



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Last Name (Family Name) <b>RICHARDSON</b>		First Name (Given Name) <b>BRIAN</b>		Middle Initial <b>M</b>	Other Last Names Used (if any)
Address (Street Number and Name) <b>(b) (6), (b) (7)(C)</b>		Apt. Number (b) (6), (b) (7)(C)	City or Town <b>(b) (6), (b) (7)(C)</b>		State (b) (6), (b) (7)(C) ZIP Code (b) (6), (b) (7)(C)
Date of Birth (mm/dd/yyyy) <b>(b) (6), (b) (7)(C)</b>	U.S. Social Security Number <b>(b) (6), (b) (7)(C)</b>	Employee's E-mail Address <b>(b) (6), (b) (7)(C)</b>		Employee's Telephone Number <b>(b) (6), (b) (7)(C)</b>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> citizen of the United States
<input type="checkbox"/> noncitizen national of the United States (See instructions)
<input type="checkbox"/> lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> an alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____ <b>OR</b>	QR Code - Section 1 Do Not Write In This Space  <b>(b) (6), (b) (7)(C)</b>
2. Form I-94 Admission Number: _____ <b>OR</b>	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

Signature of Employee <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <b>7/5/2017</b>
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**Preparer and/or Translator Verification (check one)**  
 I do not use a preparer or translator.  A preparer and/or translator assisted the employee in completing Section 1.  
 (This field must be completed and signed when preparer and/or translator assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code







**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

*(Faint background text regarding document requirements and instructions)*

<b>Employee Info from Section 1</b>	Last Name (Family Name) <i>RICHARDSON</i>	First Name (Given Name) <i>BRIAN</i>	M.I. <i>M</i>	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <i>Passport</i>		Document Title		Document Title
Issuing Authority <i>Dept of state</i>		Issuing Authority		Issuing Authority
Document Number <i>(b) (6), (b) (7)(C)</i>		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy) <i>(b) (6), (b) (7)(C)</i>		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Section 2 Do Not Write In This Space  <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto; background-color: black; display: flex; align-items: center; justify-content: center;"> <span style="color: white; font-size: 8px;">(b) (6), (b) (7)(C)</span> </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): *07/05/17* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Jamara Murphy</i>	Today's Date (mm/dd/yyyy) <i>07/05/17</i>	Title of Employer or Authorized Representative <i>Payroll Specialist</i>
Last Name of Employer or Authorized Representative <i>(b) (6), (b) (7)(C)</i>	First Name of Employer or Authorized Representative <i>(b) (6), (b) (7)(C)</i>	Employer's Business or Organization Name DEPARTMENT OF JUSTICE, JMD/HR
Employer's Business or Organization Address (Street Number and Name) 145 N ST. NE SUITE 9W-300 HR SERVICES	City or Town WASHINGTON	State DC
		ZIP Code 20530

**Section 3: Reverification and Rehires (To be completed and signed by employee or authorized representative)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# New York State Unified Court System

Attorney Search



COURTS

Attorney Registration

LITIGANTS

Registered In-House Counsel Search

ATTORNEYS

In-House Counsel Registration

JURORS

Resources

JUDGES

E-Courts

CAREERS

Contact Us

SEARCH

## Attorney Search

To search you must enter at least the first character of the Attorney's first name OR the first character of the Attorney's middle name AND the first character of the last name. To narrow your search enter the Attorney's full name.

### Required Fields:

First Name:

Middle Name:

Last Name:

### Sort by:

- City
- Last Name
- State
- Registration Number
- Registration Status
- Year Admitted

### Search Results: 1 Returned

Click on the attorney's name below to view additional details, including business address, phone number and disciplinary history (if any).

	Attorney Name <i>(Click name for details)</i>	Registration Number	City	State	Year Admitted	Registration Status	Disciplinary History
1	<a href="#">GREG DONALD ANDRES</a>	2845568	NEW YORK	NY	1997	Currently registered	

Search Again

If the name of the attorney you are searching for does not appear, please try again with a different spelling. In addition, please be advised that attorneys listed in this database are listed by the name that corresponds to their name in the Appellate Division Admissions file. There are attorneys who currently use a name that differs from the name under which they were admitted. If you need additional information, please contact the NYS Office of Court Administration, Attorney Registration Unit at 212-428-2800 or email [attyreg@nycourts.gov](mailto:attyreg@nycourts.gov).







I, Greg Andres, understand that each Department of Justice attorney must maintain an "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify that I am an "active" member of the bar in New York and that my bar membership number (if any) is 2845568. I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one)	
		Active	Inactive
District of Columbia	August 7, 1998	X	

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?

**(b) (6), (b) (7)(C)**

**Greg Andres** Digitally signed by Greg Andres  
DN: cn=Greg Andres, o, ou,  
email=Greg.Andres@davispolk.com, c=US  
Date: 2017.07.19 09:15:07 -04'00'

Signature

**July 19, 2017**

Date

TO BE USED FOR INITIAL INVESTIGATIONS OF  
NEW HIRES ONLY; NOT FOR REINVESTIGATIONS,  
HIRING OF SAUSAs OR FBI NON-AGENT ATTORNEYS,  
OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

U.S. Department of Justice

Tax Check Waiver

*Please complete both sides of this form*

**A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice**

I am signing this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. 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 **Jamila Frone, Director, Office of Attorney Recruitment & Management, U.S. Department of Justice (or designee):**

1. Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
2. Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
3. Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
5. Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

**B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service**

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

(OVER)



MY NAME: Greg Andres MY SSN: (b) (6), (b) (7)(C)

(Please print name)

CURRENT ADDRESS: (b) (6), (b) (7)(C)

TELEPHONE NUMBERS: (HOME) (b) (6), (b) (7)(C) (WORK) 212.450.4724

(Please include area codes)

IF MARRIED AND FILED A JOINT RETURN: (b) (6), (b) (7)(C)

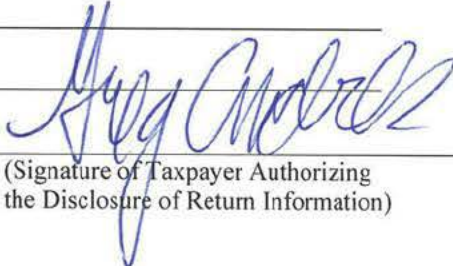
SPOUSE'S NAME (b) (6), (b) (7)(C) SPOUSE'S SSN: (b) (6), (b) (7)(C)

NAMES AND ADDRESSES SHOWN ON RETURNS (IF DIFFERENT FROM ABOVE)

<u>YEAR</u>	<u>NAME</u>	<u>ADDRESS</u>

1. Answer yes or no: In the last seven years, have you failed to file a federal or state tax return?  
(b) (6), (b) (7)(C)
2. Answer yes or no: During the last seven tax years, did you file a federal or state tax return more than 45 days after the due date for filing? Include any tax returns due more than seven years ago that were not filed until sometime during the last seven years (e.g., a tax return due eight years ago that was not filed until five years ago).  
(b) (6), (b) (7)(C)
3. Answer yes or no: During the last seven tax years, did you make a federal or state tax payment more than 45 days after notice and demand? Include any tax payments due more than seven years ago that were not paid in full until sometime during the last seven years, as well as tax payments made pursuant to installment agreements with the IRS or state tax authority.  
(b) (6), (b) (7)(C)
4. Answer if applicable: if not applicable, indicate "N/A": If there was insufficient income to meet filing requirements, or filing requirements were met by filing with a foreign tax agency (e.g., Puerto Rico or the Virgin Islands), please describe the circumstances in the space provided below. (Attach additional pages, if necessary.)

Explanation(s) and further information (b) (6), (b) (7)(C)

Date: 7/13/2017 Signature: 

(WAIVER INVALID UNLESS RECEIVED BY THE IRS WITHIN 120 DAYS OF THIS DATE) (Signature of Taxpayer Authorizing the Disclosure of Return Information)

**United States Department of Justice**

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, Greg Andres, hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Greg Andres  
Signature

7/17/17  
Date

SCO  
Current Organization Assigned

DOJ-555  
Revised Oct. 2008  
Security and Emergency Planning Staff



## Privacy Act Notice

The Department of Justice is collecting this information for the purpose of determining your trustworthiness, suitability, eligibility and/or qualifications for initial or continued employment, access to sensitive or national security information, or to perform certain services requiring a background investigation. Authority for collecting this information includes 5 U.S.C. §§ 3301 and 3302; the Classified Information Procedures Act of 1980; and Executive Orders 10450 and 12968, as applicable. Providing this information is voluntary. However, failure to provide complete information may affect our ability to complete your investigation or complete it in a timely manner, which may affect your placement or employment prospects. This information is maintained in the system of records DOJ-006, Personnel Investigation and Security Clearance Records for the Department of Justice, 67 Fed. Reg. 59,864-02 (Sept. 24, 2002), as amended by 69 Fed. Reg. 65,224 (Nov. 10, 2004), and 72 Fed. Reg. 3410, (Jan. 25, 2007). This information may be disclosed, in accordance with published routine uses. Routine uses applicable to this system include disclosures to certain individuals in the following circumstances:

- Designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government, in connection with the hiring or continued employment of an employee or contractor, the conduct of a suitability or security investigation of an employee or contractor, or the grant, renewal, suspension, or revocation of a security clearance, to the extent that the information is relevant and necessary to the hiring agency's decision;
- In the event that a record in this system, either alone or in conjunction with other information, indicates a violation or potential violation of law-- criminal, civil, or regulatory in nature--the relevant records may be referred to the appropriate federal, state, local, foreign, or tribal law enforcement authority or other appropriate agency charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law;
- Contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the Federal government, when necessary to accomplish an agency function related to this system of records.

For a complete list of applicable routine uses, see the system of records notice listed above.



U.S. Department of Justice

Justice Management Division

Human Resources

Washington, D.C. 20530

**PLEASE READ THIS BEFORE SIGNING**

I understand that as a condition of my appointment to a position in the U.S. Department of Justice:

- (1) I must provide to the Drug-Free Workplace Program Office a urine specimen either before or on my first day of employment, for the purpose of testing it for the presence of illegal substances; and,
- (2) If my urine tests positive for illicit drug use, the positive test results will be used as grounds for my removal from the position to which I am being appointed.

Signature: Greg Andres Date: 7/24/17  
Type/Print Full Name: Greg Andres  
Division: OSC



**Electronic Questionnaires for  
Investigations Processing (e-QIP)  
Investigation Request # (b) (6), (b) (7)(C)**

(b) (6), (b) (7)(C)

**SIGNATURE FORMS**

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # (b) (6), (b) (7)(C). The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Official Archival Copy PDF Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Date/Time Certified in the e-QIP System: 2017-07-19 09:30:46

Applicant's Social Security Number: (b) (6), (b) (7)(C)

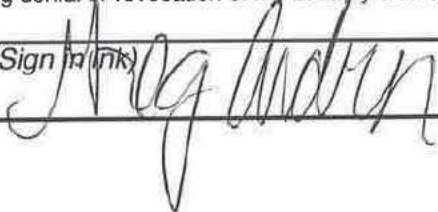
**Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

**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.

Signature (Sign in ink)



Date (mm/dd/yyyy)

07/19/2017

**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS  
 UNITED STATES OF AMERICA**

(b) (6), (b) (7)(C)

**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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

**I Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

**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 United States 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.

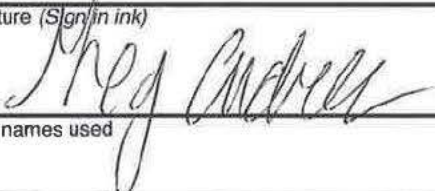
**I Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized 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 sensitive 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 other 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.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink) 		Full name (Type or print legibly) Greg Donald Andres		Date signed (mm/dd/yyyy) 7/19/2017	
Other names used		Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)	
Current street address (b) (6), (b) (7)(C)		Apt.#	City (Country) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	Zip Code (b) (6), (b) (7)(C)
Home telephone number (b) (6), (b) (7)(C)					



QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

(b) (6), (b) (7)(C)

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.

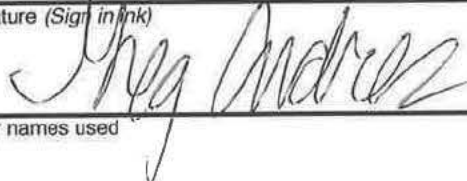
**Authorization**

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> ) Greg Donald Andres		Date signed ( <i>mm/dd/yyyy</i> ) 07/19/2017	
Other names used			Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)
Current street address (b) (6), (b) (7)(C)		Apt.#	City ( <i>Country</i> ) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	Zip Code (b) (6), (b) (7)(C)
Home telephone number (b) (6), (b) (7)(C)					

**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?  Dates of treatment?			
Signature ( <i>Sign in ink</i> )		Practitioner name	Date signed ( <i>mm/dd/yyyy</i> )

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS  
  
UNITED STATES OF AMERICA  
  
FAIR CREDIT REPORTING  
DISCLOSURE AND AUTHORIZATION

(b) (6), (b) (7)(C)

**Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

**Purpose**


Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

**Authorization**

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

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.

Print name Greg Donald Andres	Social Security Number (b) (6), (b) (7)(C)
Signature (Sign in ink) 	Date (mm/dd/yyyy) 07/19/2012

Memorandum of Understanding

I, Greg Andres, am presently being considered for the position of  
Attorney in the SCO.  
Name Title Component

Initial Review Process

I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.



I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

Signature: Meg Anderson  
Date: July 14, 2017

## REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT

As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office (PRAO) at 202-514-0458.

Greg Andres

\_\_\_\_\_  
Printed Name

July 17, 2017

\_\_\_\_\_  
Date

Signature 



# 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)

◆ Greg Donald ANDres

2. **SOCIAL SECURITY NUMBER**

◆ (b) (6), (b) (7)(C)

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

◆ (b) (6), (b) (7)(C)

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

(b) (6), (b) (7)(C)

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

◆ (b) (6), (b) (7)(C)

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

◆

◆

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

Day ◆ (b) (6), (b) (7)(C)

Night ◆ (b) (6), (b) (7)(C)

## 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?

(b) (6), (b) (7)(C)

YES

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)



# Declaration for Federal Employment\*

Form Approved  
OMB No. 3206-0182

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

## 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.

(b) (6), (b) (7)(C)

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?

(b) (6), (b) (7)(C)

## 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: \_\_\_\_\_

(Sign in ink)

Date

7/14/17

**Appointing Officer:**

Enter Date of Appointment or Conversion  
MM / DD / YYYY

17b. Appointee's Signature: \_\_\_\_\_

(Sign in ink)

Date

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?

MM / DD / YYYY  
DATE:

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



**Electronic Questionnaires for  
Investigations Processing (e-QIP)  
Investigation Request # (b) (6), (b) (7)(C)**

(b) (6), (b) (7)(C)

**SIGNATURE FORMS**

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # (b) (6), (b) (7)(C). The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Official Archival Copy PDF Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Date/Time Certified in the e-QIP System: 2017-08-04 11:59:23

Applicant's Social Security Number (b) (6), (b) (7)(C)

**Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

**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.

Signature (*Sign in ink*)  Date (mm/dd/yyyy) 08/04/2017

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS  
  
UNITED STATES OF AMERICA

(b) (6), (b) (7)(C)

FAIR CREDIT REPORTING  
DISCLOSURE AND AUTHORIZATION

**Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

**Purpose**


Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

**Authorization**

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

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.

Print name Robert Swan Mueller, III	Social Security Number (b) (6), (b) (7)(C)
Signature (Sign in ink) 	Date (mm/dd/yyyy) 08/04/2017



QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

(b) (6), (b) (7)(C)

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.

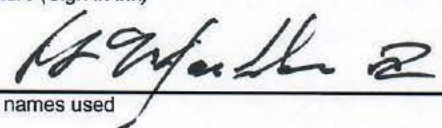
**Authorization**

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> Robert Swan Mueller, III		Date signed <i>(mm/dd/yyyy)</i> 08/04/2017	
Other names used			Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)
Current street address (b) (6), (b) (7)(C)		Apt.#	City <i>(Country)</i> (b) (6), (b) (7)(C)		State (b) (6), (b) (7)(C)
			Zip Code (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)	

**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?  Dates of treatment?		
Signature <i>(Sign in ink)</i>	Practitioner name	Date signed <i>(mm/dd/yyyy)</i>



QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS

(b) (6), (b) (7)(C)

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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

**I Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

**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 United States 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.

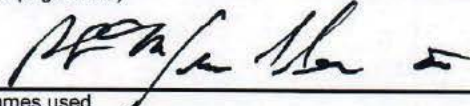
**I Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized 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 sensitive 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 other 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.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink) 		Full name (Type or print legibly) Robert Swan Mueller, III		Date signed (mm/dd/yyyy) 08/04/2017	
Other names used			Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)
Current street address (b) (6), (b) (7)(C)		Apt.#	City (Country) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	Zip Code (b) (6), (b) (7)(C)
Home telephone number (b) (6), (b) (7)(C)					



# Declaration for Federal Employment\*

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

Form Approved:  
OMB No. 3206-0182

## 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. 3206-0162

(\*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)

◆ ROBERT SWAN MUELLER, III

2. **SOCIAL SECURITY NUMBER**

◆ (b) (6), (b) (7)(C)

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

◆ (b) (6), (b) (7)(C)

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

(b) (6), (b) (7)(C)

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

◆ (b) (6), (b) (7)(C)

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

◆

◆

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

Day ◆ (b) (6), (b) (7)(C)

Night ◆ (b) (6), (b) (7)(C)

## 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?

(b) (6), (b) (7)(C) YES

(b) (6), (b) (7)(C) NO (If "NO", proceed to 8.)

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

(b) (6), (b) (7)(C) YES (If "YES", proceed to 8.)

(b) (6), (b) (7)(C) 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
USMC	04/00/1975	06/00/1980	(b) (6), (b) (7)(C)

## 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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)



# Declaration for Federal Employment\*

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

Form Approved:  
OMB No. 3208-0182

## 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.

(b) (6), (b) (7)(C)

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?

(b) (6), (b) (7)(C)

## 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?

MM / DD / YYYY  
DATE: 09/04/2013

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

**Electronic Questionnaires for  
Investigations Processing (e-QIP)  
Investigation Request # (b) (6), (b) (7)(C)**

(b) (6), (b) (7)(C)

**SIGNATURE FORMS**

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # (b) (6), (b) (7)(C). The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Official Archival Copy PDF Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Date/Time Certified in the e-QIP System: 2017-05-21 15:11:26

Applicant's Social Security Number (b) (6), (b) (7)(C)

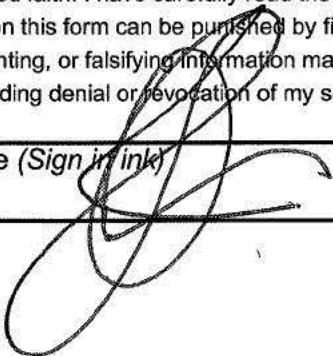
**Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

**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.

Signature (Sign in ink)



Date (mm/dd/yyyy)

05/21/2017



TO BE USED FOR INITIAL INVESTIGATIONS OF  
NEW HIRES ONLY; **NOT** FOR REINVESTIGATIONS,  
HIRING OF SAUSAs OR FBI NON-AGENT ATTORNEYS,  
OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

U.S. Department of Justice

Tax Check Waiver

*Please complete both sides of this form*

**A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice**

I am signing this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. 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 Jamila Frone, Director, Office of Attorney Recruitment & Management, U.S. Department of Justice (or designee):

1. Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
2. Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
3. Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
5. Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

**B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service**

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

(OVER)

MY NAME: James L. Quarte MY SSN: (b) (6), (b) (7)(C)

(Please print) (b) (6), (b) (7)(C)  
CURRENT ADDRESS:

TELEPHONE NUMBERS: (HOME) (b) (6), (b) (7)(C) (WORK) (b) (6), (b) (7)(C)  
(Please include area codes) (b) (6), (b) (7)(C)

IF MARRIED AND SPOUSE'S NAME: (b) (6), (b) (7)(C) SPOUSE'S SSN: (b) (6), (b) (7)(C)

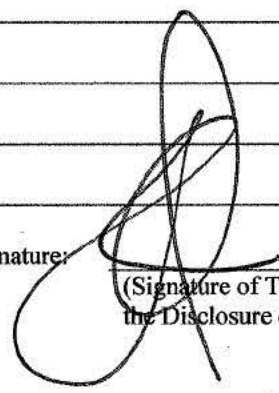
NAMES AND ADDRESSES SHOWN ON RETURNS (IF DIFFERENT FROM ABOVE)

<u>YEAR</u>	<u>NAME</u>	<u>ADDRESS</u>

- (b) (6), (b) (7)(C) In the last seven years, have you failed to file a federal or state tax return?  
If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
- (b) (6), (b) (7)(C) During the last seven tax years, did you file a federal or state tax return more than 45 days after the due date for filing? Include any tax returns due more than seven years ago that were not filed until sometime during the last seven years (e.g., a tax return due eight years ago that was not filed until five years ago).  
Yes No If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
- (b) (6), (b) (7)(C) During the last seven tax years, did you make a federal or state tax payment more than 45 days and? Include any tax payments due more than seven years ago that were not paid in full until sometime during the last seven years, as well as tax payments made pursuant to installment agreements with the IRS or state tax authority.  
Yes No If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
- Answer if applicable; if not applicable, indicate "N/A": If there was insufficient income to meet filing requirements, or filing requirements were met by filing with a foreign tax agency (e.g., Puerto Rico or the Virgin Islands), please describe the circumstances in the space provided below. (Attach additional pages, if necessary.)

Explanation(s) and further information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 05/21/2017  
(WAIVER INVALID UNLESS RECEIVED BY THE IRS WITHIN 120 DAYS OF THIS DATE)

Signature:   
(Signature of Taxpayer Authorizing the Disclosure of Return Information)

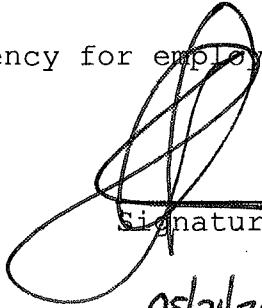


**United States Department of Justice**

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, James L. Quarda<sup>III</sup>, hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

  
\_\_\_\_\_  
Signature

05/21/2017  
\_\_\_\_\_  
Date

Special Counsel  
\_\_\_\_\_  
Current Organization Assigned

DOJ-555  
Revised Oct. 2008  
Security and Emergency Planning Staff



U.S. Department of Justice

Justice Management Division

*Human Resources*

Washington, D.C. 20530

**PLEASE READ THIS BEFORE SIGNING**

I understand that as a condition of my appointment to a position in the U.S. Department of Justice:

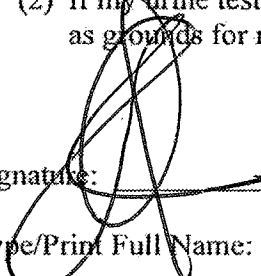
- (1) I must provide to the Drug-Free Workplace Program Office a urine specimen either before or on my first day of employment, for the purpose of testing it for the presence of illegal substances; and,
- (2) If my urine tests positive for illicit drug use, the positive test results will be used as grounds for my removal from the position to which I am being appointed.

Signature: \_\_\_\_\_

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

Type/Print Full Name: \_\_\_\_\_

Division: \_\_\_\_\_

 \_\_\_\_\_ Date: 05/21/2017

Type/Print Full Name: James H. Quardus III \_\_\_\_\_

Division: SO \_\_\_\_\_



**QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA**

**FAIR CREDIT REPORTING  
DISCLOSURE AND AUTHORIZATION**

(b) (6), (b) (7)(C)

**Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

**Purpose**

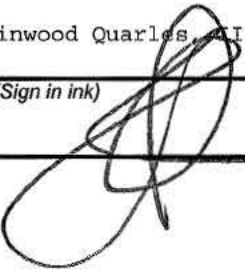
Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

**Authorization**

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

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.

Print name James Linwood Quarles III	Social Security Number (b) (6), (b) (7)(C)
Signature (Sign in ink) 	Date (mm/dd/yyyy) 05/21/2017

**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS  
 UNITED STATES OF AMERICA**

**(b) (6), (b) (7)(C)**

**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> James Linwood Quarles, III		Date signed <i>(mm/dd/yyyy)</i> 05/2/2017
Other names used		Date of birth (b) (6), (b) (7)(C)	Social Security Number (b) (6), (b) (7)(C)	
Current street address (b) (6), (b) (7)(C)	Apt.#	City <i>(Country)</i> (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	Zip Code (b) (6), (b) (7)(C)
Home telephone number (b) (6), (b) (7)(C)				

**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?  
 YES  NO

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

Dates of treatment?

Signature <i>(Sign in ink)</i>	Practitioner name	Date signed <i>(mm/dd/yyyy)</i>
--------------------------------	-------------------	---------------------------------

**(b) (6), (b) (7)(C)**



## Applicant / Employee Disclosure Form

**APPLICANTS:** Thank you for your interest in the Department of Justice (DOJ). Having a relative already employed at DOJ does not affect our consideration of you for employment; however, the information requested below is necessary to help DOJ assure that all hiring decisions are free of inappropriate influence by relatives employed in the Department and otherwise are consistent with applicable laws and policies.

**EMPLOYEES:** You must submit this certification in connection with a personnel action by which you will move to a different position than the one you currently encumber.

Merit System Principles set forth in Section 2301(b) of title 5, U.S.C. provide guidance on federal personnel management. 5 U.S.C §§ 2302(b) and 3110(b) contain provisions identifying as a prohibited personnel practice engaging in nepotism (i.e., to appoint, employ, promote, or advance relatives; or advocate for the same) by public officials. It is also a prohibited personnel practice to grant a preference or advantage not authorized by law, rule or regulation to an employee or applicant for the purpose of improving or injuring any individual's prospects for employment. Consistent with these laws and applicable ethics requirements, you are asked to identify relatives or other covered individuals (defined below) who work anywhere in the Department. For purposes of this form, the term "relative" includes a DOJ employee's or applicant's spouse, parent, guardian, grandparent, sister/brother (including step/half relationships), child/grandchild (including biological, adopted, foster, or step child, legal ward, or child for whom the employee/applicant stands *in loco parentis*), in-law, aunt, uncle, nephew, niece, or first cousin. "Other covered individuals" include a domestic partner, more distant relatives than those listed above with whom the employee/applicant has a close personal relationship, or anyone currently residing in the employee's/applicant's household, even temporarily.


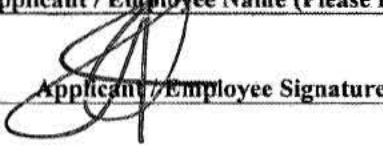
- I do (b) (6), (b) (7) / do not (b) (6), (b) (7) have a relative or other covered individual who works for the Department. Relevant details are provided below and on an attached page if necessary.
- Additional information is \_\_\_ / is not \_\_\_ attached.

Name	Relationship	Department of Justice Organization

### SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

**YOU MUST SIGN THIS DOCUMENT. Read the following carefully before you sign.**

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

 Applicant / Employee Name (Please Print)	
 Applicant / Employee Signature	05/21/2017 Date Signed (Month, day, year)
Reviewing Official Signature	Date Signed (Month, day, year)

Please submit this form to \_\_\_\_\_

*Privacy Act Notice: The information provided on this form is covered by and will be used and maintained in accordance with the Privacy Act of 1974, as amended.*

Memorandum of Understanding

I, James L. Guarko<sup>R</sup>, am presently being considered for the position of  
Name  
\_\_\_\_\_, in the SC  
Title Component

Initial Review Process

I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.



I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

Signature: \_\_\_\_\_

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

05/21/2017

## REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT

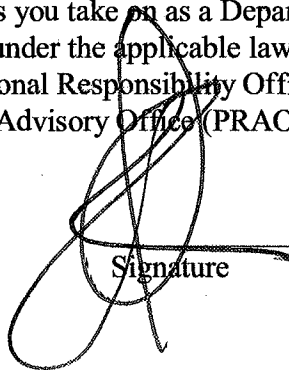
As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office (PRAO) at 202-514-0458.

James H. Querles III

Printed Name

  
Signature

Oct 21 2017

Date



# 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)

♦ James L. Quarles III

2. **SOCIAL SECURITY NUMBER**

♦ (b) (6), (b) (7)(C)

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

♦ (b) (6), (b) (7)(C)

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

♦ (b) (6), (b) (7)(C)

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

♦ (b) (6), (b) (7)(C)

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

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

Day ♦ (b) (6), (b) (7)(C)

Night ♦ (b) (6), (b) (7)(C)

## 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

♦ (b) (6), (b) (7)(C) O (If "NO", proceed to 8.)

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

♦ YES (If "YES", proceed to 8.)

♦ (b) (6), (b) (7)(C) O (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
Army Reserve	11/68 (est)	11/74 (est)	(b) (6), (b) (7)(C)

## 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. (b) (6), (b) (7)(C)

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. (b) (6), (b) (7)(C)

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. (b) (6), (b) (7)(C)

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. (b) (6), (b) (7)(C)

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. (b) (6), (b) (7)(C)



# Declaration for Federal Employment\*

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

Form Approved:  
OMB No. 3206-0182

## 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.

(b) (6), (b) (7)(C)

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?

(b) (6), (b) (7)(C)

## 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: \_\_\_\_\_  
(Sign in ink)

Date 5/21/2017

**Appointing Officer:**

Enter Date of Appointment or Conversion  
MM / DD / YYYY

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

Date \_\_\_\_\_

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?

MM/DD/YYYY  
DATE: 6/15/72

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)



## Find A Member Search Results

[Search again \(find-a-member.cfm\)](#).

Records matching your search criteria: 1

1. **James L Quarles III**

WilmerHale

1875 Pennsylvania Avenue NW

Washington DC 20006

Email:  [http://www.google.com/recaptcha/mailhide/d?k=01SvZAaZlIMI3MsbeEDXf10g==&c=AI2K1TNCHXS-\\_\\_wyPOH0-p\\_b-YcvPAHZFF7J8-TUY\\_eLa8==](http://www.google.com/recaptcha/mailhide/d?k=01SvZAaZlIMI3MsbeEDXf10g==&c=AI2K1TNCHXS-__wyPOH0-p_b-YcvPAHZFF7J8-TUY_eLa8==)

Phone: 202-663-6236

Fax: 202-663-6363

Membership Status: Active

Disciplinary history: No

Date of admission: December 30, 1981

[Save contact](#)

I, James L. Gunder III, understand that each Department of Justice attorney must maintain an "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify that I am an "active" member of the bar in District of Columbia and that my bar membership number (if any) is 359079. I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one)	
		Active	Inactive
Massachusetts	6/11/74	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Massachusetts	4/16/93	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virginia	@ 1990	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?

(b) (6), (b) (7)(C)

[Signature]  
Signature  
05/21/2017  
Date



**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

(b) (6), (b) (7)(C)

**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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

**I Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

**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 United States 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 Homeland Security, the Office of the Director of National Intelligence, 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 sensitive 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 other 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.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

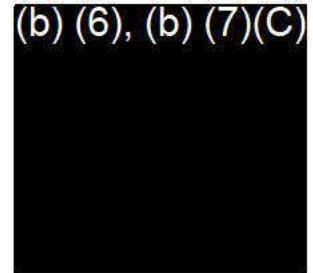
Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink)		Full name (Type or print legibly) James Linwood Quarles, III		Date signed (mm/dd/yyyy) 05/21/2017	
Other names used		Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)	
Current street address (b) (6), (b) (7)(C)		Apt.#	City (County) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	Zip Code (b) (6), (b) (7)(C)
				Home telephone number (b) (6), (b) (7)(C)	

(b) (6), (b) (7)(C)



**Electronic Questionnaires for  
Investigations Processing (e-QIP)  
Investigation Request # (b) (6), (b) (7)(C)**



**SIGNATURE FORMS**

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # (b) (6), (b) (7)(C). The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Official Archival Copy PDF Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Date/Time Certified in the e-QIP System: 2017-05-22 14:44:09

Applicant's Social Security Number: (b) (6), (b) (7)(C)

**Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

**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.

Signature ( <i>Sign in ink</i> ) 	Date ( <i>mm/dd/yyyy</i> ) 5-22-17
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TO BE USED FOR INITIAL INVESTIGATIONS OF  
NEW HIRES ONLY; NOT FOR REINVESTIGATIONS,  
HIRING OF SAUSA; OR FBI NON-AGENT ATTORNEYS,  
OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

U.S. Department of Justice

Tax Check Waiver

*Please complete both sides of this form*

**A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice**

I am signing this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. 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 **Jamila Frone, Director, Office of Attorney Recruitment & Management, U.S. Department of Justice (or designee):**

1. Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
2. Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
3. Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
5. Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

**B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service**

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

(OVER)

MY NAME: Jeanne S. Rhee MY SSN: (b) (6), (b) (7)(C)

(Please print or type) CURRENT ADDRESS: (b) (6), (b) (7)(C)

TELEPHONE NUMBERS: (HOME) (b) (6), (b) (7)(C) (WORK) 202 664 6454  
(Please include area codes)

IF MARRIED AND FILED A JOINT RETURN:  
SPOUSE'S NAME: (b) (6), (b) (7)(C) SPOUSE'S SSN: (b) (6), (b) (7)(C)  
NAMES AND ADDRESSES SHOWN ON RETURNS (IF DIFFERENT FROM ABOVE)

<u>YEAR</u>	<u>NAME</u>	<u>ADDRESS</u>

1. Answer yes or no: In the last seven years, have you failed to file a federal or state tax return?  
(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
2. Answer yes or no: During the last seven tax years, did you file a federal or state tax return more than 45 days after the due date for filing? Include any tax returns due more than seven years ago that were not filed until sometime (b) (6), (b) (7)(C) past seven years (e.g., a tax return due eight years ago that was not filed until five years ago).  
(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
3. Answer yes or no: During the last seven tax years, did you make a federal or state tax payment more than 45 days after notice and demand? Include any tax payments due more than seven years ago that were not paid in full until sometime during the last seven years, as well as tax payments made pursuant to installment agreements with the IRS or state tax authority.  
(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)  
(b) (6), (b) (7)(C)
4. Answer if applicable; if not applicable: (b) (6), (b) (7)(C) If there was insufficient income to meet filing requirements, or filing requirements were met by filing with a foreign tax agency (e.g., Puerto Rico or the Virgin Islands), please describe the circumstances in the space provided below. (Attach additional pages, if necessary.)

Explanation(s) and further information (b) (6), (b) (7)(C)

Date: 5-22-17 Signature: [Signature]  
(WAIVER INVALID UNLESS RECEIVED BY THE IRS WITHIN 120 DAYS OF THIS DATE) (Signature of Taxpayer Authorizing the Disclosure of Return Information)




**United States Department of Justice**

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, Jeannie S. Blue, hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

  
\_\_\_\_\_  
Signature

5-22-17  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Organization Assigned

DOJ-555  
Revised Oct. 2008  
Security and Emergency Planning Staff



U.S. Department of Justice

Justice Management Division

*Human Resources*

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Washington, D.C. 20530

**PLEASE READ THIS BEFORE SIGNING**

I understand that as a condition of my appointment to a position in the U.S. Department of Justice:

- (1) I must provide to the Drug-Free Workplace Program Office a urine specimen either before or on my first day of employment, for the purpose of testing it for the presence of illegal substances; and,
- (2) If my urine tests positive for illicit drug use, the positive test results will be used as grounds for my removal from the position to which I am being appointed.

Signature: \_\_\_\_\_ Date: 5-22-17

Type/Print Full Name: Jeanne S. Rhee

Division: \_\_\_\_\_



**QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA**

**FAIR CREDIT REPORTING  
DISCLOSURE AND AUTHORIZATION**

(b) (6), (b) (7)(C)

**Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

**Purpose**

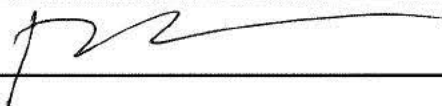
Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

**Authorization**

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

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.

Print name Jeannie Sclafani Rhee	Social Security Number (b) (6), (b) (7)(C)
Signature (Sign in ink) 	Date (mm/dd/yyyy) 5-22-17

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

(b) (6), (b) (7)(C)

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 (Sign in ink) 		Full name (Type or print legibly) Jeannie Sclafani Rhee		Date signed (mm/dd/yyyy) 5-22-17	
Other names used Hae Jin Rhee; Jeannie Hae Rhee; Jeannie Hae Sclafani Rhee			Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)
Current street address (b) (6), (b) (7)(C)	Apt.#	City (Country) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	Zip Code (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)

**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?  Dates of treatment?		
Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)



## Applicant / Employee Disclosure Form

**APPLICANTS:** Thank you for your interest in the Department of Justice (DOJ). Having a relative already employed at DOJ does not affect our consideration of you for employment; however, the information requested below is necessary to help DOJ assure that all hiring decisions are free of inappropriate influence by relatives employed in the Department and otherwise are consistent with applicable laws and policies.

**EMPLOYEES:** You must submit this certification in connection with a personnel action by which you will move to a different position than the one you currently encumber.

Merit System Principles set forth in Section 2301(b) of title 5, U.S.C. provide guidance on federal personnel management. 5 U.S.C §§ 2302(b) and 3110(b) contain provisions identifying as a prohibited personnel practice engaging in nepotism (i.e., to appoint, employ, promote, or advance relatives; or advocate for the same) by public officials. It is also a prohibited personnel practice to grant a preference or advantage not authorized by law, rule or regulation to an employee or applicant for the purpose of improving or injuring any individual's prospects for employment. Consistent with these laws and applicable ethics requirements, you are asked to identify relatives or other covered individuals (defined below) who work anywhere in the Department. For purposes of this form, the term "relative" includes a DOJ employee's or applicant's spouse, parent, guardian, grandparent, sister/brother (including step/half relationships), child/grandchild (including biological, adopted, foster, or step child, legal ward, or child for whom the employee/applicant stands *in loco parentis*), in-law, aunt, uncle, nephew, niece, or first cousin. "Other covered individuals" include a domestic partner, more distant relatives than those listed above with whom the employee/applicant has a close personal relationship, or anyone currently residing in the employee's/applicant's household, even temporarily.

- I do (b) (6), (b) (7)(C) do not (b) (6), (b) (7)(C) have a relative or other covered individual who works for the Department. Relevant details are provided below and on an attached page if necessary.
- Additional information is \_\_\_ / is not \_\_\_ attached.

Name	Relationship	Department of Justice Organization

### SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

**YOU MUST SIGN THIS DOCUMENT. Read the following carefully before you sign.**

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- **I certify** that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Jeannic S. Rhee Applicant / Employee Name (Please Print)	5-22-17
Applicant / Employee Signature	Date Signed (Month, day, year)
Reviewing Official Signature	Date Signed (Month, day, year)

Please submit this form to \_\_\_\_\_

*Privacy Act Notice: The information provided on this form is covered by and will be used and maintained in accordance with the Privacy Act of 1974, as amended.*

Memorandum of Understanding

I, Jeannie S. Ruee, am presently being considered for the position of  
Name  
Special Counsel in the \_\_\_\_\_  
Title Component

Initial Review Process

I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.



I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

Signature: 

Date: 5 - 22 - 17


## REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT

As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office (PRAO) at 202-514-0458.

JENNIFER S. Rhee  
Printed Name

  
Signature

5-22-17  
Date



# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3208-0182

(\*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)

◆ Jeannie Sclafani Rhee

2. **SOCIAL SECURITY NUMBER**

◆ (b) (6), (b) (7)(C)

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

◆ (b) (6), (b) (7)(C)

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

(b) (6), (b) (7)(C)

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

◆ (b) (6), (b) (7)(C)

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

◆ Jeannie Mae Rhee

◆ Jeannie Mae Rhee

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

Day ◆ (b) (6), (b) (7)(C)

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?

(b) (6), (b) (7)(C) YES

(b) (6), (b) (7)(C) NO (If "NO", proceed to 8.)

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

(b) (6), (b) (7)(C) YES (If "YES", proceed to 8)

(b) (6), (b) (7)(C) 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 18th 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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)



# Declaration for Federal Employment\*

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

Form Approved:  
OMB No. 3206-0182

## 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.

(b) (6), (b) (7)(C)

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?

(b) (6), (b) (7)(C)

## 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: \_\_\_\_\_

(Sign in ink)

Date

5-22-17

**Appointing Officer:**

Enter Date of Appointment or Conversion  
MM / DD / YYYY

17b. Appointee's Signature: \_\_\_\_\_

(Sign in ink)

Date

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?

MM / DD / YYYY

DATE: 01 / 2011

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)



**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS**

**(b) (6), (b) (7)(C)**

**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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

**I Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

**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 United States 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.

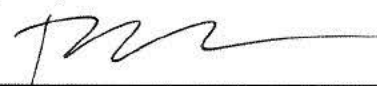
**I Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized 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 sensitive 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 other 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.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature ( <i>Sign in ink</i> ) 		Full name ( <i>Type or print legibly</i> ) Jeannie Sclafani Rhee		Date signed ( <i>mm/dd/yyyy</i> ) 5-22-17	
Other names used Hae Jin Rhee; Jeannie Hae Rhee; Jeannie Hae Sclafani Rhee			Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)
Current street address (b) (6), (b) (7)(C)		Apt.#	City ( <i>Country</i> ) (b) (6), (b) (7)(C)		State (b) (6), (b) (7)(C)
			Zip Code (b) (6), (b) (7)(C)	Home telephone number (b) (6), (b) (7)(C)	

## Find A Member Search Results

[Search again \(find-a-member.cfm\)](#).

Records matching your search criteria: 1

1. **Jeannie H Sclafani Rhee**  
WilmerHale  
1875 Pennsylvania Avenue NW  
Washington DC 20006

Email:  
Phone: 202-514-8469  
Fax:

Membership Status: Active  
Disciplinary history: No  
Date of admission: August 2, 1999

[Save contact](#)



I, Jeannic S Rhee, understand that each Department of Justice attorney must maintain an "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify that I am an "active" member of the bar in the District of Columbia and that my bar membership number (if any) is 464127. I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one)	
		Active	Inactive
DC	August 2, 1999	X	
NY	May 20, 1998		X

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?

(b) (6), (b) (7)(C)

[Signature]  
Signature

5-22-17  
Date



Attorney Login (CommunitiesLogin)

Attorney Registration (AttorneyType)

Look Up An Attorney

External Links



# Massachusetts Board of Bar Overseers (/)

Who We Are

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## Look Up An Attorney

Filter:

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Click on each Attorney for more details.

- Name
- Status
- Malpractice Insurance ⓘ
- Location
- Public Discipline



**Brian Michael Richardson**

(b) (6), (b) (7)(C)

Active  
 No  
 Washington  
 ()

1 First St, NE  
 Washington, District of Columbia 20543

**Admitted to the Mass. Bar**  
 11/29/2012

**Board of Bar Overseers Number**  
 685316

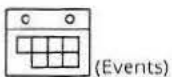
Not Covered because I (1) practice law as a government lawyer or am employed by an organization client, AND (2) do not represent clients outside that capacity

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FAQs



Hearings & Trainings



Disciplinary Decisions





# New York State Unified Court System

Attorney Search



COURTS

LITIGANTS

Attorney Registration

## Attorney Detail

as of 06/25/2017

ATTORNEYS

Registered In-House Counsel Search

Registration Number: 5284229

**BRIAN MICHAEL RICHARDSON**  
 SUPREME COURT OF THE UNITED STATES  
 1 1ST ST NE  
 WASHINGTON, DC 20543-0001  
 United States  
[\(202\) 479-3000](tel:(202)479-3000)

JURORS

In-House Counsel Registration

JUDGES

Resources

CAREERS

E-Courts

E-mail Address:

Year Admitted in NY: 2014

Appellate Division Department of Admission: I

Law School: YALE LAW SCHOOL

Registration Status: Currently registered

Next Registration: Mar 2018

SEARCH

Contact Us

Disciplinary History: No record of public discipline

The Detail Report above contains information that has been provided by the attorney listed, with the exception of REGISTRATION STATUS, which is generated from the OCA database. Every effort is made to insure the information in the database is accurate and up-to-date.

The good standing of an attorney and/or any information regarding disciplinary actions must be confirmed with the appropriate Appellate Division Department. Information on how to contact the **Appellate Divisions** of the Supreme Court in New York is available at [www.nycourts.gov/courts](http://www.nycourts.gov/courts).

If the name of the attorney you are searching for does not appear, please try again with a different spelling. In addition, please be advised that attorneys listed in this database are listed by the name that corresponds to their name in the Appellate Division Admissions file. There are attorneys who currently use a name that differs from the name under which they were admitted. If you need additional information, please contact the NYS Office of Court Administration, Attorney Registration Unit at 212-428-2800.

## Applicant / Employee Disclosure Form

**APPLICANTS:** Thank you for your interest in the Department of Justice (DOJ). Having a relative already employed at DOJ does not affect our consideration of you for employment; however, the information requested below is necessary to help DOJ assure that all hiring decisions are free of inappropriate influence by relatives employed in the Department and otherwise are consistent with applicable laws and policies.

**EMPLOYEES:** You must submit this certification in connection with a personnel action by which you will move to a different position than the one you currently encumber.

Merit System Principles set forth in Section 2301(b) of title 5, U.S.C. provide guidance on federal personnel management. 5 U.S.C §§ 2302(b) and 3110(b) contain provisions identifying as a prohibited personnel practice engaging in nepotism (i.e., to appoint, employ, promote, or advance relatives; or advocate for the same) by public officials. It is also a prohibited personnel practice to grant a preference or advantage not authorized by law, rule or regulation to an employee or applicant for the purpose of improving or injuring any individual's prospects for employment. Consistent with these laws and applicable ethics requirements, you are asked to identify relatives or other covered individuals (defined below) who work anywhere in the Department. For purposes of this form, the term "relative" includes a DOJ employee's or applicant's spouse, parent, guardian, grandparent, sister/brother (including step/half relationships), child/grandchild (including biological, adopted, foster, or step child, legal ward, or child for whom the employee/applicant stands *in loco parentis*), in-law, aunt, uncle, nephew, niece, or first cousin. "Other covered individuals" include a domestic partner, more distant relatives than those listed above with whom the employee/applicant has a close personal relationship, or anyone currently residing in the employee's/applicant's household, even temporarily.

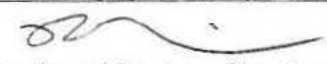
- I do  / do not  have a relative or other covered individual who works for the Department. Relevant details are provided below and on an attached page if necessary.
- Additional information is  / is not  attached.

Name	Relationship	Department of Justice Organization

### SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

**YOU MUST SIGN THIS DOCUMENT. Read the following carefully before you sign.**

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

BRIAN MICHAEL RICHARDSON Applicant / Employee Name (Please Print)	06/25/2017
 Applicant / Employee Signature	Date Signed (Month, day, year)
Reviewing Official Signature	Date Signed (Month, day, year)

Please submit this form to \_\_\_\_\_

*Privacy Act Notice: The information provided on this form is covered by and will be used and maintained in accordance with the Privacy Act of 1974, as amended.*



I, Brian Michael Richardson, understand that each Department of Justice attorney must maintain an "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify that I am an "active" member of the bar in Massachussetts

(Name)

(State, territory or District of Columbia)

and that my bar membership number (if any) is 685316. I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one)	
		Active	Inactive
NY	09/29/2014	X	

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?

(b) (6), (b) (7)(C)



Signature

06/25/2017

Date

TO BE USED FOR INITIAL INVESTIGATIONS OF  
NEW HIRES ONLY; NOT FOR REINVESTIGATIONS,  
HIRING OF SAUSAs OR FBI NON-AGENT ATTORNEYS,  
OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

U.S. Department of Justice

Tax Check Waiver

*Please complete both sides of this form*

**A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice**

I am signing this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. 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 **Jamila Frone, Director, Office of Attorney Recruitment & Management, U.S. Department of Justice (or designee)**:

1. Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
2. Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
3. Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
5. Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

**B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service**

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

(OVER)



MY NAME: Brian Richardson MY SSN: (b) (6), (b) (7)(C)

(Please print or type)

CURRENT ADDRESS: (b) (6), (b) (7)(C)

TELEPHONE NUMBERS: (HOME) (b) (6), (b) (7)(C) (WORK) \_\_\_\_\_  
(Please include area codes)

IF MARRIED AND FILED A JOINT RETURN: \_\_\_\_\_  
SPOUSE'S NAME: (b) (6), (b) (7)(C) SPOUSE'S SSN: (b) (6), (b) (7)(C)


NAMES AND ADDRESSES SHOWN ON RETURNS (IF DIFFERENT FROM ABOVE)

<u>YEAR</u>	<u>NAME</u>	<u>ADDRESS</u>
		<u>(b) (6), (b) (7)(C)</u>
		<u>(b) (6), (b) (7)(C)</u>
		<u>(b) (6), (b) (7)(C)</u>

1. Answer yes or no: In the last seven years, have you failed to file a federal or state tax return?  
(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
2. Answer yes or no: During the last seven tax years, did you file a federal or state tax return more than 45 days after the due date for filing? Include any tax returns due more than seven years ago that were not filed until sometime during the last seven years (e.g., a tax return due eight years ago that was not filed until five years ago).  
(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
3. Answer yes or no: During the last seven tax years, did you make a federal or state tax payment more than 45 days after notice and demand? Include any tax payments due more than seven years ago that were not paid in full until sometime during the last seven years, as well as tax payments made pursuant to installment agreements with the IRS or state tax authority.  
(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
4. Answer if applicable; if not applicable, indicate "N/A": If there was insufficient income to meet filing requirements, or filing requirements were met by filing with a foreign tax agency (e.g., Puerto Rico or the Virgin Islands), please describe the circumstances in the space provided below. (Attach additional pages, if necessary.)

Explanation(s) and further information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: 06/25/2017 Signature: 

(WAIVER INVALID UNLESS RECEIVED BY THE IRS WITHIN 120 DAYS OF THIS DATE)

(Signature of Taxpayer Authorizing the Disclosure of Return Information)

**United States Department of Justice**

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, BRIAN MICHAEL RICHARDSON, hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

  
\_\_\_\_\_  
Signature

06/25/2017  
\_\_\_\_\_  
Date

Special Counsel  
\_\_\_\_\_  
Current Organization Assigned

DOJ-555  
Revised Oct. 2008  
Security and Emergency Planning Staff



**Electronic Questionnaires for  
Investigations Processing (e-QIP)  
Investigation Request # (b) (6), (b) (7)(C)**

(b) (6), (b) (7)(C)

**SIGNATURE FORMS**

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # (b) (6), (b) (7)(C). The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Official Archival Copy PDF Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Date/Time Certified in the e-QIP System: 2017-06-25 13:56:05


Applicant's Social Security Number (b) (6), (b) (7)(C)

**Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

**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.

Signature (Sign in ink)  Date (mm/dd/yyyy)  
06/25/2017

QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS

(b) (6), (b) (7)(C)

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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

**I Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

**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 United States 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 Homeland Security, the Office of the Director of National Intelligence, 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 sensitive 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 other 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.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink) 		Full name (Type or print legibly) Brian Michael Richardson		Date signed (mm/dd/yyyy) 06/25/2017	
Other names used			Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)
Current street address (b) (6), (b) (7)(C)		Apt.#	City (Country) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	Zip Code (b) (6), (b) (7)(C)
Home telephone number (b) (6), (b) (7)(C)					



QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

(b) (6), (b) (7)(C)

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> ) Brian Michael Richardson		Date signed ( <i>mm/dd/yyyy</i> ) 06/25/2017	
Other names used			Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)
Current street address (b) (6), (b) (7)(C)		Apt.#	City ( <i>Country</i> ) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	Zip Code (b) (6), (b) (7)(C)
Home telephone number (b) (6), (b) (7)(C)					

**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?		
Dates of treatment?		
Signature ( <i>Sign in ink</i> )	Practitioner name	Date signed ( <i>mm/dd/yyyy</i> )

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS  
  
UNITED STATES OF AMERICA  
  
FAIR CREDIT REPORTING  
DISCLOSURE AND AUTHORIZATION

(b) (6), (b) (7)(C)

**Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

**Purpose**

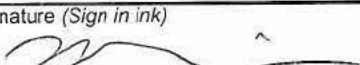
Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

**Authorization**

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

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.

Print name Brian Michael Richardson	Social Security Number (b) (6), (b) (7)(C)
Signature (Sign in ink) 	Date (mm/dd/yyyy) 06/25/2017



Memorandum of Understanding

I, Brian Michael Richardson, am presently being considered for the position of  
Name  
attorney in the S. C.  
Title Component

Initial Review Process


I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.

I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

Signature:  \_\_\_\_\_  
Date: 06/25/2017



## REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT


As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office (PRAO) at 202-514-0458.

Brian Michael Richardson

\_\_\_\_\_  
Printed Name

  
\_\_\_\_\_  
Signature

06/25/2017

\_\_\_\_\_  
Date

OARM-9  
Nov 2006



# 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)

◆ Brian Michael Richardson

2. **SOCIAL SECURITY NUMBER**

◆ (b) (6), (b) (7)(C)

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

◆ (b) (6), (b) (7)(C)

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

(b) (6), (b) (7)(C)

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

◆ (b) (6), (b) (7)(C)

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

◆

◆

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

Day ◆ (b) (6), (b) (7)(C)

Night ◆ (b) (6), (b) (7)(C)

## 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?

(b) (6), (b) (7)(C) YES

(b) (6), (b) (7)(C)

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

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

(b) (6), (b) (7)(C) 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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)



# Declaration for Federal Employment\*

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

Form Approved:  
OMB No. 3206-0182

## 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.

(b) (6), (b) (7)(C)

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?

(b) (6), (b) (7)(C)

## 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 06/25/2017  
(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?

MM / DD / YYYY

DATE: (ongoing)

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)

**Electronic Questionnaires for  
Investigations Processing (e-QIP)  
Investigation Request # (b) (6), (b) (7)(C)**

(b) (6), (b) (7)(C)

**SIGNATURE FORMS**

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # (b) (6), (b) (7)(C). The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # (b) (6), (b) (7)(C). Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # (b) (6), (b) (7)(C) Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Official Archival Copy PDF Hash Code (SHA-256):

(b) (6), (b) (7)(C)

Date/Time Certified in the e-QIP System: 2017-05-21 23:49:24

Applicant's Social Security Number (b) (6), (b) (7)(C)

**Questionnaire for National Security Positions (SF86 Format)**

OMB No. 3206-0005

**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.

Signature (Sign in ink) *Arnon G. Bziblay* Date (mm/dd/yyyy) 5/22/2017



TO BE USED FOR INITIAL INVESTIGATIONS OF  
NEW HIRES ONLY; NOT FOR REINVESTIGATIONS,  
HIRING OF SAUSAs OR FBI NON-AGENT ATTORNEYS,  
OR JUDICIAL AND PRESIDENTIAL APPOINTMENTS

U.S. Department of Justice

Tax Check Waiver

*Please complete both sides of this form*

**A. Information the Internal Revenue Service Will Provide the U.S. Department of Justice**

I am signing this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. 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 **Jamila Frone, Director, Office of Attorney Recruitment & Management, U.S. Department of Justice (or designee)**:

1. Whether I have failed to file any Federal income tax return for any of the last seven years for which filing of a return might have been required. (If the filing date without regard to extensions and normal processing period for 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 seven years" will mean the seven years preceding the year for which returns are currently being filed and processed.)
2. Whether any of the returns in #1 were filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing).
3. Whether I have failed to pay any tax, penalty or interest during the current or last seven calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payment.
4. Whether I am now or have ever been under investigation by the IRS for possible criminal offenses.
5. Whether any civil penalty for fraud has been assessed against me during the current or last seven calendar years.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

**B. Information I Am Providing to the U.S. Department of Justice and Internal Revenue Service**

To help the IRS find my tax records, and to help the Department of Justice evaluate my tax history prior to receipt of the information requested above, I am voluntarily giving the following information and answering the following questions:

(OVER)

MY NAME: AARON M. ZEBLEY MY SSN: (b) (6), (b) (7)(C)

(Please print or type)

CURRENT ADDRESS: (b) (6), (b) (7)(C)

TELEPHONE NUMBERS: (HOME) (b) (6), (b) (7)(C) (WORK) \_\_\_\_\_  
(Please include area codes)

IF MARRIED AND SPOUSE'S NAME: (b) (6), (b) (7)(C) SPOUSE'S SSN: (b) (6), (b) (7)(C)

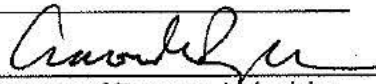
NAMES AND ADDRESSES SHOWN ON RETURNS (IF DIFFERENT FROM ABOVE)

<u>YEAR</u>	<u>NAME</u>	<u>ADDRESS</u>

- Answer yes or no: In the last seven years, have you failed to file a federal or state tax return?  
(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
- Answer yes or no: During the last seven tax years, did you file a federal or state tax return more than 45 days after the due date for filing? Include any tax returns due more than seven years ago that were not filed until sometime during the last seven years (e.g., a tax return due eight years ago that was not filed until five years ago).  
(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
- Answer yes or no: During the last seven tax years, did you make a federal or state tax payment more than 45 days after notice and demand? Include any tax payments due more than seven years ago that were not paid in full until sometime during the last seven years, as well as tax payments made pursuant to installment agreements with the IRS or state tax authority.  
(b) (6), (b) (7)(C) If yes, please explain why in the space provided below. (Attach additional pages, if necessary.)
- Answer if applicable; if not applicable, indicate "N/A": If there was insufficient income to meet filing requirements, or filing requirements were met by filing with a foreign tax agency (e.g., Puerto Rico or the Virgin Islands), please describe the circumstances in the space provided below. (Attach additional pages, if necessary.)

Explanation(s) and further information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 5/22/2017  
(WAIVER INVALID UNLESS RECEIVED BY THE IRS WITHIN 120 DAYS OF THIS DATE)

Signature:   
(Signature of Taxpayer Authorizing the Disclosure of Return Information)



**United States Department of Justice**

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

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for employment; in the course of your employment with the Department; or in connection with your employment in a position for which a background investigation by the Department is required. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, Aaron M. Zebley, hereby authorize the Department of Justice to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Aaron M. Zebley  
Signature

5/22/2017  
Date

\_\_\_\_\_  
Current Organization Assigned

DOJ-555  
Revised Oct. 2008  
Security and Emergency Planning Staff



U.S. Department of Justice

Justice Management Division

Human Resources

Washington, D.C. 20530

**PLEASE READ THIS BEFORE SIGNING**

I understand that as a condition of my appointment to a position in the U.S. Department of Justice:

- (1) I must provide to the Drug-Free Workplace Program Office a urine specimen either before or on my first day of employment, for the purpose of testing it for the presence of illegal substances; and,
- (2) If my urine tests positive for illicit drug use, the positive test results will be used as grounds for my removal from the position to which I am being appointed.

Signature: \_\_\_\_\_

*Aaron M. Zebney*

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

*5/22/2017*

Type/Print Full Name: \_\_\_\_\_

*AARON M. ZEBNEY*

Division: \_\_\_\_\_

*DOJ*

*| The Special Counsel's Office*



QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS  
  
UNITED STATES OF AMERICA  
  
FAIR CREDIT REPORTING  
DISCLOSURE AND AUTHORIZATION

(b) (6), (b) (7)(C)

**Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

**Purpose**

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

**Authorization**

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

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.

Print name Aaron Mortimer Zebley	Social Security Number (b) (6), (b) (7)(C)
Signature (Sign in ink) <i>Aaron M. Zebley</i>	Date (mm/dd/yyyy) 5/22/2017

**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS  
 UNITED STATES OF AMERICA**

**(b) (6), (b) (7)(C)**

**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> <i>Aaron Mortimer Zebley</i>		Full name <i>(Type or print legibly)</i> Aaron Mortimer Zebley		Date signed <i>(mm/dd/yyyy)</i> <i>5/22/2017</i>
Other names used Aaron Mortimer Taylor <i>L 11/1979 - 3/1982</i>		Date of birth <b>(b) (6), (b) (7)(C)</b>		Social Security Number <b>(b) (6), (b) (7)(C)</b>
Current street address <b>(b) (6), (b) (7)(C)</b>	Apt.#	City <i>(Country)</i> <b>(b) (6), (b) (7)(C)</b>	State <b>(b) (6), (b) (7)(C)</b>	Zip Code <b>(b) (6), (b) (7)(C)</b>
Home telephone number <b>(b) (6), (b) (7)(C)</b>				

**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?  Dates of treatment?		
Signature <i>(Sign in ink)</i>	Practitioner name	Date signed <i>(mm/dd/yyyy)</i>

**(b) (6), (b) (7)(C)**



## Applicant / Employee Disclosure Form

**APPLICANTS:** Thank you for your interest in the Department of Justice (DOJ). Having a relative already employed at DOJ does not affect our consideration of you for employment; however, the information requested below is necessary to help DOJ assure that all hiring decisions are free of inappropriate influence by relatives employed in the Department and otherwise are consistent with applicable laws and policies.

**EMPLOYEES:** You must submit this certification in connection with a personnel action by which you will move to a different position than the one you currently encumber.

Merit System Principles set forth in Section 2301(b) of title 5, U.S.C. provide guidance on federal personnel management. 5 U.S.C §§ 2302(b) and 3110(b) contain provisions identifying as a prohibited personnel practice engaging in nepotism (i.e., to appoint, employ, promote, or advance relatives; or advocate for the same) by public officials. It is also a prohibited personnel practice to grant a preference or advantage not authorized by law, rule or regulation to an employee or applicant for the purpose of improving or injuring any individual's prospects for employment. Consistent with these laws and applicable ethics requirements, you are asked to identify relatives or other covered individuals (defined below) who work anywhere in the Department. For purposes of this form, the term "relative" includes a DOJ employee's or applicant's spouse, parent, guardian, grandparent, sister/brother (including step/half relationships), child/grandchild (including biological, adopted, foster, or step child, legal ward, or child for whom the employee/applicant stands *in loco parentis*), in-law, aunt, uncle, nephew, niece, or first cousin. "Other covered individuals" include a domestic partner, more distant relatives than those listed above with whom the employee/applicant has a close personal relationship, or anyone currently residing in the employee's/applicant's household, even temporarily.

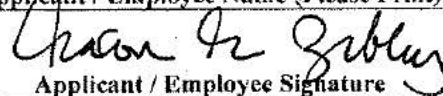
- I do (b) (6), (b) (7)(C) have a relative or other covered individual who works for the Department. Relevant details are provided below and on an attached page if necessary.
- Additional information is is not attached.

Name	Relationship	Department of Justice Organization

### SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

**YOU MUST SIGN THIS DOCUMENT. Read the following carefully before you sign.**

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Aaron M. Zelsky <small>Applicant / Employee Name (Please Print)</small>	5/22/2017 <small>Date Signed (Month, day, year)</small>
 <small>Applicant / Employee Signature</small>	
	<small>Date Signed (Month, day, year)</small>

Please submit this form to \_\_\_\_\_

*Privacy Act Notice: The information provided on this form is covered by and will be used and maintained in accordance with the Privacy Act of 1974, as amended.*

Memorandum of Understanding

I, AARON M. ZEBLEY, am presently being considered for the position of  
" Attorney specially in the The Special Counsel's Office  
appointed by the [Archiving] Attorney General " (28 USC 515)  
Initial Review Process

I understand that the Department of Justice will review all of my pre-employment paperwork to determine my eligibility for an initial appointment not to exceed 14 months. I further understand that if your review uncovers any information of a derogatory nature that disqualifies me for this initial appointment, the Department of Justice may withdraw its tentative offer of employment. Moreover, I understand that I should not quit my current position, move, sell my home or make any other significant life changes in reliance on this tentative offer of employment until I receive notification that the Office of Attorney Recruitment and Management has approved my initial 14 month appointment.

Appointment Not to Exceed 14-Months

Upon the successful completion of the initial review process, I will enter on duty on a 14 month appointment while a full-field background investigation is being conducted in connection with my application for permanent employment. I understand that, during this 14 month appointment, I will not have access to any National Security Information without a proper justification and compelling need to know determined by my employing office and approved by the Department Security Officer, or applicable Security Officer. Furthermore, I understand that if my background investigation (including the IRS tax check) uncovers any information of a derogatory nature that disqualifies me for continued employment, my appointment may be terminated prior to the end of the 14 month period.



I also understand that conversion to a permanent appointment is subject not only to favorable adjudication of my completed full-field background investigation, but also to budgetary limitations, and satisfactory performance and conduct on my part during my initial 14 month appointment.

Finally, I understand that during this 14 month appointment, I will be placed in Tenure Group III, which will affect my retention order in the event of a Reduction in Force (RIF). See 5 C.F.R. § 351.502.

Signature:                     *Amos J. Bybley*                      
Date:                     5/22/2017

## REMINDER OF GOVERNMENT ATTORNEY ETHICAL OBLIGATIONS TO CLIENT

As an incoming Department of Justice attorney, it is important for you to remember that you are not only a federal government employee but also an attorney representing a client (in most circumstances, the Executive branch of the United States or the Department), with all the professional responsibilities that entails. Indeed, 28 U.S.C. § 530B mandates that attorneys for the Government comply with applicable State laws and rules, and Federal court rules, governing attorneys. It is therefore important for you to reacquaint yourself with the laws and rules of professional conduct adopted by the jurisdictions in which you are licensed and in which you practice.

For instance, among an attorney's professional obligations is the obligation to protect confidential client information. This obligation is established in state bar rules analogous to Rule 1.6, American Bar Association Model Rules of Professional Conduct. As a Department of Justice attorney, you, like any attorney, have an obligation to safeguard information and documents relating to the representation of your client. While you are permitted to make certain disclosures during the course of your work, the disclosures are limited. These limitations primarily result from your obligations under the rules of professional conduct and Executive Branch policies on disclosure of government information, but other laws, rules and privileges may also apply. Moreover, some disclosures require approval from your component head, United States Attorney or someone at a higher level within the Department of Justice or Executive Branch, depending on the nature of the information sought to be disclosed. Keep in mind that your duty of confidentiality does not end when you leave the Department.

Your signature below serves as an acknowledgment that you understand your obligation to determine and comply with the laws and rules of professional conduct that define your obligations to your client in the assignments you take on as a Department of Justice attorney. If you have questions about your obligations under the applicable laws, rules, and Executive Branch policies, please contact the Professional Responsibility Officer (PRO) in your office or division or the Professional Responsibility Advisory Office (PRAO) at 202-514-0458.

AARON M. ZOBLEY  
Printed Name

Aaron M. Zobley  
Signature

5/22/2017  
Date



**QUESTIONNAIRE FOR  
 NATIONAL SECURITY POSITIONS  
 UNITED STATES OF AMERICA**

**(b) (6), (b) (7)(C)**

**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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities, conduct, and character 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

**I Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

**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 United States 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 Homeland Security, the Office of the Director of National Intelligence, 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 sensitive 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 other 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.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink) <i>Aaron Mortimer Zebley</i>		Full name (Type or print legibly) Aaron Mortimer Zebley		Date signed (mm/dd/yyyy) 5/22/2017	
Other names used Aaron Mortimer Taylor ↳ 11/1979 - 3/1982		Date of birth (b) (6), (b) (7)(C)		Social Security Number (b) (6), (b) (7)(C)	
Current street address (b) (6), (b) (7)(C)		Apt.#	City (Country) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	Zip Code (b) (6), (b) (7)(C)
Home telephone number (b) (6), (b) (7)(C)					



# 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)

♦ Aaron Mortimer Zebley

2. **SOCIAL SECURITY NUMBER**  
♦ (b) (6), (b) (7)(C)

3a. **PLACE OF BIRTH** (Include city and state or country)  
♦ (b) (6), (b) (7)(C)

3b. **ARE YOU A U.S. CITIZEN?**  
(b) (6), (b) (7)(C)

4. **DATE OF BIRTH** (MM/DD/YYYY)  
♦ (b) (6), (b) (7)(C)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)  
♦ See SF86  
♦

6. **PHONE NUMBERS** (Include area codes)  
Day ♦  
Night ♦ (b) (6), (b) (7)(C)

## 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? (b) (6), (b) (7)(C) YES (b) (6), (b) (7)(C) NO (If "NO", proceed to 8.)  
7b. Have you registered with the Selective Service System? (b) (6), (b) (7)(C) YES (If "YES", proceed to 8.) (b) (6), (b) (7)(C) 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. (b) (6), (b) (7)(C)

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. (b) (6), (b) (7)(C)

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. (b) (6), (b) (7)(C)

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. (b) (6), (b) (7)(C)

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. (b) (6), (b) (7)(C)



# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3208-0182

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

## 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.

(b) (6), (b) (7)(C)

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?

(b) (6), (b) (7)(C)

## 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: \_\_\_\_\_

(Sign in ink)

Date

5/22/17

**Appointing Officer:**

Enter Date of Appointment or Conversion  
MM / DD / YYYY

17b. Appointee's Signature: \_\_\_\_\_

(Sign in ink)

Date

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?

MM / DD / YYYY

DATE:

03/30/2014

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

(b) (6), (b) (7)(C)

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.

(b) (6), (b) (7)(C)



## Find A Member Search Results

[Search again \(find-a-member.cfm\)](#).

Records matching your search criteria: 1

1. **Aar on Mortimer Zebley**

WilmerHale

1875 Pennsylvania Avenue NW

Washington DC 20006-3642

Email:

Phone: 202-663-6808

Fax:

Membership Status: Active

Disciplinary history: No

Date of admission: November 21, 2014

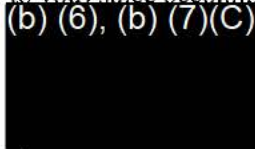
[Save contact](#)

I, Aaron M. Zebley, understand that each Department of Justice attorney must maintain an "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify that I am an "active" member of the bar in New York and D.C. and that my bar membership number (if any) is (NY) 2792695. I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one)	
		Active	Inactive
DC 1023653	Approx Oct/Nov. 2014	✓	

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?

(b) (6), (b) (7)(C)  


Aaron M. Zebley  
 Signature

5/22/2017  
 Date