General Electronic Form Notes/Notices (all Sections)

This document is for reference only and is not a form for completion. Individuals will be invited into the applicable eApplication system to complete the form. The questions/content captured in this document are intended to display what data will be captured from the individual and the additional questions (Branch questions) to be presented based on the individual responses to previous questions during data capture.

Question numbering and "electronic form navigation notes" have been made throughout this form to help facilitate review and navigation. These items are subject to change based on the data collection or processing systems this form may be implemented in.

Additionally numbering and electronic form notes are not to be considered part of the content of the form. Only the section numbers are applicable as the official numbering for this form.

Screens may vary based on html style formatting, java scripting, data capture formatting, system functionality, validation, and navigation.

Systems that are used for the collection of the "Questionnaire for Non-Sensitive Positions (SF 85)" data for investigative purposes are subject to OMB review and approval.

Office of Personnel Management

Questionnaire for Non-Sensitive Positions, SF 85

Questionnaire for Non-Sensitive Positions

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered completely and truthfully in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. If you are a current civilian employee of the federal government: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 17 and 20, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding

This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations of persons under consideration for, or retention of, nonsensitive low risk positions as defined in 5 CFR 731. It is also used for determining fitness of individuals under consideration for, or retention in positions in the excepted service when the duties to be performed are equivalent to a low risk position. This form may also be used by agencies in determining whether a subject should be issued a Federal credential for access to federally controlled facilities and information systems . For applicants, this form is to be used only after a conditional offer of employment has been made, unless OPM has provided for an exception. This form is not to be used for National Security sensitive positions.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a position or your ability to obtain or retain Federal or contract employment, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for positions, physical and /or logical access required to perform duties, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, or prosecution.

This form may become a permanent document that may be used as the basis for future investigations, determinations of suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, Social Security Number, and

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 13764, 13741, 10577, 13467, and 13488, as amended; sections 3301, 3302, 7301, and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 6, 731, and 736 of title 5, Code of Federal Regulations (CFR), Homeland Security Presidential Directive (HSPD) 12, and Federal information processing standards.

Your Social Security Number (SSN) is needed to identify records unique to you. 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, as amended by EO 13478.

The Investigative Process

Background investigations for non-sensitive positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and will not present an unacceptable risk,. The information that you provide on this form and your Declaration for Federal Employment (OF 306) may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file and a credit report is required by the agency requesting your investigation, then we may not be able to complete your investigation, which can adversely affect your eligibility for positions, physical and /or logical access required to perform duties, or your ability to obtain Federal or contract employment. To avoid such delays, you must request that the consumer resorting comprise in the federal in these interactions. that the consumer reporting agencies lift the freeze in these instances

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable or trustworthy, or poses an unacceptable risk to the life, safety, or health of employees, contractors, vendors or visitors to a Federal facility; the Government's physical assets or information systems; personal property; records, or, the privacy of the individuals whose data the Government holds in its systems. After an eligibility determination is made, you may also be subject to reinvestigations to ensure your continuing suitability for employment.

The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.

Your Personal Interview

Some investigations may include an interview with you as needed as part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. If contacted, it is imperative that the interview be conducted as soon as possible after contact is made by the investigator. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention

Instructions for Completing this Form

- 1. Follow the instructions provided to you, by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- 2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
- 3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown
- 4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
- 5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes. 6. For telephone numbers in the U.S., ensure that the area code is included.
- 7. All dates provided in this form must be in Month/Day/Year or Month/Year format. The month and day should be entered as a two character numbers (i.e., 01 for January and 29 for 29th day of the month). The year should be entered as a four character number (i.e., 1978 or 2001). If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Estimated." box

Final Determination on Your Eligibility

Final determination on your eligibility for a position and/or physical or logical access to federal facilities and information is the responsibility of the Office of Personnel-Management or the Federal agency that requested your investigation. You may be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, and sexual orientation, when making determinations of eligibility for non-sensitive positions, physical and/or logical access required to perform duties

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. You will not receive prior notice of such disclosures under a routine use. The Defense Counterintelligence and Security Agency, the Government's primary investigative service provider, has established its routine uses in the Federal Register at the following address: Federal Register. If another agency is conducting your investigation, it will inform you of its routine uses.

Public Burden Information

Public burden reporting for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Attn: Forms

Manager, OMB Number 3206-0261 1900 E Street, NW, Washington, DC 20415. The OMB clearance number, 3206-0261, is currently valid. OPM may not collect this information,

and you are not required to respond, unless this number is displayed.

-End of Instructions Pages --

Persons Completing This Form Should Begin After Carefully Reading The Preceding Instructions.		
I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the		
penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), or removal and debarment from Federal	YES	NO
Service.		

Agency Use Block "AUB"

Investigating agency user or	nly Codes.	: (FI	PC CODES)	Case Nu	mber:	
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D – Nature of action code	E – Date of action		F – Geographic lo	cation	G – Position co	de
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R – Investigative requirement	nt Initial Reinvestigation	S – Requ	esting Official: Nam	e, Title, Signature,	Email Address, T	elephone, Date
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U – Applicant Affiliation	FED CIV CON MIL	Other	•			
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Agency Special Instructions	for the Investigative Service	Provider:			Cage Code	Contracting Number

For Reference Only											
Section 1 –	Full Name			<i>_</i>							
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	on 7 – Your Contact Information three contact numbers. At least one telephone number is required. Additional numbers provided may assist in the completion of your background										
investigation.											
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From Date (Estimated)

Is/was this residence:

Owned by you

Rented or leased by you

Military housing
Other (Provide explanation)
Explanation (Free Text)

To Date

Enter residence information. (Multiple Entries Allowed)

Provide dates of residence.

Provide the street address.					Street address and City										
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State and Zip															
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		maintained. I													
		Accreditation						ĺ							
		Provide Cour	ntry if outs	side the Un	ited St	ates; oth	nerwise	, S	State		Zip Code	;	Cou	intry	
		provide State	and Zip C	Code										•	
		For schools y	ou attend	ed in the la	st 3 ye	ars, list	a perso	on who k	mew y	you at the sch	ool (instruc	tor, stud	lent, e	tc.). Do not list	
									For	correspondenc	ce/distance/	extensi	on/ on	line schools, list	
Branch	Branch	someone who													
	Dianen	Provide the n	name of pe	erson who l	knows/	knew yo	ou at so	chool: 🗆	I dor	i't know	Last	First		Initial Only □	
If Yes to	If Yes to										name:	name		No First Name □	
Attending	Receiving	Provide curre									Street	L =-		City	
Schools	Degree	Provide Cour	ntry if out	side the Ur	nited St	ates; oth	nerwise	e, provid	le Stat	e and Zip	State	Zıp	Code	Country	
		Code	1	1 C (1. '							NT1/	E 4		T' D. NI'.14	
		Provide telep	mone num	iber for this	s perso	11.					Number/ Both	Extensi	on .	Time Day Night	
												boy if l	nterns	ational or DSN	
											phone nu		mem	itional of DSIV	
											-	i't knov	7		
		Provide emai	l address	for this per	rson: □	I don't l	know				Email (F				
		Did you recei									(1			YES NO	
		J = 2 1000.				egrees(s))/diplo	ma(s) re	ceive	d and date(s) a	awarded:			1	
				1		- (")				(-) *					
		Branch		Degree/di	ploma		•	High Sc	hool I	Diploma	Other de	gree/dir	loma		
		Branch If Yes to	Ī	Degree/di • Associa		Bachelo					Other De			ext)	
			egree		te's •		or's • 1	Master's	$s \cdot Dc$	octorate		gree (F	ree Te	e	

	Do	you have additional ed	lucation to enter (include	educatio	on with	in the las	t 5	YES (Yes a	dds	NO (Re	quired to
			or diplomas more than 5 y					nother enti		validate	
			Employment &								
period must be acc military duty statio addresses. Do not l (Multiple Entries A	counted for with on. Provide sep list employmen Allowed)	nout breaks. If the emporate entries for emplorate the before your 18th birt	loyment and self-employs loyment activity was mil- byment activities with the hday unless to provide a	itary dut same ei minimui	ty, list s mploye m of 2	separate e r but hav years em	employme ing differe ployment	nt activity pent physical	periods t l		
Select your employ □ Other Federal en □ Federal Contract	nployment	□ State Government	ty station □ National Gu (Non-Federal employment) mployment (excluding se	nt)		Self-em		ioned Corp Unemp Other (1	loyment	explanatio	on)
Other Type Explan	nation (Free Te	xt) Provid	le dates of employment.	From	Date (1	Estimated	1)	To Date			
			rve, or USPHS Commiss nis position: Full-time								
	Provide you station durin	r assigned duty Ing this period.	Outy station (Free Text)	Provio rank/p	de your positior		cent	Rank/pos	sition (F	ree Text)	
		ress of duty station. intry if outside the Uni	tad States: otherwise	Street State	t addres	S	Zip Cod	City	Cou	ntry	
		e and Zip Code.	ted States, otherwise,	State			Zip Cou		Cou	шу	
	Telephone n		A DO/EDO 11	Che		if Intern	ational or	y Night Bo DSN phon	e numbe		
	Branch Physical		an APO/FPO address; pro ation or home port/fleet h Duty Location:					ysical locat City or P	ion data:		st, embassy,
Branch	Location	Provide state for por	ts in the United States, or					State	Zip Code	.	ountry
If Employment Type is Active Duty, National	Branch APO/FPO Address	You have indicated a address while at this Branch If Yes	an address outside of the location? Provide APO/FPO add		States. I Addres		r did you i PO/FPO	APO/FP		YES Zip Co	NO ode
Guard/Reserve,		name of your supervise			Superv	isor nam	e (Free Te	xt)	O State	Zip Cc	ode
or USPHS Commissioned		rank/position title of y						Free Text)			
Corps		physical work location	supervisor. I don't know of your supervisor.		Superv Street a		l (Free Te	City			
	Provide Cou provide Stat	ntry if outside the Uni e and Zip Code	ted States; otherwise,		State			Zip Code Country Time Day Night Both			
	Provide sup	ervisor telephone num	ber			er/Extens		ie Day Nig nal or DSN		umher	
	Branch Physical	base, post, embassy, supervisor:	an APO/FPO address for unit, and country location		perviso	r; provid	e physical	location da	ita with	either stre	
	Location	Street Address/Unit/	Duty Location: ts in the United States, or	· aquester	ı loontii	n		City or P State and			inter:
	Branch APO/FPO		an address outside of the			Did/does				YES	NO
	Address	Branch if Yes	Provide APO/FPO add:				PO/FPO	APO/FPO		Zip Co	ode
		at employment, State Cast recent position title.	Government, Federal Con	ntractor,	, Non-g	overnme	nt employ	Position		xt)	
	Select the er	nployment status for th	nis position: 🗆 Full-time	□ Part-	-time						
		name of your employe address of employer	r		Street a	ddross		Employe City	r name (Free Tex	t)
		intry if outside the Uni	ted States; otherwise,		State	iduicss		Zip Code		Country	,
		e and Zip Code phone number						Number/	Extension	n Tim	e Day Night
Branch If Employment								Both Check		nternation	nal or DSN
Type is Other			n this Employer - Provide					ou worked	for this		
Federal employment, State	time, you we	ould enter information	location (for example, if y concerning the most rece eriods of employment as	ent perio	od of en	nploymer	nt above, a	ind provide	dates, p	osition ti	tles, and
Government,	Dates of em	ployment	From Date (Estimated)			To Date	E(Estimate	ed/Present)		Í	
Federal Contractor, Non-	Position title		Position (Free Text) different than your emplo	orron's or	ddragg	Supervi	sor	Sup	ervisor (Free Tex YES	t) NO
government	18/ was your		dress where you are/were					Street Ac	ldress	City	NO
employment, or Other	Branch	Provide Country if o	utside the United States;			State		Zip Code		Country	
Other	Physical Location	Provide State and Zi					r/Extensio k box if Ir	n Time	Day Nig or DSN		umber
	Branch		an APO/FPO address; pro			ocation c	lata with e	ither street			
	Physical	unit, and country loc Street Address/Unit/	ation or home port/fleet h	neadquai	rter. Pi	ovide ph	ysical loca	ation data: City or P	ost Nam	e·	
	Location	Provide state for por	ts in the United States, or					State	Zip Co		ountry
	Branch APO/FPO	You have indicated a address while at this	an address outside of the location?	United S	States. 1	Do you o	r did you l	have an AP	O/FPO	YES	NO

		I =	T	1	T			1	
	Address	Branch if Yes	Provide APO/FPO address	s: Address	APO/FPO	APO/FPO		Zip C	
	Provide the	name of your supervise	or.			Superviso	or name	(Free Te	ext)
	Provide the	position title of your su	upervisor.			Superviso	or positi	on (Free	Text)
			supervisor. I don't know			Superviso			
				Ct			л сппап	(1100 10	<i>AL)</i>
		physical work location		Street addre	ess	City			
		ıntry if outside the Uni	ted States; otherwise,	State		Zip Code		Countr	у
	provide Stat	e and Zip Code							
	Provide the	telephone number for t	this supervisor.			Number/l	Extensio	on Tin	ne Day Night
						Both			
						Check	box if Ir	nternatio	onal or DSN
						phone nu	mber		
		You have indicated a	an APO/FPO address for you	ır supervisor; pro	ovide physical	location da	ta with	either str	eet address,
	Branch		unit, and country location or						
	Physical	supervisor:	. ,		1				,
	Location	Street Address/Unit/	Duty Location:			City or Po	ost Nam	ie.	
	Location		ts in the United States, or co	untry location		State and			untry
	Branch		an address outside of the Uni		loog vour guno			YES	NO
	APO/FPO	APO/FPO address w		ned States. Did/C	ioes your supe	i visoi iiave	an	ILS	NO
				. A 11	A DO/EDO	A DO/EDO) Ct - t -	7: . C	. 1.
	Address	Branch if Yes	Provide APO/FPO address	s: Address	APO/FPO	APO/FPO	State	Zip C	ode
	Self-Employ	yment				1			
		st recent position title.				Position (Free Te	xt)	
	Select the er	mployment status for th	nis position: Full-time	□ Part-time					
	Provide the	name of your employn	nent			Employm	ient nan	ne (Free	Text)
	Provide the	address of employmen	t	Street addre	ess	City			
		untry if outside the Uni		State		Zip Code		Countr	v
		e and Zip Code	,			r			,
		phone number				Number/1	Extensio	n Tin	ne Day Night
	1 Tovide telej	phone number				Both	ZATORISTO	,,,,	ic Day Might
							boy if I	nternatio	onal or DSN
						phone nu		nternatio	nai oi DSIN
	To account to be con-			- d.d		phone nu	moci	YES	NO
	is your phys		erent than your employment		Ctt - 11		<u>C'</u>	IES	NO
			dress where you are/were ph	ysicany	Street address	3	City		
		located.			a		T	- 1	<u> </u>
	Branch		utside the United States; oth	erwise, provide	State and Zip	State	Zip		Country
	Physical	Code					Code		
	Location	Provide telephone nu	umber			Number/l	∃xtensic	on Tim	ne Day Night
						Both			
								nternatio	onal or DSN
						phone nu			
	Branch		an APO/FPO address; provid				address,	, base, po	ost, embassy,
	Physical		ation or home port/fleet head	dquarter. Provid	e physical loca				
Branch	Location	Street Address/Unit/				City or Po	ost Nam	ie:	
Dianch	Location	Provide state for por	ts in the United States, or co	untry location.		State	Zip C	ode C	Country
If Employment	Branch	You have indicated a	an address outside of the Uni	ited States. Do ye	ou or did you l	nave an APO	O/FPO	YES	NO
	APO/FPO	address while at this	location?		-				
Type is Self- Employment	Address	Branch if Yes	Provide APO/FPO address	s: Address	APO/FPO	APO/FPO	State	Zip C	ode
Employment	Provide the	name of someone that	can verify your self-employe		Last	•		First	
	Provide the	address of this verifier.		Street addre		City			
		untry if outside the Uni		State		Zip Code		Countr	v
		e and Zip Code	ted States, other wise,	State		Zip code		countr.	,
		telephone number for t	this nerson	Number/Ex	tension Tim	e Day Nig	ht Both		
	1 TO THE UTE	terepriorie number for t	ms person		x if Internation			umber	
		You have indicated a	an APO/FPO address for you						with either
	Branch		post, embassy, unit, and cou						
	Verifier	data for this person	post, emoussy, unit, und cou	, 100001011 01 1	nome porumee	· moudquar (110	· rae pirj	orear recarren
	Physical	Street Address/Unit/	Duty Location:			City or Po	ost Nam	e.	
	Location		ts in the United States, or co	untry location		State	Zip C		Country
	Davasask	Vou have indicated	an address outside of the Uni	itad States Dags	your salf amm		rifier	YES	NO
	Branch	have an APO/FPO ac		ned States. Does	your sen-emp	noyment ve	111161	IES	NO
	Verifier	nave an APO/FPO at		C 41.		A 11		A DO	EDO
	APO/FPO	Branch if Yes	Provide APO/FPO address	s for this person:		Address		APO/	FPU
	Address		APO/FPO State			Zip Code			
	Unemploym								
	Provide the	name of someone who	can verify your unemploym	ent activities and	d means of sup	port	Las		First name:
							nar	ne:	
		address of this verifier.		Street address		City			
		ıntry if outside the Uni	ted States; otherwise,	State		Zip Code	. [Countr	у
Branch		e and Zip Code							
If Employment	Provide the	telephone number for t	this person	Number/Exten	sion Time Da	y Night Bo	th Ch	eck box	if
Type is				International o					
Unemployment	Dway - b	You have indicated a	an APO/FPO address for you	ır unemploymen	t verifier; prov	ide physica	l locatio	n data w	ith either
	Branch		post, embassy, unit, and cou						
	Verifier	data for this person:							
	Physical	Street Address/Unit/	Duty Location:			City or Po	ost Nam	ie:	
	Location		ts in the United States, or co	untry location.		State	Zip C		Country
	Branch		an address outside of the Uni		vour unemplo			YES	I NO

	₹7 C	1	A DO/EDO -	110						
	Verifier		e an APO/FPO a				1			
	APO/FPO) Rrg	nch if Yes		de APO/FPO address for this person:		Addres		APO/F	:PO
	Address	Dia	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APO/	FPO State	_	Zip Co	de	_	
	Provide t	he reaso	n for leaving the	emplovr	nent activity.		Reason	(Free Te	xt)	
					wing happened to you in the last five	(5) voore?	reason	(1100 10	YES	NO
									1123	110
					be fired • Left by mutual agreeme					
	allegation	is of mis	conduct • Left b	y mutua	l agreement following notice of unsat	istactory pe	rtormance			
ъ .										
Branch			Select the type	of incid	lent: • Fired • Quit after being told	you would	be fired			
			 Left by mutu 	al agreei	ment following charges or allegations	s of miscond	luct			
If Employmen					ment following notice of unsatisfacto					
Type is Active			Branch		Provide the reason for being fired.			Reas	on (Free T	Text)
Duty, Nationa			If Fired		Provide the date you were fired.				(Estimate	
Guard/Reserve	e, Left by M	/utual	II I II CG		Provide the date you were fred: Provide the reason for quitting.				on (Free T	
USPHS	Agreeme	nt, or	Branch		Provide the leason for quitting. Provide the date you quit after being		1.1			
Commissione	d Left Afte	r	If Quit		* *	ng tota you	would	Date	(Estimate	a)
Corps, Other	Unsatisfa	ctorv			be fired.					
Federal	Performa		Branch		Provide the charges or allegations	of miscondu	ıct.		ges (Free	
employment,	1 211011111		If Left after Ch	narges	Provide the date you left following	g charges or		Date	(Estimate	:d)
State	(Multiple		II Lett after Ci	larges	allegations of misconduct.					
Government,	Entries	•	Branch		Provide the reason(s) for unsatisfa	ctory perfor	mance.	Reas	on (Free T	rext)
Federal			If Left Unsatis	factory	Provide the date you left by mutua				(Estimate	
	Allowed))	performance		a notice of unsatisfactory performa		Tonioing	2	(Dominare	-)
Contractor, No	on-			o (5) voo	rs do you have another reason for lea		YES (Yes	adde	NO (Req	uired to
government						*, 111g	another er		validate)	anca to
employment,	D. d.	1.	to report for th	ns empic	open house recovery to 1			шу)		LNO
Self-					ears have you received a written war			11 0	YES	NO
Employment,		aea, susp			misconduct in the workplace, such a		ı oı security	policy?		
Unemploymer					led, suspended, or disciplined for mis					
or Other	If Discip	lined,	Provide the	month a	nd year you were warned, reprimand	ed, suspende	ed or	Date/	Estimate	d □
	Warned,		disciplined.							
	Reprimar	nded, or	Provide the	reason(s	s) for being warned, reprimanded, sus	pended or d	isciplined	Reas	on (Free T	ext)
	Suspende	ed			r instance of discipline or a warning	· I	YES (Yes		NO (Req	
	(Multiple	Entries	to provide?				another er		validate)	
	Allowed		to provide:				unouner er	,	· arraute)	
Do you have a	n additional emi	olovmen	t activity to enter	.7	YES (Yes a	dds another	entry) N	O (Requi	ired to val	idate)
				•	125 (165 ti	ado anomer	<u> </u>	o (reequi	irea to tar	rauce)
Section 13	<u> 3b – Emplo</u>	yment	Record							
	Have any of the following happened to you in the last five (5) years at employment activities that you have not previously listed? (If Yes, you will be required to add an additional employment in Section 13a) • Fired from a job? • Quit a job after being told you would be fired? • Have you left a job by mutual agreement following charges or allegations of misconduct? • Left a job by mutual agreement following notice of unsatisfactory performance?									
		ent follov	ving notice of un	satisfact		in the workp	olace, such	as violati		
• Received a v	vritten warning,	ent follov been offi	ving notice of un cially reprimand	satisfact	ory performance?	in the workp	place, such	as violati	on of a sec	curity policy?
• Received a v	vritten warning, 1 4 – Selective	ent follow been offi	ving notice of un cially reprimand ice Record	satisfact	ory performance?	in the workp	place, such	as violati		
• Received a v	vritten warning, 1 4 – Selective	ent follow been offi	ving notice of un cially reprimand ice Record	satisfact	ory performance?	in the workp	blace, such		YES	
• Received a v	vritten warning,	ent follow been offi e Service	ving notice of un cially reprimand ice Record 31, 1959?	satisfact	ory performance?	in the workp	place, such		YES	NO
• Received a v	4 – Selective n a male after De Selective Selective Se	ent follow been offi e Serv ecember ervice Re	ving notice of un cially reprimand ice Record 31, 1959? gistration	satisfact ed, susp	ory performance? ended, or disciplined for misconduct			Y	YES N	NO
• Received a v	4 – Selective n a male after De Selective Se Have you re	ent follow been offi e Serv ecember ervice Re	ving notice of un cially reprimand ice Record 31, 1959? gistration with the Selectiv	satisfact ed, suspo	ory performance? ended, or disciplined for misconduct ee System (SSS)?		I don't knov	y w Y	YES N	NO
• Received a v	4 – Selective n a male after De Selective Se Have you re Branch	ent follow been offi e Serv ecember ervice Re	ice Record 31, 1959? gistration with the Selective	satisfact ed, susper ve Service Service	ee System (SSS)? website can help provide the registrat	ion number	I don't knov	y w Y	YES N	NO
• Received a v Section 14 Were you born Branch	4 - Selective n a male after De Selective Se Have you re Branch If Yes	ent follow been offi e Serv ecember ervice Re	ice Record 31, 1959? gistration with the Selective registered. No	ve Service Service Selections	te System (SSS)? website can help provide the registrate stive Service Number is not your Soc	ion number	I don't knov for persons Number	W Y	YES N	NO
• Received a v Section 14 Were you born	4 – Selective n a male after De Selective Se Have you re Branch If Yes	ent follow been offi e Serv ecember ervice Re	ice Record 31, 1959? gistration with the Selective registered. No Provide registr	ve Service Service Selection nu	tory performance? ended, or disciplined for misconduct the System (SSS)? website can help provide the registrate tive Service Number is not your Soc mber:	ion number	I don't knov for persons Number Registration	W Y	YES N	NO
• Received a v Section 14 Were you born Branch	4 - Selective n a male after De Selective Selective Se Have you re Branch If Yes Branch	ent follow been offi e Serv ecember ervice Re	ice Record 31, 1959? gistration with the Selective registered. No Provide registr You responded	ve Service Service Selectation null'No' to	te System (SSS)? website can help provide the registrate stive Service Number is not your Soc	ion number ial Security	I don't know for persons Number Registration em (SSS)	w Y who hav	YES N YES N YES N YES N YES TEN YES TE	NO
Section 14 Were you born Branch If Yes to Born	4 - Selective n a male after De Selective Selective Se Have you re Branch If Yes Branch If No	ent follow been offi e Serv ecember ervice Re	ice Record 31, 1959? gistration with the Selective registered. No Provide registr You responded Provide explan	ve Service Service vete: Selectation nud 'No' to	tory performance? ended, or disciplined for misconduct established System (SSS)? website can help provide the registrate stive Service Number is not your Socumber: having registered with the Selective States.	ion number ial Security Service Syst	I don't know for persons Number Registration em (SSS) Explanation	w Y who have a number	YES N YES N YES N YES N YES TEN YES TE	NO
• Received a v Section 14 Were you born Branch If Yes to Born Male After	4 - Selective n a male after De Selective Se Have you re Branch If Yes Branch If No Branch	ent follow been offi e Serv ecember ervice Re- gistered	ice Record 31, 1959? gistration with the Selective registered. No Provide registr You responded Provide explan You responded	ve Service Service vete: Selection nu 1 'No' to nation	tory performance? ended, or disciplined for misconduct the System (SSS)? website can help provide the registrate tive Service Number is not your Soc mber:	ion number ial Security Service Syst	I don't knov for persons Number Registration em (SSS) Explanatior vice Syster	w Y who have n number 1 (Free Ten (SSS)	YES N	NO
• Received a v Section 14 Were you born Branch If Yes to Born Male After	4 - Selective n a male after De Selective Selective Se Have you re Branch If Yes Branch If No	ent follow been offi e Serv ecember ervice Re- gistered	ice Record 31, 1959? gistration with the Selective registered. No Provide registr You responded Provide explan	ve Service Service vete: Selection nu 1 'No' to nation	tory performance? ended, or disciplined for misconduct established System (SSS)? website can help provide the registrate stive Service Number is not your Socumber: having registered with the Selective States.	ion number ial Security Service Syst	I don't know for persons Number Registration em (SSS) Explanation	w Y who have n number 1 (Free Ten (SSS)	YES N	NO
• Received a v Section 14 Were you born Branch If Yes to Born Male After 12/31/1959	4 - Selective n a male after De Selective Se Have you re Branch If Yes Branch If No Branch If I Don't K	extra follow been office Service Service Registered	ice Record 31, 1959? gistration with the Selective registered. No Provide registr You responded Provide explan You responded Provide explan	ve Service Service vete: Selection nu 1 'No' to nation	tory performance? ended, or disciplined for misconduct established System (SSS)? website can help provide the registrate stive Service Number is not your Socumber: having registered with the Selective States.	ion number ial Security Service Syst	I don't knov for persons Number Registration em (SSS) Explanatior vice Syster	w Y who have n number 1 (Free Ten (SSS)	YES N	NO
Branch If Yes to Born Male After 12/31/1959	4 - Selective n a male after De Selective Se Have you re Branch If Yes Branch If No Branch If I Don't K	experit follow been offine Service Service Registered	ice Record 31, 1959? gistration with the Selective segistered. No Provide registr You responded Provide explan You responded Provide explan	ve Service Service vete: Selection nu 1 'No' to nation	tory performance? ended, or disciplined for misconduct established System (SSS)? website can help provide the registrate stive Service Number is not your Socumber: having registered with the Selective States.	ion number ial Security Service Syst	I don't knov for persons Number Registration em (SSS) Explanatior vice Syster	w Y who have n number 1 (Free Ten (SSS)	YES N	NO N
Branch If Yes to Born Male After 12/31/1959	A - Selective n a male after De Selective Se Have you re Branch If Yes Branch If No Branch If I Don't K 5 - Military ER served in the	extraction following the second formula in t	ice Record 31, 1959? gistration with the Selective segistered. No Provide registr You responded Provide explan You responded Provide explan You responded Provide explan	ve Service vete: Selection nu d'I'No't to nation	re System (SSS)? website can help provide the registrate trive Service Number is not your Social making registered with the Selective Service Number is not your Social making registered with the Selective Service Number is not your Social making registered with the Selective Service Number is not your Social making registered with the Selective Service Number is not your Social making registered with the Selective Service Number is not your Service	ion number ial Security Service Syst	I don't knov for persons Number Registration em (SSS) Explanatior vice Syster	w Y who have n number 1 (Free Ten (SSS)	YES N	NO
Branch If Yes to Born Male After 12/31/1959	Selective Branch If Yes Branch If No Branch If I Don't K 5 - Military ER served in the	now Histo U.S. Mil 'Yes' to	ice Record 31, 1959? gistration with the Selective registered. No Provide registr You responded Provide explan You having served in	ve Service Service Service Service Service of the Selection of 1 don't to action 1 don't nation	the System (SSS)? Website can help provide the registrate tive Service Number is not your Sociation and the Selective Service Number is not your Sociation and the Selective Service Number: Social Registered with the Selective Service Naving reg	ion number ial Security Service Syst	I don't knov for persons Number Registration em (SSS) Explanation vice Syster Explanation	w Y w who hav n number n (Free Te n (SSS)	YES N YES N YES N YES N YES N YES YES YES YES	NO NO NO
Branch If Yes to Born Male After 12/31/1959	4 - Selective n a male after De Selective Sele	now Histo U.S. Mil 1 'Yes' tanch of s	ice Record 31, 1959? gistration with the Selective registered. No Provide registr You responded Provide explan You responded Provide explan You responded Provide explan You responded explan	ve Service Service Service Service Service of the Selection of 1 don't to action 1 don't nation	the System (SSS)? website can help provide the registrate tive Service Number is not your Sociation and the service state of service with the Selective Service Number: having registered with the Selective Service having registered with the Selective Service Number:	ion number ial Security Service Syst Selective Ser	I don't knov for persons Number Registration em (SSS) Explanation vice Syster Explanation	w Y w who hav n number n (Free Te n (SSS) n (Free Te	YES N YES N YES N YES N YES N YES YES YES YES YES YES YES YES	NO N
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	Article 135 Co	urt of Inquiry, etc?									
		You responded 'Yes' to having bee									
		Military Justice (UCMJ), such as A			ourt of Inquir						
		Provide the date of the court martia					stimated)				
		Provide a description of the Unifor	m Code of Military	Justice (UCMJ) offe	ense(s) for wh	ich you	Description (Free				
	Branch	were charged.					Text)				
			Provide the name of the disciplinary procedure, such as Court Martial, Article 1								
	If Yes to	Article 135 Court of Inquiry, etc.			(Free Text)						
	Military	Provide the description of the milit				d (title of					
	Discipline	court or convening authority, addre					(Free Text)				
		Provide the description of the final			such as found	guilty,	Description				
		found not guilty, fine, reduction in					(Free Text)				
		In the last 5 years do you have an		YES (Yes adds an	other entry)	NO (Re	quired to validate)				
		instance of military discipline to re-									
		vilian or military member in a foreig	n country's military	y, intelligence, diplor	matic, security	y forces,	YES NO				
militia, other		government agency?									
		'Yes' to having EVER served as a c		nember in a foreign	country's mili	itary, intel	ligence, diplomatic,				
Branch		militia, other defense force, or gover		3.6'1'. / 4	NT 4' E	3.6	. ,) G .:C				
21		reign service, which organization we									
If Yes to	Specify	Service Diplomatic Service Security	inty Forces Minu	ia dollier Defense r	orces, specin	y 🗆 Ome	i Government Agency,				
Serving in a	1 /	ne of the foreign organization.			Name (Free	Text)					
Foreign	Provide your po	eriod of service	From Date (Estim	ated)	To Date (Est	timated/Pi	esent)				
Military	Provide the nar	ne of the country	Provide your high	est position/rank	Position held	d (Free Te	xt)				
(Multiple		·	held								
Entries	Provide the div	vision/department/office in which you		Division (Fr	ee Text)						
Allowed)		ription of the circumstances of your a	Description	(Free Tex	t)						
i ino wear	Provide a desc	ription of the reason for leaving this	service.		Description	(Free Tex	t)				
	Do you have ar	additional foreign military service to	o report?		YES (Yes ac		NO (Required to				
					another entr	y)	validate)				

Section 16 - Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

Have any of the following happened? (If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- In the last five (5) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.)
- In the last five (5) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the last five (5) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the last five (5) years have you been or are you currently on probation or parole?

Are you currently on trial or awaiting a trial on criminal charges?

YES NO

	Provide the date of	of offense.	Date (Estim	ated)	Provide a description specific nature of the		Descripti	ion (Free Te	ext)				
	Provide the locati	on where the	offense occ	urred.	Street address and ci	ty	State and	l Zip Code o	or Count	ry .			
	Were you arrested officer, sheriff, m				e a ticket to appear as	a result of this off	ense by ar	ny police	YES	NO			
	Branch								l				
		Arresting/ci				4 1/ 24 1/	1	N.T.	(free Te				
	If Yes to Being Arrested/Cited/		ovide the name of the law enforcement agency that arrested/cited/summoned you. Name ovide the location of the law Street address and city, County State and Zip Code										
	Summoned		forcement agency. Street address and city, County State and Zip Code of										
			8 7										
Branch			nse were you charged, convicted, currently awaiting trial, and/or ordered to appear in court										
			ng against you?										
If Yes to the	Branch - If No		ou responded 'No' to "As a result of this offense were you charged, convicted, currently awaiting trial, and/or										
Above	to Charged or Convicted		dered to appear in court in a criminal proceeding against you?" ovide Explanation										
Happening	Convicted	Provide Exp					Explanat	ion (Free 1	ext)				
O. L. L. L.		Court inform				1	> T C	· /E	T ()				
(Multiple Entries		Provide the			1 0			court (Free	,				
		Provide the			Street address and			Zip Code o					
Allowed)		Provide all t	he charges	brought ag	ainst you for this offen	se, and the outcon	ne of each	charged of	tense (su	ch as found			
		guilty, foun	d not-guilty	, charge dro	opped or "nolle pros,"	etc). If you were f	ound guilt	y of or plea	ded guili	y to a lesser			
	Branch				ginal charge and the le				- m				
	****	Felony/Mise	demeanor		Aisdemeanor, Other	Charge		Charge (l	ree Tex	()			
	If Yes to	Outcome		Outcome	(Free Text)	Date (Month/Ye	ear)	Date					
	Charged or	***	(Est.)							NO			
	Convicted	Were you se	Vere you sentenced as a result of this offense? Conviction detail							NO			
		Branch											
		If Yes to			tion of the sentence.								
		Being			esulted in imprisonme			m Date (Es					
		Sentenced	tenced that you actually were incarcerated. (Not Applicable To Date (Estimated/Present)										
			If conviction resulted in probation or parole, provide the From Date (Estimated)										

		Branch	dates of probat	tion or parole.	Not Applica	able 🗆)	,	To Dat	e (Estin	nated/Pro	esent)
		If No to	Are you currer	ntly on trial, av	aiting a trial	l, or awaiting	sentencing	g on cri	minal	YES	NO
		Being	charges for thi								
	D 1	Sentenced	Provide Explan				lanation (F		xt)	NO	
	Do you have any In the last five court in a crimina infractions where In the last five any other type of In the last five in any court? (Inc. local, military, or	(5) years have you all proceeding against the fine was less (5) years have you all a wears have you clude all qualifying the control of the c	ou been issued a sinst you? (Do not sthan \$300 and do been arrested to official? ou been charged on generating charges, convi	summons, cital t include citation iid not include by any police of with, convicted ctions, or sente	ion, or ticke ons involving alcohol or dr fficer, sherif of, or sente nces in a Fe	t to appear in g traffic rugs) ff, marshal or nced for a crii	anc	es adds other er		NO (Requir to valid	
	• In the last five • Are you current	(5) years have yo	ou been or are yo	u currently on	probation or	parole?					
Is there currently	a domestic violence									YES	NO
Branch	You responded "	Yes' to currently	having a domesti	ic violence pro	ective order	or restraining	g order issu	ued aga	inst yo	u.	
If Yes to	Provide explanati	ion			Evalenc	ntion (Free Te	vt)				
Domestic	Provide explanati		1ed			stimated)	XI)				
Violence	Provide the date			the order		f court (Free 7	Text)				
(Multiple	Provide the locat					ddress and cit		te and	Zip Coo	de or Co	untry
Entries Allowed)	Do you have ano				YES		<i>j</i> ~		O		
Allowed)	restraining order	currently issued a	against you to rep	oort?	(Yes ad	ds another ent	try)	(I	Require	d to vali	date)
Section 17	- Illegal Use o	of Drugs and	l Drug Activ	vity							
We note, with re evidence against government. The with Federal law	ference to this secti you in a subsequer e following question s, even if permissi have you illegally u	ion, that neither y nt criminal procee ns pertain to the il ble under state la	our truthful responding. This partic llegal use of drug ws.	onses nor infor rular section ap gs or controlled	plies whethe substances	er or not you a or drug or con	re current trolled su	ly empi bstance	loyed be activit	y the Fed	deral
	g, swallowing, expe						ince meruc	aes mje	cting,	1123	NO
shorting, milani	You answered 'Y						£			ı	l
Branch	Provide the type			garry asea a ar		n if other (Fre					
If Yes to Illegally Using Drugs or Controlled Substances	☐ Cocaine or crac ☐ THC (Such as : ☐ Ketamine (Suc ☐ Hallucinogenic ☐ Inhalants (Such	marijuana, weed, th as special K, je c (Such as LSD, P	pot, hashish, etc t, etc.) PCP, mushrooms,	.) □ Dep □ Nare , etc.) □ Ster	ressants (Such cotics (Such oids (Such a	as amphetamech as barbitura as opium, mo s the clear, juex explanation):	ates, meth orphine, co	aqualo	ne, tran	quilizers	
Substances	Provide an estima		Date (Estimated	d)		estimate of th		Date	(Estim	ated)	
(Multiple	month and year of Provide nature of		and mumb an of tie	mag wood		most recent use (Free Text)					
Entries	Do you have an a					YES)		NO		
Allowed)	substance to ente		c(s) or megar use	or a drug or c	hitioned	(Yes adds an	other entr	v)		ired to v	alidate)
In the last year,	have you been inv		al purchase, manu	ufacture, cultiv	ation, traffic					YES	NO
receiving, handli	transfer, shipping Provide the type	Yes' to in the last g, receiving, hand of drug or control	year having bee ling or sale of a c lled substance.	drug or control	ed substance	e.					
Branch	☐ Hallucinogenic	marijuana, weed, h as special K, je	pot, hashish, etc t, etc.) PCP, mushrooms,	.) □ Dep □ Nare , etc.) □ Ster	ressants (Suc cotics (Such oids (Such a	as amphetamed as barbitura as opium, mo as the clear, ju- explanation fre	ates, meth orphine, co ice, etc.)	aqualo	ne, tran	quilizers	• • •
If Yes to	Provide an estima		Date	Prov	ide an estima	ate of the mon	nth and	Date	(Estim	ated)	
Illegal Drug	and year of first i		(Estimated)			nt involvemen	nt.				
Activity	Provide nature of					(Free Text)					
(Multiple	Provide the reaso Do you have an a	on(s) why you eng	gaged in the activ	nty. Reas	on(s) (Free T		YE	·c		NO	
Entries Allowed)	manufacture, cult of a drug or contr	tivation, traffickir rolled substance t	ng, production, tr o enter?	ansfer, shippin	g, receiving,	handling or s	ale (Ye	es adds other er	ntry)		ired to te)
prescribed for yo	have you intentionate or someone else?	?	<u> </u>							YES	NO
Branch If Yes to	You responded "were prescribed f			entionally enga	igea in the n	nisuse of preso	cription dr	rugs, re	gardles	s of whe	iner the drugs
Misuse of	Provide the name			misused			Drug nar	nes (Fr	ee Text	1)	
Prescription	Provide the dates			From Date (Estimated)		To Date				
Drugs	Provide the reaso					lrug.	Reasons	_			
(Multiple Entries	Do you have an a of prescription dr	additional instance	e(s) of intentiona			YES (Yes adds			NO	ired to v	alidate)
Allowed)											
	have you been orde nnces?	ered, advised, or a	isked to seek cou	nseling or trea	ment as a re	sult of your il	legal use o	of drug	s or	YES	NO

Branch	You responded 'Y	es' to having in th	e last year, b	een ordered, advise	ed, or a	sked to seek counsel	ing or to	reatment as a result of your illegal
		ntrolled substances						
If Yes to				ked you to seek cou	nseling	or treatment as a re	sult of y	our illegal use of drugs or
Being Ordered		nces? (Select all tha						
Treatment for			, or employee	e assistance progran		☐ A medical profess		
the Misuse of	☐ A mental health		1 1.	1 11 4		☐ A court official / j		
Drugs						by any of the above		Lyma Lym
(Multiple	Provide explanation		ion (Free Tex			to receive counseling		
Entries	Branch If No to Action Taken	You have indicat	ea that you a	id not receive treath	nent. F	Provide explanation.	-	Explanation (Free Text)
Allowed)	to Action Taken	Duarrida tha truna	of dmia on oor	ntuallad aubatanaa f	San verbie	ch you were treated.		
11110 ((Ca)				buch as rock, freebas				
				amines, speed, crys				
				eed, pot, hashish, et		n, cestasy, etc.)		
				urates, methaqualor		auilizers, etc.)		
		□ Ketamine (Suc			,	1		
				norphine, codeine, l	heroin,	etc.)		
		□ Hallucinogenio	(Such as LS	D, PCP, mushroom	is, etc.)			
	Branch	☐ Steroids (Such						
	If Yes to Action			amyl nitrate, etc.)				
	Taken	☐ Other (Provide			0.1			(Total Property Control
		Explanation (Fre	e Text)	Provide the nam			Name	(Last name, First name)
		D	C 41. ! 4	provider. (Last r			Ct-t-	1 7:- C- 1 C
				*		address and city		and Zip Code or Country
		Provide a telepho	me number ic	or the treatment pro	vider.			per/Ext. Extension Time Day Both Check box if
								actional
		Provide the dates	of treatment	1	Date I	From (Estimated)		To (Estimated/Present)
		Did you successf			Date 1	Tom (Estimated)	Dute	YES NO
		Branch If No		ndicated that you di	d not si	accessfully	Expla	nation (Free Text)
		to Successful		ne treatment. Provid			1	,
		Treatment						
				ered, advised, or asl		YES		NO
				r treatment to enter?		(Yes adds anot		
In the last year	_		g or treatment	t as a result of your	use of	a drug or controlled	substan	ce? YES NO
	Voluntary treatme		414 C	1. ! - 1	441			
				or which you were			enood	crystal meth, ecstasy, etc.)
		narijuana, weed, po						ualone, tranquilizers, etc.)
Branch		n as special K, jet,				h as opium, morphi		
If Yes to		(Such as LSD, PC				as the clear, juice, e		,,,
Voluntarily		as toluene, amyl n				explanation free tex		
Seeking		of the treatment pr		name, First name)			Name	e (Free Text)
Treatment for the Misuse of	Provide the addre	ss for this treatmen	t provider.	Street address a	nd city			and Zip Code or Country
Drugs	Provide a telephor	ne number for the t	reatment prov	vider.			Numl	per/Extension Time Day Night
Drugs				_			Both	_Check box if International
(Multiple	Provide the dates			Date From (Esti	imated)	<u> </u>	Date	To (Estimated/Present)
Entries		illy complete the tr	eatment?		2.11			YES NO
Allowed)	Branch If No to			you did not success	fully co	omplete the	Expla	nation (Free Text)
	Successful Treatn		Provide expla			YES		NO
		her instance of volunt of your use of a		ng counsenng or olled substance in t		r ES (Yes adds another er	atms)	(Required to validate)
	last year?	uit of your use of a	drug or contr	oned substance in t	.iic i	(1 cs adds another ci	111 y <i>)</i>	(Required to varidate)
	last year.							I
Section 18	- Investigation	ns and Claars	nce Reco	ord				
					nd and	or granted you a sec	numitar al	earance YES NO
eligibility/access		gii governinent) E	VER investiga	ated your backgrou.	na ana/	or granted you a sec	unity co	earance FES NO
cligiointy/access		L'Ves' to the U.S.	Government (or a foreign govern	ment) l	naving investigated y	zour bac	ekground and/or having granted
		clearance eligibility		or a roreign govern	incirc) i	iaving investigated	your ouc	orgivand and/or naving granted
		estigating agency:		□ U.S. Department	t of De	fense		☐ U.S. Department of State
		3 - 3		□ U.S. Office of Po				☐ Federal Bureau of Investigation
						asury (Provide name		
	Explanation or	name of governme	nt or	□ U.S. Departmen				
Branch	bureau. (Free T	Text)		□ Foreign governm		rovide name of gove	rnment)) □ I don't know

If Yes to Having Ever Been Other (Provide explanation)

□ I don't know Date (Estimated) Date the investigation was completed. Investigated Was a clearance eligibility/access granted? Yes No Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. If yes, to having clearance Name (Free Text) (Multiple Entries Allowed) eligibility/access granted (Multiple Entries Allowed) Date (Estimated) know

	Pro	ovide the level	□ None □ Confidential	□ Secret	□ Top Secret		
		clearance	☐ Sensitive Compartmented	Information (SCI)	□ O Î	□ L	□ I don't
		gibility/access	know				
		inted.	☐ Issued by foreign country		□ Other (Prov	ide explai	nation)
		planation	a issued by foreign country		□ Other (110)	тас сирга	ilation)
		A					
		ee Text)	AVEC (N. 11	.1	NO (P		P. 1
	Do you have another investigation		YES (Yes adds a		NO (Requi		
	i) years have you had a security cle				ked? (Note: An	YES	NO
administrative do	owngrade or administrative termina						
	You responded 'Yes' to having	ng a security clea	arance eligibility/access author	rization denied, susp	ended, or revoke	ed within	the last five
Branch	(5) years.		<i>2</i> ,	, 1			
If Yes to Denied		rance eligibility/	access authorization was deni	ed suspended or rev	oked Date	(Estimate	·4)
II I es to Denica	Provide the name of the agence			ea, suspended of fev	Name (Fre	(<i>(</i> 4)
(Multiple Entries					Explanatio		
Allowed)						n (Free 1	ext)
Allowed)	Do you have another denied,				NO		`
	clearance eligibility/access au			es adds another entr	y) (Required		r'
In the last five (5	i) years have you been debarred from					YES	NO
Branch	You responded 'Yes' to in the	e last 5 years hav	ving been debarred from gover	nment employment	•		
If Yes to	Provide the name of the gover	rnment agency ta	aking debarment action.		Agency na	me	
Debarment	Provide the date the debarmer				Date (Estin		
(Multiple Entries			of the debarment		Circumstar		text)
Allowed)	Do you have another Governr			adds another entry)	NO (Requi		
7 mo wed)	Do you have another doverni	nent debarment	to chief: TES (Tes	adds another entry)	140 (Requi	icu to vai	iluaic)
Section 19 -	- Financial Record						
	5) years have you failed to file or	nav Federal stat	te or other taxes when require	d by law or ordinan	ce?	YES	NO
an ene last live (You responded 'Yes' to having f						110
				s when required by	iaw of ofdiffaffee	; <u>.</u>	
Branch	Did you fail to file, pay as requir						
Dianen	Provide the year you failed to file			Est.			
If Yes to	Provide the reason(s) for your far		7 1		Reasons (Free Text	t)
	Provide the Federal, state or other	er agency to which	ch you failed to file or pay tax	es.	Agency (Free Text	t)
Failing to	Provide the type of taxes you fail	led to file or pay	(such as property, income, sa	les, etc.).	Tax Type (Free Text	t)
File/Pay Taxes	Provide the amount (in U.S. dollar				Amount (
0.5.1.1.1	Provide date satisfied. □ Not app				Date (Estin		,
(Multiple	Provide a description of any action		okan to satisfy this daht (such	ac withholdings	Description Description		vt)
Entries					Description	I (FICE IC	XI)
Allowed)	frequency and amount of paymer				1 170		
	Are there any other instances in			YES	NO		
	file or pay Federal, state or other ously listed, has the following happens			(Yes adds anothe		uired to va	
	tly delinquent on any Federal debt.	. (Include financ	ial obligations for which you	are the sole debtor, a	as well as those f	or which	
cosigner or guara	Provide the associated loan / acc	ount number(s)	involved	Loa	an / account num	ber (Free	you are a
	Provide the associated loan / acc Identify/describe the type of proj	ount number(s) perty involved (i	involved f any).	Los Pro	an / account num	ber (Free Text)	you are a
	Provide the associated loan / acc Identify/describe the type of properovide the amount (in U.S. dollars)	ount number(s) perty involved (i ars) of the finance	involved f any).	Los Pro Am	an / account num perty type (Free nount (Free Text)	ber (Free Text)	you are a
	Provide the associated loan / acc Identify/describe the type of properovide the amount (in U.S. dollar Provide the reason(s) for the final	ount number(s) perty involved (i ars) of the financial issue.	involved f any).	Los Pro An Res	an / account num operty type (Free nount (Free Text) asons (Free Text)	ber (Free Text)	you are a
	Provide the associated loan / acc Identify/describe the type of properovide the amount (in U.S. dollarovide the reason(s) for the finate provide the current status of the	ount number(s) perty involved (i ars) of the financianistical issue. financial issue.	involved f any).	Loa Pro An Rea Sta	an / account num perty type (Free rount (Free Text) asons (Free Text)	ber (Free Text)	you are a
	Provide the associated loan / acc Identify/describe the type of properovide the amount (in U.S. dollar). Provide the reason(s) for the final Provide the current status of the Provide the date the financial iss	ount number(s) perty involved (i ars) of the financiacial issue. financial issue. ue began.	involved fany). cial issue. □ Estimated	Loa Pro An Rea Sta Dai	an / account num perty type (Free nount (Free Text) asons (Free Text) ttus (Free Text) tte (Estimated)	ber (Free Text)	you are a
	Provide the associated loan / acc Identify/describe the type of properovide the amount (in U.S. dollar). Provide the reason(s) for the finate Provide the current status of the Provide the date the financial issue when the provide date the f	ount number(s) perty involved (i ars) of the financial issue. financial issue. ue began. was resolved.	involved fany). cial issue. □ Estimated	Loa Pro Am Rea Sta Dai Dai	an / account num pperty type (Free nount (Free Text) asons (Free Text) ttu (Free Text) tte (Estimated) tte (Estimated)	ber (Free Text)	you are a
	Provide the associated loan / acc Identify/describe the type of properovide the amount (in U.S. dollar). Provide the reason(s) for the final Provide the current status of the Provide the date the financial iss	ount number(s) perty involved (i ars) of the financial issue. financial issue. ue began. was resolved.	involved f any). cial issue. □ Estimated	Loa Pro Am Re: Sta Dai Dai	an / account num pperty type (Free nount (Free Text) asons (Free Text) ttus (Free Text) tte (Estimated) tte (Estimated) urt name (Free T	ber (Free Text)	you are a YES NO Text)
	Provide the associated loan / acc Identify/describe the type of properovide the amount (in U.S. dollar). Provide the reason(s) for the finate Provide the current status of the Provide the date the financial issue when the provide date the f	ount number(s) perty involved (i ars) of the finance incial issue. financial issue. ue began. was resolved. ?	involved f any). cial issue. □ Estimated	Loa Pro Am Re: Sta Dai Dai	an / account num pperty type (Free nount (Free Text) asons (Free Text) ttus (Free Text) tte (Estimated) tte (Estimated) urt name (Free T	ber (Free Text)	you are a YES NO Text)
	Provide the associated loan / acc. Identify/describe the type of properovide the amount (in U.S. dollarovide the reason(s) for the finate Provide the current status of the Provide the date the financial issue version of the court in Provide the address of the Court in Provide the A	ount number(s) iperty involved (iars) of the financial issue. Ifinancial issue. Use began. Was resolved. volved. involved.	involved f any). cial issue. □ Estimated Not resolved Street address and City	Loa Pro Am Rea Sta Dai Dai Coo Sta	an / account num pperty type (Free nount (Free Text) asons (Free Text) tts (Free Text) tte (Estimated) tte (Estimated) urt name (Free T tte and Zip Code	ber (Free Text)	you are a YES NO Text)
	Provide the associated loan / acc Identify/describe the type of proper provide the amount (in U.S. dollar provide the reason(s) for the finate provide the current status of the Provide the date the financial isses. Provide date the financial issue we provide the name of the court in Provide the address of the court in Provide a description of any actification of the court in Provide and provide and amount of paymer Other than previously listed, are You are currently delinquent or	ount number(s) iperty involved (in ars) of the financial issue. In the financial issue in the began. In the began involved. In the began involved. In the began involved in any Federal de	involved f any). cial issue. Estimated Not resolved Street address and City aken to satisfy this debt (such have not taken any action(s) p instances of the following occ	Loa Pro Am Rea Sta Dai Dai Coo Sta as withholdings, rovide explanation.	an / account num operty type (Free nount (Free Text) asons (Free Text) te (Estimated) te (Estimated) urt name (Free T te and Zip Code Descript	ber (Free Text))) fext) or Countrition (Free	you are a YES NO Text)
	Provide the associated loan / acc. Identify/describe the type of proprovide the amount (in U.S. dollarovide the reason(s) for the fination of the current status of the Provide the date the financial issues. Provide the name of the court in Provide the address of the court in Provide a description of any actifrequency and amount of paymer Other than previously listed, are	ount number(s) iperty involved (in ars) of the financial issue. In the financial issue in the began. In the began involved. In the began involved. In the began involved in any Federal de	involved f any). cial issue. Estimated Not resolved Street address and City aken to satisfy this debt (such have not taken any action(s) p instances of the following occ	Loa Pro Am Rei Sta Dai Dai Con Sta as withholdings, rovide explanation. urrence? ons for which you ar	an / account num operty type (Free nount (Free Text) asons (Free Text) te (Estimated) te (Estimated) urt name (Free T te and Zip Code Descript	ber (Free Text)) or Countrition (Free	you are a YES NO Text) Ty Text) as those for
	Provide the associated loan / acc Identify/describe the type of proper provide the amount (in U.S. dollar provide the reason(s) for the finate provide the current status of the Provide the date the financial isses. Provide date the financial issue we provide the name of the court in Provide the address of the court in Provide a description of any actification of the court in Provide and provide and amount of paymer Other than previously listed, are You are currently delinquent or	ount number(s) iperty involved (in ars) of the financial issue. In the financial issue in the began. In the began involved. In the began involved. In the began involved in any Federal de	involved f any). cial issue. Estimated Not resolved Street address and City aken to satisfy this debt (such have not taken any action(s) prinstances of the following occibt. (Include financial obligation)	Loa Pro Am Rei Sta Dai Dai Con Sta as withholdings, rovide explanation. urrence? ons for which you ar	an / account num operty type (Free nount (Free Text) asons (Free Text) ttus (Free Text) tte (Estimated) tte (Estimated) urt name (Free T tte and Zip Code Descript te the sole debtor	ber (Free Text)) or Countrition (Free	you are a YES NO Text) Ty Text) as those for
	Provide the associated loan / acc Identify/describe the type of proper provide the amount (in U.S. dollar provide the reason(s) for the finate provide the current status of the Provide the date the financial isses. Provide date the financial issue we provide the name of the court in Provide the address of the court in Provide a description of any actification of the court in Provide and provide and amount of paymer Other than previously listed, are You are currently delinquent or	ount number(s) iperty involved (in ars) of the financial issue. In the financial issue in the began. In the began involved. In the began involved. In the began involved in any Federal de	involved f any). cial issue. Estimated Not resolved Street address and City aken to satisfy this debt (such have not taken any action(s) prinstances of the following occibt. (Include financial obligation)	Loa Pro Am Rei Sta Dai Dai Con Sta as withholdings, rovide explanation. urrence? ons for which you ar	an / account num operty type (Free nount (Free Text) asons (Free Text) ttus (Free Text) tte (Estimated) tte (Estimated) urt name (Free T tte and Zip Code Descript te the sole debtor	ber (Free Text)) or Countrition (Free	you are a YES NO Text) Ty Text) as those for
cosigner or guara	Provide the associated loan / acc Identify/describe the type of properovide the amount (in U.S. dollarovide the reason(s) for the fination Provide the current status of the Provide the date the financial issue was Provide date the financial issue was Provide the address of the court in Provide the address of the court in Provide a description of any actification of the court in Provide and amount of payment Other than previously listed, are You are currently delinquent of which you are a cosigner or guar	ount number(s) iperty involved (in ars) of the financial issue. In the financial issue in the began. In the began involved. In the began involved. In the began involved in any Federal de	involved f any). cial issue. Estimated Not resolved Street address and City aken to satisfy this debt (such have not taken any action(s) prinstances of the following occibt. (Include financial obligation)	Loa Pro Am Rei Sta Dai Dai Con Sta as withholdings, rovide explanation. urrence? ons for which you ar	an / account num operty type (Free nount (Free Text) asons (Free Text) ttus (Free Text) tte (Estimated) tte (Estimated) urt name (Free T tte and Zip Code Descript te the sole debtor	ber (Free Text)) or Countrition (Free	you are a YES NO Text) Ty Text) as those for
cosigner or guara	Provide the associated loan / acc Identify/describe the type of prop Provide the amount (in U.S. doll- Provide the reason(s) for the fina Provide the current status of the Provide the date the financial iss Provide date the financial issue we have the address of the court in the provide the address of the court in the provide a description of any action of the frequency and amount of paymen of the than previously listed, are You are currently delinquent on which you are a cosigner or guar - Association Record	ount number(s) perty involved (i ars) of the financial issue. financial issue. ue began. was resolved. Involved. involved. on(s) you have the things, etc.). If you there any other in any Federal de antor).	involved f any). cial issue. Estimated Not resolved Street address and City aken to satisfy this debt (such have not taken any action(s) p instances of the following occ bt. (Include financial obligation YES (Yes adds a	Loa Pro Anr Rea Sta Daa Coo Sta as withholdings, rrovide explanation. urrence? ons for which you ar	an / account num pperty type (Free nount (Free Text) asons (Free Text) tte (Free Text) tte (Estimated) tte (Estimated) urt name (Free T tte and Zip Code Descript the the sole debtor.	ext) or Countrion (Free	you are a YES NO Text) Ty Text) as those for
Section 20 - The following peadverse employed dangerous to hur coercion or to aff	Provide the associated loan / acc. Identify/describe the type of proper Provide the amount (in U.S. dollar Provide the reason(s) for the finate Provide the current status of the Provide the date the financial issue was Provide the name of the court im Provide the address of the court im Provide the address of the court im Provide a description of any actification of the court of the court of the provide and previously listed, are You are currently delinquent of which you are a cosigner or guar which you are a cosigner or guar enter or credentialing decision. For man life and appear to be intended feet the conduct of a government be	ount number(s) is perty involved (is ars) of the financial issue. If the financial issue, ue began, was resolved. In involved. In involved. If you there any other in any Federal department. If you there are required to anst the purpose of to intimidate or you mass destructive.	involved f any). cial issue. □ Estimated Not resolved Street address and City aken to satisfy this debt (such have not taken any action(s) p instances of the following occ bt. (Include financial obligation □ YES (Yes adds a wer the questions fully and tru his question, terrorism is defin coerce a civilian population to ion, assassination or kidnappir	Loa Pro Am Rea Sta Dan Dan Con Sta as withholdings, rrovide explanation. urrence? ons for which you ar which you are which you are	an / account num operty type (Free rount (Free Text) asons (Free Text) tte (Estimated) tte (Estimated) urt name (Free T tte and Zip Code Descript The NO (Required In the sole debtory The term of the sole debtory The sole debt	ext) or Countricion (Free	YES NO Text) Ty Text) as those for an or are
Section 20 - The following peadverse employed dangerous to hur coercion or to aff	Provide the associated loan / acc. Identify/describe the type of proper Provide the amount (in U.S. dollar Provide the reason(s) for the finate Provide the current status of the Provide the date the financial issue was Provide the name of the court im Provide the address of the court im Provide the address of the court im Provide a description of any actification of the court of the court of the provide and previously listed, are You are currently delinquent of which you are a cosigner or guar which you are a cosigner or guar enter or credentialing decision. For man life and appear to be intended feet the conduct of a government be	ount number(s) is perty involved (is ars) of the financial issue. If the financial issue, ue began, was resolved. In involved. In involved. If you there any other in any Federal department. If you there are required to anst the purpose of to intimidate or you mass destructive.	involved f any). cial issue. □ Estimated Not resolved Street address and City aken to satisfy this debt (such have not taken any action(s) p instances of the following occ bt. (Include financial obligation □ YES (Yes adds a wer the questions fully and tru his question, terrorism is defin coerce a civilian population to ion, assassination or kidnappir	Loa Pro Am Rea Sta Dan Dan Con Sta as withholdings, rrovide explanation. urrence? ons for which you ar which you are which you are	an / account num operty type (Free rount (Free Text) asons (Free Text) tte (Estimated) tte (Estimated) urt name (Free T tte and Zip Code Descript The NO (Required In the sole debtory The term of the sole debtory The sole debt	ext) or Countricion (Free	Text) Text) Text) as those for an or are
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Section 20 - The following per adverse employed dangerous to hur coercion or to aff. Are you now or longanization's de	Provide the associated loan / acc Identify/describe the type of proper Provide the amount (in U.S. dollaroused the reason(s) for the final Provide the current status of the Provide the date the financial isse was Provide date the financial issue was Provide the name of the court in Provide the address of the court in Provide a description of any actification of the court in Provide a description of any actification of the court in Provide a description of any actification of the court in Provide a description of any actification of the court in Provide a description of any actification of the court in Provide a description of any actification of the court in Provide a description of any actification of the court in Provide a description of a power or guar which you are a cosigner or guar or credentialing decision. For man life and appear to be intended feet the conduct of a government behave you EVER been a member of edication to that end, or with the specification to that end, or with the specification of the organization's dedication of the conduct of a government behave you EVER been a member of edication to that end, or with the specification to that end, or with the specification of the organization's dedication the specification of the organization's dedication the specification of the transfer of the court in U.S. dollar the provide the court in U.S.	ount number(s) is perty involved (i ars) of the financial issue. If in a perty involved (i ars) of the financial issue. If it is began. If it is began, was resolved. If you have the condition of the condition o	involved f any). cial issue. □ Estimated Not resolved Street address and City aken to satisfy this debt (such have not taken any action(s) prinstances of the following occ bt. (Include financial obligation) □ YES (Yes adds a were the questions fully and truth is question, terrorism is definite coerce a civilian population to ion, assassination or kidnapping addicated to terrorism, either further such activities?	Loa Pro Am Rea Sta Dat Dat Coo Sta as withholdings, rrovide explanation. urrence? ons for which you ar another entry) atthfully, and your fained as any criminal a point of the policing. with an awareness ization dedicated to be such activities.	an / account num operty type (Free rount (Free Text) asons (Free Text) tte (Estimated) tte (Estimated) urt name (Free T tte and Zip Code Descript The te sole debtor NO (Required illure to do so cou acts that involve y of a governmen of the	ext) or Countricion (Free as well a to valida ald be groviolence on the by intir YES with an a	Text) Text Text Text Text Toxt Text Toxt Toxt

Member of a	Provide the address/location of the organization. Street address and City State and Zip Code or			de or Cou	ntry		
Terrorist	Provide the dates of your involvement with the organization. From Date (Estimated)			To D	To Date (Estimated/Present)		
Organization	Provide all positions held in the organization, if any. No positions held				Positions (Free Text)		
	Provide all contributions made to the organization, if any. □ No contributions made Contributions (Free Text)				it)		
(Multiple Entries	Provide a description of the nature of and reasons for your involvement with the organization. Involvement (Free Text))		
Allowed)	Do you have any other instances of being a member of an organization dedicated to YES NO						
	terrorism, either with an awareness of the organization's dedication to that end, or with the				(Yes adds (Required to		
	1				another entry) validate)		
	nowingly engaged in any acts of terrorism?					YES	NO
Branch If Yes	You responded 'Yes' to EVER having knowingly engaged in						
Engaging in	Describe the nature and reasons for the activity.	Nature and reasons			(F)	1/2	
Terrorism	Provide the dates for any such activities From Date (Estimated) To Date (Estimated/Present)					ent)	
(Multiple Entries	Do you have any other instances of knowingly engaging in act					44.4	
Allowed)	terrorism to report? (Yes adds another entry) (Required to validate						
•	dvocated any acts of terrorism or activities designed to overthrow				YES		NO
Branch	You responded 'Yes' to having EVER advocated any acts of to	errorism or activities of	lesigned to	overthro	w the U.S	. Govern	ment by
If Yes to	force.	Reasons (Free Text)					
Advocating	., .	From Date (Estimated	`	To Do	to (Estim	atad/Deaa	amt)
(Multiple Entries	Ę		,			ated/Pres	
(Multiple Entries Allowed)	Do you have any other instances of advocating acts of terrorism designed to overthrow the U.S. Government by force to report	or activities	YES anothe	(Yes add:) (Require lidate)	ed to
	een a member of an organization dedicated to the use of violence				vai	YES	NO
	thich engaged in activities to that end with an awareness of the o				h the	ILS	NO
	rther such activities?	gamzanon s dedican	on to that c	nd or wit	ii tiic		
1	You responded 'Yes' to having EVER been a member of an o	rganization dedicated	to the use	of violer	ce or for	ce to over	throw the
Branch	United States Government, and which engaged in activities to						
Dianen	with the specific intent to further such activities.			U			
If Yes to being	Provide the full name of the organization.	Organization name	(Free Text)			
Member of	Provide the address/location of the organization.	Street address and	City	State an	d Zip Co	de or Cou	ntry
Organization	Provide the dates of your involvement with the organization	From Date (Estimat	ted)	To Date	(Estimat	ed/Presen	t)
Using Violence	Provide all positions held in the organization, if any.	lo positions held		Posit	ions (Fre	e Text)	
to Overthrow the	Provide all contributions made to the organization, if any. □ N	o contributions made		Cont	ributions	(Free Tex	it)
U.S. Govt.	Provide a description of the nature of and reasons for your invo	lvement with the orga	ınization.	Desc	ription (F	ree Text)	
	Do you have any other instances of being a member of an orga	nization dedicated to	the use	YES		NO	
(Multiple Entries	of violence or force to overthrow the United States Governme	nt, which engaged in		(Yes ad	ds	(Requi	red to
Allowed)	activities to that end with an awareness of the organization's of	edication to that end of	or with	another	entry)	validat	e)
	the specific intent to further such activities to report?						
	een a member of an organization that advocates or practices con					YES	NO
further such action?	om exercising their rights under the U.S. Constitution or any sta	te of the United States	s with the s	pecific ir	itent to		
Turmer such action?			1 4	4	-4:	<u> </u>	- C t C
	You responded 'Yes' to being or EVER having been a memb- force or violence to discourage others from exercising their rig						
	specific intent to further such action.	nts under the U.S. Cor	istitution o	i illat oi a	my state (or the U.S	. with the
D	Provide the full name of the organization.	Organization Name	(Free Tex	f)			
Branch If Yes to Being a	Provide the address/location of the organization.	Street address and		/	d Zin Co	de or Cou	ntrv
Member of	to being a					•	
Organization							/
Using Violence	Provide all contributions (in U.S. dollars) made to the organization, if any. No contributions Contributions (Free Text)						
Coming violence	made	tion, if any. a 140 con	unounons		minouno	113 (1100	(CAL)
(Multiple Entries	Provide a description of the nature of and reasons for your invo	lvement with the orga	anization.	In	volveme	nt (Free Te	ext)
Allowed)	Do you have any other instances of being a member of an organization that advocates or YES NO					,	
ŕ	practices commission of acts of force or violence to discourage others from exercising (Yes adds (Required to				l to		
	their rights under the U.S. Constitution or any state of the Unit			nother en		validate)	
	intent to further such action to report?	*					
Have you EVER kn	nowingly engaged in activities designed to overthrow the U.S. Go					YES	NO
Branch If Yes to	You responded 'Yes' to having EVER knowingly engaged in activities designed to overthrow the U.S. Government by force.					ce.	
Activities to	Describe the nature and reasons for the activity. Reasons (Free Text)						
Overthrow	Provide the dates of such activities.	From Date (E	stimated)	To D	ate Estim	ated/Pres	ent)
(Multiple Entries	Do you have any other instances of having knowingly engaged				NC		
Allowed)	designed to overthrow the U.S. Government by force to report	? (Yes	adds anoth	ner entry)			validate)
•	sociated with anyone involved in activities to further terrorism?					YES	NO
Branch If Yes to	Terrorism Association Detail						
Having	Provide Explanation	Explanation (Free	Text)				
Terrorism							
Association							

Additional Comments

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my employment prospects, or job status, or my removal and debarment from Federal service

Signature (Sign in ink)	Date (mm/dd/yyyy)

Standard Form 85 Revised U.S. Office of Personnel Management 5 CFR Parts 731 and 736 OMB No. 3206-0261

Questionnaire For Non-Sensitive Positions United States of America Authorization For Release of Information

Carefully read this authorization to release information about you, then sign and date.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation 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 to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability or eligibility for a non-sensitive position and/or for physical or logical access to federal facilities and information systems.

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 release 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, 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 suitability or eligibility for appointment to, or retention in, a non-sensitive position, in accordance with 5 U.S.C. 9101 or my eligibility for logical or physical access. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, 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 suitability-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 is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

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

Standard Form 85 Revised U.S. Office of Personnel Management 5 CFR Parts 731 and 736 OMB No. 3206-0261

SF 85 Questionnaire For Non-Sensitive Positions United States of America 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

Depending on circumstances within your background, the Federal government may require information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) for positions designated as low risk, non-sensitive, and for physical and logical access. 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 any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) for positions designated as low risk, non-sensitive, and for physical and logical access to request, and any consumer reporting agency to provide, such reports for the purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a non-sensitive position. To avoid such delays, you should expeditiously respond to any request made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a non-sensitive position.

Print name	Social Security Number
Signature (Sign in ink)	Date (mm/dd/yyyy)