. Three <input type="checkbox"/> 3. Four <input type="checkbox"/> 4. Five or more			
C. Duration (minutes per workout) - <input type="checkbox"/> 1. Less than 15 <input type="checkbox"/> 2. 15-30 <input type="checkbox"/> 3. 30-60 <input type="checkbox"/> 4. 60 or more			
D. Intensity - <input type="checkbox"/> 1. Heavy weight/low repetitions <input type="checkbox"/> 2. Light weight/high repetitions <input type="checkbox"/> 3. Combination of 1 and 2			
E. Environment (locations) - <input type="checkbox"/> 1. At home <input type="checkbox"/> 2. At work <input type="checkbox"/> 3. Other (Name/location of club, etc.) _____			
5. I stretch after exercising (flexibility component) - <input type="checkbox"/> 1. Almost never <input type="checkbox"/> 2. Occasionally <input type="checkbox"/> 3. Frequently <input type="checkbox"/> 4. Very Frequently <input type="checkbox"/> 5. Almost always			
6. I approach exercise in a relaxed manner - <input type="checkbox"/> 1. Almost never <input type="checkbox"/> 2. Occasionally <input type="checkbox"/> 3. Frequently <input type="checkbox"/> 4. Very Frequently <input type="checkbox"/> 5. Almost always			
7. I avoid the extremes of too much or too little exercise - <input type="checkbox"/> 1. Strongly agree <input type="checkbox"/> 2. Agree <input type="checkbox"/> 3. Neutral/not sure <input type="checkbox"/> 4. Disagree <input type="checkbox"/> 5. Strongly disagree			
8. I supplement program exercise with the following activities - (list individual/team sport activities and/or leisure time activities)			

### III. Past Medical History

1. Check each item "Yes" or "No". Every item checked "Yes" must be fully explained in blank space on right.

- A. Have you been refused employment or been unable to hold a job or stay in school because of:
- 1. Sensitivity to chemicals, dust, sunlight, etc.  Yes  No
  - 2. Inability to perform certain motions.  Yes  No
  - 3. Inability to assume certain positions.  Yes  No
  - 4. Other medical reasons (If yes, give reasons.)  Yes  No
- B. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)  Yes  No
- C. Have you ever been denied life insurance? (If yes, state reason and give details.)  Yes  No
- D. Have you had, or have you been advised to have, any operation? (if yes, describe and give age at which occurred.)  Yes  No
- E. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, name of doctor and complete address of hospital.)  Yes  No
- F. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)  Yes  No
- G. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)  Yes  No
- H. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)  Yes  No
- I. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)  Yes  No
- J. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (if yes, specify what kind, granted by whom, and what amount, when, why.)  Yes  No
- K. Are you presently under any medication? (Please include non-prescription.)  Yes  No

2. Diagnostic Tests	Yes	No	Date
Chest X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach X-Ray (Upper GI)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Colon X-Ray (Lower GI, Barium Enema)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gallbladder X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrocardiogram (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Graded Stress (EKG)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis Skin Test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever had a positive Tuberculosis Skin Test?	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Immunizations	Yes	No	Date
Smallpox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Allergies -
- Are you allergic to any medications?  Yes  No
- If yes, list and describe reactions.
- Other known allergies?  Yes  No
- If yes, list and describe symptoms.
- Controlled with medication?  Yes  No
- If yes, name.

## IV. Review of Systems

Have you had or do you have any of the following:

NOTES: Describe each abnormality in detail. Enter pertinent item number before each comment.

NO		YES
	H-01 NOSE, MOUTH, THROAT	
	.01 frequent or severe nosebleeds	
	.02 persistent hoarseness	
	.03 nose or mouth problems	
	.04 sinus trouble	
	.05 persistent sore throat	
	H-02 EARS and HEARING	
	.01 hearing problems or loss of hearing	
	.02 other ear problems	
	.03 ringing or buzzing in your ears	
	.04 earaches or discharge from your ears	
	.05 dizziness	
	.06 exposure to prolonged loud noise	
	.07 wear a hearing aid	
	H-03 EYES AND VISION	
	.01 pain in your eyes or increased pressure	
	.02 blurry vision	
	.03 change in vision	
	.04 wear glasses or contacts	
	.05 eye trouble or visual problems	
	.06 glaucoma	
	.07 have you had radial keratotomy	
	.08 have you had any surgery on your eyes	
	H-04 HEART and CARDIOVASCULAR	
	.01 pain or tightness in the front or back of your chest during exertion	
	.02 pain or tightness in the front or back of your chest during anxiety	
	.03 swelling of feet or ankles	
	.04 cramps in the back of your lower legs when you walk	
	.05 extra, skipped or irregular heartbeats/pulse	
	.06 rapid heartbeats or palpitations	
	.07 circulatory problems	
	.08 known disease of arteries	
	.09 heart murmur	
	.10 elevated cholesterol/value:	
	.11 high triglycerides or blood fats/value:	
	.12 scarlet fever	
	.13 pericarditis	
	.14 heart trouble/disease/attack/coronary 0-1yr, 1-2 yrs, 2-5 yrs, over 5 yrs	
	H-05 PERIPHERAL VASCULAR SYSTEM	
	.01 cold feet and/or hands when others are comfortable in the same room	
	.02 high blood pressure	
	.03 varicose veins	
	.04 phlebitis	
	H-06 RESPIRATORY SYSTEM	
	.01 frequent chest colds	
	.02 wheezing or whistling in your chest	
	.03 chronic or bothersome persistent cough	
	.04 difficulty breathing	
	.05 daily cough or raising phlegm: persistent 3 months or longer	
	.06 shortness of breath with exertion, while sitting still, when lying down	
	.07 tuberculosis	
	.08 asthma	
	.09 bronchitis	
	.10 pulmonary embolus (blood clot in lung)	
	.11 pneumonia	
	.12 emphysema	
	.13 allergies: hayfever, skin, other (refer to Section IV, No. 8)	
	H-07 ENDOCRINE and METABOLIC SYSTEM	
	.01 obesity or overweight/underweight	
	.02 diabetes	
	.03 high or low blood sugar	
	.04 thyroid gland problem	
	.05 pituitary gland problem	
	H-08 HEMATOPIETIC and LYMPHATIC SYSTEMS	
	.01 abnormal bleeding or clotting	
	.02 cough up blood	
	.03 blood disorder	
	.04 anemia	
	H-09 MUSCULOSKELETAL SYSTEM	
	.01 chronic lower back pain or problem	
	.02 pain in your legs or feet	
	.03 hot, swollen, stiff, or painful joints (which joints:)	
	.04 persistent ankle swelling	
	.05 trouble walking or using your hip, shoulder or knee joints	
	.06 muscle weakness	
	.07 cramps or weakness in your legs while walking	
	.08 movement impairment	
	.09 loss of extremity or digit	

## Review of Systems (continued)

NOTES: Describe each abnormality in detail. Enter pertinent item number before each comment.

NO		YES
	<b>H-09 MUSCULOSKELETAL SYSTEM (continued)</b>	
	.10 arthritis or rheumatoid arthritis	
	.11 gout	
	.12 high uric acid (value):	
	<b>H-10 SKIN and COLLAGEN</b>	
	.01 noticed " change in the color of your skin	
	.02 skin rashes or itching	
	.03 unusually dry skin	
	.04 growth on your skin that bothers you	
	.05 sores or wounds that do not heal	
	.06 change in color or size of warts or moles	
	.07 skin diseases or eczema	
	<b>H-11 GENITOURINARY and REPRODUCTIVE SYSTEM</b>	
	.01 burning or pain when you urinate	
	.02 urinate frequently	
	.03 difficulty starting/stopping your urinary stream	
	.04 urine loss when you cough or sneeze	
	.05 noticed blood when passing urine	
	.06 urinary tract problems	
	.07 prostrate problems	
	.08 nephritis	
	.09 any kidney problems such as stones, blood in urine, burning, infection, etc.	
	.10 had an operation to prevent pregnancy	
	.11 sexually transmitted disease	
	<b>H-12 NEUROLOGICAL</b>	
	.01 frequent and/or severe headaches	
	.02 localized weakness, numbness, or tingling in your head or extremities/arms or legs	
	.03 feel unsteady on your feet or more clumsy	
	.04 double or blurred vision	
	.05 dizziness	
	.06 fainting	
	.07 epilepsy (seizures or convulsions)	
	.08 paralysis	
	.09 stroke	
	.10 any tremors or shakiness	
	.11 polio	
	<b>H-13 GASTROINTESTINAL SYSTEM</b>	
	.01 recent changes in your eating habits	
	.02 poor appetite	
	.03 stomach disorders such as heartburn indigestion, pain, ulcers, vomiting blood, gas, fatty food intolerance	
	.04 nausea	
	.05 constipation, diarrhea, blood in stool, hemorrhoids, or colitis/ bowel trouble, or rectal polyps	
	.06 liver or gall bladder trouble	
	.07 cirrhosis of liver	
	.08 hepatitis	
	.09 hernia	
	<b>H-14 GENERAL</b>	
	.01 recently been drinking more water and/or fluids	
	.02 previous or recent unusual weight gain or loss	
	.03 usually feel tired	
	.04 worry a lot about your health	
	.05 any kind of cancer, tumor, growth, or cyst	
	.06 drug allergies (which drugs, reactions)	
	.07 do you have any other medical problems not previously mentioned? Explain	
	.08 ever had exposure to AIDS virus	
	.09 presently on any medication	
	<b>H-15 PSYCHIATRIC CONDITIONS</b>	
	.01 trouble sleeping (how many hrs a night do you sleep)	
	.02 fatigue easily (cause if known)	
	.03 frequently or chronically depressed or anxious	
	.04 hospitalized for a nervous disorder	
	.05 psychiatric or psychologic consultation	
	.06 depression	
	.07 nervous trouble	
	<b>H-16 WOMEN ONLY</b>	
	.01 severe menstrual pain	
	.02 irregular menstrual periods	
	.03 extremely heavy flow	
	.04 vaginal discharge or itching	
	.05 had or have lumps in your breasts	
	.06 give yourself periodic breast exams	
	.07 know how to perform such a test	
	.08 are you now pregnant	
	last menstrual period _____	
	last pap smear _____	

## V. Review of Systems Continuation Sheet

Comment on any items checked YES - Enter pertinent number beside each comment:

Physicians Comments:

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

Typed or Printed Name of Examinee

Signature

**PRIVACY ACT STATEMENT:** Executive Order 9397 allows Federal agencies to use the Social Security Number of an individual to avoid confusion caused by employees with the same or similar names. However, failure to provide the information requested may delay processing under Secret Service Mandatory Medical Examination Program.



U.S. Secret Service  
**APPLICANT DRUG TESTING NOTIFICATION**

Applicant's Name: \_\_\_\_\_

**Notice**

Applicants to all positions in the U.S. Secret Service will be required to submit to drug testing by urinalysis as a precondition of employment. Any applicant who tests positive for the use of illicit drugs will be given no further consideration for a position in this agency.

In those cases where the applicant is currently employed by a law enforcement or intelligence agency of a Federal, State, or local jurisdiction, and the applicant tests positive for the presence of illicit drugs, the test results may be made available to the head of that organization.

I certify that I have read the above statement and understand it fully.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Signature of Witness (USSS)

\_\_\_\_\_

Office of Witness

**UNITED STATES SECRET SERVICE  
DRUG HISTORY QUESTIONNAIRE**

**DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU  
HAVE READ THE FOLLOWING INSTRUCTIONS**

**Instructions to the Applicant:**

1. As an applicant with a conditional offer of employment from the United States Secret Service (USSS), any prior drug use, attempted drug use, and/or experimentation must be disclosed before you can be considered for further processing. Do not include instances in which substances were prescribed, administered, or dispensed by a duly licensed physician for treatment of a legitimate medical condition.
2. Answer all questions completely or check (x) the box which applies. **Note:** We cannot accept your form if it is not complete.
3. Your initials are required at the bottom of each page.
4. If submitting electronically, an "/S/" followed by your typed name will serve in place of an actual signature.
5. **YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.**

**Definitions:**

The term "**anabolic steroid**" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, corticosteroids, and dehydroepiandrosterone).

The term "**controlled substance**" means a drug or other substance, or immediate precursor. The term does not include distilled spirits, wine, malt beverages, or tobacco.

The term "**marijuana**" means all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, or its resin. Such term does not include the mature stalks of such plant; fiber produced from such stalks; oil or cake made from the seeds of such plant; any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake; or the sterilized seed of such plant which is incapable of germination. (*Reference: Title 21 United States Code (U.S.C.)*)

- 
1. Please select your current age.

- Under 21  
 21 to 23  
 Over 23

2. Have you ever illegally used a drug or controlled substance, excluding marijuana but including anabolic steroids or prescription drugs?

- Yes  No

3. Select the items that you have used.

- Hashish  Other - **MUST** provide name(s) in the space below (as applicable, please list prescription drugs used illegally or for purposes other than medicinal)
- Cocaine/Crack
- LSD
- Amphetamines/Methamphetamines
- Heroin
- Anabolic Steroids
- Ecstasy/MDMA
- Mushrooms
- PCP
- Not Applicable (N/A)

---

**Enter your initials before going to the next page** \_\_\_\_\_

---

4. Please provide the date you last used any of the substances listed in Question 3.

---

5. In your lifetime, provide the total number of times you have illegally used a drug or controlled substance, excluding marijuana but including prescription drugs or anabolic steroids, for purposes other than medicinal.

- |   |   |
|---|---|
| <input type="checkbox"/> N/A (0 times)  | <input type="checkbox"/> 21 to 30 times     |
| <input type="checkbox"/> 1 to 10 times  | <input type="checkbox"/> 31 to 40 times     |
| <input type="checkbox"/> 11 to 20 times | <input type="checkbox"/> More than 40 times |

6. Since becoming 23 years of age, provide the total number of times you have illegally used a drug or controlled substance, excluding marijuana but including prescription drugs or anabolic steroids.

- |   |   |
|---|---|
| <input type="checkbox"/> N/A, I am less than 23 years old |   |
| <input type="checkbox"/> N/A (0 times)                    | <input type="checkbox"/> 21 to 30 times     |
| <input type="checkbox"/> 1 to 10 times                    | <input type="checkbox"/> 31 to 40 times     |
| <input type="checkbox"/> 11 to 20 times                   | <input type="checkbox"/> More than 40 times |

7. Have you ever illegally used marijuana?

- No  Yes

8. Please provide the date that you last illegally used marijuana.

---

9. In your lifetime, provide the total number of times you have illegally used marijuana.

- |   |   |
|---|---|
| <input type="checkbox"/> N/A (0 times)  | <input type="checkbox"/> 21 to 30 times     |
| <input type="checkbox"/> 1 to 10 times  | <input type="checkbox"/> 31 to 40 times     |
| <input type="checkbox"/> 11 to 20 times | <input type="checkbox"/> More than 40 times |

10. Since becoming 23 years of age, provide the total number of times you have illegally used marijuana.

- |   |
|---|
| <input type="checkbox"/> N/A, I am less than 23 years old |
| <input type="checkbox"/> N/A (0 times)                    |
| <input type="checkbox"/> 1 to 10 times                    |
| <input type="checkbox"/> 11 to 20 times                   |
| <input type="checkbox"/> 21 to 30 times                   |
| <input type="checkbox"/> 31 to 40 times                   |
| <input type="checkbox"/> More than 40 times               |

11. Have you ever illegally used a drug or controlled substance, including prescription drugs, marijuana, or anabolic steroids, while in a law enforcement, prosecutorial, or public trust position, or while employed in a position requiring a U.S. Government security clearance?

- No  Yes

---

Enter your initials before going to the next page \_\_\_\_\_

---

12. Have you ever been involved in the cultivation, manufacture, distribution, processing, and/or sale of any illegal drug or controlled substance, including prescription drugs, marijuana, or anabolic steroids?

No  Yes

13. If you answered "**Yes**" to any of the above questions, provide a brief explanation in the space below and, if applicable, provide any compelling mitigating circumstances.

---

**ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING.**

A FALSE ANSWER TO ANY QUESTION IN THIS FORM MIGHT BE GROUNDS FOR DENYING APPOINTMENT OR FOR DISMISSAL AFTER APPOINTMENT, AND MIGHT BE PUNISHABLE BY FINE OR IMPRISONMENT (18 U.S.C.1001). ALL STATEMENTS OR INFORMATION PROVIDED IN THIS FORM ARE SUBJECT TO INVESTIGATION.

**CERTIFICATION:** I CERTIFY THAT ALL THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Witness (*U. S. Secret Service Employee Only*)

\_\_\_\_\_  
Witness' Division/Office

\_\_\_\_\_  
Date Signed

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**PRIVACY ACT NOTICE**

Authority to collect the information sought on the accompanying form is derived from the following sources: 5 U.S.C. 301; 18 U.S.C. 3056; Executive Orders 10450, 12333, 12958, and 12968; 44 U.S.C., Chapter 35 and 31 CFR 2.1. The purpose of the information is to provide a basis for determining employment eligibility for positions with access to classified documents. The information will be used to fulfill legal record keeping requirements as well as referrals to other agencies on a need to know basis in their performance of duties. Submission of the information is voluntary. Failure to provide all or any part of the requested information will not be used as a basis for denying any right, benefit, or privilege allowed by law. However, failure to provide certain information may result in non-consideration for appointment or in termination on the basis of information in the record. Information provided on this form will be kept confidential under provisions of the Privacy Act of 1974, 5 U.S.C. 552a.

**Additional Continuation Space for**

**SSN:**

**Please use the space below if additional space is needed. Indicate form title(s) and item number(s)**

**Thank you for completing this package.**