

SF 85 PACKET INSTRUCTIONS/CHECKLIST

PLEASE READ THESE INSTRUCTIONS AS WELL AS THE INSTRUCTIONS ON THE SF 85 AS A MEANS TO CLARIFY THE INFORMATION ASKED FOR. CHECK THE BOXES AS YOU COMPLETE THE FORM TO INSURE THAT YOU HAVE ANSWERED ALL THE QUESTIONS COMPLETELY AND TO THE BEST OF YOUR ABILITY. IF THE FORM IS NOT FILLED OUT CORRECTLY, IT WILL DELAY THE PROCESSING TIME.

A COMPLETED BACKGROUND INVESTIGATION IS A CONDITION OF YOUR EMPLOYMENT WITH THE DEPARTMENT OF COMMERCE.

1. FULL NAME	Last, First, Middle (full middle name at birth – no maiden or former married names) If no middle name, put “NMN” or “NONE”	<input type="checkbox"/>
2. DATE OF BIRTH	Self Explanatory	<input type="checkbox"/>
3. PLACE OF BIRTH	Self Explanatory . List City and Country if born outside the US	<input type="checkbox"/>
4. SOCIAL SECURITY NUMBER	Self Explanatory	<input type="checkbox"/>
5. OTHER NAMES USED	Include maiden name, former married names, aliases and dates used.	<input type="checkbox"/>
6. SEX	Self Explanatory	<input type="checkbox"/>
7. a. CITIZENSHIP	Country of Citizenship. Mark the appropriate box and follow the instructions	<input type="checkbox"/>
b. MOTHER’S MAIDEN NAME	First and Last name	<input type="checkbox"/>
c. US CITIZENSHIP	If not born in the US, provide information about proofs of your citizenship	<input type="checkbox"/>
d. DUAL CITIZENSHIP	Past or present. Name other country of citizenship	<input type="checkbox"/>

e. ALIEN	City, State, Date, Registration Number, Country	<input type="checkbox"/>
8. WHERE YOU HAVE LIVED	Provide complete street address for all locations. If in travel. list city, state and country with the name, address and telephone number of someone who can verify that information. LEAVE NO GAPS IN TIME. Follow the instructions carefully. References must be provided for addresses in the past 3 years and should not be relatives. Use SF86A, Continuation Sheet, for additional addresses. Go back 5 years.	<input type="checkbox"/>
9. WHERE YOU WENT TO SCHOOL	Self Explanatory. Go back 5 years.	<input type="checkbox"/>
10.YOUR EMPLOYMENT ACTIVITIES	Information must be current and match those on your SF171 or resume. Follow the instructions. Go back 5 years. . LEAVE NO GAPS IN TIME. If you were unemployed, or self-employed, list the dates and the name, address and telephone number of someone who can verify that you were unemployed or self-employed. List supervisors' names	<input type="checkbox"/>
11. PEOPLE WHO KNOW YOU WELL	Provide name, years known, street address and phone numbers. These people must live in the US and not be relatives or former spouses.	<input type="checkbox"/>
12. SELECTIVE SERVICE RECORD	Self Explanatory.	<input type="checkbox"/>
13. MILITARY HISTORY	Go back 5 years. Mark "O" for Officer and "E" for enlisted.	<input type="checkbox"/>
14. ILLEGAL DRUGS	Self Explanatory. Make sure dates are complete	<input type="checkbox"/>
CERTIFICATION (P 5)	Signed and dated in ink. Full first, Middle, Last name.	<input type="checkbox"/>
AUTHORIZATION FOR RELEASE OF INFORMATION (P6)	Signed and dated in ink. Full first, Middle, Last name	<input type="checkbox"/>

OTHER FORMS REQUIRED

FAIR CREDIT REPORTING ACT OF 1970, AS AMENDED	Sign and date.	<input type="checkbox"/>
SF87 FINGERPRINT CHARTS	Fill in the blanks. Your local police department will take your fingerprints if no one else is available. Please submit 2 cards.	<input type="checkbox"/>
OF 306 DECLARATION FOR FEDERAL EMPLOYMENT	Be sure that all questions are answered truthfully and that any details requested in questions 8 through 13 and 17c are provided in section 15.	<input type="checkbox"/>
SF 171, OF 612 or RESUME	This must be submitted with the packet in order to process your background investigation in a timely manner.	<input type="checkbox"/>