Personal Qualifications Statement (Court Security Officer)

READ THE INFORMATION BELOW PRIOR TO COMPLETING.

WHAT AUTHORITY DO WE HAVE TO ASK YOU FOR THE INFORMATION REQUESTED ON THIS FORM?

The U.S. Government is authorized to ask for this information under Section 3301 of Title 5 and Section 3101 of Title 44 of the U.S. Code. We ask for your Social Security number to keep our records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

HOW DO WE USE THIS FORM?

Review the form in its entirety prior to answering any questions. Be sure that you understand the questions and your responses prior to completion of the form.

This form will be used in processing your application. We use the information from this form primarily as the basis for an initial background investigation that will be used to determine your qualifications (to include law enforcement qualifications), suitability and eligibility for a clearance to work for the U.S. Government under contract.

Asking you for this information is in compliance with the Privacy Act of 1974. The information you give us is for Official Use Only; is protected from unauthorized disclosure. The U.S. Marshals Service may share some information with Federal and other sources to get additional information about you. We may also give some of the information to Federal, State, and local agencies checking on law violations or for other lawful purposes.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your employment or clearance prospects to work for the U.S. Government under contract.

TYPE OR LEGIBLY PRINT YOUR ANSWERS. We cannot accept your form if it is not legible. All questions on this form must be answered. If no response is applicable, indicate this by entering "N/A." Follow all form instructions fully, or we cannot process your form.

STATE CODES. Use the State Codes (two letter abbreviations) used by the Post Office, if you cannot spell out the state. *Do not abbreviate names of cities*.

USE 5 OR 9 - DIGIT ZIP CODES. If you do not know a ZIP Code, a ZIP Code directory is available at all Post Offices at *www.usps.com*. Please use them.

DATES. When providing dates, use YYMMDD. For example, June 8, 1988, would be 980608 and January 1988 would be 8801.

ADDITIONAL SHEETS. If there is not enough room on the sheets provided, please attach additional sheets so that you can provide as complete an answer as possible. Be sure to indicate the item number corresponding to the item being carried over to the additional sheet. Place your name and social security number on the additional sheet so that it can be readily identified if it should become separated from the form.

SIGNATURE AND DATE. Be sure to sign the forms in black or blue-black ink. Initial and date any changes you make to this form after you sign it.

ANY FORMS THAT ARE RECEIVED INCOMPLETE WILL BE RETURNED. THIS WILL DELAY THE PROCESSING OF YOUR CASE AND COULD EVEN RESULT IN YOUR NOT BEING SELECTED.

(Cont'd.)

HOW DO WE USE THIS FORM? (Cont'd.)

DOCUMENTATION. Copies of documents that verify any significant claims or activities should be provided. For example: alien registration; naturalization certificate; originals or certified copies of college transcripts or degrees; high school diploma; professional license(s) or certificate(s); military discharge certificate(s) (DD Form 214); marriage certificate(s); divorce papers; tax returns; passport; and/or business licenses(s).

NAME CHANGES. If you have had a name change from that indicated on the form, you must provide a copy of the documentation of any legal name change. If the name you are currently using is not a legal name, please use your official name as indicated on your birth certificate or marriage license.

EMPLOYMENT. Ensure that you list any previous law enforcement related employment, including military (i.e. Military Police, Master at Arms, etc.). Provide this experience in Section 22-23 whenever it occurred. It does not have to be consecutive. Explain how this experience included general arrest authority in the remarks to this section.

WHAT ARE THE PENALTIES FOR INACCURATE OR FALSE INFORMATION?

The U.S. Criminal Code provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$ 10,000, or 5 year imprisonment, or both. In addition, Federal agencies generally fire or disqualify individuals who have materially and deliberately falsified investigative forms, and this remains a part of our record for future use. Because the position for which you are being considered is a public trust position, your trustworthiness is a very important consideration in deciding your suitability or eligibility to perform under the contract.

PERSONAL QUALIFICATIONS STATEMENT (Court Security Officer)

Please Complete the following (Print legibly or Type): GENERAL INFORMATION

| 1. NAME | First Middle | |
|--|--|----|
| 2. PREFERRED TITLE Mr. Mrs. Mis (Check one) | | |
| 3. SOCIAL SECURITY NUMBER | | |
| 4. OTHER NAMES USED (including nicknames, aliases, | , maiden name, etc.) | _ |
| 5. CURRENT ADDRESS (No. Street, and Apt. No if applicable) | | _ |
| City State | Zip | - |
| | Code | |
| 6. CURRENT PHONE | Office (Include extension if applicable) | |
| NUMBERS Nome (menue Area Coae) | Office (Include extension if appreciate) | |
| 7. PLACE OF BIRTH (City/State or Foreign Country) | | _ |
| | | |
| 8. DATE OF BIRTH (YYMMDD) | | |
| | YES | |
| 9. ARE YOU A CITIZEN OF THE UNITED STATES? (| If no, provide the following inform ation) | L] |
| 10. Availability Data: a. Date (month year) you will be a | wailable to start work | |
| b. Number of hours you will be av | | |
| c. Days of the week that you can w | | |
| d. Are you available to perform ter | mporary guard duties in other cities? | |
| 11. CURRENT PHYSICAL CONDITION (Check one): (*Note: If answer is Poor, provide detailed information in | | |
| 12. If you understand and can speak and/or read any langu level of proficiency (<i>i.e. poor</i> , average, good, fluent) | age other than English, please list and indicate | |
| 13. Are you able to speak fluently, read, and write the Eng necessary by the U.S. Marshals of the district where you a | | |
| | | اا |
| 14. Do you have a current drivers license? If so, for what state? | | Ľ |

| a. Do you have any physical or mental ability to perform the work required (e. | condition which might interfere w g., epilepsy, diabetes, alcoholism, o | ith your drug | <u>YES</u> | <u>NO</u> |
|---|---|---|------------|-----------|
| addictions, cataracts, heart (cardiovasc | | | | |
| b. Have you ever used any narcotic, do include LSD or PCP, or cannabis) (to as prescribed by a licensed physician? | | | | |
| c. Have you ever been involved in the any narcotic, depressant, stimulant, ha | | e of | | |
| d. Has your use of alcoholic beverages resulted in the loss of a job, arrest by p | s (such as liquor, beer, wine) ever police, or treatment for alcoholism? | | | |
| e. Have you ever been a patient <i>(wheth</i> institution primarily devoted to the treat psychological, or personality disorders | atment of mental, emotional, | ny | | |
| NOTE: If the answer to Question 15 a Item 18, Prior to award of a contract, that the above condition will not interf | you will be required to provide a p | hysician's signed statement | | |
| 16. Are you now or have you ever been af group, or combination of persons which as government or which has adopted a policy force or violence to deny other persons the which seeks to alter the form of governme | dvocates the overthrow of our consi of advocating or approving the co prirights under the Constitution of the | titutional form of mmission of acts of the United States or | | |
| 17. To the best of your knowledge, have y either Federal, state, local, or private indus | ou ever been the subject of a backg stry) or been given a security cleara | round investigation (by nce? | | |
| If your answer is Yes, provide the followin certification, if available: | ng information and provide a copy | of investigation | | |
| Agency requiring the clearance | Type of Investigation (i.e., NACI, LBI, BI, SBI) | Date Clearance Issued/ Investigation Completed | | |
| | | | | |
| | | | | |

| 18. Space for | detailed a | answers and | l continuation | of information: |
|---------------|------------|-------------|----------------|-----------------|
|---------------|------------|-------------|----------------|-----------------|

| QUESTION NO. | ANS | WER/COMMENT | | | |
|---|------------------------------|---------------------------------------|--|------------|--------------|
| | | | | | |
| | | | | | |
| ~ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | #1.441 | |
| | | | | | |
| | | | 99 - 16 - 6 - 6 - 5 | | |
| | | | | | |
| | | | v - timetaan | | |
| | | | | | |
| | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| enter presidente en estate en e | | | and a second | | |
| , | | | | | |
| | | | | | |
| | AN AN | | | | |
| | | | | | |
| | | | | | |
| | | | . <u></u> | | |
| | | | ······ | | _ |
| PLOYMENT HISTORY | | | | | |
| | \ \ | | | | |
| 19. Current work status <i>(check o</i> Employed Full Time | ne): Employed Part Time | Unemployed | Retired | | |
| | | | | <u>YES</u> | <u>NO</u> |
| 20. Have you ever been employe | ed by the Federal Government | ? | | | |
| 21. Have you ever been employed by a state or local government? | | | | | |
| | | <u> </u> | فسيبيها | | |

| 22. <u>LAW ENFORCEMENT/FEDE</u> List ALL law enforcement emp | | | | | | |
|--|-------------------|--------------------|--|---------------|-----------|-----------------------------|
| Name and address of employer's organization | | Dates emplo | yed (month &y | vear) | Avg. 1 | No. Hrs. per week |
| | | From To | | | | |
| | | Salary or earnings | | | | |
| | | | Beginning \$ per Ending \$ per | | | |
| Exact Title of Your Position | Name of Immed | | - | | | No. Employees supervised |
| Kind of Business | | If | Federal Servic | ce, give seri | es, grade | or rank |
| Description of work (Describe you, general arrest authority, and acco | mplishments in th | is job) | | | | |
| Reason for leaving | | | | | | |

SIGNATURE AND CERTIFICATION STATEMENT

Read the following carefully before signing this certification. A false answer to any question in this statement may be grounds for disqualification and may be punishable by fine or imprisonment (U.S. Code Title 18, Section 1001).

I have completed this statement with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, and other authorized employees of the Federal Government for that purpose.

CERTIFICATION: I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature (sign in ink)

CONTINUATION SHEET

| 23. <u>LAW ENFORCEMENT/FEDI</u> Print additional pages as neces | | <u>MENT</u> | | | |
|---|---|---------------------------------|-------------------------|-----------------------------|--|
| Name and address of employer's organization | | | ed (month &year) | Avg. No. Hrs. per week | |
| | | From | | | |
| | | Salary or earni | | | |
| | | Beginning Ending | g \$pe | | |
| Event Title of Your Desition | No Cl | - | | | |
| Exact Title of Your Position Name of Immediate Su | | | | No. Employees supervised | |
| Kind of Business | | | ederal Service, give se | ries, grac | le or rank |
| Description of work (Describe you general arrest authority, and acco | r specific duties, omplishments in t | responsibilities, e his job) | experience conducting | | rests, use of |
| Space for detailed answers and cor | ntinuation of info | rmation (cont'd.): | | | |
| QUESTION NO. | | ANSWE | R/COMMENT | | |
| | | | | | n (m) (n) (n) (n) (n) (n) (n) (n) |
| | | | | | |
| | | | | | |
| | | | ···· | | |
| | | | | | |
| | | <u>-</u> | | | |
| u | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | and the discourse of the second s |
| | | | | | |
| | | | | | |