QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

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 national security position, eligibility for access to classified information, 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 access to classified information, eligibility for a sensitive position, 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, loss of eligibility for access to classified information, or prosecution.

This form may become a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, 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 SF-86 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 date and place of birth.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

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 national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms you do not want your current employer to be contacted. 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.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse or legally recognized civil union/domestic partner, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

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

For the interview, you will be 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. These matters include (a) alien registration or naturalization documents; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form

- 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.
- 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 feature.
- 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.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

- 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. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will 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, or sexual orientation when granting access to classified information.

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, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you 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 national security 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. The office that gave you this form will provide you a copy of its routine uses.

You will not receive prior notice of such disclosures under a routine use.

In addition to those disclosures generally permitted under the Privacy Act, all or a portion of the records or information you provide on this form or during your investigation may be disclosed outside of OPM as a routine use as outlined below.

Office of Personnel Management (OPM) Routine Uses

OPM has published the following Privacy Act routine uses for its system of records for background investigations:

a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to

- classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.
- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- . To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- m. To disclose information to the National Archives and Records Administration for use in records management inspections.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
 - (1) OPM, or any component thereof; or
 - (2) Any employee of OPM in his or her official capacity; or
 - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.

- To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

Public Burden Information

Public burden reporting for this collection of information is estimated to average 150 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, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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K Location of Officia	al Personn	el Folder		Noi NP		At See-OF			Other	Othe	r address	/Web ad	dress o	of e-C	PF		Zip Cod	de	
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Agency Special Insti	ructions fo	r the Inve	stigative Se	ervice Pi	rovider														

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have road the instructions	and Lundaretand that if L.	ithhold micropropert or folgif	v information on this form. I am subject	
	e or false statement (per	J. S. Criminal Code, Title 18, se	y information on this form, I am subject ction 1001), denial or revocation of a	YES NO
Section 1 - Full Name				
Provide your full name. If you h Name". If you are a "Jr.," "Sr.," Last name			tial only". If you do not have a middle nam	e, indicate "No Middle Suffix
Section 2 - Date of Birth	Section 3 - Place of Birt	h	<u> </u>	
Provide your date of birth. (Month/Day/Year)	Provide your place of birth City	County	State Country (Rec	
Est.				▼
Section 4 - Social Security Nu	umber			
Provide your U.S. Social Secur	ity Number. Not app	licable		
Section 5 - Other Names Used	d			
Have you used any other name	es?		YES NO (If NO, p	proceed to Section 6)
Complete the following if you I	have responded 'Yes' to ha	ving used other names.		
	you have only initials in you	r name(s), provide them and indic	r maiden name, name(s) by a former marr cate "Initial only." If you do not have a midd	
#1 Last name		First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	Present Maiden name? Est. May Present NO	Provide the reason(s) why the name ch	
#2 Last name		First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	Present Maiden name? Est. May Present NO	Provide the reason(s) why the name ch	anged
#3 Last name		First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	Present Maiden name? Est. YES NO	Provide the reason(s) why the name ch	
#4 Last name		First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	Present Maiden name? Est. YES NO	Provide the reason(s) why the name ch	anged
Section 6 - Your Identifying In	formation			
Provide your identifying information Height (feet) (incl.)	Weight (in pounds)	Hair color	Eye color	Sex Female Male

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 7 - Your Contact Information											
Provide your contact information. Email addresses	may be used a	s a contact m	ethod, and ide	entify subje	ct in records.						
Home e-mail address			Work e-mail	address							
Provide three contact numbers. At least one teleph background investigation.	one number is	required. Addi	tional number	rs provided	may assist in the completion of y	our					
☐ International or DSN phone number Home telephone number Extension ☐ Day	Internation Work telepho	nal or DSN ph	one number Extension	Day	International or DSN phone Mobile/Cell telephone number		Day				
Night				☐ Night	'		Night				
Section 8 - U.S. Passport Information											
Do you possess a U.S. passport (current or expire	4/3										
YES NO (If NO, proceed to Section 9)	u):										
Provide the following information for the most rece	nt U.S. passpoi	t you currently	/ possess.								
Passport number Issue da	ite (Month/Day/Y □⊐	<i>ear)</i> Expirati Est.	on date (Mont	<i>h/Day/Year)</i> ☐ Est.	The following link will provide U passport help. http://travel.state						
Daniel the growth which we are the first in the		LSI.									
Provide the name in which passport was first issue					Aiddle nome	Cuffix					
Last name	First name				Middle name	Suffix 					
Section 9 - Citizenship											
Select the box that reflects your current citizenship	status.										
I am a U.S. citizen or national by birth in the land (Proceed to Section 10)	J.S. or U.S. terr	itory/common	wealth.	I am	n a derived U.S. citizen. (Complete	9.3)					
I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country. (Complete 9.1)											
I am a naturalized U.S. citizen. (Complete 9.2)											
9.1 Complete the following if you answered that	t you are a U.S	. citizen or na	tional by bir	th, born to	U.S. parent(s) in a foreign cou	ntry.					
Provide type of documentation of U.S. citizen bo		vide explanati	on) ▶								
Provide document number for U.S. citizen born	abroad.	Provide the c	ate the docur	nent was is	ssued. (Month/Day/Year)						
Provide the place of issuance. (Provide City and C	Country if outside t	ho United State	e: othonwise nr	ovido City an							
City	State	Country	s, otherwise, pr	ovide City an	iu State.)						
	-	 			▼						
Provide the name in which document was issue	 d.										
Last name	First name			. N	Middle name	Suffix					
							-				
Provide your Certificate of Citizenship number.	, Provide the d	ate the certific	ate was issue	ed. (Month/D	Day/Year)						
				,	☐ Est.						
Provide the name in which the certificate was is	ued.										
Last name	, First name			. N	Middle name	Suffix					
							-				
Were you born on a U.S. military installation?	Provide the n	ame of the ba	se.								
YES NO (If NO, proceed to Section 10)											
	_										
Enter your Social Security Number before g	joing to the n	ext page .			─						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 9 - Citizenship - (Continued) 9.2 Complete the following if you answered that you are a naturalized U.S. citizen. Provide the date of entry into the U.S. Provide the location of entry into the U.S. (Month/Day/Year) City State Provide country(ies) of prior citizenship #1 Country #2 Country Do/did you have a U.S. alien registration number? ☐ YES Provide your U.S. alien registration number on Certificate of Naturalization USCIS, CIS, or INS registration, I-551, I-766. | NO Provide your Certificate of Naturalization number (N550 or N570). Provide the date the Certificate of Naturalization was issued. (Month/Day/Year) Est. Provide the name of the court that issued the Provide the address of the court that issued the Certificate of Naturalization. Street City State Zip Code Certificate of Naturalization. Provide the name in which the Certificate of Naturalization was issued. Middle name Suffix Last name First name Provide the basis of naturalization. Based on my own individual naturalization application Other (Provide explanation) > 9.3 Complete the following if you answered that you are a derived U.S. citizen. Provide your Permanent Resident Card Provide your Certificate of Citizenship Provide your alien registration number (on Certificate of number (N560 or N561) Citizenship — utilize USCIS, CIS or INS registration number) number (I-551) Provide the name in which the document was issued. Suffix Last name First name Middle name Provide the date document was issued (Month/Day/Year) Provide the basis of derived citizenship. By operation of law through my U.S. citizen parent Est. Other (Provide explanation) > 9.4 Complete the following if you answered that you are not a U.S. citizen. Provide your residence status. Provide your date of entry in the U.S. (Month/Day/Year) Est. Provide country(ies) of citizenship. #2 Country #1 Country Provide your place of entry in the U.S. Provide your alien registration Provide document expiration State number (I-551, I-766) date (I-766 ONLY) (Month/Day/Year) City Est. Provide type of document issued. (I-94, U.S. Visa - red foil number, I-20, DS-2019, etc.) I-94 U.S. Visa (red foil number) I-20 DS-2019 Other (Provide explanation) Provide document number. Provide the date document was issued Provide document expiration date. (Month/Day/Year) (Month/Day/Year) Est. Est. Provide the name in which the document was issued. Suffix Last name First name Middle name

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ction 10 - Dual/Multiple Citizenship & Foreign Passport Information				
1 Do you now or have you EVER held dual/multiple citizenships?		YE	S NO (If NO, proceed to 10	0.2)
Complete the following if you answered 'Yes' to having EVER held dual/multiple	e citizenships.			
Entry #1				
Provide country of citizenship.	(Provide the date ra	ange that you held gh its termination o	old citizenship with this count this citizenship, beginning with or "Present," whichever is appro	the date
How did you acquire this non-U.S. citizenship you now have or previously had?	From Date (Month/\)	Year)	To Date (Month/Year)	Prese Est.
Have you taken any action to renounce your foreign citizenship?	•		-	
YES NO Provide explanation:				
Do you currently hold citizenship with this country?				
YES NO Provide explanation:				
Entry #2				
Provide country of citizenship.	1 -	•	old citizenship with this count	-
▼			this citizenship, beginning with or "Present," whichever is appro	
How did you acquire this non-U.S. citizenship you now have or previously had?	From Date (Month/	•	To Date (Month/Year)	Prese
		Est.		Est.
Have you taken any action to renounce your foreign citizenship?	!			
YES NO Provide explanation:				
Do you currently hold citizenship with this country?				
Do you currently hold citizenship with this country? YES NO Provide explanation:				
YES NO Provide explanation: 2 Have you EVER been issued a passport (or identity card for travel) by a cou				ction 11)
YES NO Provide explanation: 2 Have you EVER been issued a passport (or identity card for travel) by a cou Complete the following if you answered 'Yes' to having been issued a passport				ction 11)
YES NO Provide explanation: 2 Have you EVER been issued a passport (or identity card for travel) by a cou Complete the following if you answered 'Yes' to having been issued a passport Entry #1	(or identity card for t	travel) by a countr	ry other than the U.S.	
YES NO Provide explanation: 2 Have you EVER been issued a passport (or identity card for travel) by a cou Complete the following if you answered 'Yes' to having been issued a passport	(or identity card for t	travel) by a countr		
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

Enter residence information.	
Entry #1	
Provide dates of residence. Is/was this residence:	_
From Date (Month/Year) To Date (Month/Year) Present Owned by you Rented or leased by you	
☐ Est. ☐ Military housing ☐ Other (Provide explanation) ▶	
Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)	_
Street City State Zip Code Country	_
	▼
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).	
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Coun if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)	ıtry
Street Address/Unit/Duty Location City or Post Name State Zip Code Country	
	lacksquare
(b) Did you have an APO/FPO address while at this location?	_
☐ YES → Address APO/FPO State Code Zip Code	
NO	
Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address. Provide date of last contact.	
Last name First name Middle name Suffix (Month/Year)	
Es	t.
Provide your relationship to this person (Check all that apply).	
Neighbor Friend Landlord Business associate Other (Provide explanation) ▶	
Provide the following contact information for this person.	
I don't know	
☐ International or DSN phone number ☐ International or DSN phone number ☐ International or DSN phone number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Evening telephone number Extension Daytime telephone number Extension Cell/mobile telephone number Extensio	m
Provide e-mail address for this person.	
☐ I don't know	
Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street State Zip Code Country	
	V
	_
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country location)	ntrv
if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)	y
Street Address/Unit/Duty Location City or Post Name State Zip Code Country	_
	•
(b) Does the person who knew you have an APO/FPO address?	
YES Address APO or FPO APO/FPO State Code Zip Code	
□ NO □	

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)						
Enter residence information.						
Entry #2						
Provide dates of residence.	ls/was	this residence:				
From Date (Month/Year) To Date (Month/Year)	Present O	wned by you	Rented or	leased by you		
Est.	Est. M	litary housing	Other(Pro	vide explanatio	n) >	
Provide the street address. (Provide City and Country if	outside the United States; o	therwise, provide Cit	y, State and Z	ip Code.)	,	
Street	City	State	Zip C	Code	Country	
			—			▼
If you have indicated an APO/FPO address, comple	te (a). If you have indic	ated an address o	outside of the	United States	, complete (b).	
(a) Provide physical location data with street address	ss, base, post, embassy	, unit, and country	y location or			Provide City and Country
if outside the United States; otherwise, provide City, St	•		•			
Street Address/Unit/Duty Location	City or Post Name	State I	Zip C	Code	Country	_
						_
(b) Did you have an APO/FPO address while at this	location?					
☐ YES → Address		APO or FPO I		APO/FF	O State Code	Zip Code
NO						
Provide the name of a neighbor, landlord (if rental) of	or other person who kno	ows you at this add	dress.		1	ate of last contact.
Last name First name		Middle name		Suffix I	(Month/Ye	ar)
						Est.
Provide your relationship to this person (Check all the	nat apply).	•		•	•	
☐ Neighbor ☐ Friend ☐ Landlord ☐	Business associate	Other (Pro	vide explana	ation) ▶		
Provide the following contact information for this per	son.					
I don't know	I don't know			│	ow	
International or DSN phone number	International or D	SN phone number	-	Internation	nal or DSN pho	ne number
Evening telephone number Extension	Daytime telephone nu	mber	Extension	Cell/mobile te	elephone numbe	r Extension
Provide e-mail address for this person.						
Trovide o mail address for the person.			☐ I don't l	(DOW		
Provide street address for this person (including apa Street	artment number). (<i>Provid</i> City	le City and Country if State			rwise, provide City, Country	State and Zip Code.)
Sileet	City		Zip (Joue		▼
If you have indicated an APO/FPO address, comple	· · ·					
(a) Provide physical location data with street address if outside the United States; otherwise, provide City, St				home port/flee	t headquarter. <i>(F</i>	Provide City and Country
Street Address/Unit/Duty Location	City or Post Name	State	.) Zip C	Code	Country	
	,					V
(In) Donother representation of ADO/E	DO - dd 0					
(b) Does the person who knew you have an APO/F Address	PO address?	APO or FPO		APO/FF	O State Code	Zip Code
☐ YES → Address ☐ NO						
□ NO						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)						
Enter residence information.						
Entry #3						
Provide dates of residence.	ls/	was this residence:				
From Date (Month/Year) To Date (Month/Year)	Present	Owned by you	Rented or	leased by you		
Est.	Est.	Military housing	_ ☐ Other(Pro	vide explanatio	n) •	
Provide the street address. (Provide City and Country if	outside the United Stat	tes; otherwise, provide Ci		•	, .	
Street	City	State	Zip C		Country	
			—			
If you have indicated an APO/FPO address, comple	ete (a) If you have i	ndicated an address	outside of the	e United States	complete (h)	
(a) Provide physical location data with street addre	· , ,					ide City and Country
if outside the United States; otherwise, provide City, S				·	. ,	, ,
Street Address/Unit/Duty Location	City or Post Name	State	Zip C	Code	Country	
			—			lacksquare
(b) Did you have an APO/FPO address while at this	s location?	•	•			
☐ YES → Address		APO or FPO		APO/FF	O State Code	Zip Code
□ NO					•	
Provide the name of a neighbor, landlord (if rental)	or other person who	knows you at this ad	dress.	•	Provide date	of last contact.
Last name First name		Middle name		Suffix	(Month/Year)	
					▼	Est.
Provide your relationship to this person (Check all t	hat apply).			,		
☐ Neighbor ☐ Friend ☐ Landlord ☐	Business associa	te Other (Pro	vide explana	ation) ▶		
Provide the following contact information for this pe	rson		•	•		
I don't know	I don't know			I ☐ I don't kn	IOW/	
International or DSN phone number		or DSN phone numbe	r		onal or DSN phone r	number
Evening telephone number Extension	Daytime telephon	•	Extension	1 —	elephone number	Extension
	,					1
Dravide a mail address for this narray						
Provide e-mail address for this person.				I		
			I don't			
Provide street address for this person (including ap	' '					te and Zip Code.)
Street I	City	State		Code	Country	
						▼
If you have indicated an APO/FPO address, comple	ete (a). If you have i	ndicated an address	outside of the	e United States	s, complete (b).	
(a) Provide physical location data with street addre				home port/flee	t headquarter. (Prov	ide City and Country
if outside the United States; otherwise, provide City, S Street Address/Unit/Duty Location	tate and 2lp Code for p City or Post Name	States State	:.) Zip C	Code	Country	
direct Address/offit/Duty Eccation	Oity of Fost Name			Joue		V
(b) Does the person who knew you have an APO/F	PO address?	APO or FPO		ADO/EE	O State Code	Zip Code
☐ YES → Address		APO 01 FPO		APO/FF	O State Code	Zip Code
□ NO						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Liv	ed - (Continued)										
Enter residence information.											
Entry #4											
Provide dates of residence.			Is/was this	s residence:							
From Date (Month/Year) To	Date (Month/Year)	Present	Owne	d by you	Rent	ed or lease	ed by you				
☐ Est.		Est.	 Militai	y housing	_ Othe	r(Provide e	explanatio	n) >			
Provide the street address. (Prov.	ide City and Country if	outside the United	 States; other	wise, provide Cit				<u>, </u>			
Street		City		State		Zip Code		Country			
					\blacksquare						
If you have indicated an APO/FP	O address. comple	te (a). If you hav	ve indicate	d an address o	outside	of the Uni	ted States	. complete (b).		
(a) Provide physical location dat									•	City and	Country
if outside the United States; othe	•	•	-		.)						
Street Address/Unit/Duty Loc	cation I	City or Post Nar	ne	State I		Zip Code		Country			
											_
(b) Did you have an APO/FPO a	address while at this	s location?					4 DO /EE			7: 0	
YES - Address			<i>.</i>	APO or FPO			APO/FF	PO State Code		Zip Cod I	е
□ NO											
Provide the name of a neighbor,	` ,	or other person v	vho knows	you at this add	dress.					f last con	tact.
Last name	First name		, N	⁄liddle name			Suffix I	(Month/	Year)		
											Est.
Provide your relationship to this	person (Check all t	hat apply).	•				•	•			
Neighbor Friend	Landlord	Business asso	ciate	Other (Pro	vide ex	(planation)	•				
Provide the following contact info	ormation for this pe	rson									
I don't know	I	□ I don't kno	w			ı	I don't kn	ıow			
International or DSN phone	number			phone number	r			onal or DSN p	hone nu	mber	
Evening telephone number	Extension	Daytime teleph			Exten			elephone num			ension
								·			
Provide e-mail address for this p	orson										
Frovide e-mail address for this p	erson.					-l 14					
						don't know					
Provide street address for this pe	erson (including ap		. (Provide C		f outside		States; othe		ity, State	and Zip Co	ode.)
Street	I	City		State I		Zip Code		Country			
											Ľ
If you have indicated an APO/FP	•								•		
(a) Provide physical location dat						on or hom	e port/flee	t headquarter	. (Provide	City and	Country
if outside the United States; othe Street Address/Unit/Duty Loc		tate and 21p Code t City or Post Nat		ne United States. State	.)	Zip Code		Country			
Street Address/Offit/Daty Lot		Oity Of 1 Ost Ival	110			Zip Code					
(b) Does the person who knew y	you have an APO/F	PO address?	,	APO or FPO			A DO/E	O State Code	_	Zin Cod	lo.
☐ YES → Address			ľ	AFO OI FFO			AFO/FF	O State Cour		Zip Cod	·E
□ NO											

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

S	Section 12 - Where You Went to School												
D	o not list education before	your 18th birthday, unle	ss to provide	e a minimu	m of two yea	rs of educa	ation histor	~y.					
(a	a) Have you attended any	schools in the last 10 ye	ears?		(b) Have yo	u received	a degree	or diploma mo	re than 10 years ago?				
	YES NO				YES	NO (If NO	to 12(a) an	nd 12(b), proceed	to Section 13A)				
	Entry #1												
	Provide the dates of atte	ndance.		Select the	most approp	riate code	to describ	e your school.	•				
	From Date (Month/Year)	To Date (Month/Year)	Present	High	School			Vocational/Te	chnical/Trade School				
	Est.	[Est.	Colleg	ge/University/	Military Co	ollege 🗌	Corresponder	nce/Distance/Extension/Onl	ine School			
	Provide the name of the	school.											
	Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)												
	Street	,	City			State	Zip C	ode	Country				
							-			\blacksquare			
	completed more than 3 y	rears ago. For correspon st name	dence/distar	nce/extensi Firs	on/online sch st name	nools, list s	omeone w	ho knew you v	ist people for education per while you received this edu	cation.			
		for this person (including		number). <i>(F</i>	Provide City and	-			erwise, provide City, State and 2	Zip Code.)			
	Street		City			State	Zip C	ode	Country	V			
	Provide telephone numb	er for this person.			n't know	Provide e	ا لس ا mail addre	ess for this pers	son. 🗆 🗆	on't know			
	Telephone number	Extension	nternational Day	or DSN ph	one number			'		OH E KHOW			
	Did you receive a degree	e/diploma?											
	YES NO												
	Provide type of degrees	(s)/diploma(s) received a	nd date(s) a	warded.									
		chool Diploma, Associate Degree (e.g. MD, DVM,		r's, Master'	s,	0	ther degre	e/diploma	Date awarded (Month/Year)	Est.			
	Entry #2												
	Provide the dates of atte	ndance.		Select the	most approp	oriate code	to describ	oe your school	•				
	From Date (Month/Year)	To Date (Month/Year)	Present	High S	School			Vocational/Te	chnical/Trade School				
	Est.	[Est.	Colleg	ge/University/	Military Co	ollege 🗌	Corresponder	nce/Distance/Extension/Onl	ine School			
	Provide the name of the	school.											
	assistance determining t	he school address, refer							nere the records are mainta outside the United States; other				
	provide City, State and Zip C Street	oue.)	City			State	Zip C	ode	Country	-			
	completed more than 3 y			nce/extensi					 ist people for education pe while you received this edu				
	•			,									

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

NATIONAL SECURITY POSITIONS Section 12 - Where You Went to School - (Continued) Entry #2 (Continued) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide email address for this person. Provide telephone number for this person. I don't know I don't know Telephone number Extension International or DSN phone number Day Night Did you receive a degree/diploma? ☐ YES ☐ NO Provide type of degrees(s)/diploma(s) received and date(s) awarded Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Other degree/diploma Date awarded (Month/Year) Est. Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) Entry #3 Provide the dates of attendance. Select the most appropriate code to describe your school. High School From Date (Month/Year) To Date (Month/Year) Vocational/Technical/Trade School Present Est. Est. College/University/Military College Correspondence/Distance/Extension/Online School Provide the name of the school. Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education. First name Last name I don't know Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Provide email address for this person. Provide telephone number for this person. ☐ I don't know I don't know Telephone number Extension International or DSN phone number Day Night Did you receive a degree/diploma? ☐ YES ☐ NO Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Other degree/diploma Date awarded (Month/Year) Est. Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) • \blacksquare

Standard Form 86 Revised November U.S. Office of Perso 5 CFR Parts 731, 7

Form approved:

evised November 2016 S. Office of Personnel Management CFR Parts 731, 732, and 736	QUESTIONNAIRE FOR OMB No. 320 NATIONAL SECURITY POSITIONS							
Section 12 - Where You Went to School - (Cont	inued)							
Entry #4								
Provide the dates of attendance.		Select the most approp	oriate code to describe your scho	ool.				
From Date (Month/Year) To Date (Month/Year)	Present	High School	☐ Vocational/	Technical/Trade School				
Est.	Est.	College/University	/Military College Correspond	lence/Distance/Extension/Onli	ine School			
Provide the name of the school.								
Provide the street address of the school. For co assistance determining the school address, refe provide City, State and Zip Code.)								
Street	City		State Zip Code	Country	 			
For schools you attended in the last 3 years, list completed more than 3 years ago. For correspo	. a person who ndence/distar	nce/extension/online sch	n (instructor, student, etc.). Do n nools, list someone who knew yo	or list people for education per ou while you received this educ	cation.			
Provide current address for this person (includin Street	.	number). (Provide City an			Zip Code.)			
Street	City		State Zip Code	Country	lacksquare			
	International o	I don't know or DSN phone number nt	Provide email address for this p	erson.	on't know			
Did you receive a degree/diploma?								
YES NO								
Provide type of degrees(s)/diploma(s) received	and date(s) a	warded.						
Degree/diploma (High School Diploma, Associa Doctorate, Professional Degree (e.g. MD, DVM		r's, Master's,	Other degree/diploma	Date awarded (Month/Year)	Est.			
		▼						
		▼						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	0 41 40 A . F I 4 A - 41	141					
	Section 13A - Employment Activ						
- 1	List all of your employment activitie must be accounted for without brea duty station. Provide separate entr before your 18th birthday unless to	aks. If the employment activity ries for employment activities v	was military d with the same e	uty, list separate emple employer but having di	oyment activity pe	eriods to show each cha	ange of military
	Entry #1						
	Select your employment activity	<u>r:</u>					
	Active military duty station (constraints) Active military duty station (constraints) National Guard/Reserve (Constraints)	(Cor	mplete 13A.2, 13	: (Non-Federal employ A.5 and 13A.6) Complete 13A.3, 13A.5 a	empl	-government employme loyment) (Complete 13A.2	2, 13A.5 and 13A.6)
	and 13A.6) USPHS Commissioned Corp	13A		•		er (Provide explanation and 5 and 13A.6) ▼	complete 13A.2,
	13A.5 and 13A.6) Other Federal employment	(Complete 124.2)	leral Contracto .5 and 13A.6)	r (Complete 13A.2,			
	13A.5 and 13A.6) 13A.1 Complete the following if 6	employment type is Active Dut	v. National Gu	ard/Reserve. or USPH	S Commissioned	l Corps.	
			1				in a thin a rainal
try #1	Provide dates of employment. From Date (Month/Year)	To Date (Month/Year)	this position:		Provide your as	ssigned duty station dur	ing this period.
En	(Monun rear)	Present Est.	Full-time		Provide your m	nost recent rank/position	title.
	Provide address of duty station.	(Provide City and Country if outsid	o the United State	os: othorwisa, provida City	State and Zin Code	.)	
	Street	City	e the Officed State		ip Code	Country	
				▼			▼
	Telephone number		iternational or I ay	OSN phone number			
	Street Address/Unit/Duty Lo	ata with street address, base, perwise, provide City, State and Zipocation City or Po	post, embassy, o <i>Code for ports ii</i> ost Name	unit, and country loca			vide City and Country
	(b) Do you or did you have an A	APO/FPO address while at this	s location?	APO or FPO	APO	O/FPO State Code	Zip Code
	Provide the name of your super	visor.		Provide the rank/posi	tion title of your s		
	Provide the email address of you	ur supervisor.	Provide supe	 ervisor's telephone nun	nber. Extension	International or D:	SN phone number
	Provide physical work location of	of your supervisor. (Provide City	and Country if ou	tside the United States; oti	herwise, provide City	y, State and Zip Code.)	
	Street	City		State Z	Zip Code	Country	•
	If you have indicated an APO/FF port/fleet headquarter. (Provide Street Address/Unit/Duty Location	physical location data) (Provide	e City and Country	/ if outside the United State			
I							

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13.4 - Employment Activities - (Continued)																	
Provide dates of employment. To Date United States Provide most recent position title. United States Provide most recent position title. United States Provide most recent position title. United States Provide the address of employer. Provide City and Country if endated the United States; or provide City. State and Zip Code. Country Provide the address of employer. Provide City and Country if endated the United States; or provide City. State and Zip Code. Country Provide telephone number Extension International or DSN phone number. Zip Code Country Zip Code	Section 13A - Emp	oloyment Activ	vities - (Co	ntinu	ıed,)											
this position: Date Markil/Year)	13A.2 Complete	the following if	employmer	nt type	e is	other feder	al employm	ent	, state	government, fe	deral contra	actor, no	n-governi	ment, or	other.		
Triving the part of the provide the name of your employer. Provide the address of employer. Provide Country I audiate the United States: otherwise, provide Country Provide the address of employer. Provide Country I audiate the United States. Provide the provide Country Provide the provide stellar provide the provide stellar provide st	Provide dates of	employment.					l		ployn	nent status for	Provide m	nost rece	nt positio	n title.			
Provide the address of employer, (Provide City and County if outsite the United States; otherwise, provide City. State and Zip Code County Zip Code				arl	_	_	'										
Provide the address of employer, (Provide City and Country if cutation the United States; provide City, State and Zip Code) Street City State Zip Code Country Additional Periods of Activity with this Employer Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Deriver, CO, during 3 separate periods of line, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable From date (Month/Year) To date (Month/Year) To date (Month/Year) Est. Est. Est. Est. Est. Est. State Zip Code Country VES Not (if No, proceed to [5]) Provide the work address different than your employer's address? YES Not (if No, proceed to [6]) Provide the work address where you are liverer physically located. (Provide City and Country if outside the United States, provide City, State and Zip Code). State Zip Code Country State Country (b) If you have indicated an APO/FPO address, provide City, State and Zip Code for prote in the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the name of your supervisor. Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number. State Zip Code Country Apriode the mane of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number. State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code YES APO or FPO APO/FPO State Code State Country Yes Apole Country APO/FPO State Code State Country APO or FPO APO/FPO State Code Zip Code Country	(Month Fear)		(MOHUI) 1 ea	ai <i>)</i>	L	Present	│	me			Provide th	ne name	of your e	mployer			
Provide telephone number Extension International or DSN phone number Day Night Additional Periods of Activity, with this Employer Provide additional periods of activity, if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XX Plumining in Deriver, CO, during 3 separate periods of time, you would enter information concerning the most recarst period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not					L												
Provide telephone number		ess of employe	er. (Provide 0	City an			de the United	Stat					Country				
Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entires below). Not	Stroot				1	Ony					ip oode		ourna y				•
Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbridgin Deriver, CO, during 3 separate periods of time, you would enter information oncerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not From date (Month/Year) To date (Month/Year) Position Title Supervisor	Provide telephor	ne number	Extension	on		Interna	tional or DS	N p	hone	number							
same physical location (for example, if you worked at XY Plumbing in Deriver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not						=		•									
Applicable	same physica concerning the	I location (for e e most recent p	xample, if y	ou w	ork	ed at XY PI	umbing in D)env	er, C	O, during 3 sepa	arate period:	s of time	, you woι	ıld enter	inforn	nation	
Est	ш	From date (Mo	onth/Year)			To date (M	lonth/Year)			Posi	ition Title			Su	pervis	or	
Est.	Applicable			E	st.				Est.								
(a) Is/was your physical work address different than your employer's address? YES					_				Est.								
(a) Islwas your physical work address different than your employer's address? YES				E	st.				Est.								
YES				E	st.				Est.								
(b.1) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country in dustide the United States; otherwise, provide City, State and Zip Code for ports in the United States. Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip Code Torvide the email address of your supervisor. Provide the email address of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Typical Physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO/FPO State Code Zip Code Country	Provide the						ocated. (Prov	vide	City ar	_				ovide City,	State a	and Zip Cod	æ.) ▼
(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO/FPO State Code Zip Code Zip Code Provide the name of your supervisor. Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number. Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO/FPO State Code Zip Code							Day		Night	·							
APO or FPO APO/FPO State Code Zip Code NO Provide the name of your supervisor. Provide the email address of your supervisor. Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO/FPO State Code Zip Code Zip Code	(b.1) Provide Country	e physical locat if outside the Un	ion data wi ited States; d	ith stre	eet	address, ba provide City,	ase, post, ei State and Zi	mba ip Co	assy, I	unit, and country ports in the United	location or distance of the states.)		ort/fleet h	eadquar			
Provide the name of your supervisor. Provide the email address of your supervisor.	☐ YE	\mapsto Ac		FPO a	add	dress while a	at this locati	ion?		or FPO	•	APO/F	PO State	: Code	 	Zip Code	
Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code			visor.						Provi	de the position t	itle of your	<u> </u> superviso	or.				
Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code	Provide the ema	il address of yo	our supervis	sor. [<u></u>	don't know	Provide su	upei	visor'	s telephone num	nber. Exte	nsion [=			phone nui	 nber
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code		work location o	of your sup	erviso			and Country if	f out:	side th	_		•		o Code.)			•
YES Address APO or FPO APO/FPO State Code Zip Code	(a) Provide physif outside the Street Addre	sical location da United States; oth ess/Unit/Duty Lo	ata with stre nerwise, prov ocation	eet ac	ddre ty, S	ess, base, p State and Zip City or Po	ost, embas Code for por ost Name	sy, I	unit, a the Ui	and country locat nited States.)	tion or home		et headqı	uarter. (F	Provide	City and Co	ountry
	YES -	· ^ - -	ave an AP(J/FP(aر a	aaress while	e at this loca	atioi		or FPO		APO/F	PO State	Code	V	Zip Code	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

3A.3 Complete the following in	f employment type	is self-emplo	yment					
Provide dates of employment.			Select the emplo	yment statu	s for	Provide most re	ecent position title.	
From Date	To Date		this position:					
(Month/Year)	(Month/Year)	Present	Full-time			Provide the nar	me of your employm	nent.
Est.		Est.	Part-time					
Provide address of this employ	ment. (Provide City	•	outside the United Stat	tes; otherwise,		•	Code.)	
Street		City I		State I		Zip Code	Country I	Г
Provide telephone number.	Extension I	Internation	onal or DSN phone	number				
		Day Day	Night					
(a) Is your physical work address	ess different than y	our employm	ent address?					
YES NO (If NO, pr	oceed to (b))							
Provide the work address	where you are/wer	e physically lo	 cated. (Provide City	and Country i	f outsi	de the United States;	otherwise, provide City	, State and Zip Code.)
Street		City		State		Zip Code	Country	-
					lacksquare			
Provide the telephone num								
Telephone number	Extension	Intern	ational or DSN pho	one number				
		Day	Night					
(b) If you have indicated an Al								
(b.1) Provide physical loca Country if outside the U							pon/fleet neadqua	rter. (Provide City and
Street Address/Unit/[Post Name	State		_ Zip Code	Country	_
					-			,
(b.2) Do you or did you ha	ve an APO/FPO ac	dress while a		I		_		
☐ TES ► I	ddress		AP I	O or FPO		APC I	0/FPO State Code	Zip Code
□ NO								
Provide the name of someone			ment.					
Last name	First r	name						
	15. (5.)							
Provide the address of this ver Street	Titler. (Provide City an	nd Country if out City	side the United States	s; otherwise, pi State		City, State and Zip Ci Zip Code	ode.) Country	
Olioot						Zip Gode		[·
Provide the telephone number	for this porson							
Frovide trie telephone number		Internation	and an DCN whoma					
Telephone number	Extension		mai or Don prione	number				
Telephone number	Extension		onal or DSN phone Night	number				
		Day	Night			o of the United Cta	too complete (b)	
If you have indicated an APO/l	FPO address, com	Day Day	Night ou have indicated a	an address o				Provide City and Coun
If you have indicated an APO/la (a) Provide physical location of outside the United States; or	FPO address, com data with street add therwise, provide City	plete (a). If your diress, base, p	Night Du have indicated a post, embassy, unit Code for ports in the	an address c	y loca :.)	ation or home port	fleet headquarter. (Provide City and Coun
If you have indicated an APO/lated an APO/lated an APO/lated and APO/lat	FPO address, com data with street add therwise, provide City	Day Dete (a). If your dress, base, p	Night Du have indicated a post, embassy, unit Code for ports in the	an address c	y loca :.)			_
If you have indicated an APO/l (a) Provide physical location of if outside the United States; or Street Address/Unit/Duty I	FPO address, com data with street add therwise, provide City Location	Day Day Delte (a). If your diress, base, part, state and Zip City or Po	Night Du have indicated a post, embassy, unit Code for ports in the strength Name	an address of the countrest of the count	y loca :.)	ation or home port	fleet headquarter. (Provide City and Coun
If you have indicated an APO/ (a) Provide physical location of if outside the United States; or Street Address/Unit/Duty I (b) Does your self-employments	FPO address, com data with street add therwise, provide City Location	Day Day Delte (a). If your diress, base, part, state and Zip City or Po	Night ou have indicated a post, embassy, unit Code for ports in the ost Name dress?	an address c t, and countr <i>United States</i> State	y loca :.)	ation or home port	fleet headquarter. (Ē
If you have indicated an APO/l (a) Provide physical location of if outside the United States; or Street Address/Unit/Duty I	FPO address, com data with street add therwise, provide City Location	Day Day Delte (a). If your diress, base, part, state and Zip City or Po	Night ou have indicated a post, embassy, unit Code for ports in the ost Name dress?	an address of the countrest of the count	y loca :.)	ation or home port	fleet headquarter. (_

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Co	ntinued)			
13A.4 Complete the following if employmen	nt type is unemployment.			
Provide dates of unemployment.		Provide the name of sand means of support.		your unemployment activities
From Date (Month/Year) To I	Date (Month/Year) Present Est.	Last name		name
Provide address of this verifier. (Provide City	and Country if outside the United State			
Street	City	State Z	Zip Code Cour	ntry
Provide the telephone number for this person Verifier telephone number Extension	on. International or DSN phone nu Day Night	ımber		
If you have indicated an APO/FPO address (a) Provide physical location data with stre if outside the United States; otherwise, prov	eet address, base, post, embass ide City, State and Zip Code for ports	y, unit, and country loca in the United States.)	tion or home port/fleet h	eadquarter. (Provide City and Country
Street Address/Unit/Duty Location	City or Post Name	State Z	ip Code Cour	try
(b) Does your unemployment verifier have	an APO/FPO address?	APO or FPO	APO/FPO	State Code Zip Code
13A.5 Complete the following if employme Government, Federal Contractor, N				Other Federal employment, State
Provide the reason for leaving the employs				
For this employment have any of the follow Fired, quit after being told you would be fir notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)			tions of misconduct, left	by mutual agreement following
Select your type of incident:	Reason:		Employment departur	e date
	Provide the reason for being fire	ed.	· · · · · · · · · · · · · · · · · · ·	were fired. (Month/Year)
☐ Fired				Est.
Quit after being told you would be fired	Provide the reason for quitting.		Provide the date you fired. (Month/Year)	quit after being told you would be
Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegation	ns of misconduct.	Provide the date you of misconduct. (Month,	eft following charges or allegations Year)
Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsati	sfactory performance.		eft by mutual agreement following ory performance. (Month/Year)
				Est.
13A.6 Complete the following if employme Government, Federal Contractor, N	on-government employment, Se	lf-Employment, or Other	•	
For this employment, in the last seven (7) in the workplace, such as a violation of sec		en warning, been officia	ally reprimanded, susper	nded, or disciplined for misconduct
#1 Provide the reason(s) for being warned	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Year)
#2 Provide the reason(s) for being warned	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Year)
#3 Provide the reason(s) for being warned	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Year)
				Est.
#4 Provide the reason(s) for being warned	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Year)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Se	ection 13A - Employment Activities									
Er	try #2									
	Select your employment activity: Active military duty station (Complete 13A.1, 13A.5 and 13A.6) National Guard/Reserve (Complete 13A.1, 13A. and 13A.6) USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	(Con 5 Self- 13A. 1, Une Fede	nplete 13A.2, 13 -employment (6) mployment (C	Complete 13A.3, 13A		,	mployme	ent) (Com vide expl		excluding self- 3A.5 and 13A.6) mplete 13A.2,
1	3A.1 Complete the following if employment type	is Active Duty	, National Gu	ard/Reserve, or U	SPHS	Commissio	ned Corp	S.		
-1110 #2	Provide dates of employment. From Date To Date (Month/Year) (Month/Year)	Present	this position:						station during	
	Est. Provide address of duty station. (Provide City and C	Est.	Part-time		City	State and Zin (Pada l			
	Street	City	Tine United State	State	-	Code		untry		•
	Telephone number Exter	Da	ay Night	DSN phone numbe						
	If you have indicated an APO/FPO address, com (a) Provide physical location data with street add if outside the United States; otherwise, provide City Street Address/Unit/Duty Location	lress, base, p	ost, embassy, Code for ports ii	unit, and country	locatio		port/fleet		` '	City and Country
	(b) Do you or did you have an APO/FPO address YES Address NO Provide the name of your supervisor.	s while at this	location?	APO or FPO Provide the rank/	/nositi		APO/FPC		Code	Zip Code
		I don't know	Provide supe	ervisor's telephone		-	·		onal or DSN	phone number
	, ,	,						Day [Night	priorio riambor
	Provide physical work location of your supervisor Street	. (Provide City a City	and Country if ou	State		rwise, provide p Code	• •	and Zip untry	Code.)	V
	If you have indicated an APO/FPO address; prov port/fleet headquarter. (Provide physical location Street Address/Unit/Duty Location		City and Country	y if outside the United State	States		rovide City,			ocation or home

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Se	ection 13A - Em	oloyment Acti	vities - (Conti	nuec	1)									
1	I3A.2 Complete	the following if	employment ty	/pe is	s other feder	ral employmer	t, state	government, fe	deral contr	actor, nor	n-government, o	r other		
	Provide dates of From Date (Month/Year)	employment.	To Date (Month/Year)		Dragant	Select the er this position:	nployn	nent status for			nt position title.			
		Est.			Present Est.	Part-time	:		Provide th	ne name	of your employe	r.		
	Provide the add	ess of employe	er. (Provide City	and C	Country if outsi	l — de the United Sta	tes; oth	erwise, provide City	l /, State and 2	Zip Code.)				
	Street				City			State Z	ip Code		ountry			V
	Provide telephor	ne number	Extension		☐ Interna ☐ Day	tional or DSN	ohone	number						
	same physica	ا location (for e e most recent ا	xample, if you	work	ced at XY PI	umbing in Der	ver, C	O, during 3 sepa	rate period	s of time,	on more than o you would ente o previous perio	r infor	mation	
	Not	From date (Me	onth/Year)		To date (M	lonth/Year)		Posi	tion Title		Su	pervis	or	
	Applicable			Est.			Est.							
				Est.			Est.							
				Est.			Est.							
				Est.			Est.							
	(a) Is/was your	NO (If NO), proceed to (b))											
	Provide the v Street	work address v	vhere you are/\	vere	physically lo	ocated. (Provide	City ar	_	e the United S ip Code		erwise, provide City ountry	, State	and Zip Co	de.)
								-			,			•
	Provide telep	phone number			Extension	= -	nal or Night	DSN phone nun	nber	'				
	(b) If you have i										States, complete			v and
	Country		nited States; othe		, provide City			ports in the United		•	Country	,		
	Street	Address/Offit/L	outy Location		City of	Post Name		State	Zip Code		Country			
	(b.2) Do you	ı or did you hav	ve an APO/FP0	O ado	 dress while a	at this location	?		<u> </u>					
	☐ YE	:S /	ddress				APO	or FPO		APO/FI	PO State Code	-	Zip Code	Э
	Provide the nam	e of your supe	rvisor.				Provi	de the position ti	tle of your	superviso	or.			
	Provide the ema	il address of yo	our supervisor.		l don't know	Provide supe	rvisor'	s telephone num	nber. Exte	nsion	International o		l phone n	umbe
	Provide physical Street	work location	of your supervi	isor.	(Provide City a	and Country if ou	tside th		erwise, provi Zip Code		ate and Zip Code.) ountry			
								▼						_
	If you have indice (a) Provide physical foutside the	sical location d		addr	ess, base, p	ost, embassy,	unit, a	nd country locat				Provide	e City and (Counti
	Street Addre	ess/Unit/Duty L	ocation		City or Po	st Name		State	Zip Code		Country			
	(b) Did/does yo YES — NO	· A -1 -1	ave an APO/F	PO a	iddress while	e at this location		or FPO		APO/FI	PO State Code	-	Zip Code	Э
_	<u> </u>	1								1			<u> </u>	
te	er your Social	Security Nu	mber before	aoi	ing to the	next page								

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 13A - Employment Activit	ies - (Continue	d)								
13A.3 Complete the following if en	nployment type i	is self-emplo	yment							
Provide dates of employment.			Select the er	nployment sta	atus for	Provide m	ost recer	t position title.		
	o Date		this position:							
(Month/Year) (I	Month/Year)	Present	Full-time			Provide th	ie name d	of your employm	ent.	
Est.		Est.	☐ Part-time	•						
Provide address of this employment	ent. (Provide City a		outside the United			•		*		
Street		City I		State I		Zip Code	I C	ountry		[▼
										
Provide telephone number.	Extension		onal or DSN ph	one number						
(A) I I I I I I I	l'ec (th		Night							
(a) Is your physical work address	·	our employm	ient address?							
YES NO (If NO, proce										
Provide the work address whe Street	ere you are/were	e physically lo City	ocated. (Provide	City and Coun Stat		e the United S Zip Code	_	rwise, provide City Duntry	, State an	d Zip Code.)
					—			,		•
Provide the telephone numbe	r for this address	<u>l</u> S.								
Telephone number	Extension	Intern	ational or DSN	phone numb	er					
		Day	Night							
(b) If you have indicated an APO/										
(b.1) Provide physical location Country if outside the United							nome po	t/fieet neadqual	ter. (Pro	vide City and
Street Address/Unit/Duty	y Location	City or	Post Name	St	ate	Zip Code		Country		_
					•					
(b.2) Do you or did you have a		dress while a	at this location	APO or FPC)		APO/FF	O State Code	7 :	ip Code
☐ YES → Addr	000							o olalo oduo		p codo
Provide the name of someone that	at can verify you	r self-employ	ment.							
Last name	First n									
-										
Provide the address of this verifie	r. (Provide City and		tside the United S	_	•	-				
Street		City 		Stat 		Zip Code	ا	ountry		-
Provide the telephone number for	this porson									
Telephone number	Extension	Internation	onal or DSN ph	one number						
		 Day	Night							
If you have indicated an APO/FP0	D address, comp	olete (a). If yo	ou have indicat	ed an addres	s outside	of the Unite	ed States	complete (b).		
(a) Provide physical location data	a with street add	ress, base, p	ost, embassy,	unit, and cou	intry loca				Provide C	City and Countr
if outside the United States; other Street Address/Unit/Duty Loc		City or Po		rine United Stat Stat		Zip Code	C	ountry		
·					lacksquare			•		•
(b) Does your self-employment v	erifier have an A	PO/FPO add	dress?	!			 			
☐ YES → Address				APO or FP0)		apo/ff I	O State Code		ip Code
□ NO										

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	ontinued)			
13A.4 Complete the following if employme	ent type is unemployment.			
Provide dates of unemployment.		Provide the name of s and means of support		rify your unemployment activities
From Date <i>(Month/Year)</i> To	Date (Month/Year) Present Est.	Last name		First name
Provide address of this verifier. (Provide Cit	ty and Country if outside the United Sta			
Street	City	State Z	Zip Code C	Country
Provide the telephone number for this pers Verifier telephone number Extension [on. ☑ International or DSN phone nu ☑ Day ☑ Night	umber		
If you have indicated an APO/FPO addres (a) Provide physical location data with string outside the United States; otherwise, pro	reet address, base, post, embass vide City, State and Zip Code for ports	y, unit, and country loca s in the United States.)	tion or home port/fle	eet headquarter. (Provide City and Country
Street Address/Unit/Duty Location	City or Post Name	State Z	Zip Code C	Country
(b) Does your unemployment verifier hav YES Address NO	e an APO/FPO address?	APO or FPO	APO/F	FPO State Code
13A.5 Complete the following if employm Government, Federal Contractor, N				ps, Other Federal employment, State
Provide the reason for leaving the employ				
For this employment have any of the follo Fired, quit after being told you would be finotice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)			tions of misconduct	left by mutual agreement following
Select your type of incident:	Reason:		Employment depa	arture date
Fired	Provide the reason for being fire	ed.	Provide the date y	ou were fired. (Month/Year)
Quit after being told you would be	Provide the reason for quitting.		Describe the detect	
fired			fired. (Month/Year)	vou quit after being told you would be ☐ Est.
,	Provide the charges or allegation	ons of misconduct.	fired. (Month/Year)	Cou left following charges or allegations onth/Year)
fired Left by mutual agreement following	Provide the charges or allegation Provide the reason(s) for unsati		Provide the date of misconduct. (M	Est.
fired Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm	Provide the reason(s) for unsati	isfactory performance. Guard/Reserve, USPHS	Provide the date of misconduct. (M Provide the date of a notice of unsatis	Est. //ou left following charges or allegations onth/Year) Est. //ou left by mutual agreement following sfactory performance. (Month/Year)
fired Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsati ent type is Active Duty, National (Non-government employment, Se y years have you received a writt	sfactory performance. Guard/Reserve, USPHS If-Employment, or Other	Provide the date of misconduct. (M Provide the date of misconduct of misconduct. (M) Provide the date of a notice of unsatis	Est. //ou left following charges or allegations //outleft by mutual agreement following //outleft by mutual agreemen
Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm Government, Federal Contractor, Note this employment, in the last seven (7 in the workplace, such as a violation of seven seve	Provide the reason(s) for unsati ent type is Active Duty, National (Non-government employment, Se 7) years have you received a writted	sfactory performance. Guard/Reserve, USPHS If-Employment, or Other ten warning, been officia	Provide the date of misconduct. (M Provide the date of misconduct of misconduct. (M) Provide the date of a notice of unsatis	Est. //ou left following charges or allegations //outleft by mutual agreement following //outleft by mutual agreemen
fired Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm Government, Federal Contractor, Note this employment, in the last seven (7 in the workplace, such as a violation of second contraction of the last seven (7 in the workplace).	Provide the reason(s) for unsating the street type is Active Duty, National (Non-government employment, Set) years have you received a writter that the street type of the street type o	Stactory performance. Guard/Reserve, USPHS If-Employment, or Other ten warning, been official sciplined.	Provide the date of misconduct. (M Provide the date of misconduct of misconduct. (M) Provide the date of a notice of unsatis	Est. //ou left following charges or allegations onth/Year) Est. //ou left by mutual agreement following sfactory performance. (Month/Year) Est. ps, Other Federal employment, State spended, or disciplined for misconduct Date: (Month/Year)
fired Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm Government, Federal Contractor, Now For this employment, in the last seven (7 in the workplace, such as a violation of second of the provide the reason(s) for being warned.	Provide the reason(s) for unsati	isfactory performance. Guard/Reserve, USPHS If-Employment, or Other ten warning, been official sciplined.	Provide the date of misconduct. (M Provide the date of misconduct of misconduct. (M) Provide the date of a notice of unsatis	Est. you left following charges or allegations onth/Year) Est. you left by mutual agreement following sfactory performance. (Month/Year) Est. ps, Other Federal employment, State spended, or disciplined for misconduct Date: (Month/Year) Est.
Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm Government, Federal Contractor, Now The Instruction of See YES NO #1 Provide the reason(s) for being warner #2 Provide the reason(s) for being warner	Provide the reason(s) for unsati	Guard/Reserve, USPHS If-Employment, or Other ten warning, been official sciplined. sciplined.	Provide the date of misconduct. (M Provide the date of misconduct of misconduct. (M) Provide the date of a notice of unsatis	Est. You left following charges or allegations onth/Year) Est. You left by mutual agreement following sfactory performance. (Month/Year) Est. Psp., Other Federal employment, State spended, or disciplined for misconduct Date: (Month/Year) Est. Date: (Month/Year) Est. Date: (Month/Year)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continue 434 Francisco Action	141									
Section 13A - Employment Acti	vities									
Entry #3										
Select your employment activity Active military duty station 13A.5 and 13A.6) National Guard/Reserve (Cand 13A.6) USPHS Commissioned Co 13A.5 and 13A.6) Other Federal employment 13A.5 and 13A.6)	Complete 13A.1, complete 13A.1, 13A.5 rps (Complete 13A.1,	(Con Self- 13A. Une	nplete 13A.2, 13 -employment (6) -mployment (Co	Complete 13A.3,	13A.5 aı	, _	employm Other (Pr	ernment employ nent) (Complete 1 rovide explanation 1 13A.6) ▼	3A.2, 13A.5 and	13A.6)
13A.1 Complete the following if	employment type is	Active Duty	y, National Gua	ard/Reserve, o	r USPH:	S Commissi	ioned Cor	ps.		
Provide dates of employment. From Date (Month/Year)	To Date (Month/Year)	Present	Select the er this position:		us for	,		ned duty station		riod.
☐ Est.	[Est.	Part-time			Provide yo	our most i	recent rank/posi	ition title.	
Provide address of duty station Street	. (Provide City and Col	untry if outside City	the United State	es; otherwise, pro		State and Zip		ountry		\
Telephone number	Extens	□""	ternational or [ay	DSN phone nur	mber					
If you have indicated an APO/F (a) Provide physical location difficulties of the United States; off Street Address/Unit/Duty L	ata with street address nerwise, provide City, s ocation	ess, base, p State and Zip City or Po	oost, embassy, Code for ports in ost Name	unit, and coun	try locat es. <i>)</i>				Provide City and	d Country
(b) Do you or did you have an YES Address NO	APO/FPO address	while at this	s location?	APO or FPO			APO/FF	O State Code	Zip Co	de
Provide the name of your super	visor.			Provide the ra	ink/posi	tion title of y	our supe	rvisor.		
Provide the email address of you	our supervisor. 🔲 I	don't know	Provide supe	ervisor's telepho	one num	nber. Exter	nsion [] International o] Day □ Nigh		number
Provide physical work location Street	of your supervisor.									\
If you have indicated an APO/F port/fleet headquarter. (Provide Street Address/Unit/Duty Locat	physical location d		City and Country		ited State		provide Cit			or home

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

(b.2) Do you or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip Code Provide the name of your supervisor. Provide the email address of your supervisor. Provide the email address of your supervisor. Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country														
Provide dates of employment. Select the employment status for the position title. It is position: Provide most recent position title. It is position: Provide most recent position title. It is position: Provide the name of your employer. Provide the address of employer. Provide to address Provide to address. Provide	Section 13A - Emp	oloyment Activ	vities - (Co	ntinue	ed)									
this position: Provide the address of employer. (Provide: Oby and Country of nucleic tree.) Provide the name of your employer.	13A.2 Complete	the following if	employmer	nt type	is other fede	ral employme	ent,	, state	government, fe	deral contra	actor, nor	n-government	or othe	r.
Provide the address of employer. (Provide City and Country Joulands the United States; otherwise, provide City. State and Zip Code.)	Provide dates of	employment.				1		ploym	ent status for	Provide m	ost rece	nt position title).	
Provide the address of employer. (Provide City and Country if address the United States: otherwise, provide City. State and Zip Code.) Street				ar)		l '								
Provide the address of employer. (Provide City and Country if outside the United States, chewnes, provide City. State and Zip Code.) Steet City State City Additional Periods of Activity with the Exployer - Provide additional periods of activity. If you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Deriver, CO, during 3 separate periods of time, you would enter information concerning the most recent periods of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable From date (Month/Year) State Est. Est. Est. Est. Est. Est. Est. State City State City State City State City State City State Country State Country City Country City or Post Name City or Post Name City or Post Name APO/FPO address while at this location? APO or FPO APO/FPO State and Zip Code Country City Coun	(Month rear)		(<i>Month) rea</i>	<i>"')</i>	Present	Full-tim	ie			Provide th	e name	of your emplo	yer.	
Provide telephone number														
Provide telephone number		ess of employe	er. (Provide C	City and		ide the United S	State					Country		
Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not	Circot									ip code	ا	ouring.		▼
Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entires below). Not	Provide telephor	ne number	Extension	on	⊥ . ☐ Interna	ational or DSN	l ph	hone r	umber					
same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not					=		•							
Applicable	same physica concerning the	I location (for e e most recent p	xample, if y	ou wo	rked at XY P	lumbing in De	env	er, CC	, during 3 sepa	arate periods	s of time	, you would er	iter info	rmation
□ Est		From date (Mo	onth/Year)		To date (A	/lonth/Year)			Posi	ition Title			Supervi	sor
Est.	Applicable			Es	t.			Est.						
(a) Is/was your physical work address different than your employer's address? YES					_		_	Est.						
(a) Is/was your physical work address different than your employer's address? YES				Es	t.			Est.						
YES				Es	t.			Est.						
(b.1) Frovide physical work location of your supervisor. Day Night	Provide the v					ocated. (Provi	de (City, State	e and Zip Code.)
(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO/FPO State Code Zip Code Provide the name of your supervisor. Provide the email address of your supervisor. Provide the email address of your supervisor. Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Zip Code Zip Code V Provide the position title of your supervisor. Provide the position title of your supervisor. Extension International or DSN phone number. Extension Day Night Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States; otherwise, provide City, State and Zip Code for ports in the United States; otherwise, provide City, State and Zip Code for ports in the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, pro	Provide telep	phone number			Extension	= .			OSN phone nun	nber	I			
APO or FPO APO/FPO State Code Zip Code NO Provide the name of your supervisor. Provide the email address of your supervisor. Provide the united States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO/FPO State Code Zip Code Zip Code Zip Code	(b.1) Provide Country	e physical locat if outside the Un	ion data wi ited States; d	th stre	et address, b se, provide City	ase, post, em	nba	ıssy, u	nit, and country ports in the United	location or distance of the states.)		ort/fleet headq	•	•
Provide the name of your supervisor. Provide the email address of your supervisor.	YE	\Rightarrow Ac		FPO a	ddress while	at this locatio			or FPO		APO/F	PO State Cod	e ▼	Zip Code
Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Countri if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code			visor.					Provid	e the position t	itle of your s	<u>l</u> superviso	or.		
Street City State Zip Code Country If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code	Provide the ema	il address of yo	ur supervis	sor.] I don't know	Provide su	per	visor's	telephone num	nber. Exter	nsion [N phone number
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code		work location o	of your sup	ervisor	·	and Country if o	outs				•	•	e.)	•
YES Address APO/FPO State Code Zip Code	(a) Provide physif outside the U	sical location da United States; oth ess/Unit/Duty Lo	ata with stre erwise, prov ocation	eet add	lress, base, p , State and Zip City or Po	post, embass Code for ports ost Name	y, u s in i	unit, ar the Uni	nd country locat ted States.)	tion or home		et headquarte	,	de City and Countr
	YES -	· ^ - -	ave an APC	JIFFU	auuress wnii	e at this ioca			or FPO		APO/F	PO State Cod	e ▼	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

_S	ection 13A - Employm	nent Activ	/ities - (Continue	d)										
	13A.3 Complete the fo	llowing if	employment type i	is self-emplo	yment									
	Provide dates of empl	oyment.			Select the er		nt status	for	Provide m	ost rece	nt position title.			
	From Date (Month/Year)		To Date (Month/Year)		this position:									
	· /	- .	ĺ	Present	Full-time				Provide th	e name	of your employm	nent.		
		Est.		Est.	Part-time									
	Provide address of thi Street	s employr	ment. (Provide City a	and Country if c City	outside the United		otherwise, p State		le City, State al Zip Code		le.) ountry			
							П	▼			,			\blacksquare
	Provide telephone nur	mber.	Extension	Internation	onal or DSN ph	one nur	nber							
				Day	Night									
	(a) Is your physical we	ork addre:	ss different than ye	our employm	ent address?									
	YES NO	(If NO, pro	ceed to (b))											
	Provide the work a	address w	here you are/were		ocated. (Provide	City and	_			_		, State	and Zip Cod	le.)
	Street			City 			State I Γ	J	Zip Code		ountry			
	Provide the teleph	one numb	per for this address	<u> </u>										
	Telephone numbe		Extension		ational or DSN	l phone	number							
				Day	Night									
	(b) If you have indicat													
	(b.1) Provide phys Country if outs		ion data with stree ited States; otherwise							home po	rt/fleet headqua	rter. <i>(P</i>	rovide City	and
	Street Addre	ss/Unit/D	uty Location	City or	Post Name		State	_	Zip Code		Country			
								_						
	(b.2) Do you or did ☐ YES —		e an APO/FPO ad Idress	dress while a	at this location	? APO o	r FPO			APO/FI	PO State Code		Zip Code	
	☐ NO											-	•	
	Provide the name of s	omeone t	hat can verify you	r self-employ	ment.	<u> </u>								
	Last name		First n	ame										
	Dunyida tha address a	f this varie	Fig. (Burnish Officers	-1.0	4-1-1- H 11-141 C	N4 - 4 44-			0.4 . 04-4	7:- 01-	1			
	Provide the address o Street	i mis veni	iler. (Provide City and	a Country it out City	tsiae the Unitea S	states; otr	State		City, State and Zip Code		<i>)</i> ountry			
								\blacksquare			•			\blacksquare
	Provide the telephone	number f	•	_			_							
	Telephone number		Extension I		onal or DSN ph	one nur	nber							
				Day	Night									
	If you have indicated a (a) Provide physical le											Provide	City and C	Country
	if outside the United	States; oth	erwise, provide City,	State and Zip	Code for ports in		ed States.))		•		rrovide	ony ana o	ountry
	Street Address/Ur	nit/Duty Lo	ocation	City or Po	ost Name		State 	,	Zip Code	I	ountry			•
	(b) Does your self-em	nlovment	verifier have an A	PO/FPO add	dress?									
		Address	vermer have an /	(1 O/11 O da	urcoo:	APO o	r FPO			APO/F	PO State Code		Zip Code	
	☐ NO													

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (C	ontinued)				
13A.4 Complete the following if employment					
Provide dates of unemployment.	, ,		omeone that can verify you	ur unemployment activ	ities
From Date (Month/Year) To	Date (Month/Year) Present	and means of support. Last name	First na	ame	
☐ Est.	Est.				
Provide address of this verifier. (Provide Ci	·		· · · · · · · · · · · · · · · · · · ·		
Street	City 	State Z	ip Code Country	/	▼
Provide the telephone number for this pers	on.				
Verifier telephone number Extension	International or DSN phone nu	ımber			
	Day Night				
If you have indicated an APO/FPO addres (a) Provide physical location data with st					and Country
if outside the United States; otherwise, pro	vide City, State and Zip Code for ports	in the United States.)	·		ana Country
Street Address/Unit/Duty Location	City or Post Name	State Z	ip Code Country	,	\
(b) Does your unemployment verifier have	re an APO/FPO address?				
YES Address	o an / ii o/i i o adarooo.	APO or FPO	APO/FPO St	ate Code Zip C	Code
☐ NO				▼	
13A.5 Complete the following if employm Government, Federal Contractor, I				ner Federal employme	nt, State
Provide the reason for leaving the employ		ii-Employment, or Other	•		
For this employment have any of the follo	•		4:		1
Fired, quit after being told you would be finotice of unsatisfactory performance.	red, left by mutual agreement foll	owing charges or allega	tions of misconduct, left by	mutuai agreement foi	lowing
YES NO (If NO, proceed to 13A.6)					
Select your type of incident:	Reason:		Employment departure of	late	
Fired	Provide the reason for being fire	ed.	Provide the date you we	re fired. (Month/Year)	
			<u></u>		Est.
Quit after being told you would be	Provide the reason for quitting.		Provide the date you qui fired. (Month/Year)	it after being told you w	ould be
fired			·		Est.
Left by mutual agreement following	Provide the charges or allegation	ons of misconduct.	Provide the date you left of misconduct. (Month/Ye		allegations
charges or allegations of misconduct			,	,	Est.
Left by mutual agreement following	Provide the reason(s) for unsati	sfactory performance.	Provide the date you left		
notice of unsatisfactory performance			a notice of unsatisfactor	y performance. (Month/	Year) ☐ Est.
13A.6 Complete the following if employm	ent type is Active Duty National (Guard/Reserve IISDHS	Commissioned Corps Otl	per Federal employme	
Government, Federal Contractor, I	Non-government employment, Se	If-Employment, or Other	:		
For this employment, in the last seven (7 in the workplace, such as a violation of se		ten warning, been officia	ılly reprimanded, suspende	ed, or disciplined for mi	sconduct
☐ YES ☐ NO	reality period.				
#1 Provide the reason(s) for being warne	ed. reprimanded. suspended or dis	sciplined.		Date: (Month/Year)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				Est.
#2 Provide the reason(s) for being warne	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Year)	
					Est.
#3 Provide the reason(s) for being warne	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Year)	□ Est
					Est.
#4 Provide the reason(s) for being warned	d, reprimanded, suspended or dis	sciplined.		Date: (Month/Year)	☐ Est.
				1	
inter your Social Security Number be	fore going to the next page				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

,	Section 13A - Employment Activities		
E	Entry #4		
	Select your employment activity: Active military duty station (Complete 13A.1, 13A.5 and 13A.6) National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) Self-employment (Complete 13A.3, 13A.5 and 13A.6) □ Unemployment (Complete 13A.4) Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) □ Vone (Provide explanation and complete 13A.5) □ Table (Complete 13A.4) □ Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)	and 13A.6)
	13A.1 Complete the following if employment type is	Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.	
Entry #4	Provide dates of employment. From Date (Month/Year) To Date (Month/Year)	Select the employment status for this position: Present Full-time Provide your assigned duty station during this Provide your most recent rank/position title.	s period.
	Est.	Est. Part-time	
	• • • • • • • • • • • • • • • • • • • •	ntry if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country	V
	Telephone number Extensi	ion International or DSN phone number Day Night	
	, ,	City or Post Name State Zip Code Country	and Country
	☐ YES → Address ☐ NO	APO or FPO APO/FPO State Code Zip	Code
	Provide the name of your supervisor.	Provide the rank/position title of your supervisor.	
	Provide the email address of your supervisor.	don't know Provide supervisor's telephone number. Extension International or DSN pho	one number
		Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country	V
	port/fleet headquarter. (Provide physical location da	e physical location data with either street address, base, post, embassy, unit, and country locati ata) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City or Post Name State, Zip Code Country	ion or home
		▼	~

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Em	ployment Acti	vities - (Continu	ed)								
13A.2 Complete	the following if	employment type	is other fede	ral employment	, state	government, fe	deral contract	or, non-gov	ernment, o	r other.	
Provide dates of From Date	employment.	To Date		Select the em this position:	ployme	ent status for	Provide mos	t recent po	sition title.		
(Month/Year)		(Month/Year)	Present	Full-time			Provide the i	name of yo	ur employe	r.	
	Est.		Est.	Part-time							
Provide the add Street	ress of employe	er. (Provide City and	Country if outs City	ide the United Stat			y, State and Zip (Zip Code	Code.) Counti	ту		Ī
Provide telephor	ne number	Extension	│ │ │ Interna │	utional or DSN p	hone n	umber					
same physica	I location (for e e most recent p	with this Employersample, if you wo	rked at XY P	lumbing in Denv	er, CO	, during 3 sepa	rate periods o	f time, you	would ente	r informatio	on
Not	From date (Mo	onth/Year)	To date (A	/onth/Year)		Posi	tion Title		Sı	pervisor	
Applicable		Es	st.		Est.						
		Es	st.		Est.						
		Es	st.		Est.						
		Es	st.		Est.						
(b) If you have (b.1) Provid	e physical loca	PO/FPO address, tion data with stre hited States; otherwi Duty Location	et address, b se, provide City	Day Day in D	nal or E Night ndicate	OSN phone nund an address on the country	utside of the U	me port/fle	es, complete		de City and
0.,000	, taar 650, 61111 2	raty Location		. oot ramo					y		
	\Rightarrow A	ve an APO/FPO a ddress	ddress while	at this location?		or FPO		PO/FPO S	tate Code	Zip	Code
Provide the nam	e of your supe	rvisor.			Provid	e the position ti	itle of your sup	ervisor.			
Provide the ema	il address of yo	our supervisor.] I don't know	Provide supe	visor's	telephone num	nber. Extensi	on	ernational o	•	ne numbe
Provide physica Street	work location	of your superviso	r. (Provide City City	and Country if out	_		nerwise, provide Zip Code	City, State an			
(a) Provide phy if outside the Street Address	sical location d <i>United States; otl</i> ess/Unit/Duty L		dress, base, p v, State and Zip City or Po	oost, embassy, Code for ports in ost Name	unit, ar <i>the Uni</i> i	d country locat		ort/fleet hea		Provide City	and Count
(b) Did/does yo YES - NO	λ A -l -l	ave an APO/FPO	address whil	e at this location	n? APO d	or FPO	, A	NPO/FPO S	tate Code	Zip	Code
iter vour Social	Security Nu	mber before q	oina to the	next page -				_			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

S	ection 13A - Employment Activ	ities - (Continue	d)									
	13A.3 Complete the following if	employment type	is self-emplo	yment								
	Provide dates of employment.			Select the er		t status	for	Provide most re	ecent position title	э.		
	From Date (Month/Year)	To Date (Month/Year)	this position:									
	(MOHUI) Tear)	(Month rear)	Present	Full-time				Provide the na	me of your emplo	yment.		
	Est.		Est.	Part-time)							
	Provide address of this employr	nent. (Provide City a		outside the United								
	Street		City I		St	ate F		Zip Code	Country 			
	B. H. O. I.		<u></u>				▼					
	Provide telephone number.	Extension 		onal or DSN ph	one num	oer						
				Night								
	(a) Is your physical work addres		our employm	ient address?								
	YES NO (If NO, prod	ceed to (b))										
	Provide the work address w Street	here you are/were		ocated. (Provide		<i>ountry if o</i> State				City, State	and Zip Cod	le.)
	Sireet		City 		l'		,	Zip Code	Country 			V
	Provide the telephone numb	oer for this address				L						
	Telephone number	Extension		ational or DSN	l phone n	umber						
	•	1	□ Day	Night	. р							
	(b) If you have indicated an AP	I O/FPO address. c			ndicated	an addre	ess o	outside of the Unit	ed States, comp	ete (b.2)		
	(b.1) Provide physical locati	on data with stree	t address, ba	ase, post, emb	assy, unit	, and co	untr	y location or home	-			and
	Country if outside the Unit Street Address/Unit/Du			State and Zip C Post Name	ode for poi	ts in the l State	Unite	ed States.) Zip Code	Country			
	Otroot / (daross/offit/De	aty Location		r oot rame			—	T				\blacksquare
	(b.2) Do you or did you have	e an APO/FPO ad	 dress while a	at this location	?		_					
		ldress			APO or	FPO		APO	D/FPO State Cod	е	Zip Code	
	NO									lacksquare		
	Provide the name of someone to			ment.	•			•				
	Last name	First n	name									
		_										
	Provide the address of this verif Street	ier. (Provide City and	d Country if out City	tside the United S		rwise, pro State		City, State and Zip C Zip Code	ode.) Country			
	Olicci				[Г	Įľ	Zip Code				V
	Provide the telephone number f	or this person				L						
	Telephone number	Extension	Internation	onal or DSN ph	one num	oer						
			Day	Night								
	If you have indicated an APO/FI	_L PO address_comi	olete (a) If vo	ou have indicat	ted an ad	dress ou	ıtside	e of the United Sta	ates complete (b			
	(a) Provide physical location da	ata with street add	lress, base, p	ost, embassy,	unit, and	country	loca				e City and C	ountry
	if outside the United States; oth Street Address/Unit/Duty Lo		State and Zip, City or Po			d States.) State		Zin Codo	Country			
	Street Address/Onli/Duty Lo	Callon		ist marrie	I,	State [Zip Code				V
	(b) Does your self-employment	verifier have an /	\PO/EDO ada	dross?		L			1			
	YES — Address	veriller flave all A	di O/i i O aut	ui ess :	APO or	FPO		AP	O/FPO State Cod	le	Zip Code	
	NO									-		
-	,				1			· ·				
	ton vous Coolel Cooudte New	b.c.f	- حالة جلة بعيمان	mass4 masss								
ľ	ter your Social Security Nur	inner before go	ing to the	next page					→			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	ontinued)		Section 13A - Employment Activities - <i>(Continued)</i>						
13A.4 Complete the following if employment type is unemployment.									
Provide dates of unemployment. Provide the name of someone that can verify your unemployment activities and means of support.									
From Date <i>(Month/Year)</i> To	Date (Month/Year) Present Est.	Last name		st name					
Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)									
Street									
Provide the telephone number for this person. Verifier telephone number									
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)									
Street Address/Unit/Duty Location	City or Post Name	State Z	Zip Code Co	untry 🔽					
(b) Does your unemployment verifier hav YES Address NO									
13A.5 Complete the following if employm Government, Federal Contractor, I				, Other Federal employment, State					
Provide the reason for leaving the employ									
For this employment have any of the following happened to you in the last seven (7) years ? Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)									
Select your type of incident:	Select your type of incident: Reason: Employment departure date								
Fired	Provide the reason for being fire	ed.	Provide the date you	u were fired. (Month/Year)					
Quit after being told you would be	Provide the reason for quitting.			□ Est.					
fired			Provide the date you fired. (Month/Year)	☐ Est. u quit after being told you would be ☐ Est.					
Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegation	ons of misconduct.	fired. (Month/Year)	u quit after being told you would be Est. u left following charges or allegations th/Year)					
Left by mutual agreement following	Provide the charges or allegation		Provide the date you of misconduct. (Mon	u quit after being told you would be Est. Left following charges or allegations					
Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm	Provide the charges or allegation Provide the reason(s) for unsate the provide the reason (s) for unsate the provide the provide the provide the reason (s) for unsate the provide the pr	isfactory performance. Guard/Reserve, USPHS	Provide the date you of misconduct. (Mon Provide the date you a notice of unsatisfation of	u quit after being told you would be Est. u left following charges or allegations th/Year) Est. u left by mutual agreement following ctory performance. (Month/Year) Est.					
Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance	Provide the charges or allegation Provide the reason(s) for unsate the provide the reason (s) for unsate the provide	isfactory performance. Guard/Reserve, USPHS If-Employment, or Other	Provide the date you of misconduct. (Mon Provide the date you a notice of unsatisfation of	La quit after being told you would be Est. La left following charges or allegations th/Year) Est. La left by mutual agreement following ctory performance. (Month/Year) Est. La left by mutual agreement following ctory performance. (Month/Year) Est. La left by mutual agreement following ctory performance. (Month/Year)					
Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm Government, Federal Contractor, I For this employment, in the last seven (7 in the workplace, such as a violation of seven sev	Provide the charges or allegation Provide the reason(s) for unsate the provide t	isfactory performance. Guard/Reserve, USPHS If-Employment, or Other ten warning, been officia	Provide the date you of misconduct. (Mon Provide the date you a notice of unsatisfation of	u quit after being told you would be Est. La left following charges or allegations th/Year) Est. La left by mutual agreement following ctory performance. (Month/Year) Est. La left by mutual agreement following ctory performance. (Month/Year) Est. La left by mutual agreement following ctory performance. (Month/Year)					
Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm Government, Federal Contractor, Note this employment, in the last seven (7 in the workplace, such as a violation of second the second that the secon	Provide the charges or allegation Provide the reason(s) for unsate the provide the provide the reason(s) for unsate the provide t	isfactory performance. Guard/Reserve, USPHS If-Employment, or Other ten warning, been official sciplined.	Provide the date you of misconduct. (Mon Provide the date you a notice of unsatisfation of	u quit after being told you would be Est. u left following charges or allegations th/Year) Est. u left by mutual agreement following ctory performance. (Month/Year) Est. Other Federal employment, State ended, or disciplined for misconduct Date: (Month/Year)					
Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm Government, Federal Contractor, Note this employment, in the last seven (7 in the workplace, such as a violation of second YES NO #1 Provide the reason(s) for being warner	Provide the charges or allegation Provide the reason(s) for unsate the provide type is Active Duty, National of the provide the provi	isfactory performance. Guard/Reserve, USPHS If-Employment, or Other ten warning, been official sciplined.	Provide the date you of misconduct. (Mon Provide the date you a notice of unsatisfation of	u quit after being told you would be Est. u left following charges or allegations th/Year) Est. u left by mutual agreement following ctory performance. (Month/Year) Est. Other Federal employment, State ended, or disciplined for misconduct Date: (Month/Year) Est. Date: (Month/Year)					
Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employm Government, Federal Contractor, I For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warner #2 Provide the reason(s) for being warner	Provide the charges or allegation Provide the reason(s) for unsate the provide type is Active Duty, National or Non-government employment, Set (7) years have you received a write ecurity policy? Provide the charges or allegation allegation is a constant type is Active Duty, National or government employment, Set (7) years have you received a write ecurity policy? Provide the charges or allegation is a constant type is Active Duty, National or government employment, Set (7) years have you received a write ecurity policy? Provide the reason(s) for unsate the provide type is Active Duty, National or government, Set (7) years have you received a write ecurity policy?	isfactory performance. Guard/Reserve, USPHS If-Employment, or Other ten warning, been official sciplined. sciplined.	Provide the date you of misconduct. (Mon Provide the date you a notice of unsatisfation of	u quit after being told you would be Est. u left following charges or allegations th/Year) Est. u left by mutual agreement following ctory performance. (Month/Year) Est. To Other Federal employment, State ended, or disciplined for misconduct Date: (Month/Year) Est. Date: (Month/Year) Est. Date: (Month/Year)					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13B - Employment Activities - Former Federal Service						
Do you have former federal civilian employment, excluding	g military service	e, NOT indicated previou	ısly, to report?			
YES NO (If NO, proceed to Section 13C)						
Complete the following if you selected "Yes" to hav	ring former fed	leral civilian employme	nt, excluding military	service, NOT indicated previous	ısly.	
Entry #1						
Provide dates of federal civilian employment.		ovide the name of the fed				
From Date (Month/Year) To Date (Month/Year)	Present Whi	ich you are/were employ	ed. I	Provide your position title.		
Est.	Est.					
Provide the location of the agency. (Provide City and Coun Street Ci	itry if outside the U	Inited States; otherwise, provi State	ide City, State and Zip Cod Zip Code	de.) Country		
	•	▼] ' ' ' ' '	•	lacksquare	
Entry #2			I			
Provide dates of federal civilian employment.	Pro	ovide the name of the fed	eral agency for			
From Date (Month/Year) To Date (Month/Year)	Present whi	ich you are/were employ	ed.	Provide your position title.		
Est.	Est.					
Provide the location of the agency. (Provide City and Cour				•		
Street Ci	ity	State	Zip Code I I	Country		
Entry #3	Due		land anamay fan			
Provide dates of federal civilian employment. From Date (Month/Year) To Date (Month/Year)		ovide the name of the fed ich you are/were employ		Provide your position title.		
Est.	Est.					
Provide the location of the agency. (Provide City and Coun		Inited States; otherwise, provi	ide City, State and Zip Cod	de.)		
	ity	State	Zip Code	Country		
		_			\blacksquare	
Entry #4						
Provide dates of federal civilian employment.		ovide the name of the fed ich you are/were employ		Provide your position title.		
From Date (Month/Year) To Date (Month/Year)	_ Present Will ☐ Est.	ich you are/were employ	eu.	Provide your position title.		
Provide the location of the agency. (Provide City and Coun		Inited States: otherwise provi	ide City. State and Zin Coo	de)		
	ity " outoide the of	State	Zip Code	Country		
		•			\blacksquare	
·		<u> </u>				
Section 13C - Employment Record						
Have any of the following happened to you in the last set	ven (7) years a	it employment activities t	nat you have not previ	ously listed?		
Fired from a job?Quit a job after being told you would be fired?						
- Have you left a job by mutual agreement following charg						
 Left a job by mutual agreement following notice of unsat Received a written warning, been officially reprimanded, 			ct in			
the workplace, such as violation of a security policy?	, suspended, si	alcolpinioa for mileconiaa	ot			
YES (If YES, you will be required to add an additional employment in Section 13A)						
NO (If NO, proceed to Section 14)						
Entar vour Coolal Consulty Number hafana as in the	o the mart = -					
Enter your Social Security Number before going t	o tne next pa	ıge —		P		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

CFR Parts 731, 732, and 736	MATIONAL DEC		5110				
Section 14 - Selective Service Record							
Were you born a male after December 31, 1959 YES NO (If NO, proceed to Section 15))?						
Have you registered with the Selective Service System (SSS)? The Selective Service website, www.sss.gov, can help provide the							
Yes → Provide registration number: ▶ registration number for persons who have registered. Note: Selection Service Number is not your Social Security Number.							
No → Provide explanation: ▶							
☐ I don't know → Provide explanation: ▶							
Section 15 - Military History							
Have you EVER served in the U.S. Military?							
YES NO (If NO, proceed to Section 15.2)							
15.1 Complete the following if you responded	d 'Yes' to having served in th	e U.S. Military.					
Entry #1			<u>, </u>				
Provide the branch of service you served in. Army Guard	State of service, if National Guard	Officer or enlisted Not Applicable	Provide your service nu	umber.			
Army National Marine Corps	Provide your status	Officer	Provide your dates of s	envice			
☐ Navy ☐ Coast Guard	Active Duty Active Reserve	Enlisted	From Date	To Date (Month/Year)	☐ Present		
Air Force	☐ Inactive Reserve		(Month/Year)	'	Est.		
Were you discharged from this instance of U. YES NO	S. military service, to include	Reserves, or National G	Guard?				
Provide the type of discharge you received:				Provide the date of			
Honorable Under Other than Honorable Condition	Bad Conduct			discharge listed (Month/Year)			
Dishonorable General	Other (provide type	pe) ▶			Est.		
Provide the reason(s) for the discharge, if dis	charge is other than Honoral	ole					
Entry #2							
Provide the branch of service you served in. Army Air National	State of service, if National Guard	Officer or enlisted Not Applicable	Provide your service nu	umber.			
Guard Army National Marine Corps	Provide your status	Officer					
Guard	Active Duty	Enlisted	Provide your dates of s				
Navy Coast Guard	Active Reserve		From Date (Month/Year)	To Date (<i>Month/Year</i>)	Present		
Air Force	☐ Inactive Reserve		Es	st.	Est.		
Were you discharged from this instance of U. YES NO	S. military service, to include	Reserves, or National G	Guard?				
Provide the type of discharge you received: Honorable Under Other than Honorable Condition	Bad Conduct			Provide the date of discharge listed (Month/Year)			
Dishonorable General	Other (provide typ	pe) ▶		. ,	Est.		
Provide the reason(s) for the discharge, if dis	charge is other than Honorab	ole					

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

OFF Falls 731, 732, and 730

 In the last seven (7) years, have you been subject to court martial or of under the Uniform Code of Military Justice (UCMJ), such as Article 15, Court of Inquiry, etc? 	Captain's Mast, Article 135
Complete the following if you responded 'Yes' to In the last seven (7) years, h Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast,	nave you been subject to court martial or other disciplinary procedure under the Article 135 Court of Inquiry, etc.
Entry #1	
Provide the date of the court martial or other disciplinary procedure. (Month/Ye	
	Est.
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.
Entry #2	
Provide the date of the court martial or other disciplinary procedure. (Month/Ye	ear)
	Est.
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.
ter your Social Security Number before going to the next page	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 15 - Military History - (Continued) Have you EVER served, as a civilian or military member in a foreign country's military, intelligence, 15.3 ☐ YES NO (If NO, proceed to Section 16) diplomatic, security forces, militia, other defense force, or government agency? Complete the following if you responded 'Yes' to having EVER served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency. Entry #1 During your foreign service, which organization were you serving under? Provide the name of the foreign organization. Military (Specify Army, Navy, Air Force, Marines, etc.) Security Forces Intelligence Service Militia Provide your period of service. ☐ Diplomatic Service Other Defense Forces From Date (Month/Year) To Date (Month/Year) Present Other Government Agency, Specify > Est. Provide the name of the country. Provide the highest position/rank held. Provide division/department/office in which you served. Provide a description of the reason for leaving this service. Provide a description of the circumstances of your association with this organization. Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization? ☐ YES NO (If NO, proceed to Section 16) Contact #1 Provide the contact's full name. Last name First name Suffix Middle name Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Zip Code Street City State Country Provide the contact's official title. Provide the frequency of contact. Provide the length of your association with the contact. From Date (Month/Year) To Date (Month/Year) Present Est. Contact #2 Provide the contact's full name. Suffix Last name First name Middle name Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide the contact's official title. Provide the length of your association with the contact. Provide the frequency of contact. From Date (Month/Year) To Date (Month/Year) Present Est. Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 15 - Military History - (Continued)

Complete the following if you responded security forces, militia, other defense forces.		or milita	ary member in a foreign cou	ntry's military, intelligence, diploma
Entry #2				
During your foreign service, which organi	zation were you serving under?		Provide the name of the fo	oreign organization.
Military (Specify Army, Navy, Air Ford	ce, Marines, etc.) Security Forces			
Intelligence Service	Militia		Provide your period of ser	vice.
Diplomatic Service	Other Defense Fo	orces	From Date (Month/Year)	To Date (Month/Year) Pres
Other Government Agency, Specify	•		Es	st. Est.
Provide the name of the country.	Provide the highest position/rank held	i.	Provide division	/department/office in which you se
Provide a description of the circumstance	es of your association with this organization	on. Prov	vide a description of the reas	son for leaving this service.
Do you maintain contact with current or fo	ormer associates, colleagues, or acquaint	tances fr	om your service in this orga	anization?
YES NO (If NO, Proceed to Section	n 16)			
Contact #1				
Provide the contact's full name.	First name		Middle	Suffix
Last name	, First name		_. Middle name	Sullix
	y and Country if outside the United States; other	wise, prov	ride City, State and Zip Code)	
· ·	y and Country if outside the United States; other City	wise, prov State		Country
· ·	•			Country
Street	•	State	Zip Code Provide the length of your	r association with the contact.
Street	City	State	Zip Code Provide the length of your From Date (Month/Year)	r association with the contact. To Date (Month/Year) Pre
Street Provide the contact's official title.	City	State	Zip Code Provide the length of your From Date (Month/Year)	r association with the contact.
Provide the contact's address. (Provide Cit Street Provide the contact's official title. Contact #2	City	State	Zip Code Provide the length of your From Date (Month/Year)	r association with the contact. To Date (Month/Year) Pre
Provide the contact's official title. Contact #2 Provide the contact's full name.	City	State	Zip Code Provide the length of your From Date (Month/Year)	r association with the contact. To Date (Month/Year) Pre
Provide the contact's official title. Contact #2 Provide the contact's full name. Last name	City Provide the frequency of contact First name	State	Zip Code Provide the length of your From Date (Month/Year) Middle name	r association with the contact. To Date (Month/Year) Prest. Est
Provide the contact's official title. Contact #2 Provide the contact's full name. Last name Provide the contact's address. (Provide Cit	City Provide the frequency of contact First name	State	Zip Code Provide the length of your From Date (Month/Year) Middle name	r association with the contact. To Date (Month/Year) Prest. Est
Provide the contact's official title. Contact #2 Provide the contact's full name. Last name Provide the contact's address. (Provide Cit	City Provide the frequency of contact First name y and Country if outside the United States; other	State	Zip Code Provide the length of your From Date (Month/Year) Middle name	r association with the contact. To Date (Month/Year) Prest. Est
Street Provide the contact's official title. Contact #2 Provide the contact's full name. Last name Provide the contact's address. (Provide Cit Street	City Provide the frequency of contact First name y and Country if outside the United States; other	State wise, prov	Zip Code Provide the length of your From Date (Month/Year) Middle name ide City, State and Zip Code) Zip Code	r association with the contact. To Date (Month/Year) Prest. Est
Street Provide the contact's official title.	City Provide the frequency of contact First name y and Country if outside the United States; other City	State wise, prov	Zip Code Provide the length of your From Date (Month/Year) Middle name ide City, State and Zip Code) Zip Code	r association with the contact. To Date (Month/Year) Prest. Suffix Country

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

outside of your workplace, so	nool, or neighborhood, and who	se combined association wi	
Prov	ide relationship to you. (Check a	all that apply)	
		e Other (Provide expl	anation) ▼
•			
First name		Middle name	Suffix ▼
I don't know	Provide rank/title		☐ Not applicable
phone number	Provide mobile/cell telephor number for this person.	ne I don't know Extension	International or DSN phone number
	State Zip C		Day Inghi
			_
Prov	ide relationship to you. (Check a	all that apply)	
nth/Year) Present	Neighbor Work associate		anation) ▼
	<u> </u>		
First name		Middle name	Suffix
I don't know	Provide rank/title		Not applicable
phone number	Provide mobile/cell telephor number for this person.	ne I don't know Extension	International or DSN phone number
nth/Year) Present	Neighbor Work associate		anation) ▼
First name		Middle name	Suffix
I don't know	Provide rank/title	1	Not applicable
phone number	Provide mobile/cell telephornumber for this person.	ne I don't know Extension	International or DSN phone number
Day Night			Day Night
n. (<i>Provide City and Country if ou</i> City	State Zip C		
	outside of your workplace, schoouse, former spouse (s), other provents, other	outside of your workplace, school, or neighborhood, and who couse, former spouse (s), other relatives, or anyone listed elso anth/year)	Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 17 - Marital/Relationship Status	•							
·		to civil marriage lage	lly recognized o	vil union or log	ally room	unized demostic r	artnorohin:	
Provide your current marital/relationship st ☐ Never entered in a civil marriage, lega	•		ily recognized c			Complete 17.1 and	•	
recognized domestic partnership (Com						omplete 17.2 and 1	•	
Currently in a civil marriage, legally re	coanizad civil un	ion or logally					,	
recognized domestic partnership (Com						ssolved (Complete	ŕ	
					aowea (C	Complete 17.2 and 1	17.3)	
17.1 Complete the following if you sele partnership" or "Separated." Co recognized domestic partnership,	emplete the follo	wing about the person	with whom you	are in a civil ma				egally
Provide full name.	-	· · · · · · · · · · · · · · · · · · ·				Provide d	late of birth.	
Last name	First name		Middle name		Suffix	(Month/Da	y/Year)	
						▼	[Est.
Provide place of birth.								
City	Count 	У		State	Count 	ry (required)		
<u></u>					<u> </u>			
If the person is foreign born, provide on Born Abroad to U.S. Parents:	e type of docum Derived:	entation that he or she	possesses and Not a U.S.		number.			
FS 240 or 545	l	istration (on Certificate		ermanent Resi	dent	U.S. Visa (re	ed foil number))
 ☐ DS 1350		ship—utilize USCIS,	、	mployment		I-20 Certifica	ate of Eligibility	for
Naturalized:	_	S Registration number	Author	zation		Non-Immigr	ant-F1-Studen	t
Alien Registration (on Certificate		nt Resident Card (I-55	¹⁾ 🗌 I-94 Ar	rival-Departure	Record		ertificate of Elig	
of Naturalization—utilize USCIS, CIS or INS Registration number)	Certificate or N561)	e of Citizenship (N560				of Exchange	e Visitor-J1-Sta	itus
Permanent Resident Card (I-551)	0111001)		Other (Provide explanation)					
Certificate of Naturalization								
(N550 or N570)								
Provide document number. Provide d	ocument expirat	ion date, if applicable.	(Month/Day/Yea	r) Provide U.S	S. Social S	Security Number.		
			Est.				Not applic	able
Provide other names used (such as ma civil unions, or legally recognized dome							☐ Not applic	able
#1 Last name		First name		Midd	lle name		Suffix	
								\blacksquare
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present					
YES NO	Est.		Est.					
#2 Last name		First name		Midd	lle name		Suffix I	
								▼
Maiden name? From (Month/Yea	,	To (Month/Year)	Present					
YES NO	Est.	<u> </u>	Est.	N 41 1 1			0 "	
#3 Last name		First name			lle name		Suffix 	-
Maiden name? From (Month/Yea	orl	To (Month/Year)						Ň
YES NO	_	10 (Month real)	Present					
#4 Last name	Est.	First name	Est.	Midd	lle name		Suffix	
#4 Last Hallie				Wildo	ile Hairie			lacksquare
Maiden name? From (Month/Yea	ar)	To (Month/Year)	☐ Dunnamt					
TYES TNO	Est.		Present Est.					
Provide country(ies) of citizenship.				Provide date v	when you	entered into you	r civil	
Country #1	Country	#2				· domestic partne		ay/Year)
	—		—				[Est.
				1				

QUESTIONNAIRE FOR

S. Office of Personnel Management CFR Parts 731, 732, and 736	NATIONAL SECURI	TY POSITIONS		OMB NO. 3200 0003
Section 17 - Marital/Relationship Status - (Con	tinued)			
17.1 Complete the following if you selected "c partnership" or "Separated." Complete recognized domestic partnership, or the	e the following about the person wi	ith whom you are in a civil		
Provide location. (Provide City and Country if outsid City	e the United States; otherwise, provide C County	Sity or County and State.) State Country		•
Provide current address. (Provide City and Country Street	rif outside the United States; otherwise, p City	provide City, State and Zip Code State Zip Code	, <u> </u>	my current address
Provide telephone number. Extension	Day Use my current telephonic Night International or DSN ph		email address.	
Does the person have an APO/FPO address w ☐ YES → Address ☐ NO	ithin the United States? APO or	·FPO	APO/FPO State Code	Zip Code
If you have indicated an APO/FPO address; pr fleet headquarter. (Provide City and Country if outs Street Address/Unit/Duty Location			r ports in the United States.)	_
Are you separated? ☐ YES → Provide date of separation. (Month/Day/Year) ☐ NO ☐ Est.	If legally separated, provide the (Provide City and Country if outside the City			Not Applicable ✓

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital/Relationship Status - <i>(Continued)</i>						
17.2 Complete the following if you sele divorced/dissolved, annulled, or w		i", "annulled"	, or "widowed" . Pr	ovide information about	t any person from whom you are	
Entry #1						
Provide the full name. Provide the date of birth.						
Last name	First name		Middle name	Suffix	(Month/Day/Year)	
				•	Est.	
Provide the place of birth.						
City		State	Zip Code	Country (Required)	_	
		•			▼	
Provide the country(ies) of citizenship.			-			
Country #1	Country #	2				
	V			▼		
Provide telephone number.	Provide the date you	r civil marriage	e, civil union, or don	nestic partnership was I	egally recognized. (Month/Day/Year)	
I dor □ knov			Est.			
Provide the location. (Provide City and Col				ountry l		
City	unity ii outside the offited state	s, omerwise, pro State	Country	ountry.)		
3.9		▼			▼	
Provide the status.		Provide the	date divorced/disso	olved, annulled or widow	ved_(Month/Dav/Year)	
Divorced/Dissolved Widow	ved Annulled	1 TOVIGO LITO	auto arvoroca, arcoc	orrea, armanea er maer	Est.	
Provide where the record of divorce/dis	solution or annulment is lo	cated (Provide	City and Country if ou	tside the United States: othe	enwise provide City State and Zin Code)	
City	Solution of armamicht is io	State	Zip Code	Country	erwise, provide Oity, state and Zip Gode)	
•		▼	11 '		▼	
Is this person deceased?			J		_	
YES NO (If NO, complete (a)) I don't know						
TES TWO (II NO, Complete (a))						
(a) Provide last known address of the person from whom you are divorced/dissolved or annulled. (Provide City and Country if outside the						
United States; otherwise, provide City, Sta Street	City		State Z	Zip Code Cour	atry	
Sucei	Oity			ip 00de	Two y	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital/Relationship Status -	(Continueu)	Section 17 - Marital/Relationship Status - <i>(Continued)</i>						
17.2 Complete the following if you selected divorced/dissolved, annulled, or wide		l", "annulled",	or "widowed" .	Provide information abo	out any person from whom you are			
Entry #2								
Provide the full name.					Provide the date of birth.			
Last name F	irst name	1	Middle name	Suffix	(Month/Day/Year)			
					Est.			
Provide the place of birth.								
City		State	Zip Code	Country (Require	d)			
		▼			▼			
Provide the country(ies) of citizenship.			•					
Country #1	Country #	2						
	V			—				
Provide telephone number.	Provide the date you	r civil marriage	civil union, or o	domestic partnership was	s legally recognized. (Month/Day/Year)			
I don't		ΠE	st.					
Provide the location. (Provide City and Count	I v if outside the United State	es: otherwise. prov	ride Citv. State and	d Country.)				
City	,	State	Country	,				
		•			lacksquare			
Provide the status.		Provide the o	late divorced, a	nnulled or widowed. (Mor	nth/Day/Year)			
Divorced/Dissolved Widowed	d Annulled				Est.			
Provide where the record of divorce/dissol	ution or annulment is lo	,			therwise, provide City, State and Zip Code)			
City		State	Zip Code	Country				
		_			▼			
Is this person deceased?		•	•	•				
YES NO (If NO, complete (a))	I don't know							
(a) Provide last known address of the per United States; otherwise, provide City, State		divorced/disso	lved or annulled	d. (Provide City and Country	if outside the I don't know			
Street	City		State	Zip Code Co	untry			
••			 		· •			
					_ _			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 17 - Marital/Relationship Status - (Continued)

Section 17 - Marital/Netationship Statt	is - (Continueu)					
17.3 Do you presently reside with a per partner, with whom you share bo person with whom you live for real of the person was born outside the	nds of affection, obli asons of convenienc	igation, or other com e (e.g. a roommate)	mitment, as opposed	to a	S NO (If NO,	, proceed to Section 18)
Complete the following if you presently	reside with a cohal	bitant.				
Entry #1						
Provide the cohabitant full name. Last name	First name	. 1	Middle name	Suffix	Provide the da Date (Month/Da	
Provide the place of birth.				<u> </u>	-	
City			State C	Country (Required)		•
For your foreign born cohabitant, indic	ate one type of docu	umentation that he o	r she possesses and	the document num	ber.	
Born Abroad to U.S. Parents:	Derived:		Not a U.S. Citize			
FS 240 or 545		ration (on Certificate ip—utilize USCIS,	1 —	nent Resident	U.S. Visa (re	ed foil number)
☐ DS 1350		Registration number)	I-766 Employ Authorization			ate of Eligibility for ant-F1-Student
Naturalized:	Permanent	Resident Card (I-551	, I		_	
 Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) 		f Citizenship (N560	7 I-94 Arrival-L	Departure Record		ertificate of Eligibility e Visitor-J1-Status
Permanent Resident Card (I-551)	,		Other (Providence)	de explanation)		
Certificate of Naturalization (N550 or N570)						
Provide document number. Provide	document expiration	n date, if applicable.	(Month/Day/Year) Pr	ovide your cohabit	ant's U.S. Social S	Security Number.
			Est.	-		Not applicable
Provide other names used by your co name was used).	habitant (such as m	aiden name, names	by other marriages, e	tc., and provide da	tes each	Not applicable
#1 Last name	1	First name		Middle name		Suffix
Maiden name? From (Month/Y	· _ 1	To (Month/Year)	Present			
#2 Last name	Est.		_ Est.	Middle name		Suffix
						▼
Maiden name? From (Month/Y	rear) ☐ Est.	To (Month/Year)	☐ Present ☐ Est.			
#3 Last name		First name		Middle name		Suffix
						▼
Maiden name? From (Month/Y		To (Month/Year)	Present			
	Est.	<u> </u>	Est.	N 42 1 11		
#4 Last name		First name		Middle name		Suffix
Maiden name? From (Month/Y	ear)	To (Month/Year)	Present	•		
YES NO	Est.		Est.			
Provide your cohabitant's country(ies)	•					tation residing with
Country #1		Country #2			rson began. (Mont	:h/Day/Year)
	\			-		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 17 - Marital/Relationship Status - (Continued) Complete the following if you presently reside with a cohabitant. Provide the cohabitant full name. Provide the date of birth. Last name First name Middle name Suffix Date (Month/Day/Year) Est. Provide the place of birth. State Country (Required) City For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number. Born Abroad to U.S. Parents: Derived: Not a U.S. Citizen: FS 240 or 545 ☐ I-551 Permanent Resident U.S. Visa (red foil number) Alien Registration (on Certificate of Citizenship—utilize USCIS, DS 1350 I-766 Employment I-20 Certificate of Eligibility for CIS or INS Registration number) Authorization Non-Immigrant-F1-Student Naturalized: Permanent Resident Card (I-551) I-94 Arrival-Departure Record DS-2019 Certificate of Eligibility Alien Registration (on Certificate of Exchange Visitor-J1-Status Certificate of Citizenship (N560 of Naturalization-utilize USCIS, CIS or INS Registration number) or N561) Other (Provide explanation) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570) Provide document number. Provide document expiration date, if applicable. Provide your cohabitant's U.S. Social Security Number. (Month/Day/Year) ∃Est. Not applicable Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each Not applicable name was used) #1 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present ☐YES ☐ NO Est. Est. #2 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present ∐ NO YES Est. Est. #3 Last name Middle name Suffix First name Maiden name? From (Month/Year) To (Month/Year) Present YES NO Est. Est. Suffix #4 Last name First name Middle name Maiden name? From (Month/Year) To (Month/Year) Present ☐YES ☐ NO Est. Est. Provide your cohabitant's country(ies) of citizenship. Provide date cohabitation residing with person began. (Month/Day/Year) Country #1 Country #2 •

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives				
Select each type of relative applicable to you, regardle Check all that apply.	ess if they are living or c	leceased. (An opportu	unity will be provided to list multiple	relatives for each type.)
Mother Foster parent		Sister	Half-sister	
Father Child (including ado	pted/foster)	Stepbrother	Father-in-law	
Stepmother Stepchild		Stepsister	☐ Mother-in-law	
Stepfather Brother		Half-brother	Guardian	
Entry #1				
Provide relative type.				
	▼			
Provide your relative's full name. Last name F	irst name		Middle name	Suffix
Lastrianie	ii st riame		Wilder Harrie	
Provide your relative's date of birth. Provide your r	elative's place of birth.			
Date (Month/Day/Year) City	oldiivo o pidoo ol bii ili.	State _	Country (Required)	
Est.			▼	lacksquare
Provide your relative's country(ies) of citizenship.		<u>. </u>	-	
Country #1	Country #2			
	-		▼	
18.1 Complete the following if the relative listed is Sister, Stepbrother, Stepsister, Half-brother		tepmother, Stepfath	er, Child (including adopted/foste	r), Stepchild, Brother,
If mother , provide your mother's maiden name.	Same as listed	I don't know	1	
Last name F	irst name		Middle name	Suffix
				▼
Has this relative used any other names?				
☐ YES ☐ NO				
Provide other names used and the period of time the	nat your relative used the	em (such as maiden,	name by a former marriage, former	Not applicable
name, alias, or nickname).	First name		Middle serves	Suffix
#1 Last name	First name		Middle name	
Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the name	changed
	1		r rovide the reason(s) why the hame	s changed.
	st.	Est.	Middle news	Cuffix
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the name	
	1	i resent	Frovide the reason(s) why the hame	criangeu.
		Est.	NA: LU	0 "
#3 Last name	First name 		Middle name	Suffix
Maiden name? From (Month/Year)	To (Manth Man)		Provide the reason(s) why the name	schanged
	To (Month/Year)	i resent	i Tovide the reason(s) why the name	onangeu.
	st.	Est.	NAC-1-11	0 "
#4 Last name	First name I		Middle name	Suffix
Maidan nama?	T- (14, (1, 04, 1)			
Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the name	changed.
YES NO E	st.	Est.		
Enter your Social Security Number before goi	ng to the next page			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

50	CFR Parts 731, 732, and 736							
,	Section 18 - Relatives - (Continue	ed)						
	ls your relative deceased?			YES (If YES, proceed to 18.3) NO				
		e relative listed is your Mother, Father, Ste , Stepbrother, Stepsister, Half-brother, Ha						
Entry #1	Provide your relative's current ad Street	Idress. (Provide City and Country if outside the Uni City	ited States; otherwise, provide City, State and Zij State Zip Code	o Code) Country				
	Does this relative have an APO/F YES Provide yo Address I don't know	FPO address? ur relative's APO/FPO address.	APO or FPO APO/FF	PO State Code Zip Code				
	18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.							
Entry #1	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number)	Derived: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number)	Other (Provide explanation)				
		Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)	☐ Permanent Resident Card (I-551) ☐ Certificate of Citizenship (N560 or N561)					
	Provide document number.	Provide the name	of the court that issued the Certificate of	Naturalization.				
	Provide the address of the court Street	that issued the Certificate of Naturalization.	City	State Zip Code				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	
	er, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), her, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide type of documentation he or she possesses to support U.S. re Not a U.S. Citizen: I-551 Permanent Resident I-766 Employment Authorization Provide type of documentation he or she possesses to support U.S. re I-94 Arrival-Departure Record U.S. Visa (red foil number)	Status: I-20 Certificate of Eligibility for Non-Immigrant-F1-Student DS-2019 Certificate of Eligibility
	of Exchange Visitor-J1-Status
Provide document number Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year) Present Provide approximate date of last contact. (Month/Year) Present
Est	Est.
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation	☐ Electronic (Such as e-mail, texting, chat rooms, etc)
Provide approximate frequency of contact.	
Daily Monthly	Annually
Weekly Quarterly	☐ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most remployer name	recent employer if not currently employed (if known).
☐ I do	n't know
Provide the address of current employer, or provide the address of the (Provide City and Country if outside the United States; otherwise, provide City, Statest City	
Is this relative affiliated with a foreign government, military, security, d YES Describe the relative's relationship with the form service. I don't know	efense industry, foreign movement, or intelligence service? reign government, military, security, defense industry, foreign movement, or intelligence
	er, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), her, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide approximate date of first contact. (Month/Year) Est.	Provide approximate date of last contact. (Month/Year) Present Est.
Provide methods of contact (Check all that apply).	
☐ In person ☐ Telephone ☐ Written correspondence ☐ Other (Provide explanation)	☐ Electronic (Such as e-mail, texting, chat rooms, etc) on) ▶
Provide approximate frequency of contact.	
Daily Monthly	Annually
Weekly Quarterly	☐ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most remployer name	recent employer if not currently employed (if known).
I do	n't know
Provide the address of current employer, or provide the address of the and Country if outside the United States; otherwise, provide City, State and Zip Co	
Street City	State Zip Code Country
Is this relative affiliated with a foreign government, military, security, d YES NO I don't know	efense industry, foreign movement, or intelligence service? reign government, military, security, defense industry, foreign movement, or intelligence
inter your Social Security Number before going to the next page	age —

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)							
Entry #2							
Provide relative type.							
		▼					
Provide your relative's full name.	Eirot n	ama			Middle name	Suffix	
Last name	First n	ame			Middle name	Sullix	_
Provide your relative's date of birth. Prov	ida vaur ralativ	re's place of birth.					
Date (Month/Day/Year)	ide your relativ	e s place of birtil.	State		Country (Required)		
Est.				lacksquare			
Provide your relative's country(ies) of citizer	ıship.		l l		!		
Country #1		Country #2					
	▼				\rightarrow		
18.1 Complete the following if the relative			pmother, Stepfa	ather, (Child (including adopted/fos	ter), Stepchild, Brothe	r,
Sister, Stepbrother, Stepsister, H. If mother, provide your mother's maiden	-	Same as listed	☐ I don't kn	011/			
Last name	First n		i don't kn	OW	Middle name	Suffix	
Zuot Haine		u			Wildelie Hallie		$ \mathbf{v} $
Has this relative used any other names?							
YES NO							
Provide other names used and the period	of time that vo	our relative used then	n (such as maide	en nam	ne by a former marriage, forme	er 🗆 Net englischte	
name, alias, or nickname).	or anno anac ye	rai roiativo aooa tiioii	i (odon do maid	, , , , , , , , , , , , , , , , , , ,	io by a formor marriago, formo	Not applicable)
#1 Last name		First name			Middle name	Suffix	
							lacksquare
Maiden name? From (Month/Year)	To (Month/Year)	Present	Prov	vide the reason(s) why the nan	ne changed.	
YES NO	Est.		Est.				
#2 Last name		First name			Middle name	Suffix	
							•
Maiden name? From (Month/Year)	To (Month/Year)	Present	Prov	vide the reason(s) why the nan	ne changed.	
YES NO	Est.		Est.				
#3 Last name		First name			Middle name	Suffix	
							lacksquare
Maiden name? From (Month/Year)	To (Month/Year)	Present	Prov	vide the reason(s) why the nan	ne changed.	
YES NO	Est.		Est.				
#4 Last name		First name			Middle name	Suffix	
							lacksquare
Maiden name? From (Month/Year	·)	To (Month/Year)	Present	Prov	vide the reason(s) why the nan	ne changed.	
YES NO	Est.		Est.				
1		1					-

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

:	Section 18 - Relatives - (Continue	ed)		
	ls your relative deceased?			YES (If YES, proceed to 18.3) NO
		ne relative listed is your Mother, Father, Ste r, Stepbrother, Stepsister, Half-brother, H		
Entry #2	Provide your relative's current ac Street			
	Does this relative have an APO/I YES Provide you Address I don't know	FPO address? our relative's APO/FPO address.	APO or FPO APO/F	PO State Code Zip Code
	Sister, Stepbrother, Steps OR Complete the following if the	e relative listed is your Mother , Father , Stepsister , Half-brother , Half-sister and is a U.S e relative listed is your Mother , Father , Stepsister , Half-brother , Half-broth	S. Citizen, foreign born and is deceased. pmother, Stepfather, Foster parent, Ch	nild (including adopted/foster),
Entry #2	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	ocumentation and document number below: Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)	Derived: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560 or N561)	Other (Provide explanation)
	Provide document number. Provide the address of the court	Provide the name that issued the Certificate of Naturalization.	I e of the court that issued the Certificate of	Naturalization.
	Street		City	State Zip Code
Er	nter your Social Security Nun	nber before going to the next page		•

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)							
18.4 Complete the following if the relative listed is your Mother, Father	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.						
Provide type of documentation he or she possesses to support U.S. re Not a U.S. Citizen: I-551 Permanent Resident I-94 Arrival-Departure Record U.S. Visa (red foil number) Authorization	sidence. Status: I-20 Certificate of Eligibility for Non-Immigrant-F1-Student DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status						
Provide document number Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present Est.						
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)	☐ Electronic (Such as e-mail, texting, chat rooms, etc)						
Provide approximate frequency of contact. Daily Monthly Weekly Quarterly	☐ Annually☐ Other (Provide explanation) ▶						
Provide name of current employer, or provide the name of their most re Employer name	ecent employer if not currently employed (if known). n't know						
Provide the address of current employer, or provide the address of the (Provide City and Country if outside the United States; otherwise, provide City, State Street City	ir most recent employer if not currently employed.						
NO service.	eign government, military, security, defense industry, foreign movement, or intelligence						
	er, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), her, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,						
Provide approximate date of first contact. (Month/Year) Est.	Provide approximate date of last contact. (Month/Year) Present Est.						
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)	☐ Electronic (Such as e-mail, texting, chat rooms, etc)						
Provide approximate frequency of contact. Daily Monthly Weekly Quarterly	☐ Annually ☐ Other (Provide explanation)▶						
	n't know						
Provide the address of current employer, or provide the address of the and Country if outside the United States; otherwise, provide City, State and Zip Country Street City							
Is this relative affiliated with a foreign government, military, security, de PES Describe the relative's relationship with the foreign NO I don't know	efense industry, foreign movement, or intelligence service? eign government, military, security, defense industry, foreign movement, or intelligence						
inter your Social Security Number before going to the next pa	age —						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 18 - Relatives - (Continued)				
	Entry #3				
•	Provide relative type.	-			
	Provide your relative's full name. Last name First na	ame		Middle name	Suffix
	Provide your relative's date of birth. Date (Month/Day/Year) Est.	e's place of birth.	State	Country (Required)	<u> </u>
	Provide your relative's country(ies) of citizenship.		<u> </u>		
	Country #1	Country #2		▼	
	18.1 Complete the following if the relative listed is your I Sister, Stepbrother, Stepsister, Half-brother, Ha	Mother, Father, Stepmo If-sister.	ther, Stepfather, (Child (including adopted/foster), S	Stepchild, Brother,
Entry #3	If mother , provide your mother's maiden name. Last name First na	Same as listed	I don't know	Middle name	Suffix
	Has this relative used any other names? YES NO Provide other names used and the period of time that yo name, alias, or nickname).	ur relative used them (su	uch as maiden, nan	ne by a former marriage, former	Not applicable
	#1 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year) ☐ YES ☐ NO ☐ Est.	. =	Present Prov	vide the reason(s) why the name ch	
	#2 Last name	First name	Lot.	Middle name	Suffix
	Maiden name? From (Month/Year) ☐ YES ☐ NO ☐ ☐ Fst		I TOSCINE I	vide the reason(s) why the name ch	
	#3 Last name	First name	Est.	Middle name	Suffix
	Maiden name? From (Month/Year) ☐ YES ☐ NO ☐ Est.	ı —	I TOSCITE I	vide the reason(s) why the name ch	anged.
	#4 Last name	First name	Est.	Middle name	Suffix
	Maiden name? From (Month/Year) YES NO Est.		Present Prov	vide the reason(s) why the name ch	▼ anged.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - <i>(Continue</i>	ed)		
١	s your relative deceased?		[YES (If YES, proceed to 18.3) NO
		e relative listed is your Mother, Father, Ster, Stepbrother, Stepsister, Half-brother, F		
Entry #3		Idress. (Provide City and Country if outside the Un City		
	Does this relative have an APO/II YES Provide you Address I don't know	FPO address? ur relative's APO/FPO address.	APO or FPO APO/FF	PO State Code Zip Code
	Sister, Stepbrother, Steps OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S.		S. Citizen, foreign born and is deceased. pmother, Stepfather, Foster parent, Chalf-sister, Father-in-law, Mother-in-law,	ild (including adopted/foster),
Entry #3	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)	Derived: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560 or N561)	Other (Provide explanation)
	Provide document number. Provide the address of the court Street	Provide the name that issued the Certificate of Naturalization.	e of the court that issued the Certificate of City	State Zip Code
L				
Fr	nter your Social Security Num	nber before going to the next page		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)						
18.4 Complete the following if the relative listed is your Mc Stepchild, Brother, Sister, Stepbrother, Stepsister has a U.S. address and is not deceased.	•	•			•	• •
Provide type of documentation he or she possesses to sup	oort U.S. res	dence.		•		
Not a U.S. Citizen: I-551 Permanent Resident I-94 Arrival-Depart		I-20 Certificate of E	Eligibility for	Status: Other (Provid	e explanation)	
☐ I-766 Employment ☐ U.S. Visa (red foil r Authorization	iumber)	DS-2019 Certificat	te of Eligibility			
Provide document number Provide document expiration	n e	Provide approximate da		Provido approvi	mate date of	
date. (Month/Day/Year)	Est.	first contact. (Month/Year		Provide approxii last contact. (Mo	_	Present
			LSt.		L	
Provide methods of contact (Check all that apply). ☐ In person ☐ Telephone		☐ Electronic (Such	ac a mail taytir	ag chat rooms of	o)	
	. ovolonotion	`	as e-mail, textil	ng, chat rooms, et	C)	
Written correspondence Other (Provide	e explanation) •				
Provide approximate frequency of contact.		☐ A				
Daily Monthly		Annually	vynlanation) k			
Weekly Quarterly		Other (Provide e				
Provide name of current employer, or provide the name of Employer name			ently employed (i	if known).		
		t know				
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				don't know		
Street City	,,	State	Zip Code	Country	_	
			'			~
Is this relative affiliated with a foreign government, military, PES Describe the relative's relationship service. I don't know					n movement, or i	intelligence
18.5 Complete the following if the relative listed is your Mo Stepchild, Brother, Sister, Stepbrother, Stepsister has a foreign address and is not deceased.						
Provide approximate date of first contact. (Month/Year)	Est.	Provide approximate da	te of last contac	t. (Month/Year)	Present Est.	
Provide methods of contact (Check all that apply).						
☐ In person ☐ Telephone		Electronic (Such	as e-mail, textir	ng, chat rooms, et	c)	
Written correspondence Other (Provide	e explanation) ▶				
Provide approximate frequency of contact.						
Daily Monthly		Annually				
Weekly Quarterly		Other (Provide e	explanation) •			
Provide name of current employer, or provide the name of	heir most re	cent employer if not curre	ently employed (i	if known).		
Employer name	Employer name I don't know					
Provide the address of current employer, or provide the address of current employer, or provide the address of current employer, or provide City, State and Country if outside the United States; otherwise, provide City, State			not currently en	nployed. (Provide C	City 🔲 l c	don't know
Street City		State	Zip Code	Country I		
						V
Is this relative affiliated with a foreign government, military, PES NO I don't know					n movement, or i	intelligence
nter your Social Security Number before going to th	ne next pag	je 		→ [

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 18 - Relatives -	· (Continued)							
	Entry #4								
	Provide relative type.								
	Provide your relative's fu Last name	ll name.	F	irst name			Middle name	Suffix	-
	Provide your relative's da Date (Month/Day/Year)	ate of birth.	Provide your re City	elative's place of birth.	State	 	Country (Required)	I .	□
	Provide your relative's co Country #1	ountry(ies) of	citizenship.	Country #2	,		▼		
	18.1 Complete the fol Sister, Stepbrot	lowing if the r	elative listed is t	your Mother, Father, S r, Half-sister.	tepmother, Stepf	ather, (Child (including adopted/fo	ster), Stepchild, Broth	ner,
Entry #4	If mother, provide you Last name Has this relative used YES NO	any other nar	aiden name. F mes?	Same as listed			Middle name ne by a former marriage, form	Suffix │ ler	ble
	#1 Last name			First name			Middle name	Suffix	—
	Maiden name?	From (Mont	th/Year)	To (Month/Year)	Present Est.	Prov	/ide the reason(s) why the na	me changed.	
	#2 Last name	•		First name		•	Middle name	Suffix	V
	Maiden name?	From (Mont	h/Year)	To (Month/Year)	Present Est.	Prov	vide the reason(s) why the na	me changed.	
	#3 Last name			First name		•	Middle name	Suffix	-
	Maiden name?	From (Mont	h/Year)	To (Month/Year)	Present Est.	Prov	ride the reason(s) why the na	me changed.	
	#4 Last name			First name			Middle name	Suffix	•
	Maiden name?	From (Mont	th/Year)	To (Month/Year)	Present Est.	Prov	ride the reason(s) why the na	me changed.	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 18 - Relatives - (Continue	ed)						
	Is your relative deceased? [] YES (If YES, proceed to 18.3) [] NO							
		ne relative listed is your Mother, Father, Stor, Stepbrother, Stepsister, Half-brother, F						
Entry #4	Provide your relative's current as	ddress. (Provide City and Country if outside the Un City						
ū	Does this relative have an APO/I	 FPO address?						
	☐ YES → Provide yo Address ☐ NO Address ☐ I don't know	our relative's APO/FPO address.	APO or FPO APO/FPO	O State Code Zip Code				
	Sister, Stepbrother, Steps OR Complete the following if the	e relative listed is your Mother , Father , Ste sister , Half-brother , Half-sister and is a U. e relative listed is your Mother , Father , Ste t , Stepbrother , Stepsister , Half-brother , H . or APO/FPO address.	S. Citizen, foreign born and is deceased. pmother, Stepfather, Foster parent, Chil	ld (including adopted/foster),				
Entry #4	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	ocumentation and document number below Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)	Derived: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560 or N561)	Other (Provide explanation)				
	Provide document number.		e of the court that issued the Certificate of N	Naturalization.				
	Provide the address of the court Street	that issued the Certificate of Naturalization.	City	State Zip Code				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)						
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.						
Provide type of documentation he or she possesses to support U.S. re Not a U.S. Citizen: I-94 Arrival-Departure Record	esidence. Status: I-20 Certificate of Eligibility for Other (Provide explanation) Non-Immigrant-F1-Student					
I-766 Employment U.S. Visa (red foil number) Authorization	DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status					
Provide document number Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present					
Est	Est.					
Provide methods of contact (Check all that apply).						
☐ In person ☐ Telephone	Electronic (Such as e-mail, texting, chat rooms, etc)					
Written correspondence Other (Provide explanation	on) •					
Provide approximate frequency of contact.						
Daily Monthly	Annually					
Weekly Quarterly	☐ Other (Provide explanation)▶					
Provide name of current employer, or provide the name of their most r Employer name	ecent employer if not currently employed (if known).					
☐ I do	n't know					
Provide the address of current employer, or provide the address of the						
(Provide City and Country if outside the United States; otherwise, provide City, Sta Street City	State Zip Code Country					
Silvet	State Zip Code Country					
Is this relative affiliated with a foreign government, military, security, do YES Describe the relative's relationship with the for service.	efense industry, foreign movement, or intelligence service? eign government, military, security, defense industry, foreign movement, or intelligence					
18.5 Complete the following if the relative listed is your Mother, Father	er, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), her, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,					
Provide approximate date of first contact. (Month/Year) Est.	Provide approximate date of last contact. (Month/Year) Present Est.					
Provide methods of contact (Check all that apply).						
☐ In person ☐ Telephone	Electronic (Such as e-mail, texting, chat rooms, etc)					
Written correspondence Other (Provide explanation	on) •					
Provide approximate frequency of contact.						
☐ Daily ☐ Monthly	Annually					
☐ Weekly ☐ Quarterly	☐ Other (Provide explanation)▶					
Provide name of current employer, or provide the name of their most r	ecent employer if not currently employed (if known).					
Employer name						
☐ I don't know						
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)						
Street City	State Zip Code Country					
service.	efense industry, foreign movement, or intelligence service? reign government, military, security, defense industry, foreign movement, or intelligence					
I don't know						
inter your Social Security Number before going to the next pa	age —					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ე 	CFR Parts 731, 732, and 736				
	Section 18 - Relatives - (Continued)				
	Entry #5				
•	Provide relative type.				
		▼			
	Provide your relative's full name. Last name First name	ame		Middle name	Suffix
		G.1110			
	Provide your relative's date of birth. Provide your relative	e's place of birth.			
	Date (Month/Day/Year) City		State	Country (Required)	
	Est.		▼		▼
	Provide your relative's country(ies) of citizenship.	Country #2			
	Country #1	Country #2			
		Mathan Fathan Ot			A Ctorolid Doubles
	18.1 Complete the following if the relative listed is your I Sister, Stepbrother, Stepsister, Half-brother, Ha		epmotner, Steptatne	er, Chila (including adopted/foste	r), Stepchild, Brother,
2	If mother, provide your mother's maiden name.	Same as listed	I don't know		
Entry #5	Last name First na	ame		Middle name	Suffix
Ē					—
	Has this relative used any other names?				
	YES NO				
	Provide other names used and the period of time that yo name, alias, or nickname).	our relative used the	m (such as maiden, r	name by a former marriage, former	Not applicable
	#1 Last name	First name		Middle name	Suffix
					▼
	Maiden name? From (Month/Year)	To (Month/Year)	Present F	Provide the reason(s) why the name	changed.
	☐ YES ☐ NO ☐ Est.		Est.		
	#2 Last name	First name		Middle name	Suffix
					▼
	Maiden name? From (Month/Year)	To (Month/Year)	☐ Present F	Provide the reason(s) why the name	changed.
	YES NO Est.		Est.		
	#3 Last name	First name		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)	resent _	Provide the reason(s) why the name	changed.
	YES NO Est.		Est.		
	#4 Last name	First name I		Middle name	Suffix
	Maiden name? From (Month/Year)	To (Month/Year)		Drawing the research why the remain	→ shanged
				Provide the reason(s) why the name	changed.
	YES NO Est.		Est.		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

,	Section 18 - Relatives - <i>(Continue</i>	ed)						
	Is your relative deceased? [] YES (If YES, proceed to 18.3) [] NO							
		ne relative listed is your Mother, Father, Ster, Stepbrother, Stepsister, Half-brother, F						
Entry #5	•	ddress. (Provide City and Country if outside the Un City						
ш	Does this relative have an APO/I	 FPO address?						
	☐ YES → Provide you Address ☐ NO Address ☐ I don't know	our relative's APO/FPO address.	APO or FPO APO/FP	O State Code Zip Code				
	Sister, Stepbrother, Steps OR Complete the following if the	e relative listed is your Mother , Father , Ste sister , Half-brother , Half-sister and is a U. e relative listed is your Mother , Father , Ste c , Stepbrother , Stepsister , Half-brother , H . or APO/FPO address.	S. Citizen, foreign born and is deceased. pmother, Stepfather, Foster parent, Chi	ld (including adopted/foster),				
Entry #5	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	ocumentation and document number below Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)	Derived: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560 or N561)	Other (Provide explanation)				
	Provide document number.	<u> </u>	e of the court that issued the Certificate of Naturalization.					
	Provide the address of the court Street	that issued the Certificate of Naturalization.	City	State Zip Code				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)					
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.					
Provide type of documentation he or she possesses to support U.S. re Not a U.S. Citizen: I-551 Permanent Resident I-766 Employment Authorization I -766 Employment Authorization	Status: I-20 Certificate of Eligibility for Other (Provide explanation) Non-Immigrant-F1-Student				
Authorization	DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status				
Provide document number Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present				
□ Est.	☐ Est. ☐ Est.				
Provide methods of contact (Check all that apply).					
☐ In person ☐ Telephone	Electronic (Such as e-mail, texting, chat rooms, etc)				
Written correspondence Other (Provide explanation	on) •				
Provide approximate frequency of contact.					
Daily Monthly	Annually				
Weekly Quarterly	☐ Other (Provide explanation) ▶				
Provide name of current employer, or provide the name of their most r Employer name	ecent employer if not currently employed (if known).				
☐ I do	n't know				
Provide the address of current employer, or provide the address of the					
(Provide City and Country if outside the United States; otherwise, provide City, Sta Street City	State Zip Code Country				
Silvet	State Zip Code Country				
Is this relative affiliated with a foreign government, military, security, do YES Describe the relative's relationship with the for service.	efense industry, foreign movement, or intelligence service? eign government, military, security, defense industry, foreign movement, or intelligence				
18.5 Complete the following if the relative listed is your Mother, Father	er, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), her, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,				
Provide approximate date of first contact. (Month/Year) Est.	Provide approximate date of last contact. (Month/Year) Present Est.				
Provide methods of contact (Check all that apply).					
In person Telephone	Electronic (Such as e-mail, texting, chat rooms, etc)				
Written correspondence Other (Provide explanation	on) •				
Provide approximate frequency of contact.					
☐ Daily ☐ Monthly	Annually				
☐ Weekly ☐ Quarterly	☐ Other (Provide explanation)▶				
Provide name of current employer, or provide the name of their most r	ecent employer if not currently employed (if known).				
Employer name					
☐ I don't know					
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street City	State Zip Code Country				
service.	efense industry, foreign movement, or intelligence service? eign government, military, security, defense industry, foreign movement, or intelligence				
I don't know					
inter your Social Security Number before going to the next pa	age —				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 18 - Relatives - (Continued)				
Entry #6				
Provide relative type.				
	•			
Provide your relative's full name. Last name First n	ame		Middle name	Suffix
				-
Provide your relative's date of birth. Provide your relative	e's place of birth.			
Date (Month/Day/Year)		State	Country (Required)	
Provide your relative's country(ies) of citizenship.		<u> </u>	1	<u> </u>
Country #1	Country #2			
▼			V	
18.1 Complete the following if the relative listed is your		mother, Stepfathe	er, Child (including adopted/fost	er), Stepchild, Brother,
Sister, Stepbrother, Stepsister, Half-brother, Ha	alf-sister.			
If mother , provide your mother's maiden name.	Same as listed	I don't know	Middle	Cuffix
Last name First n	ame		Middle name	Suffix
Has this relative used any other names?				
YES NO				
Provide other names used and the period of time that yo	our relative used them	(such as maiden, r	name by a former marriage, former	□ Not applicable
name, alias, or nickname).		(,		Not applicable
#1 Last name	First name I		Middle name I	Suffix
M				
Maiden name? From (Month/Year) ☐ YES ☐ NO ☐ Fst	To (Month/Year)		Provide the reason(s) why the nam	e cnanged.
#2 Last name	First name	Est.	Middle name	Suffix
#2 Last Hattle	First name			Julix
Maiden name? From (Month/Year)	 To (Month/Year)	Present F	 Provide the reason(s) why the nam	e changed.
☐YES ☐ NO ☐ Est.		Est.	.,,	· ·
#3 Last name	First name		Middle name	Suffix
				▼
Maiden name? From (Month/Year)	To (Month/Year)	Present F	Provide the reason(s) why the nam	e changed.
YES NO Est.		Est.		
#4 Last name	First name		Middle name	Suffix
				▼
Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the nam	e changed.
YES NO Est.		Est.		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

:	Section 18 - Relatives - <i>(Continue</i>	ed)						
	Is your relative deceased? YES (If YES, proceed to 18.3) NO							
		ne relative listed is your Mother, Father, Ste r, Stepbrother, Stepsister, Half-brother, H						
Entry #6	·	ddress. (Provide City and Country if outside the Un City						
	Does this relative have an APO/I YES Provide you Address I don't know	FPO address? our relative's APO/FPO address.	APO or FPO APO/F	PO State Code Zip Code				
	Sister, Stepbrother, Steps OR Complete the following if the	e relative listed is your Mother , Father , Stepsister , Half-brother , Half-sister and is a U.S e relative listed is your Mother , Father , Stepsister , Half-brother , Half-broth	S. Citizen, foreign born and is deceased. pmother, Stepfather, Foster parent, Ch	nild (including adopted/foster),				
Entry #6	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	ocumentation and document number below: Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)	Derived: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560 or N561)	Other (Provide explanation)				
	Provide document number. Provide the address of the court	Provide the name that issued the Certificate of Naturalization.	I of the court that issued the Certificate of	f Naturalization.				
	Street	that issued the sertificate of Natarahization.	City	State Zip Code				
Er	nter your Social Security Nun	nber before going to the next page		•				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	
18.4 Complete the following if the relative listed is your Mother, Father	r, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), er, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide type of documentation he or she possesses to support U.S. res Not a U.S. Citizen: I-551 Permanent Resident I-766 Employment Authorization U.S. Visa (red foil number)	Status: I-20 Certificate of Eligibility for Non-Immigrant-F1-Student DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
Provide document number Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present Est. Provide approximate date of last contact. (Month/Year) Est.
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)	☐ Electronic (Such as e-mail, texting, chat rooms, etc)
Provide approximate frequency of contact. Daily Monthly Weekly Quarterly	☐ Annually ☐ Other (Provide explanation)▶
Provide name of current employer, or provide the name of their most re Employer name	cent employer if not currently employed (if known).
Provide the address of current employer, or provide the address of thei (Provide City and Country if outside the United States; otherwise, provide City, State Street City Is this relative affiliated with a foreign government, military, security, de	r most recent employer if not currently employed. e and Zip Code) State Zip Code Country
NO service. I don't know 18.5 Complete the following if the relative listed is your Mother, Father	r, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), er, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide approximate date of first contact. (Month/Year) Est.	Provide approximate date of last contact. (Month/Year) Present Est.
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation	☐ Electronic (Such as e-mail, texting, chat rooms, etc)
Provide approximate frequency of contact. Daily Monthly Weekly Quarterly	☐ Annually ☐ Other (Provide explanation) ▶
	't know
Provide the address of current employer, or provide the address of thei and Country if outside the United States; otherwise, provide City, State and Zip Cod Street City	
Is this relative affiliated with a foreign government, military, security, de YES NO I don't know	
nter your Social Security Number before going to the next pa	qe —

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts							
A foreign national is defined as any person who	is not a citizen or na	tional of t	he U.S.				
Do you have, or have you had, close and/or cor whom you, or your spouse, or legally recognized influence, common interests, and/or obligation?	d civil union/domestic	c partner,	or cohabitant are b	oound by affecti	on, \square		NO (If NO, proceed o Section 20A)
Complete the following if you responded 'Yes			•				•
Entry #1	to have, or have ha	u, 0,000 u	maror continuing of	onidat with a for			
Provide the full name of the foreign national,	f known				☐ I don't	know	
Last name First na			Middle name	Suffi		on if name is	s unknown
					-		
Provide approximate date of first contact. (Mo	nth/Year)	Provide a	approximate date o	of last contact. (/	Month/Year)		
``	Est.			·	, 	ist.	
Provide methods of contact (Check all that ap	pply).						
☐ In person ☐ T	elephone		Electronic (Su	ıch as e-mail, te	xting, chat rooms,	etc)	
☐ Written correspondence ☐ C	Other (Provide expla	nation) ▶					
Provide approximate frequency of contact.							
☐ Daily	onthly		Annually				
☐ Weekly	Quarterly		Other (Provide	e explanation) 🕨	•		
Provide the nature of relationship (Check all t Professional or Business	hat apply).		Personal (S	Such as family ti	es, friendship, affe	ection, comr	mon interests, etc)
☐ Obligation (Provide explanation) ▶			Other (Prov	ride explanation) \		
Provide other names and/or nicknames, as a	opropriate.						
Last name	First name			Middle name			Suffix
							-
							▼
Provide country(ies) of citizenship.							
Country #1	Country	y #2					
	-				-		
Provide date of birth.	Provide	place of	birth.	n't know	<u> </u>		
(Month/Day/Year)	City		_	Country	y (If country unknowr	ı, requires exț	planation)
Est.							
Provide current address. (Provide City and Coul	-	States; oth	•	•	·		I don't know
Street	City I		State I г	Zip Code	Country I		
Does this person have an APO/FPO address	? Provide the foreigr	national'			A DO/EDO C+-+-	. 0 - 4 -	7:- OI-
YES Address			APO or FPC)	APO/FPO State	Code	Zip Code
NO I don't know Provide the name of the foreign national's cui	ront omployer, or pr	ovido tho	name of their most	rocent employ	ar if not ourrently o	mplayed	
Employer name	rent employer, or pro	ovide trie	name or their most	recent employe	er ii not currently e	проува.	
			I don't know				
Provide the address of the foreign national's	current employer, or	provide th	ne address of their	most recent em	ployer if not currer	ntly	I don't know
employed. (Provide City and Country if outside the		, provide C	_		Carratan		I don't know
Street	City 		State	Zip Code	Country 		▼
				: t-!!:			
Is this foreign national affiliated with a foreign ☐ VES Describe the c	government, military ontact's relationship		•	-		rv. or intellic	ience service
	- I I I I I I I I I I I I I I I I I I I		<u> </u>	,s, , , 000dii	, , <u></u>	,, <u>-</u> ong	,
NO I don't know							
nter your Social Security Number before	going to the nex	t page			\longrightarrow		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts - <i>(Continued)</i>	ection 19 - Foreign Contacts - <i>(Continued)</i>					
Complete the following if you responded 'Ye	s' to have, or have had, close an	d/or continuing c	ontact with a foreign n	ational.		
Entry #2						
Provide the full name of the foreign national Last name First n		⁄liddle name	Suffix	I don't know Explanation if name i	s unknown	
Provide approximate date of first contact. (M	onth/Year) Provide a	oproximate date o	of last contact. (Month/\)	∕ear) ☐ Est.		
Provide methods of contact (Check all that a	apply). Telephone Other (Provide explanation) ▶	Electronic (Su	uch as e-mail, texting,	chat rooms, etc)		
Provide approximate frequency of contact.	. ,					
	Monthly Quarterly	Annually Other (Provid	le explanation) 🕨			
Provide the nature of relationship (Check all ☐ Professional or Business ☐ Obligation (Provide explanation) ▶			Such as family ties, frie	endship, affection, com	mon interests, etc)	
Provide other names and/or nicknames, as	<u> </u>		I			
Last name	First name		Middle name		Suffix	
					▼	
					▼	
					\	
					▼	
Provide country(ies) of citizenship. Country #1	Country #2		•			
Provide date of birth.	Provide place of b	irth.	n't know Country <i>(If cou</i>	intry unknown, requires ex	planation)	
Provide current address. (Provide City and Co.	untry if outside the United States; othe	rwise, provide City,	State and Zip Code.)		I don't know	
Street	City	State	Zip Code	Country		
Does this person have an APO/FPO addres ☐ YES	s? Provide the foreign national's	APO/FPO addre APO or FP		D/FPO State Code	Zip Code	
Provide the name of the foreign national's cu Employer name	ırrent employer, or provide the n	ame of their mos	t recent employer if no	t currently employed.		
Provide the address of the foreign national's employed. (Provide City and Country if outside the Street				if not currently Country	I don't know	
			<u> </u>	_	<u> </u>	
Is this foreign national affiliated with a foreig YES Describe the NO I don't know	n government, military, security, contact's relationship with the for				gence service.	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 19 - Foreign Contacts - (Continued)	
Complete the following if you responded 'Yes' to have, or have had, close	and/or continuing contact with a foreign national.
Entry #3	
Provide the full name of the foreign national, if known. Last name First name	Middle name Suffix Explanation if name is unknown
Provide approximate date of first contact. (Month/Year) Provid Est.	e approximate date of last contact. (Month/Year) Est.
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)	☐ Electronic (Such as e-mail, texting, chat rooms, etc)
Provide approximate frequency of contact. Daily Monthly Weekly Quarterly	☐ Annually☐ Other (Provide explanation) ▶
Provide the nature of relationship (Check all that apply). ☐ Professional or Business ☐ Obligation (Provide explanation) ▶	□ Personal (Such as family ties, friendship, affection, common interests, et□ Other (Provide explanation) ▶
Provide other names and/or nicknames, as appropriate. Last name First name	Middle name Suffix
Last Hame	Wildlie Hame Sumx
Provide country(ies) of citizenship. Country #1 Country #2 Provide date of birth.	of hinth
Provide date of birth.	Country (If country unknown, requires explanation)
Provide current address. (Provide City and Country if outside the United States; a Street City	otherwise, provide City, State and Zip Code.) State Zip Code Country
Does this person have an APO/FPO address? Provide the foreign nation YES Address NO I don't know	APO or FPO APO/FPO State Code Zip Code
Provide the name of the foreign national's current employer, or provide the Employer name	☐ I don't know
Provide the address of the foreign national's current employer, or provide employed. (Provide City and Country if outside the United States; otherwise, provide Street City	' ' I I don't kno
Is this foreign national affiliated with a foreign government, military, secur YES Describe the contact's relationship with the NO I don't know	ity, defense industry, or intelligence service? foreign government, military, security, defense industry, or intelligence service.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 19 - Foreign Contacts - (Continued)					
Complete the following if you responded 'Yes	s' to have, or have had, close and	or continuing co	ontact with a foreign national.		
Entry #4					
Provide the full name of the foreign national, Last name First na		ddle name	Suffix Explanation if nar	me is unknown	
Provide approximate date of first contact. (Mo	onth/Year) Provide apr	proximate date o	of last contact. (Month/Year)		
	Est.		Est.		
Provide methods of contact (Check all that ap	pply).				
☐ In person	Telephone] Electronic (Sເ	uch as e-mail, texting, chat rooms, etc)		
Written correspondence	Other (Provide explanation) >				
Provide approximate frequency of contact.					
	Monthly	Annually			
	Quarterly	Other (Provid	e explanation) 🕨		
Provide the nature of relationship (Check all that apply). Professional or Business Personal (Such as family ties, friendship, affection, common interests, etc)					
☐ Obligation (Provide explanation) ▶ ☐ Other (Provide explanation) ▶					
Provide other names and/or nicknames, as a	unnronriate		vide explanation) •		
Last name	First name		Middle name	Suffix	
Edot Hame	T HOL HAME		Wilder Hame	- Guillix	
				▼	
				▼	
				▼	
Provide country(ies) of citizenship. Country #1	Country #2				
Country #1	Gountly #2		-		
Provide date of birth. I don't know	Provide place of bir	th. 🗆 Ldo	n't know		
(Month/Day/Year)	City		Country (If country unknown, require	s explanation)	
Est.				\blacksquare	
Provide current address. (Provide City and Cou	untry if outside the United States; otherw	vise, provide City, S	State and Zip Code.)	I don't know	
Street	City	State	Zip Code Country		
			<u> </u>		
Does this person have an APO/FPO address	? Provide the foreign national's A			7: 0 !	
☐ YES — Address		APO or FP	O APO/FPO State Code	Zip Code	
NO I don't know Provide the name of the foreign national's cur	rrent employer, or provide the new	no of their most	t recent employer if not currently employe	<u> </u>	
Employer name	Tent employer, or provide the har	ne or their most	recent employer if not currently employe	u.	
		I don't know			
Provide the address of the foreign national's	current employer, or provide the a	address of their	most recent employer if not currently	I don't know	
employed. (Provide City and Country if outside the Street	United States; otherwise, provide City, City	State and Zip Cod State	le.) Zip Code Country	radire know	
Guest	Oity		▼ Code Codinary	▼	
Is this foreign national affiliated with a foreign	L n government, military, security, d	efense industry	. or intelligence service?		
· · ·		•	t, military, security, defense industry, or in	telligence service.	
NO ☐ I don't know					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Ocation OOA Females Autotics

Section 20A - Foreign Activities						
20A.1 Have you, your spouse or legally recogniz EVER had any foreign financial interests (corporate entities, corporate interests or e economic sectors) in which you or they ha companies or diversified mutual funds or o	(such as stocks, property, investrexchange traded funds (ETFs) he have direct control or direct owners	ments, bank accour eld in specific geogr ship? (Exclude finar	nts, ownership of aphical or ncial interests in	YES NO	O (If NO, proceed to a	20A.2)
Complete the following if you responded 'Yes having EVER had any foreign financial interest corporate entities, corporate interests or exch direct control or direct ownership (Exclude fin U.S. exchange.)	sts (such as stocks, property, inv nange traded funds (ETFs) held in	estments, bank acc n specific geograph	counts, ownershi	p of corporate entit sectors) in which y	ies, ownership of you or they have	
Entry #1						
Specify (Check all that apply): Yourself	Spouse or legally recogniz	ed civil union/dome	estic partner	Cohabitant [Dependent child	dren
Provide the type of financial interest.	Provide the date	acquired. (Month/Da	ay/Year)			
			Est.			
Provide how the financial interest was acquired	(such as purchase, gift, etc.).					
Provide the cost (in U.S. dollars) at time of acquisition.		ent value (in U.S. do sold, lost or otherwis	,	ue at the time contr	ol or	
asquisitionis	Est.	3014, 1001 01 01.101 11.10	so alopocod on			Est.
Provide the date control or ownership was relir		Provide explanation	on of how interes	t control or owners	hip was sold, lost o	_
Date	Est.	otherwise dispose				
	Not Applicable					
Are there any co-owners of this foreign financia	al interest?					
☐ YES ☐ NO						
#1 Provide full name of co-owner.						
Last name	First name		Middle name		Suffix I	
Provide the co-owner's current address. (Presert	rovide City and Country if outside the U City	United States; otherwis State	e, provide City, Sta Zip Code	te and Zip Code.) Country		
Sueet			Zip Code			\blacksquare
Provide your co-owner's country(ies) of citiz						_
Country #1	Country #2		Provide the nat	ure of your relation	ship with the co-ov	wner.
	₹	•				
#2 Provide full name of co-owner.						
Last name	First name I		Middle name		Suffix I	
			1			
Provide the co-owner's current address. (Prostreet	rovide City and Country if outside the U City	United States; otherwis State	e, provide City, Sta Zip Code	te and Zip Code.) Country		
dieet			Zip Code			\blacksquare
Provide your co-owner's country(ies) of citiz						_
Country #1	Country #2		Provide the nat	ure of your relation	ship with the co-ov	wner.
	▼	•				
	•					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20A - Foreign Activities (Continued)

ł c	Complete the following if you responded 'Yes' to ynaving EVER had any foreign financial interests (scorporate entities, corporate interests or exchange direct control or direct ownership (Exclude financial J.S. exchange.)	such as stocks, property, inve e traded funds (ETFs) held in	estments, bank acc specific geograph	counts, ownership ical or economic	of corporate entities, owner sectors) in which you or the	ership of ey have
E	ntry #2					
S	pecify (Check all that apply): Yourself	Spouse or legally recognize	ed civil union/dome	stic partner	Cohabitant Depend	dent children
P	rovide the type of financial interest.	Provide the date	acquired. (Month/Da	ay/Year)		
] Est.		
P	rovide how the financial interest was acquired (su	ch as purchase, gift, etc.).				
	rovide the cost (in U.S. dollars) at time of		•	,	e at the time control or	
a	equisition.		old, lost or otherwis	se disposed of:		
_		Est.				Est.
	rovide the date control or ownership was relinquis	` _ ` /	Provide explanati otherwise dispose		t control or ownership was	sold, lost or
L	ate	Est.		5d 01.		
_		Not Applicable				
A	re there any co-owners of this foreign financial in	terest?				
	YESNO					
#	1 Provide full name of co-owner.					
	Last name	First name		Middle name I		Suffix
						_
	Provide the co-owner's current address. (Provide	· •		•	. ,	
	Street	City	State	Zip Code I	Country	
						<u> </u>
	Provide your co-owner's country(ies) of citizen: Country #1	ship. Country #2		Dravida the nati	ure of your relationship with	the se owner
	Country #1		\		are or your relationship with	the co-owner.
-						
#:	Provide full name of co-owner. Last name	First name		Middle name		Suffix
	Edistrianie					
	Provide the co-owner's current address. (<i>Provide</i>	o City and Country if outside the	Inited States, athenui	an provide City Stat	to and Zin Code)	
	·	e City and Country if outside the C City	State	se, provide City, Stat Zip Code	Country	
		,				V
	Provide your co-owner's country(ies) of citizens	hin				
	Country #1	Country #2		Provide the natu	ure of your relationship with	the co-owner.
	·		-			
		1		1		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20A - Foreign Activities - (Co	ntinued)		
	y recognized civil union/domestic partner, financial interests that someone controlled		YES NO (If NO, Proceed to 20A.3)
	ded ' Yes ' to you, your spouse or legally re ests that someone controlled on your beha		cohabitant, or dependent children having
Entry #1	•		
Specify: (Check all that apply):	Yourself Spouse or legally recognize	ed civil union/domestic partner 🔲 0	Cohabitant Dependent children
Provide the type of financial interest.	Provide the name of the individual who c Last name	controls this financial interest on your be First name	ehalf. Provide this individual's relationship to you.
Provide details regarding how the fina purchase, gift, etc.).	• • •	Provide the date this financial interest vas acquired. (Month/Day/Year) Est.	Provide the cost (in U.S. dollars) at time of acquisition.
Provide the current value (in U.S. dol value at the time interest was sold, lo otherwise disposed of.			ride explanation if interest was sold, lost herwise disposed of.
Are there any co-owners of this foreig	gn financial interest controlled on your beh	nalf?	
#1 Provide the full name of co-owne Last name	r. First name	Middle name	Suffix
Provide the co-owner's current ac	ddress. (Provide City and Country if outside the	United States; otherwise, provide City, State	and Zip Code.)
Street	City	State Zip Code	Country
Provide the co-owner's country(ie Country #1	es) of citizenship. Country #2	Provide your relat	ionship with the co-owner.
#2 Provide the full name of co-owne Last name	r. First name	Middle name	Suffix
Provide the co-owner's current ac	ddress. (Provide City and Country if outside the	United States; otherwise, provide City, State	and Zip Code.)
Street	City	State Zip Code	Country
Provide the co-owner's country(is Country #1	es) of citizenship. Country #2	Provide your relat	ionship with the co-owner.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Saction	201	Earnian	Activities	_	(Continued)
Section	ZUM -	roreiun	ACHVILLES	-	Communeur

ection 20A - Foreign Activities - (Continue	d)				
Complete the following if you responded 'Ye EVER had any foreign financial interests the			/domestic partner,	cohabitant, or dependent	children having
Entry #2					
Specify: (Check all that apply):	If Spouse or legally recog	gnized civil union/dome:	stic partner	Cohabitant Depend	dent children
Provide the type of financial provide interest.	de the name of the individual winame	no controls this financia First name	ıl interest on your b	ehalf. Provide this indi relationship to y	
Provide details regarding how the financial in purchase, gift, etc.).	nterest was acquired (such as	Provide the date this was acquired. (Month		Provide the cost (in U.S at time of acquisition.	6. dollars)
Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of.	Provide the date i sold, lost, or other of. (Month/Day/Yea	r wise disposed	or o	vide explanation if interes therwise disposed of.	t was sold, lost
A			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Are there any co-owners of this foreign final	nciai interest controlled on your	benait?			
YES NO					
#1 Provide the full name of co-owner.					
Last name	First name		Middle name	e	Suffix
Provide the co-owner's current address.	(Provide City and Country if outside	the United States: otherwis	se provide City State	and Zin Code)	
Street	City	State	Zip Code	Country	▼
Provide the co-owner's country(ies) of c	itizanahin				
Country #1	Country #2	•	Provide your relat	tionship with the co-owne	r.
#2 Provide the full name of co-owner.					
Last name	First name		Middle name		Suffix
Provide the co-owner's current address.	(Provide City and Country if outside	the United States: otherwis	se provide City State	and Zin Code)	
Street	City	State	Zip Code	Country	V
Provide the co-owner's country(ies) of c	itizenship.		1	ı	
Country #1	Country #2	•	Provide your relat	tionship with the co-owne	r.
	1		•		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)	
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children EVER owned, or do you antic	gnized civil union/domestic partner, c cipate owning, or plan to purchase rea	, I	YES NO (If NO, Proceed to 20A.4)
Complete the following if you responded 'Y EVER owned, or do you anticipate owning,			cohabitant, or dependent children
Entry #1			
Specify (Check all that apply): Yourse		· —	Cohabitant Dependent children
Provide the type of real estate property (such as home, business, etc.).	Provide the location/address of prope Street	erty. City	Country
Provide the date of purchase or to be acquired. (Month/Day/Year) Est.	Provide how the foreign real estate w purchase, gift, etc.).	vas or is to be acquired (such as	Provide the date sold, if applicable. (Month/Day/Year)
Provide the cost (in U.S. dollars) when solo	d or expected at time of acquisition.	Are/were/will there any co-ov	wners of this foreign real estate?
#1 Provide the full name of co-owner. Last name	First name	Middle name	Suffix
Provide the co-owner's current address Street	. (Provide City and Country if outside the Ui City		and Zip Code.) Country
Provide the co-owner's country(ies) of c Country #1	citizenship. Country #2	Provide the natur	e of your relationship with the co-owner.
#2 Provide the full name of co-owner. Last name	First name	Middle name	Suffix
Provide the co-owner's current address Street	. (Provide City and Country if outside the Ui City		and Zip Code.) Country
Provide the co-owner's country(ies) of c Country #1	Country #2	Provide the natur	e of your relationship with the co-owner.
er your Social Security Number befo			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20A - Foreign Activities - (Continued)

Section 20A - Foreign Activities - (Continueu)			
Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country.			
Entry #2			
Specify (Check all that apply):	self Spouse or legally recognized	d civil union/domestic partner C	ohabitant Dependent children
Provide the type of real estate property (such as home, business, etc.).	Provide the location/address of prope Street	erty. City	Country
Provide the date of purchase or to be acquired. (Month/Day/Year)	Provide how the foreign real estate w purchase, gift, etc.).	vas or is to be acquired (such as	Provide the date sold, if applicable. (Month/Day/Year)
	1		Est.
Provide the cost (in U.S. dollars) when sold or expected at time of acquisition. Are/were/will there any co-owners of this foreign real estate? St. YES NO			
#1 Provide the full name of co-owner.		•	
Last name	First name	Middle name	Suffix
Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)			
Street	City	State Zip Code C	Country
Provide the co-owner's country(ies) of citizenship.			
Country #1	Country #2	Provide the nature	of your relationship with the co-owner.
#2 Provide the full name of co-owner.			
Last name	First name	Middle name	Suffix
Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)			
Street	City		Country
Provide the co-owner's country(ies) of Country #1	citizenship. Country #2	Provide the nature	of your relationship with the co-owner.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

5 CFR Parts 731, 732, and 736		s 731, 732, and 736	NATIONAL SECURITY POSITIONS	
	Section	20A - Foreign Activities - (Continued)		
	20A.4	dependent children received in the last s	or legally recognized civil union/domestic partner, cohabitant, or even (7) years, or are eligible to receive in the future, any elfare, or other such benefit from a foreign country?	YES NO (If NO, Proceed to 20A.5)
	Com	blete the following if you responded 'Yes' th	at as a U.S. citizen, have you, your spouse or legally recognized	civil union/domestic partner, cohabitant, or

Provide the type of benefit.	Entry #1						
Other such benefit (Provide explanation) Trouvide the frequency of the Onetime benefit (Provide explanation) Future benefit (Complete (b)) Continuing benefit (Complete (c))		Yourself	Spouse or legally i	recognized civil unio	on/domestic partner	Coh	abitant Dependent childre
Provide the frequency of the benefit Onetime benefit Complete (e)	Provide the type of benefit.				Retirement	Soc	cial Welfare
Other (Complete (d)) (Provide explanation)	Provide the frequency of the				ofit (Complete (b))		ntinuing honofit (Complete (a))
benefit from a foreign country: Provide the date the benefit was received. (Month/Day/Year) providing the benefit. As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependent children obligated in a way to this foreign country? Provide the hand of the country providing the benefit. As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a benefit from a foreign country: Provide the date the benefit will be received. Best. Provide the reason this benefit will be received. Provide the frequency the benefit will be received. Provide explanation. Provide the name of the country providing this benefit. Provide the value (in U.S. dollars) of the benefit way to this foreign country? YES	· · ·				ent (Complete (b))		ntinuing benefit (Complete (c))
was received. (Month/Day/Year) providing the benefit.			egally recognized civi	l union/domestic pa	rtner, cohabitant, or d	ependent	children received a onetime
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in a way to this foreign country? YES			•		,		Provide the reason this benefit was received.
way to this foreign country? YES If yes, provide explanation.		Est.				Est.	
way to this foreign country? YES If yes, provide explanation.	As a result of this benefit are	you, your spouse	or legally recognized	civil union/domestic	partner, your cohabi	tant, or de	L ependant children obligated in a
NO NO NO NO NO NO NO NO	way to this foreign country?	you, your opouco	o. logany loodyou		pararer, year comas.	, 0	portuant ormator congatos in a
b) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a benefit from a foreign country: Provide the date the benefit will begin. (Month/Day/Year)	YES If yes	s, provide explana	tion.				
benefit from a foreign country: Provide the date the benefit will be received. Degin. (Month/Day/Year)	□ NO						
begin. (Month/Day/Year)			egally recognized civi	l union/domestic pa	rtner, cohabitant, or d	ependent	children expect to receive a
Countrell Coun	Provide the date the benefit w	vill Provi	de the frequency the	benefit will be recei	ved.		
Provide the name of the country providing this benefit. Provide the value (in U.S. dollars) of the benefit we benefit to be received. As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in a way to this foreign country? YES	begin. (Month/Day/Year)	. 🗆 🗸	Annually N	Monthly C	ther (Provide explan	ation) ▶	
benefit to be received. St.		Est.	Quarterly U	Veekly			
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in a way to this foreign country? YES	Provide the name of the coun	try providing this	penefit. Provide the	value (in U.S. dollar	s) of the	Pr	ovide the reason this benefit wil
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in a way to this foreign country? YES			benefit to be	received.		be	received.
way to this foreign country? YES			—			Est.	
YES If yes, provide explanation. NO	As a result of this benefit are	you, your spouse	or legally recognized	civil union/domestic	partner, your cohabi	tant, or de	ependant children obligated in a
NO	<u>.</u>						
If have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive a continuing or complete the date the benefit from a foreign country: Provide the date the benefit began. (Month/Day/Year)		s, provide explana	ition.				
benefit from a foreign country: Provide the date the benefit began. (Month/Day/Year) Est. Est. Est.	☐ NO						
□ Est. Provide the frequency that this benefit is received. □ Annually □ Monthly □ Other (Provide explanation) ▶ □ Quarterly □ Weekly Provide the name of the country providing this benefit. □ Provide the reason this benefit is being received. □ Est. As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in a way to this foreign country? □ YES → □ If yes, provide explanation.			ly recognized civil uni	on/domestic partner	r, cohabitant, or depe	ndent chil	dren receive a continuing or ot
Provide the frequency that this benefit is received. Annually	Provide the date the benefit b	egan. (Month/Day/	Year) Provid	le the date the bene	fit is expected to end	. (Month/Da	ay/Year)
Annually			Est.				Est.
Quarterly	Provide the frequency that thi	s benefit is receiv	ed.				
Provide the name of the country providing this benefit. Provide the total value (in U.S. dollars) of benefit. Provide the reason this benefit is being received. Est. As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in a way to this foreign country? YES If yes, provide explanation.	Annually	Montl	nly 🔲 Oth	er (Provide explan	ation) ▶		
this benefit. of benefit. being received. As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in a way to this foreign country? YES If yes, provide explanation.	Quarterly		ly				
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in a way to this foreign country? YES If yes, provide explanation.	Provide the name of the coun	try providing	Provide the total	value (in U.S. dolla	rs)	Provide t	he reason this benefit is
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in a way to this foreign country? YES If yes, provide explanation.	this benefit.		-		∏Est. │	being red	ceived.
YES If yes, provide explanation.	A	you, your spouse	or legally recognized	civil union/domestic		tant, or de	ependant children obligated in a
	way to this foreign country?	3. provide explana	tion.				
	way to this foreign country?	-,					
•	way to this foreign country?	-,					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20A - Foreign Activities - (Continued)

Contain 2011 For Sign Front Floor
Complete the following if you responded 'Yes' that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.
Entry #2
Specify (Check all that apply) Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children
Provide the type of benefit.
☐ Other such benefit (Provide explanation) ▶
Provide the frequency of the Onetime benefit (Complete (a)) Future benefit (Complete (b)) Continuing benefit (Complete (c))
benefit. ☐ Other (Complete (c)) (Provide explanation) ▶
(a) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received a onetime benefit from a foreign country:
Provide the date the benefit
was received. (Month/Day/Year) providing the benefit. dollars) of the benefit received. was received.
□ Est. □ Est. □
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?
YES If yes, provide explanation.
(b) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a benefit from a foreign country:
Provide the date the benefit will Provide the frequency the benefit will be received.
begin. (Month/Day/Year)
Est. Quarterly Weekly
Provide the name of the country providing this benefit. Provide the value (in U.S. dollars) of the Provide the name of the country providing this benefit will
benefit to be received.
□ Est.
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?
YES If yes, provide explanation.
(c) If have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive a continuing or other benefit from a foreign country:
Provide the date the benefit began. (Month/Day/Year) Provide the date the benefit is expected to end. (Month/Day/Year)
□Est. □
Provide the frequency that this benefit is received.
☐ Annually ☐ Monthly ☐ Other (Provide explanation) ▶
Uguarterly Weekly
Provide the name of the country providing Provide the total value (in U.S. dollars) Provide the reason this benefit is
this benefit. of benefit. being received.
▼ Est.
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?
YES If yes, provide explanation.
□ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ıed)					
support for any foreign national?			YES I	NO (If NO, procee	d to 20B)
fes' to providing financial support for	any foreign natio	nal.			
					,
ou support or have supported financia First name I	ılly.	Middle name		Suffix I	
					V
I listed above. <i>(Provide City and Country i</i> City	foutside the United State	States; otherwise, p Zip Code	orovide City, State and Country	d Zip Code.)	V
n the foreign national listed above.	Provide the a	mount (in U.S. d	ollars) of all financi	ial support provi	ded.
Provide this foreign national's c Country #1	ountry(ies) of citi	zenship. Country #2		-	
ou support or have supported financia First name	illy.	Middle name		Suffix	\
I listed above. (Provide City and Country i	f outside the United	States; otherwise,	provide City, State and	d Zip Code.)	<u></u>
City	State	Zip Code	Country		V
n the foreign national listed above.	Provide the a	mount (in U.S. d	ollars) of all financi	ial support provi	ded.
Provide this foreign national's c Country #1	ountry(ies) of citi	zenship. Country #2		T	
	ou support or have supported financial First name I listed above. (Provide City and Country in City In the foreign national listed above. Provide this foreign national's concountry #1 Ou support or have supported financial First name I listed above. (Provide City and Country in City In the foreign national listed above. Provide this foreign national's concountry in the foreign national listed above.	support for any foreign national? Yes' to providing financial support for any foreign nation ou support or have supported financially. First name I listed above. (Provide City and Country if outside the United City State Provide this foreign national's country(ies) of citic Country #1 Ou support or have supported financially. First name I listed above. (Provide City and Country if outside the United City State The foreign national listed above. Provide the Inited State The foreign national listed above. Provide the and Provide the United State Provide this foreign national's country(ies) of citic city Provide this foreign national's country(ies) of citic city	Support for any foreign national? Yes' to providing financial support for any foreign national. Ou support or have supported financially. First name Middle name	Support for any foreign national? Yes' to providing financial support for any foreign national. Ou support or have supported financially. First name All listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and City State Zip Code Country Provide this foreign national listed above. Provide the amount (in U.S. dollars) of all financially. Country #1 Ou support or have supported financially. First name Middle name Middle name I listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and City State Zip Code Country Provide the amount (in U.S. dollars) of all financially. First name Provide the amount (in U.S. dollars) of all financially. Provide the amount (in U.S. dollars) of all financially. Provide the amount (in U.S. dollars) of all financially.	support for any foreign national? YES NO (If NO, procee) Yes' to providing financial support for any foreign national. Ou support or have supported financially. First name Middle name Suffix I listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Provide this foreign national listed above. Provide this foreign national's country(ies) of citizenship. Country #1 Country #2 Ou support or have supported financially. First name Middle name Suffix Middle name Suffix I listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the amount (in U.S. dollars) of all financial support provide the foreign national listed above. Provide the amount (in U.S. dollars) of all financial support provide the foreign national listed above. Provide the amount (in U.S. dollars) of all financial support provide the foreign national support provide the amount (in U.S. dollars) of all financial support provide this foreign national's country(ies) of citizenship.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

FR Parts 731, 732, and 736	viting and Fausium (````			
Section 20B - Foreign Business, Professional Activ					
10B.1 Have you in the last seven (7) years provided foreign business or other foreign organization (Answer "No" if all your advice or support was	that you have not pro	eviously listed as a	former employer?	YES NO (If	NO, proceed to 20B
Complete the following if you responded 'Yes' to ha business or other foreign organization that you have				any individual associa	ted with a foreign
Entry #1					
Provide a description of advice/support provided.	Provide the name of Last name		whom advice or suppor st name	t was provided. Middle name	Suffix
Provide the name of the foreign organization or fore associated.	ign business with who	om the individual is	Provide the country	of origin for the organi	zation or busines
Provide the date(s) during which this advice or supp From Date (Month/Year) To Date (Month	•		t compensation, if any,	was provided for your	service.
Entry #2 Provide a description of advice/support provided.	Provide the name of	of the individual to	whom advice or suppor	t was provided	
Provide a description of advice/support provided.	Last name		st name	Middle name	Suffix
Provide the name of the foreign organization or fore is associated.	ign business with wh	om the individual	Provide the country	of origin for the organi	zation or busines
Describe the state (a) there exists their actions are		D			
Provide the date(s) during which this advice or supp From Date (Month/Year) To Date (Month Est.			it compensation, if any,	was provided for your	service.
or this question, 'Immediate Family' means your spoutiblings, children, step-children, and cohabitant. 0B.2 Have you, your spouse or legally recognized your immediate family in the last seven (7) y even informally, by any foreign government or	civil union/domestic p	eartner, cohabitant, provide advice or s	or any member of erve as a consultant,		half and step-
was authorized pursuant to official U.S. Gove		swel No II all the	advice or support		
Complete the following if you responded 'Yes' to yo immediate family having in the last seven (7) years official or agency.					
Entry #1					
Provide the name of the government official. Last name	First name		Middle name		Suffix
Provide the name of the agency.	-	Provide the co	ountry with which the go	overnment official or aç	gency is affiliated.
Provide the date of the request. (Month/Year) Est.	Provide the circums	stances of request.			
Entry #2					
Provide the name of the government official. Last name	First name		Middle name		Suffix
Provide the name of the agency.	1	Provide the co	ountry with which the go	overnment official or ag	gency is affiliated.
Provide the date of the request. (Month/Year) Est.	Provide the circums	stances of request.			
ter your Social Security Number before goin	g to the next page	e		_	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) Has any foreign national in the last seven (7) years offered you a job, asked you to work as a YES NO (If NO, proceed to 20B.4) consultant, or consider employment with them? Complete the following if you responded 'Yes' to any foreign national having in the last seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them. Entry #1 Provide the name of the foreign national who made the offer. Suffix Last name First name Middle name Provide a description of the position offered. Provide the date when this offer Did you accept the offer? was extended. (Month/Year) YES Explanation ▶ Est. NO Explanation ▶ Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country $| \mathbf{v} |$ Entry #2 Provide the name of the foreign national who made the offer. Suffix Last name First name Middle name \blacksquare Did you accept the offer? Provide a description of the position offered. Provide the date when this offer was extended. (Month/Year) ☐ YES Explanation ▶ Est. NO Explanation ▶ Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City Zip Code Country

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	tion 20B - Foreign Business, Pr	ofessional A	ctivities, and Fo	reign Gov	vernment Con	acts - (Cor	ntinued)		
20B.	.4 Have you in the last seven national not described above							YES NO (If NO, pro	ceed to 20B.5)
	omplete the following if you respondational not described above.	nded 'Yes' to	having in the las	st seven (7) years been	nvolved in a	any other type	of business venture with a	foreign
Eı	ntry #1								
	rovide the full name of this foreigr ast name	national.	First name			, N	liddle name	Suffix	· ·
	rovide the full current address of t treet	his foreign na	itional. (<i>Provide Cit</i> City	ty and Count	try if outside the U State		otherwise, provide Code	e City, State and Zip Code.) Country	•
	rovide the citizenship(s) of this for ountry #1	eign national.	Country	/ #2	•		V		
Pr	rovide a description of the busine	ss venture.					Provide y	our relationship to this fore	gn national.
	rovide the length of time you have rom Date (Month/Year)	been involve To Date (Mo		venture. Present Est.	Provide the na this business		ociation with	Provide the position you	held.
Pr	rovide the service you provided.	Provide t	he financial supp	ort involve	d. Provide	a descriptio	n of what com	pensation was provided for	your service.
Eı	ntry #2								
	rovide the full name of this foreigr ast name	national.	First name				liddle name	Suffix	(
	rovide the full current address of t treet	his foreign na	tional. (<i>Provide Cit</i> City	ty and Count	try if outside the U State		otherwise, provide Code	e City, State and Zip Code.) Country	-
	rovide the citizenship(s) of this for ountry #1	eign national.	Country	/ #2					
Co	ountry #1			/ #2			V		
Co			Country	/ #2			Provide y	Dur relationship to this fore	gn national.
Pr	ountry #1	ss venture.	Country		Provide the nathis business	iture of asso		our relationship to this fore Provide the position you	
Pr	rovide a description of the busines rovide the length of time you have rom Date (Month/Year)	ss venture. be been involve To Date (Mo	Country	s venture.] Present] Est.	this business	uture of asso	ociation with		held.
Pr	rovide a description of the busines rovide the length of time you have rom Date (Month/Year)	ss venture. be been involve To Date (Mo	Country	s venture.] Present] Est.	this business	uture of asso	ociation with	Provide the position you	held.
Pr	rovide a description of the busines rovide the length of time you have rom Date (Month/Year)	ss venture. be been involve To Date (Mo	Country	s venture.] Present] Est.	this business	uture of asso	ociation with	Provide the position you	held.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 20B - Foreign Busine	ss, Professional	Activities, and Foreign Government Contacts - (Continued)
	outside the U.S.?	ttended or participated in any conferences, trade shows, P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended those yo
Complete the following if you or meetings outside the U.S.	responded 'Yes'	to in the last seven (7) years having attended or participated in any conferences, trade shows, seminars,
Entry #1		
Provide the name and descri	ption of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) Present Est. Provide the purpose of the event. Est.
Provide the name of sponsor	ing organization.	Provide the city where the event was held. Provide the country where the event was held.
Was there any subsequent co	ontact with any for	reign nationals as a result of the event?
	ide explanation	Contact #1 explanation
☐ NO for e	ach contact.	Contact #2 explanation
		Contact #3 explanation
		Contact #4 explanation
Entry #2		
Provide the name and descri	ption of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) Present Est. Provide the purpose of the event. Provide the purpose of the event.
Provide the name of sponsor	ing organization.	Provide the city where the event was held. Provide the country where the event was held.
Was there any subsequent co	ontact with any for	reign nationals as a result of the event?
	ride explanation	Contact #1 explanation
☐ NO for e	ach contact.	Contact #2 explanation
		Contact #3 explanation
		Contact #4 explanation

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

SFR Parts 731, 732, an	10 736	,			
Section 20B - Fore	ign Business, Professional Ac	tivities, and For	eign Government Contacts -	(Continued)	
For this question, 'In	nmediate Family' means your sp	ouse, parents, st	ep-parents, siblings, half and s	step- siblings, children, step-children	n, and cohabitant.
government, service, etc.) routine visa	any member of your immediate, its establishment (such as ember) or its representatives, whether applications and border crossing issport, or as a U.S. military serv	assy, consulate, a inside or outside s related to eithe	agency, military service, intellic the U.S.? (Answer 'No' if the co r official U.S. Government trav	gence or security YES Ontact was for yel, foreign travel	NO (If NO, Proceed to 20B.7)
	nt, its establishment (such as en			iving in the last seven (7) years had elligence or security service, etc.) or	
Entry #1					
Provide the name Last name	e of the individual involved in the	contact. First name		Middle name	Suffix
Provide the locati	on of the contact. (Provide City and	Country if outside t	the United States; otherwise, provide	e City, State and Zip Code.)	
City		State	Zip Code	Country	₹
Provide the date	of contact	Provide the fore	eign government(s) involved.		
(Month/Year)	or contact.	Country #1	ngir government(o) inverved.	Country #2	
	☐ Est.		▼		▼
embassy, consula	of establishment (such as ate, agency, military service, curity service, etc.) involved.		nes of the foreign involved in contact.	Provide the purpose/circumstar	nces of contact.
Was there any su	bsequent contact initiated by you	u, your immediate	e family member, or a represer	 ntative of the foreign organization?	
☐YES —	Provide the purpose of the subs		Provide date of most recent	Provide plans for future contact	
NO	The state and panpage of the case		contact (Month/Day/Year)		
Entry #2	of the individual involved in the	a a m t a a t			
Last name	of the individual involved in the	First name		Middle name	Suffix
Provide the location	on of the contact. (Provide City and	I Country if outside t	he United States; otherwise, provide	e City, State and Zip Code.)	
City		State	Zip Code	Country	
					▼
Provide the date (Month/Year)	of contact.		eign government(s) involved.		
(MONUN Tear)	☐ Est.	Country #1	▼	Country #2	▼
Provide the type of	of establishment (such as	Provide the nan	nes of the foreign	Provide the purpose/circumstar	nces of contact.
embassy, consula	ate, agency, military service, curity service, etc.) involved.		involved in contact.	, , , , , , , , , , , , , , , , , , , ,	
Was there any su	bsequent contact initiated by you	u, your immediate	e family member, or a represer	ntative of the foreign organization?	
☐YES —▶	Provide the purpose of the sub-	sequent contact	Provide date of most recent contact (Month/Day/Year)	Provide plans for future contact	
☐ NO					
	-				
nter vour Social S	Security Number before go	ing to the next	t page		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Par	ts 731, 732, and 736		11/11/11/11	IAL OL		. 501	110110				
Sectio	n 20B - Foreign Busines	ss, Professional A	Activities, an	d Foreign G	overnmen	Contacts	s - (Continued)				
20B.7	Have you in the last so for work, or for perman	· , •	onsored any f	oreign nation	al to come	to the U.S	. as a student,	YES	NO (II	f NO, proceed to	20B.8)
	plete the following if you , or for permanent reside	•	in the last	seven (7) yea	ars having	sponsored	l any foreign natio	onal to come	the U.S.	as a student,	for
Entr	y #1										
	ide the name of the spon	sored foreign natio									
Last	name		First name				Middle name			Suffix I	_
											_
l	ide the date of birth for th	ne sponsored forei	gn national.								
Date	(Month/Year)	I don't know									
		Est.									
Prov	ide the place of birth for t	the sponsored fore	ign national.								
City		St	ate Zip	Code	Country (F	Required)					
			\blacksquare								
Prov	ide the current street add	dress of the sponso	ored foreign n	ational. (Prov	ide City and	Country if o	utside the United St	tates; otherwise	, provide Cit	ty, State and Zip	Code)
Stree	et		City		S	ate	Zip Code	Country			
						-	1				lacksquare
Prov	ide the country(ies) of cit	izenship for the sp	onsored forei	an national.		Provide	e the name of the	e organization	through	Not Appli	cable
l .	ntry #1		untry #2	3			sponsorship was	-	-		oubio
	·	-	•		-	11					
Drov	ide the address of the er	anization through	which opens	orobin woo o	rranged if	J	(Duranida Oita and I	0	1- 41		
	ride the address of the org od States; otherwise, provide			orsnip was a	rrangeu, ir a	аррисавіе.	(Provide City and C	Country II outsi	ie irie	Not Appli	cable
Stree	et		Ćity		S	tate	Zip Code	Country	,		
						-	-]				\blacksquare
Prov	ide the dates of stay in th	ne U.S. for the spo	nsored foreig	n national.							
l	n Date (Month/Year)	To Date (M	-	Presen	t						
		Est.		Est.							
Prov	ide the address of the sp	onsored foreign na	ational while r	esiding in the	e U.S.						
Stree	·	oncorou toroign m	City			tate	Zip Code				
						-	7				
Prov	ide the purpose of stay ir	the IIS for the s	nonsored for	aign national	Provid	le the nurr	ose of your spon	eorehin for th	A snonsor	ed foreign natio	onal
1100	ide the purpose of stay if	1 1110 0.0. 101 1110 3	porisored for	sigir riational.		ie trie purp	bose of your spor	isorship for th	e sponsore	ed foreign nati	oriai.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

work, or for permanent residence.	Complete the following if you responded 'Yes'	to in the last seven (7) years h	aving sponsored a	ny foreign nationa	I to come to the U.S.	as a student, for
Trouble the name of the sponsored foreign national. Jate (MemW/Year) don't know Est. Trouble the place of birth for the sponsored foreign national. Jate (MemW/Year) don't know Est. Trouble the current street address of the sponsored foreign national. Jay State Zip Code Country (Required) Zip Code	work, or for permanent residence.		0 1	, ,		
Country #1 Country #2 To Date (MonthYvery To Date (MonthYv	Entry #2					
Provide the date of birth for the sponsored foreign national. Country (Required)				NA: dalla mana		Cuffix
Provide the date of birth for the sponsored foreign national. Country C	Last name	First name		Middle name		Sumix
Identify (Pearly Indicated States) Identify						
Est. Zip Code Country Feequired		eign national.				
Aroude the place of birth for this sponsored foreign national. All y State Zip Code Country (Required)	Date (Month/Year) I don't kno	ow .				
State Zip Code Country (Required) Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States, otherwise, provide City, State and Zip Code Country (Provide the country(ies) of citizenship for the sponsored foreign national. Country 81 Country 91 Country 91 Country 92 Country 92 Provide the name of the organization through which sponsorship was arranged, if applicable. Provide the address of the organization through which sponsorship was arranged. If applicable (Provide City and Country if outside the District City State and Zip Code Country State Zip Code Country City State Zip Code Country Provide the dates of stay in the U.S. for the sponsored foreign national. To Date (Month/Year) Present Est. Provide the address of the sponsored foreign national while residing in the U.S. City State Zip Code City Code Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of your sponsorship for the sponsored foreign national.	Est.					
State Zip Code Country (Required) Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States, otherwise, provide City, State and Zip Code Country Zip Code Country Xip	Provide the place of birth for the sponsored fo	reign national.				
Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; chromises, provide City, State and Zip Code Country Coun	•	-	ıntry (Required)			
Trovide the country(ies) of citizenship for the sponsored foreign national. Country #1 Country #1 Country #2 Trovide the address of the organization through which sponsorship was arranged, if applicable, (Provide City and Country if outside the minded States; otherwise, provide City, State and Zip Code) City State Zip Code Country if outside the Most Applicable, (Provide City and Country if outside the Most Appl					T	
revide the country(ies) of citizenship for the sponsored foreign national. Country #1 Country #2 Trovide the address of the organization through which sponsorship was arranged, if applicable. Provide City and Country if outside the mame of the organization through which sponsorship was arranged, if applicable. Provide City and Country if outside the mide States; otherwise, provide City. State and Zip Code) City State Zip Code Country To Date (Montr/Year) To Date (Montr/Year) Est. City State Zip Code Country To vide the address of the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national.	rovide the current street address of the spon	sored foreign national. (Provide C	itv and Country if outs	ide the United State	s: otherwise. provide Ci	tv. State and Zip Co
rovide the country(ies) of citizenship for the sponsored foreign national. Country #2 Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged, if applicable. Trovide the address of the organization through which sponsorship was arranged. Trovide the address of the organization through which sponsorship was arranged. Trovide the address of the organization through which sponsorship was arranged. Trovide the address of the organization through which sponsorship was arranged. Trovide the address of the organization through which sponsorship was arranged. Trovide the address of the organization through which sponsorship was arranged. Trovide the address of the organization through was arranged. Trovide the address of the organization through was arranged. Tr					_	ty, state and zip so
Country #1 Country #2 which sponsorship was arranged, if applicable. (Provide City and Country if outside the Intel® States; otherwise, provide City, State and Zip Code) Itroet City State City State City State				— p		
country #1 Country #2 which sponsorship was arranged, if applicable. (Provide City and Country if outside the Not Applicable of States, otherwise, provide City. State and Zip Code) To Date (Month/Your) Present			النا _ ا		1	
To Date (Month/Year) State address of the sponsored foreign national. To Date (Stay in the U.S. for the sponsored foreign national.) To Date (Month/Year) State address of the sponsored foreign national. To vide the address of the sponsored foreign national. To vide the address of the sponsored foreign national. To vide the address of the sponsored foreign national. To vide the address of the sponsored foreign national. To vide the address of the sponsored foreign national. To vide the address of the sponsored foreign national. To vide the address of the sponsored foreign national. To vide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of stay in the U.S. for the sponsored foreign national.						Not Applicat
reet City State Zip Code Country rovide the dates of stay in the U.S. for the sponsored foreign national. rom Date (Month/Year)	ountry #1	Country #2	which sp	onsorsnip was an	anged, ii applicable.	
revide the dates of stay in the U.S. for the sponsored foreign national. To Date (Month/Year) Present Est. Est. City State Zip Code Country To Date (Month/Year) Present Est. Est. Tovide the address of the sponsored foreign national while residing in the U.S. treet City State Zip Code State Zip Code To Date (Month/Year) Present Est. To Date (Month/Year) Est. To Date (Month/Year) Present Est. To Date (Month/Year) To Date (Month/Year) Est. To Date (Month/Year) To Date (Month/Ye	▼					
rited States, otherwise, provide City, State and Zip Code) reet City State Zip Code Country City State Zip Code Country City State Zip Code Country To Date (Month/Year) Present Est. Est. City State Zip Code Country To Date (Month/Year) Present Est. State Zip Code City State Zip Code City State Zip Code City State Zip Code City State Zip Code Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of your sponsorship for the sponsored foreign national. City State Zip Code City State Zi	rovide the address of the organization through	gh which sponsorship was arrang	ed, if applicable. <i>(F</i>	Provide City and Cou	ntry if outside the	☐ Not Applicab
rovide the dates of stay in the U.S. for the sponsored foreign national. rom Date (Month/Year)			, , , , , , , , , , , , , , , , , , , ,		•	Тост приноск
rovide the dates of stay in the U.S. for the sponsored foreign national. rom Date (Month/Year)	treet	City	State	Zip Code	Country	
To Date (Month/Year) Present Est. Est. To Voide the address of the sponsored foreign national while residing in the U.S. reet City State Zip Code To Voide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of your sponsorship for the sponsored foreign national.			▼			
		national while residing in the U.S	State	Zip Code		
	rovide the purpose of stay in the U.S. for the	sponsored foreign national.	Provide the purpos	se of your sponso	rship for the sponsor	ed foreign nationa
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

B.8 Have you EVER held political office	n a foreign country?	YES NO (If NO, proceed to 20
Complete the following if you responded 'Y	es' to having EVER held political	office in a foreign country.
Entry #1	<u> </u>	,
Provide the position held.	Provide the dates you held pol	
	From Date (Month/Year)	To Date (Month/Year) Present
	Est.	Est.
Provide the reason(s) for these activities.		Provide your current eligibility to hold political office in a foreign country.
Entry #2		
Provide the position held.	Provide the dates you held pol	
	From Date (Month/Year)	To Date (Month/Year) Present
	Est.	Est.
Provide the reason(s) for these activities.	•	Provide your current eligibility to hold political office in a foreign country.
3.9 Have you EVER voted in the election	n of a foreign country?	YES NO (If NO, Proceed to 2
Complete the following if you responded 'Y	es' to having EVER voted in the	
Entry #1		, ,
Provide the date you voted in the foreign e	lection. (Month/Year)	Provide the name of the country involved.
	E	st.
Provide the reason(s) for these activities.		Provide your current eligibility to vote in a foreign country.
Entry #2		
Provide the date you voted in the foreign e	lection. (Month/Year)	Provide the name of the country involved.
	☐ Es	st.
Provide the reason(s) for these activities.		Provide your current eligibility to vote in a foreign country.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel						
Have you traveled outside the U.S. in the I	ast seven (7) years?				YES NO (If)	NO, proceed to Section 21)
Has your travel in the last seven (7) years assignment on official government orders (i Government business)?					YES (If YES, proc	eed to Section 21) NO
Complete the following if you responded Provide information about all such trips non official government orders.						
Entry #1						
	Provide the dates of your tra From Date (<i>Month/Year</i>)	avel to this country. To Date <i>(Month/Year)</i>	Present	Provide the to	otal number of da 11-20 21-30	ys involved in the visit. More than 30 Many short trips
Provide the purpose of the travel to this of	country (Check all that apply	y).	_			
Business/Professional conference Volunteer activities	Education Tourism	☐ Trade shows, o☐ Visit family or f		s, and semina	ars (Other
While traveling to, or in this country, were customs or security service officials when YES If yes, provide e	n entering or leaving this co	, or otherwise detained untry?	(other than	for normal cu	stoms requireme	nts) by the local
While traveling to or in this country, were	you involved in any encour	nter with the police?				
☐ YES ☐ If yes, provide e		·				
While traveling to or in this country, were	you contacted by, or in cor	ntact with any person kn	own or sus	pected of beir	ng involved or as	sociated with foreign
intelligence, terrorist, security, or military	organizations?	71			3	J
☐ YES — If yes, provide e	explanation.					
While traveling to, or in this country, were	•	erintelligence or security	issues not	reported?		
While traveling to or in this country, were	you contacted by or in cor	atact with anyone exhibit	ting eveges	ive knowledge	e of or undue inte	rest in you or your job?
☐ YES ☐ If yes, provide e	•	nact with anyone exhibit	ang excess	ive knowledge	e or or undue inte	rest in you or your job!
While traveling to or in this country, were information? YES If yes, provide e		ntact with anyone attemp	oting to obta	ain classified i	information or un	classified, sensitive
While traveling to, or in this country, were intelligence or security service? YES If yes, provide e	•	or pressured in any way	to coopera	ate with a fore	ign government o	fficial or foreign
NO						

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel - (Continued)

Section 20C - Foreign Traver - (Contin	lueuj				
Complete the following if you respond Provide information about all such trip on official government orders.		` '	•	•	
Entry #2					
Provide the country visited.	Provide the dates of your tra	,	Provide the tota	I number of day	s involved in the visit.
	From Date (Month/Year)	To Date (Month/Year) Present	<u> </u>	11-20	More than 30
	Est.	Est.	<u> </u>	21-30	Many short trips
Provide the purpose of the travel to th	· ·			_	
Business/Professional conference		Trade shows, conference	es, and seminars	∐ Ot	ther
Volunteer activities	Tourism	Visit family or friends			
While traveling to, or in this country, we customs or security service officials w			n for normal custo	oms requiremen	ts) by the local
:	e explanation.	ouriti y :			
□NO	'				
While traveling to or in this country, w	ere vou involved in anv encour	nter with the police?			
	e explanation.	'			
□NO					
While traveling to or in this country, w		ntact with any person known or sus	spected of being	involved or asso	ociated with foreign
intelligence, terrorist, security, or milita					
	e explanation.				
∐ NO					
While traveling to, or in this country, w	•	erintelligence or security issues no	t reported?		
	e explanation.				
∐ NO					
While traveling to or in this country, w		ntact with anyone exhibiting excess	sive knowledge o	of or undue inter	est in you or your job?
☐ YES — If yes, provide	e explanation.				
		. ((
While traveling to or in this country, we information?	ere you contacted by, or in cor	ntact with anyone attempting to obt	tain classified inf	ormation or unci	assitied, sensitive
YES — If yes, provide	e explanation.				
□ NO					
While traveling to, or in this country, wintelligence or security service?	vere you threatened, coerced,	or pressured in any way to cooper	ate with a foreigr	n government of	ficial or foreign
, .	e explanation.				
□ NO					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel - (Continued)

- Control 200 Toloigh Have (00/	masa,			
Complete the following if you respo Provide information about all such to on official government orders.			•	
Entry #3				
Provide the country visited.	Provide the dates of your trave	el to this country.	Provide the total number of	of days involved in the visit.
	From Date (Month/Year) To	Date (Month/Year) Present	1-5 11-20	More than 30
L	☐ Est.	Est.	☐ 6-10 ☐ 21-30	Many short trips
Provide the purpose of the travel to	this country (Check all that apply).			
Business/Professional conferer	ce Education	Trade shows, conference	s, and seminars	Other
Volunteer activities	Tourism	☐ Visit family or friends		
While traveling to, or in this country customs or security service officials	were you questioned, searched, o	or otherwise detained (other than	for normal customs requir	ements) by the local
_ :	ide explanation.	iu y :		
□ NO I				
While traveling to or in this country,	were vou involved in any encounte	er with the police?		
	ide explanation.	'		
NO	·			
While traveling to or in this country, intelligence, terrorist, security, or m	3.	act with any person known or sus	pected of being involved o	r associated with foreign
	ide explanation.			
□ NO	, a c c , p . c . c . c . c . c . c . c . c . c .			
While traveling to, or in this country	were you involved in any countering	ntelligence or security issues not	t reported?	
YES — If yes, prov	ide explanation.			
□ NO				
While traveling to or in this country,	were you contacted by, or in conta	act with anyone exhibiting excess	sive knowledge of or undue	interest in you or your job?
YES — If yes, prov	ide explanation.			
□ NO				
While traveling to or in this country,	were you contacted by, or in conta	act with anyone attempting to obt	ain classified information o	r unclassified, sensitive
information? YES If yes, prov	ide explanation.			
□ NO □ NO	пае ехріанаціон.			
	wore you threatened correct or	proceured in any way to seeper	ato with a foreign governme	ont official or foreign
While traveling to, or in this country intelligence or security service?	were you inteatened, coerced, or	pressured in any way to coopera	ate with a foreign governme	an onicial of lotelyti
YES	ide explanation.			
□NO				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel - (Continued)

,	•				
Complete the following if you respond Provide information about all such trip on official government orders.					
Entry #4					
Provide the country visited.	Provide the dates of your transform Date (Month/Year)	avel to this country. To Date (<i>Month/Year</i>) Present Est.	l	number of day 11-20 21-30	s involved in the visit. More than 30 Many short trips
Provide the purpose of the travel to th	is country (Check all that appl	y).			
Business/Professional conference	Education	Trade shows, conference	es, and seminars	O1	ther
Volunteer activities	Tourism	Visit family or friends			
While traveling to, or in this country, we customs or security service officials we see YES If yes, provided NO	rere you questioned, searched hen entering or leaving this od e explanation.	d, or otherwise detained (other tha ountry?	n for normal custo	ms requiremen	ts) by the local
While traveling to or in this country, w	ere you involved in any encou	nter with the police?			
YES — If yes, provide	e explanation.				
□ NO					
While traveling to or in this country, wintelligence, terrorist, security, or milita	-	ntact with any person known or su	spected of being i	nvolved or asso	ociated with foreign
☐ YES —— If yes, provide	e explanation.				
While traveling to, or in this country, w	vere vou involved in anv count	erintelligence or security issues n	ot reported?		
	e explanation.				
□ NO					
While traveling to or in this country, w	ere you contacted by, or in co	ntact with anyone exhibiting exces	sive knowledge of	f or undue inter	est in you or your job?
YES — If yes, provide	e explanation.				
☐ NO					
While traveling to or in this country, winformation? YES If yes, provided NO	ere you contacted by, or in cone	ntact with anyone attempting to ob	otain classified info	ormation or unc	lassified, sensitive
While traveling to, or in this country, wintelligence or security service?	vere you threatened, coerced,	or pressured in any way to coope	rate with a foreign	government of	ficial or foreign
YES	e explanation.				
□ NO					
					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 21 - Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

Mental health treatment and counseling, in and of i sensitive position, suitability or fitness to obtain or i facilities or information systems. Seeking or receivi your eligibility.	retain Federal or contract employme	ent, or eligibility	for physical or logic	cal access to federally controlled	
21A Has a court or administrative agency EVE	R issued an order declaring you me	entally incompe	etent? YES	NO (If NO, proceed to Section 2	1B)
Complete the following if you responded 'Yes' to	having a court or administrative ag	gency EVER is	suing an order decla	ring you mentally incompetent.	
Entry #1					
Provide the date this occurred. (Month/Year) F	Provide the name of the court or adr	ministrative age	ency that declared yo	ou mentally incompetent.	
Provide the address of the court or administrativ					
Street	City	State	Zip Code	Country	
Was this matter appealed to a higher court or ac	Iministrative agency?				
☐ YES ☐ NO					
Appeal #1					
Provide the name of the court or administra	tive agency.	Provide the fir	nal disposition.		
Provide the address of the court or administ Street	rative agency. (Provide City and Cou City	ntry if outside the State	United States; otherwi	se, provide City, State and Zip Code) Country	
		•			▼
Appeal #2					
Provide the name of the court or administra	tive agency.	Provide the fir	nal disposition.		
Provide the address of the court or administ	rative agency. (Provide City and Cou	ntry if outside the	United States; otherwi		
Street	City	State	Zip Code	Country	~

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21A - Psychological and Emotional He	eaith - (Continued)					
Complete the following if you responded 'Yes'	to having a court or administrative a	gency EVEF	R iss	uing an order decla	aring you mentally incompetent.	
Entry #2						
Provide the date this occurred. (Month/Year) Est.	Provide the name of the court or ac	Iministrative	age	ncy that declared yo	ou mentally incompetent.	
Provide the address of the court or administrat	ive agency. (Provide City and Country	if outside the	Unite	ed States; otherwise, p	rovide City, State and Zip Code)	
Street	City	State	_	Zip Code	Country	_
			ullet			
Was this matter appealed to a higher court or a	administrative agency?		_			
YES NO	danimienanie ageney .					
Appeal #1						
Provide the name of the court or administr	ative agency.	Provide th	ne fin	al disposition.		
Provide the address of the court or admini	strative agency. (Provide City and Co	untry if outside	e the	United States; otherwi	ise, provide City, State and Zip Code)	
Street	City	State		Zip Code	Country	_
			\blacksquare			lacksquare
Appeal #2		_				
	ativo aganav	Drovido th	o fin	ad disposition		
Provide the name of the court or administr	alive agency.	Provide th	ie iiri	al disposition.		
Daniela de addresa ef de acceptante desirio	atuativa anna (D. 11 O.)					
Provide the address of the court or admini Street	Strative agency. (Provide City and Col	untry if outside State	e the	Zip Code	ise, provide City, State and Zip Code) Country	
Street	l enty	I F	_	Zip Code 	I	$\overline{\mathbf{v}}$
Entry #3						
Provide the date this occurred. (Month/Year)	Provide the name of the court or ac	Iministrative	age	ncy that declared ye	ou mentally incompetent.	
Est.						
Provide the address of the court or administrat			Unite			
Street	City	State		Zip Code 	Country	
						М
Was this matter appealed to a higher court or a	administrative agency?					
☐ YES ☐ NO						
Appeal #1						
	-At	Danida da da				
Provide the name of the court or administr	ative agency.	Provide th	ie tin	al disposition.		
Provide the address of the court or admini	strative agency (Provide City and Co	untry if outside	the	United States: otherw	ise provide City State and Zin Code)	
Street	City	State	, 1110	Zip Code	Country	
	T ,	1 [\mathbf{v}			\blacksquare
App. col #2		L				
Appeal #2		Duovido He	- fi-	al diamonities		
Provide the name of the court or administr	ative agency.	Provide th	ie tin	al disposition.		
Provide the address of the court or admini	strative agency (Provide City and Co	Intry if outside	e the	United States: otherw	ise provide City State and 7in Codo)	
Street	City	State	6	Zip Code	Country	
			~			$ \mathbf{v} $
		L				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5 CFR Parts 731, 732, and 736 Section 21B - Psychological and Emotional Health - (Continued) Has a court or administrative agency EVER ordered you to consult with a mental health ☐ YES NO (If NO, proceed to Section 21C) professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.) Complete the following if you responded 'Yes' to having a court or administrative agency EVER ordered you to consult with a mental health professional. Entry #1 Provide the date this occurred. Provide the name of the court or administrative agency that ordered you to consult with a mental (Month/Year) health professional. Est. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide the final disposition. Was this matter appealed to a higher court or administrative agency? ☐ YES □NO Appeal #1 Provide the name of the court or administrative agency. Provide the final disposition. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City Zip Code Country Appeal #2 Provide the name of the court or administrative agency. Provide the final disposition. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

Zip Code

Country

Street

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

51 (Craits 751, 752, and 750	,				
Section 21B - Psychological and Emotional H	ealth - (Continued)				
Complete the following if you responded 'Yes'	to having a court or administrative a	gency EVER or	dered you to consul	t with a mental health professional	l.
Entry #2					
Provide the date this occurred. (Month/Year) Est.	Provide the name of the court or ad health professional.	Iministrative age	ency that ordered yo	u to consult with a mental	
Provide the address of the court or administrat	ive agency. (Provide City and Country	if outside the Unit	ed States; otherwise, p	rovide City, State and Zip Code)	
Street	City	State	Zip Code	Country	
		▼			lacksquare
Provide the final disposition.					
Was this matter appealed to a higher court or	administrative agency?				
☐ YES ☐ NO					
Appeal #1					
Provide the name of the court or administr	rative agency.	Provide the fi	nal disposition.		
Provide the address of the court or admin	strative agency. (Provide City and Cou	untry if outside the	United States; otherw		
Street	City	State	Zip Code	Country	
Appeal #2					
Provide the name of the court or administr	rative agency.	Provide the fi	nal disposition.		
Provide the address of the court or admin		untry if outside the State		ise, provide City, State and Zip Code) Country	
Street	City 	State	Zip Code		\blacksquare

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 21C - Psychological and Emotional He	alth - (Continued)						
21C Have you EVER been hospitalized for a n	nental health condition?			YES	NO (If	NO, proceed to S	ection 21D)
Complete the following if you responded 'Yes' to	having EVER been hospitalized	for a me	ntal health	condition			
Entry #1							
Was the admission voluntary or involuntary?				Provide the	dates of trea		
Voluntary Explanation ▶				From Date (Month/Year)		To Date (Month/Year)	☐ Present
☐ Involuntary Explanation ▶					Est.		Est.
Provide the name of the facility where treatment	was provided.						
Provide the address of the facility where treatme	ent was provided. (Provide City and	d Country ii	f outside the	e United States; oth	herwise, provi	ide City, State and	d Zip Code)
Street	City	State	Zip	Code	Country		
			•				•
Entry #2							
Was the admission voluntary or involuntary?				Provide the	dates of trea		
Voluntary Explanation ▶				From Date (Month/Year)		To Date (Month/Year)	Present
☐ Involuntary Explanation ▶					Est.		Est.
Provide the name of the facility where treatment	was provided.						
Provide the address of the facility where treatme	ent was provided. (Provide City and	d Country in	f outside the	e United States; oth	herwise, provi	ide City, State and	d Zip Code)
Street	City	State		o Code	Country		
							▼
Entry #3							
Was the admission voluntary or involuntary?				Provide the	dates of trea	atment. To Date	
U Voluntary Explanation ▶				(Month/Year)		(Month/Year)	Present
☐ Involuntary Explanation ▶					Est.		Est.
Provide the name of the facility where treatment	was provided.						
Provide the address of the facility where treatme	ent was provided. (Provide City and	d Country is	f outside the	e United States; oth	herwise, provi	ide City, State and	d Zip Code)
Street	City	State I		o Code	Country I		
							<u> </u>
Entry #4							
Was the admission voluntary or involuntary?				Provide the From Date	dates of trea	atment. To Date	
Voluntary Explanation ▶				(Month/Year)		(Month/Year)	Present
☐ Involuntary Explanation ▶					Est.		Est.
Provide the name of the facility where treatment	was provided.						
Provide the address of the facility where treatments	ent was provided. (Provide City and	d Country in	f outside the	e United States; oth	herwise, provi	ide City, State and	l Zip Code)
Street	City	State		Code	Country		
							V

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 21D - Psychological and Emotional Health - (Continued)

The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, is not a reason to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. 21D Have you EVER been diagnosed by a physician or other health professional (for example, a ☐ YES NO (If NO, proceed to Section 21E) psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional. Entry #1 Identify the diagnosis or health condition. Provide the dates of diagnosis. From Date(Month/Year) To Date (Month/Year) Present Est. ∃Est. Provide the name of the health care professional who diagnosed you, or is currently Provide the telephone number of the health care professional. treating you for such diagnosis, or with whom you have discussed such condition. Night Telephone number Extension Day International or DSN phone number Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code Provide the name of any agency/organization/facility Same as Provide the telephone number of the agency/organization/facility. Same as where counseling/treatment was provided. above above Telephone number Extension Day Night International or DSN phone number Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the Same as above United States; otherwise, provide City, State and Zip Code) Street State Zip Code Country Was the counseling/treatment effective in managing your symptoms? YES NO If no, provide explanation ▶ Entry #2 Identify the diagnosis or health condition. Provide the dates of diagnosis. From Date(Month/Year) To Date (Month/Year) Present Est. ☐ Est. Provide the name of the health care professional who diagnosed you, or is currently Provide the telephone number of the health care professional. treating you for such diagnosis, or with whom you have discussed such condition. Night Telephone number Extension Day International or DSN phone number Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the telephone number of the agency/organization/facility. Same as ☐ Same as Provide the name of any agency/organization/facility where counseling/treatment was provided. above above Telephone number Extension ີDay ∏Night International or DSN phone number Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the Same as above United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Was the counseling/treatment effective in managing your symptoms? ☐ YES NO If no, provide explanation ▶ Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21D - Psychological and Emotional He	alth - (Continued)						
Complete the following if you responded 'Yes' to	o having EVER been dia	gnosed by a p	ohysician or othe	er health profes	sional.		
Entry #3							
Identify the diagnosis or health condition.			Provide the da From Date(Mo	´		(Month/Year)	Present Est.
Provide the name of the health care professional treating you for such diagnosis, or with whom you			Provide the te Telephone nu	lephone numbe mber	er of the health Extension	Day	☐ Night onal or DSN
Provide the address of the health care professic such condition. (Provide City and Country if outside Street Provide the name of any agency/organization/fa	the United States; otherwise City cility Same as	e, provide City, Sta	State and Zip Cod	(e) Code	Country		Same as
where counseling/treatment was provided.	above	Telephone	number	Extension		Night nal or DSN p	above hone number
Provide the address of agency/organization/faci United States; otherwise, provide City, State and Zip C Street		atment was p Sta I	ate Zip	City and Country	if outside the Country		Same as above
			_				▼
Was the counseling/treatment effective in mana YES NO If no, provide explanation							
Entry #4							
Identify the diagnosis or health condition.			Provide the da From Date(Mo	· —		(Month/Year)	Present Est.
Provide the name of the health care professional treating you for such diagnosis, or with whom you			Provide the te Telephone nu	lephone numbe mber	er of the health Extension	Day	☐ Night onal or DSN
Provide the address of the health care professic such condition. (Provide City and Country if outside Street	, ,	e, provide City,	State and Zip Cod	9	s, or with whor	n you have d	liscussed
Provide the name of any agency/organization/fa where counseling/treatment was provided.	cility Same as above	Provide the Telephone	telephone num number	ber of the agen Extension	Day Day	Night	Same as above shone number
Provide the address of agency/organization/faci United States; otherwise, provide City, State and Zip C Street	Code)	·					Same as above
Sireer	City		ate Zip	Code	Country		▼
Was the counseling/treatment effective in mana YES NO If no, provide explanation							

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21D - Psychological and Emotional Hea	ılth - <i>(Continu</i> e	d)						
In the last seven years, have there been any occas altering or discontinuing, or failing to start a prescri	•			•			YES	NO
21D.1 Are you currently in treatment?					YES	NO (If NO,	proceed to Section	on 21E)
Complete the following if you responded 'Yes' to	currently being	in treatment.						·
Entry #1								
Provide the name of the health care professional	l providing	Provide the tele	phone nur	nber of the	health care p	rofessional.		
such treatment.		Telephone num	nber		Extension	Day I	Night	
		'				Internation	al or DSN phon	e number
Provide the address of the health care profession	nal. (Provide City	ı v and Country if out	side the Unit	ted States; ot	ı herwise, provia	le City, State and	Zip Code)	
Street	City I		State I	Zip C	ode	Country		
				—				
Entry #2								
Provide the name of the health care professiona such treatment.	l providing	Provide the tele	phone nur	mber of the	health care p	rofessional.		
Such treatment.		Telephone num	ber		Extension	Day I	Night	
						Internation	al or DSN phon	e number
Provide the address of the health care profession	, ,	and Country if out				•	Zip Code)	
Street	City I		State I	Zip C	ode	Country 		▼
								لـــــ
Entry #3		T						
Provide the name of the health care professiona such treatment.	l providing	Provide the tele	phone nur	nber of the	health care p	rofessional.		
		Telephone num	nber		Extension	∐ Day ∐ l	Night	
						Internation	al or DSN phon	e number
Provide the address of the health care profession	, ,	and Country if out					Zip Code)	
Street	City 		State	Zip C	ode	Country		-
Entry #4	l man dalima	Dunida Hartala			h	fiI		
Provide the name of the health care professiona such treatment.	i providing	Provide the tele	epnone nur	nber of the	neaith care p			
		Telephone num	nber		Extension		Night	
							al or DSN phon	e number
Provide the address of the health care professio Street	nal. <i>(Provide Cit</i>) City	and Country if out	side the Unit State	ted States; ot Zip C		le City, State and Country	Zip Code)	
Olifet			Jiale	 	oue			\blacksquare

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ecti					
	on 21E - Psychological and Emotional Health	- (Continued)			
omp	lete the following if you responded 'No' to 21A, 2	21B, 21C, and 21D (A	II). If ' Yes ' was selected for e	ither 21A, 21B, 21C, or 21I	D, proceed to Section 22.
216	Do you have a mental health or other health or trustworthiness even if you are not experienci			r judgment, reliability, or	YES NO
	(Note: If your judgment, reliability, or trustword answer "no" even if you have a mental health counseling as a result of service as a first res _i violence, or marital issues, but your judgment	or other condition rec ponder, service in a r	quiring treatment. For examp military combat environment,	ole, if you are in need of em having been sexually assa	notional or mental health ulted or a victim of domestic
Со	mplete the following if you responded 'Yes' to ha	ving a mental health	condition that adversely affec	ts your judgment, reliability	r, or trustworthiness.
	you ever receive or are you currently receiving of sultation or treatment will not disqualify you and			ay choose not to answer th	is question. However, such
	YES I decline to answer (If I decline to a	answer, proceed to Sect	tion 22)		
	NO (If NO, provide explanation and proceed to Section	on 22). 🕨			
En	try #1				
If y	ou responded ' Yes ' to having ever received or yo	ou are currently receiv	ving counseling or treatment f	or that condition.	
#1	Provide the dates of counseling or treatment		Provide the telephone numb	per of the health care profe	ssional.
	From Date (Month/Year) To Date (Month	, <u>H</u>	Telephone number	Extension Day	Night
	Est.	Est.		Internat	ional or DSN phone numbe
	Provide the name of the health care professional	I.			
	Provide the address of the health care profession	•	·	_ ·	te and Zip Code)
	Street	City 	State :	Zip Code Country	-
	Provide the name of any agency/organization/fac where counseling/treatment was provided	cility Same as above	Provide the telephone number	Extension Day [ion/facility. Same as above Night ional or DSN phone numbe
	Provide the address of agency/organization/facili	ity where counseling/	<u> </u> treatment was provided. <i>(Pro</i> v		
	the United States; otherwise, provide City, State and Zij		04-4-		above
	Street (City	State Z	ip Code Country	[▼
	Provide the dates of counseling or treatment		Provide the telephone numb	and of the beath some surfa	nainnal
#2	From Date (Month/Year) To Date (Month/Year)	h/Year) Present	Telephone number	Extension Day	Night
	☐ Est.	Est.		Internat	ional or DSN phone numbe
	Provide the name of the health care professional	l.		1	
	Provide the address of the health care profession				te and Zip Code)
	Provide the address of the health care profession Street	nal. <i>(Provide City and C</i> City		es; otherwise, provide City, Sta Zip Code Country	_
-	Street	City	State	Zip Code Country	
		City		Zip Code Country Der of the agency/organizat	ion/facility. Same as
	Street Provide the name of any agency/organization/fac	City cility Same as	State	Zip Code Country per of the agency/organizat Extension Day	ion/facility. Same as above
	Street Provide the name of any agency/organization/fac where counseling/treatment was provided Provide the address of agency/organization/facility	City cility Same as above	Provide the telephone numb	Zip Code Country Der of the agency/organizat Extension Day Day Internat	ion/facility. Same as above Night sional or DSN phone number
	Provide the name of any agency/organization/factors where counseling/treatment was provided Provide the address of agency/organization/facility the United States; otherwise, provide City, State and Ziji	City cility Same as above ity where counseling/p Code)	Provide the telephone number Telephone number treatment was provided. (Provided)	Zip Code Country Der of the agency/organizat Extension Day Internat vide City and Country if outside	ion/facility. Same as above Night ional or DSN phone numbe
	Provide the name of any agency/organization/factors where counseling/treatment was provided Provide the address of agency/organization/facility the United States; otherwise, provide City, State and Ziji	City cility Same as above	Provide the telephone number Telephone number treatment was provided. (Provided)	Zip Code Country Der of the agency/organizat Extension Day Day Internat	ion/facility. Same as above ional or DSN phone number sabove
	Street Provide the name of any agency/organization/fac where counseling/treatment was provided Provide the address of agency/organization/facili the United States; otherwise, provide City, State and Zi Street	City cility Same as above ity where counseling/ ip Code) City	Provide the telephone number Telephone number treatment was provided. (Prov.	Zip Code Country Der of the agency/organizat Extension Day Internat vide City and Country if outside	ion/facility. Same as above ional or DSN phone number Same as above
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	Street Provide the name of any agency/organization/fac where counseling/treatment was provided Provide the address of agency/organization/facili the United States; otherwise, provide City, State and Zi Street	City cility Same as above ity where counseling/ ip Code) City	Provide the telephone number Telephone number treatment was provided. (Prov.	Zip Code Country Der of the agency/organizat Extension Day Internat vide City and Country if outside	ion/facility. Same as above Night ional or DSN phone numbe

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21E - Psychological and Emotional Health - <i>(Continued)</i>	
Complete the following if you responded 'Yes' to having a mental health condition that adversely affects your judgment, reliability, or trustworthiness.	
Entry #2	
If you responded 'Yes' to having ever received or you are currently receiving counseling or treatment for that condition.	
#1 Provide the dates of counseling or treatment From Date (Month/Year) To Date (Month/Year) Present Telephone number of the health care professional. Telephone number Extension Day Night International or DSN phone of the health care professional. Telephone number Extension International or DSN phone or treatment Telephone number Extension Telephone number Extension International or DSN phone or treatment Telephone number Telephone number	number
Provide the name of the health care professional.	
Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country	\
	ame as pove number
	ame as
#2 Provide the dates of counseling or treatment From Date(Month/Year) Est. Provide the telephone number of the health care professional. Telephone number Extension Day Night International or DSN phone in the health care professional. Telephone number Extension International or DSN phone in the health care professional. Telephone number Extension International or DSN phone in the health care professional.	number
Provide the name of the health care professional.	
Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country	T
	ame as oove number
the United States; otherwise, provide City, State and Zip Code)	ame as oove
	•
Have you ever chosen not to follow a prescribed course of treatment for any of these conditions? ☐ YES If YES, provide explanation▶ ☐ NO	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - 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.

- 22.1 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.)

 YES NO (If NO, proceed to 22.2)
 - In the last seven (7) 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 seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
 - In the last seven (7) 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).

- Are you currently Entry #1				
Provide the date of offense. (Month/Year) Provide a description	n of the specific nature of the offense	,	
Tovide the date of elicinee.	Est.			
(a) Did this offense involve ar	ny of the following?			
YES NO				
	a crime of violence (such as battery or assaudomestic partner, former spouse or legally re			
Involve firearms or exp	plosives?			
Involve alcohol or drug	gs?			
	e the offense occurred. (Provide City and Coun			State and Zip Code)
City	County I	State Zip Code	Country I	[·
type of law enforcement of YES NO (If NO,	fficial? proceed to (c))			
Provide the name of the la Provide the location of the City (c) As a result of this offense YES Prov	e law enforcement agency that arrested/cited/s County were you charged, convicted, currently awaitide the name of the court.	country if outside the United States; otherwing State Zip Code	Country	
Provide the name of the la Provide the location of the City (c) As a result of this offense YES Prov	aw enforcement agency that arrested/cited/s e law enforcement agency. (Provide City and C County were you charged, convicted, currently awaitide the name of the court.	country if outside the United States; otherwing State Zip Code	Country	
Provide the name of the later Provide the location of the City (c) As a result of this offense YES Prov (If YE) NO Prov	e law enforcement agency that arrested/cited/s County were you charged, convicted, currently awaitide the name of the court.	State Zip Code State Zip Code iting trial, and/or ordered to appear in	Country court in a criminal	proceeding against you?
Provide the name of the later Provide the location of the City (c) As a result of this offense YES Prov (If YE) NO Prov	aw enforcement agency that arrested/cited/s e law enforcement agency. (Provide City and C County were you charged, convicted, currently awaitide the name of the court. S, complete (c.1)) ide explanation	State Zip Code State Zip Code iting trial, and/or ordered to appear in	Country court in a criminal	proceeding against you?
Provide the name of the later Provide the location of the City (c) As a result of this offense YES Prov (If YE) NO Prov (c.1) Provide the location City	aw enforcement agency that arrested/cited/s e law enforcement agency. (Provide City and C County were you charged, convicted, currently awaitide the name of the court. So, complete (c.1)) ide explanation of the court. (Provide City and Country if outside	State Zip Code iting trial, and/or ordered to appear in the United States; otherwise, provide City State Zip Code Total Zip Code	Country court in a criminal country, State and Z Country such as found guilty	proceeding against you? *Tip Code) /, found not-guilty, charge
Provide the location of the City (c) As a result of this offense YES Prov (If YE NO Prov (c.1) Provide the location City Provide all the charges dropped or "nolle pros,"	aw enforcement agency that arrested/cited/s e law enforcement agency. (Provide City and C County were you charged, convicted, currently awaitide the name of the court. So, complete (c.1)) ide explanation of the court. (Provide City and Country if outside County brought against you for this offense, and the	State Zip Code iting trial, and/or ordered to appear in the United States; otherwise, provide City State Zip Code Total Zip Code	Country court in a criminal country, State and Z Country such as found guilty	proceeding against you? *Tip Code) /, found not-guilty, charge
Provide the location of the City (c) As a result of this offense YES Provide the location (r) NO Prov (c.1) Provide the location City Provide all the charges dropped or "nolle pros," offense.	aw enforcement agency that arrested/cited/s e law enforcement agency. (Provide City and C County were you charged, convicted, currently awaitide the name of the court. ES, complete (c.1)) ide explanation of the court. (Provide City and Country if outside County brought against you for this offense, and the etc). If you were found guilty of or pleaded of	State Zip Code iting trial, and/or ordered to appear in the United States; otherwise, provide City State Zip Code or the United States; otherwise, provide City State Zip Code or outcome of each charged offense (seguilty to a lesser offense, list separate	Country court in a criminal country, State and Z Country such as found guilty	proceeding against you? tip Code) v, found not-guilty, charge charge and the lesser
Provide the name of the later Provide the location of the City (c) As a result of this offense YES Provide The No Provide The Incomposition City Provide all the charges dropped or "nolle pros," offense. Felony/misdemeanor	aw enforcement agency that arrested/cited/s e law enforcement agency. (Provide City and C County were you charged, convicted, currently awaitide the name of the court. ES, complete (c.1)) ide explanation of the court. (Provide City and Country if outside County brought against you for this offense, and the etc). If you were found guilty of or pleaded of	State Zip Code iting trial, and/or ordered to appear in the United States; otherwise, provide City State Zip Code or the United States; otherwise, provide City State Zip Code or outcome of each charged offense (seguilty to a lesser offense, list separate	Country court in a criminal country, State and Z Country such as found guilty	proceeding against you? Tip Code) V, found not-guilty, charge charge and the lesser Date (Month/Year)
Provide the location of the City (c) As a result of this offense YES Provide the location (r) NO Prov (c.1) Provide the location City Provide all the charges dropped or "nolle pros," offense. Felony/misdemeanor	aw enforcement agency that arrested/cited/s e law enforcement agency. (Provide City and C County were you charged, convicted, currently awaitide the name of the court. ES, complete (c.1)) ide explanation of the court. (Provide City and Country if outside County brought against you for this offense, and the etc). If you were found guilty of or pleaded of	State Zip Code iting trial, and/or ordered to appear in the United States; otherwise, provide City State Zip Code or the United States; otherwise, provide City State Zip Code or outcome of each charged offense (seguilty to a lesser offense, list separate	Country court in a criminal country, State and Z Country such as found guilty	proceeding against you? Tip Code) /, found not-guilty, charge charge and the lesser Date (Month/Year)

Enter your Social Security Number before going to the next page

Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the last seven (7) 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 seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the last seven (7) 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 seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) (d.1) Provide a description of the sentence. ☐ NO Were you sentenced to imprisonment for a term exceeding 1 year? ☐ YES ☐ YES ОИ □ Were you incarcerated as a result of that sentence for not less than 1 year? If the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Present Not Applicable actually were incarcerated. Est. Est. To Date (Month/Year) If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) Present Not Applicable probation or parole. Est. Est. (d.2)Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? □ NO ☐ YES

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the last seven (7) 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 seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the last seven (7) 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 seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? Entry #2 Provide a description of the specific nature of the offense. Provide the date of offense. (Month/Year) Est. (a) Did this offense involve any of the following? YES NO (Check all that apply.) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? Involve firearms or explosives? Involve alcohol or drugs? Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Zip Code Country (b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official? YES NO (If NO, proceed to (c)) Provide the name of the law enforcement agency that arrested/cited/summoned you. Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Zip Code Country (c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you? Provide the name of the court. YES (If YES, complete (c.1)) Provide explanation > (c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City Country County Zip Code Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense. Felony/misdemeanor Charge Outcome Date (Month/Year) ☐ Est. Est. Est. Est.

Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the last seven (7) 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 seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the last seven (7) 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 seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) (d.1) Provide a description of the sentence. ☐ NO Were you sentenced to imprisonment for a term exceeding 1 year? ☐ YES ☐ YES ☐ NO Were you incarcerated as a result of that sentence for not less than 1 year? If the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Present Not Applicable actually were incarcerated. Est. Est. If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) To Date (Month/Year) Present Not Applicable probation or parole. Est. Est. (d.2)Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? ☐ YES ☐ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)

- 22.2 Other than those offenses already listed, have you EVER had the following happen to you?
 - Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
 - Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
 - Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

ntry #1							
rovide the date of offense	e. (Month/Year)	Est.	Provide a description	of the specific na	ature of the offense.		
a) Did this offense involve	any of the follow	/ing?					
YES NO							
(Check all that apply).							
							or legally recognized civare a child in common?
Involve firearms or	explosives?						
Involve alcohol or d	lrugs?						
Provide the name of the	e court.						
Provide the location of t	the court. (Provide	e City and C	Country if outside the Ui	nited States; otherwi	se, provide City, County	State and Zip Co	nde)
City		County		State	Zip Code	Country	
					▼		
Provide all the charge charge dropped or "n offense separately.							
Felony/misdemeanor		Charg	ge		Outcome		Date (Month/Year)
T							
₹							
 ▼ 							
V							
▼	a recult of these	o oborgoo'					
) Were you sentenced as							
▼			? complete (b.2))				
YES (If YES, comple	ete (b.1))						
) Were you sentenced as	ete (b.1))						
YES (If YES, completed as (b.1) Provide a description of	ete (b.1))	NO (If NO,	complete (b.2))				
YES (If YES, comple	ete (b.1))	NO (If NO,	complete (b.2))				YES NO
YES (If YES, completed as (b.1) Provide a description of	f the sentence.	NO (If NO,	complete (b.2)) xceeding 1 year?	year?			YES NO
YES (If YES, complete) (b.1) Provide a description of the work o	f the sentence. imprisonment for as a result of that d in imprisonment.	n a term e	complete (b.2)) xceeding 1 year? e for not less than 1		ole From Date <i>(Mont</i>	<i>h/Year)</i> To □ Est.	
yere you sentenced as YES (If YES, comple (b.1) Provide a description of Were you sentenced to Were you incarcerated If the conviction resulter	f the sentence. imprisonment for as a result of that in imprisonmer ted.	or a term e at sentence at, provide	e for not less than 1 the dates that you	Not Applicat	ole From Date (Mont	Est.	YES NO
yere you sentenced as YES (If YES, comple (b.1) Provide a description of Were you sentenced to Were you incarcerated If the conviction resulted actually were incarceral If conviction resulted in	f the sentence. imprisonment for as a result of that in imprisonmer ted.	or a term e at sentence at, provide	e for not less than 1 the dates that you	Not Applicat	· 	Est.	YES NO Date (Month/Year) P Date (Month/Year) P

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 22 - Police Record - (Continued)					
Entry #2					
Provide the date of offense. (Month/Year)	Provide a description of	the specific nature	of the offense.		
	Est.				
(a) Did this offense involve any of the fo	llowing?				
YES NO					
(Check all that apply).					
	violence (such as battery or assault) a pouse or legally recognized civil unior				
Involve firearms or explosives?					
Involve alcohol or drugs?					
Provide the name of the court.					
Provide the location of the court. (Pro	ovide City and Country if outside the United	States: otherwise, p	rovide Citv. Countv. Stat	te and Zip Code)	
City	County	State	Zip Code	Country	
		\			•
	ainst you for this offense, and the out c). If you were found guilty of or pleade				
Felony/misdemeanor	Charge		Outcome	Date (Month/Year)	
▼					Est.
_					Est.
▼					Est.
<u> </u>					Est.
(b) Were you sentenced as a result of the	pose charges?				1 = 0 t.
YES (If YES, complete (b.1))	NO (If NO, complete (b.2))				
(b.1)					
Provide a description of the sentence	2 .				
Were you sentenced to imprisonmer	nt for a term exceeding 1 year?			YES NO	
Were you incarcerated as a result of	that sentence for not less than 1 year	?		YES NO	
If the conviction resulted in imprison actually were incarcerated.	ment, provide the dates that you	Not Applicable	From Date (Month/Ye	_	resen
		1 8 1 8 1 1 1	Energy Data (Marath Ma	·	st.
If conviction resulted in probation or probation or parole.	parole, provide the dates of	Not Applicable	From Date (Month/Ye		resen st.
(b.2)					
<u> </u>	trial, or awaiting sentencing on criminate	al charges for this	offense?		
YES NO Provide explana		ar onal goo lor tillo			
ter your Social Security Number be	efore going to the next page _			.	

Standard Form 86 Revised November 2016 U.S. Office of Personnel Management

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 22 - Police Record - (Continued) 22.3 Is there currently a domestic violence protective order or restraining order issued against you? ☐ YES NO (If NO, proceed to Section 23) Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you? Entry #1 Provide explanation. Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order. Est. Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) State Zip Code Country $| \mathbf{v} |$ Entry #2 Provide explanation. Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order. Est. Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country $| \mathbf{v} |$ Entry #3 Provide explanation. Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order. Est. Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country

Provide the name of the court or agency that issued the order.

▼

Country

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Zip Code

Entry #4

Provide explanation.

Provide the date the order was issued. (Month/Year)

Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 23 - Illegal Use of Drugs and Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity in accordance with Federal laws, even though permissible under state laws.

Federal laws, even though permissible under state laws.				
23.1 In the last seven (7) years, have you illegally used any drugs or cont controlled substance includes injecting, snorting, inhaling, swallowing, consuming any drug or controlled substance.				
Complete the following if you answered 'Yes' to in the last seven (7) years	having illegally us	ed a drug or controlled substance.		
Entry #1				
Provide the type of drug or controlled substance.				
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)		
THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants	s (Such as barbiturates, methaqualone, tranquilizers, etc.)		
Ketamine (Such as special K, jet, etc.)	Narcotics (S	such as opium, morphine, codeine, heroin, etc.)		
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Su	uch as the clear, juice, etc.)		
☐ Inhalants (Such as toluene, amyl nitrate, etc.) ☐ Other (Provide explanation) ▶				
Provide an estimate of the month and year of first use. (Month/Year) Provide an estimate of the monty year of most recent use. (Month/Year)		Provide nature of use, frequency, and number of times used.		
☐ Est.	Est.			
Was your use while you were employed as a law enforcement officer, prosed a position directly and immediately affecting the public safety?	cutor, or courtroor	n official, or while in		
Was your use while possessing a security clearance?		YES NO		
Do you intend to use this drug or controlled substance in the future?		YES NO		
Provide explanation of why you intend or do not intend to use this drug or co	ntrolled substance	e in the future.		
Entry #2				
Provide the type of drug or controlled substance.				
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)		
THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants	s (Such as barbiturates, methaqualone, tranquilizers, etc.)		
Ketamine (Such as special K, jet, etc.)	Narcotics (S	Such as opium, morphine, codeine, heroin, etc.)		
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Su	uch as the clear, juice, etc.)		
Inhalants (Such as toluene, amyl nitrate, etc.)	Other (Prov	vide explanation) ▶		
Provide an estimate of the month and year of first use. (Month/Year) Provide an estimate of the month year of most recent use. (Month/Year)		Provide nature of use, frequency, and number of times used.		
Est.	Est.			
Was your use while you were employed as a law enforcement officer, prosect a position directly and immediately affecting the public safety?	cutor, or courtroor	n official, or while in		
Was your use while possessing a security clearance?		☐ YES ☐ NO		
Do you intend to use this drug or controlled substance in the future?		YES NO		
Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.2	In the last seven (7) years, have you been involved trafficking, production, transfer, shipping, receiving,				NO (If NO, proceed to 23.3)	
	plete the following if you answered 'Yes' to in the las cking, production, transfer, shipping, receiving, handlir			illegal purchase, manufact	cure, cultivation,	
Entry	y #1					
Provi	de the type of drug or controlled substance.					
	Cocaine or crack cocaine (Such as rock, freebase, etc	:.)	Stimulants (Such as a	mphetamines, speed, crys	tal meth, ecstasy, etc.)	
	ΓHC (Such as marijuana, weed, pot, hashish, etc.)		Depressants (Such as	barbiturates, methaqualor	ne, tranquilizers, etc.)	
P	Ketamine (Such as special K, jet, etc.)		Narcotics (Such as op	ium, morphine, codeine, he	eroin, etc.)	
H	Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)		Steroids (Such as the	clear, juice, etc.)		
	nhalants (Such as toluene, amyl nitrate, etc.)		☐ Other (Provide explanation) ▶			
		an estimate of the recent involvement.	•	Provide the nature and fr	equency of activity.	
	Est.		Est.			
Provi	ide the reason(s) why you engaged in the activity.					
	your involvement while you were employed as a law of ion directly and immediately affecting the public safety		r, prosecutor, or courtroom	official, or while in a	YES NO	
Was	your involvement while possessing a security clearan	ce?			YES NO	
Do y	ou intend to engage in this activity in the future?					
	/ES Provide explanation.					
	NO					
Entry	#2					
Provid	de the type of drug or controlled substance.					
☐ C	cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as ar	mphetamines, speed, cryst	al meth, ecstasy, etc.)	
T	HC (Such as marijuana, weed, pot, hashish, etc.)		Depressants (Such as	barbiturates, methaqualon	e, tranquilizers, etc.)	
Ketamine (Such as special K, jet, etc.)			Narcotics (Such as opium, morphine, codeine, heroin, etc.)			
ШН	lallucinogenic (Such as LSD, PCP, mushrooms, etc.)		Steroids (Such as the o	clear, juice, etc.)		
☐ Inhalants (Such as toluene, amyl nitrate, etc.) ☐ Other (Provide explanation) ▶						
		an estimate of the recent involvement.	•	Provide the nature and fr	equency of activity.	
	Est.		Est.			
Provid	de the reason(s) why you engaged in the activity.					
	your involvement while you were employed as a law e on directly and immediately affecting the public safety		prosecutor, or courtroom c	official, or while in a	YES NO	
Was	your involvement while possessing a security clearance	ce?			YES NO	
Do you intend to engage in this activity in the future?						
YES Provide explanation.						
□ N	0					
	1					

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Parts 731, 732, and 736						
Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)						
Have you EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing a security clearance other than previously listed?						
Complete the following if you responded 'Yes' to having EVER illegally possessing a security clearance other than previously listed.	y used or otherwise been illegally involved with a drug or controlled substance while					
Entry #1						
Provide a description of your involvement.						
Provide the dates of involvement/use.	Provide an estimate of the number of times you used and/or were involved with this					
From Date (Month/Year) To Date (Month/Year) Present	drug or controlled substance while possessing a security clearance.					
Est.						
Entry #2						
Provide a description of your involvement.						
Provide the dates of involvement/use.	Provide an estimate of the number of times you used and/or were involved with this					
From Date (Month/Year) To Date (Month/Year) Present	drug or controlled substance while possessing a security clearance.					
Est.						
23.4 Have you EVER illegally used or otherwise been involved with a employed as a law enforcement officer, prosecutor, or courtroo immediately affecting the public safety other than previously list	m official; or while in a position directly and					
, , , , , , , , , , , , , , , , , , , ,	ly used or otherwise been involved with a drug or controlled substance while cial; or while in a position directly and immediately affecting the public safety other than					
Entry #1						
Provide a description of the drugs or controlled substances used and your involvement.						
Provide the dates of involvement/use.	Provide an estimate of the number of times you used and/or were involved with this					
From Date (Month/Year) To Date (Month/Year) Present	drug or controlled substance while employed in this capacity.					
Est.						
Entry #2						
Provide a description of the drugs or controlled substances used and	your involvement.					
Provide the dates of involvement/use.	Provide an estimate of the number of times you used and/or were involved with this					
From Date (Month/Year) To Date (Month/Year) Present	drug or controlled substance while employed in this capacity.					
Est.						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.5 In the last seven (7) years have you intentionally engaged in whether or not the drugs were prescribed for you or someone		NO (If NO, proceed to 23.6)
Complete the following if you responded 'Yes' to in the last seven (of whether the drugs were prescribed for you or someone else.		ription drugs, regardless
Entry #1		
Provide the name of the prescription drug that you misused.		
Provide the dates of involvement in the above. From Date (Month/Year) To Date (Month/Year) Present Est.	Provide the reason(s) for and circumstances of the misus	e of the prescription drug.
Was your involvement while you were employed as a law enforcement position directly and immediately affecting the public safety?	ent officer, prosecutor, or courtroom official, or while in a	YES NO
Was your involvement while possessing a security clearance?		YES NO
Entry #2		
Provide the name of the prescription drug that you misused.		
Provide the dates of involvement in the above. From Date (Month/Year) To Date (Month/Year) Present Est. Est.		e of the prescription drug.
Was your involvement while you were employed as a law enforcement position directly and immediately affecting the public safety?	ent officer, prosecutor, or courtroom official, or while in a	YES NO
Was your involvement while possessing a security clearance?		YES NO
nter your Social Security Number before going to the next	page	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section	on 23 - Illegal Use of Drugs and Drug Activity <i>- (Continued)</i>	
23.6	Have you EVER been ordered, advised, or asked to seek counseling illegal use of drugs or controlled substances?	g or treatment as a result of your YES NO (If NO, proceed to 23.7)
	mplete the following if you responded 'Yes' to having EVER been ord gal use of drugs or controlled substances.	lered, advised, or asked to seek counseling or treatment as a result of your
Ent	try #1	
	ve any of the following ordered, advised, or asked you to seek counselineck all that apply):	ng or treatment as a result of your illegal use of drugs or controlled substances?
	An employer, military commander, or employee assistance program	A court official / judge
	A medical professional	I have not been ordered, advised, or asked to seek
	A mental health professional	counseling or treatment by any of the above.
Pro	vide explanation •	
Did	you take action to receive counseling or treatment?	YES (If YES, complete (b)) NO (If NO, complete (a))
(a)	You have indicated that you did not receive treatment.	
	Provide explanation.	
(b)	You have indicated that you did receive treatment.	
	Provide the type of drug or controlled substance for which you were to	reated.
	Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
	THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
	Ketamine (Such as special K, jet, etc.)	Narcotics (Such as opium, morphine, codeine, heroin, etc.)
	Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Such as the clear, juice, etc.)
	Inhalants (Such as toluene, amyl nitrate, etc.)	☐ Other (Provide explanation) ▶
	Provide the name of the treatment provider. Last name First name	
	Provide the address for this treatment provider. (<i>Provide City and Country</i> Street City	y if outside the United States; otherwise, provide City, State and Zip Code) State Zip Code Country
		ational or DSN number Provide the dates of treatment. From Date (Month/Year) To Date (Month/Year) Est. Est.
	Did you successfully complete the treatment? YES NO —	(Provide explanation)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

Entry #2 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substan (Check all that apply): An employer, military commander, or employee assistance program A court official / judge A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. Provide explanation Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (b)) You have indicated that you did not receive treatment. Provide the type of drug or controlled substance for which you were treated.
Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substant (Check all that apply): An employer, military commander, or employee assistance program An employer,
(Check all that apply): An employer, military commander, or employee assistance program A medical professional A mental health professional Provide explanation ▶ Did you take action to receive counseling or treatment? The provide explanation in the professional provide explanation. The provide explanation in the professional provide explanation. The provide explanation is a court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. Provide explanation in the provide explanation is a court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. Provide explanation in the provide explanation is a court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. Provide explanation in the provide explanation is a court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. Provide explanation in the provide explanation is a court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. Provide explanation in the provide explanation is a court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. Provide explanation in the provide explanation is a court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. Provide explanation in the provide explanation is a court official / judge I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.
☐ A medical professional ☐ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. ☐ A mental health professional Provide explanation ▶ ☐ Did you take action to receive counseling or treatment? ☐ YES (If YES, complete (b)) ☐ NO (If NO, complete (b)) ☐ N
Counseling or treatment by any of the above. Provide explanation ▶ Did you take action to receive counseling or treatment? (a) You have indicated that you did not receive treatment. Provide explanation. (b) You have indicated that you did receive treatment.
Provide explanation ▶ Did you take action to receive counseling or treatment? (a) You have indicated that you did not receive treatment. Provide explanation. (b) You have indicated that you did receive treatment.
Did you take action to receive counseling or treatment? (a) You have indicated that you did not receive treatment. Provide explanation. (b) You have indicated that you did receive treatment.
(a) You have indicated that you did not receive treatment. Provide explanation. (b) You have indicated that you did receive treatment.
Provide explanation. (b) You have indicated that you did receive treatment.
(b) You have indicated that you did receive treatment.
.,
Provide the type of drug or controlled substance for which you were treated.
,,
Cocaine or crack cocaine (Such as rock, freebase, etc.)
THC (Such as marijuana, weed, pot, hashish, etc.)
☐ Ketamine (Such as special K, jet, etc.) ☐ Narcotics (Such as opium, morphine, codeine, heroin, etc.)
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
☐ Inhalants (Such as toluene, amyl nitrate, etc.) ☐ Other (Provide explanation) ▶
Provide the name of the treatment provider.
Last name First name
Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Street City State Zip Code Country
Provide a telephone number for the treatment provider. International or DSN treatment provide the dates of treatment.
treatment provider.
Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)	

23.7	7 Have you EVER voluntarily sought cour controlled substance?	nseling or treatment as a result	of your use of a	a drug or YE	S NO (If NO, proceed	d to Section 24)
	Complete the following if you responded 'Yes controlled substance?	s' to having EVER voluntarily s	sought counse	ling or treatment as a re	esult of your use of a dru	ıg or
Е	Entry #1					
P	Provide the type of drug or controlled substan	ce for which you were treated.				
[Cocaine or crack cocaine (Such as rock,	freebase, etc.)	Depressar	nts (Such as barbiturates	s, methaqualone, tranquiliz	zers, etc.)
[THC (Such as marijuana, weed, pot, hash	nish, etc.)	Hallucinog	genic (Such as LSD, PCF	P, mushrooms, etc.)	
[Ketamine (Such as special K, jet, etc.)		Steroids (Such as the clear, juice, e	etc.)	
[Narcotics (Such as opium, morphine, cod	eine, heroin, etc.)	Inhalants	(Such as toluene, amyl n	itrate, etc.)	
[Stimulants (Such as amphetamines, spee	ed, crystal meth, ecstasy, etc.)	Other (Pr	ovide explanation) >		
	Provide the name of the treatment provider. ast name	First name				
	Provide the address for this treatment provide Street	r. (<i>Provide City and Country if outsid</i> City	e the United State State	ss; otherwise, provide City, St. Zip Code	ate and Zip Code) Country	▼
	Provide a telephone number for the reatment provider.	Extension International of phone numbe	r	Provide the dates of tre	To Date (Month/Year)	Present Est.
_ D	Did you successfully complete the treatment?	☐ YES ☐ NO → (Pro	vide explanatio	n)		
Е	Entry #2					
P	Provide the type of drug or controlled substan	ce for which you were treated.				
	Cocaine or crack cocaine (Such as rock,	freebase, etc.)	Depressar	nts (Such as barbiturates	s, methaqualone, tranquiliz	zers, etc.)
	THC (Such as marijuana, weed, pot, hash	nish, etc.)	Hallucinog	genic (Such as LSD, PCF	P, mushrooms, etc.)	
	Ketamine (Such as special K, jet, etc.)		Steroids (Such as the clear, juice, e	etc.)	
	Narcotics (Such as opium, morphine, cod	eine, heroin, etc.)	Inhalants	(Such as toluene, amyl n	itrate, etc.)	
_	Stimulants (Such as amphetamines, spee	ed, crystal meth, ecstasy, etc.)	Other (Pr	ovide explanation) >		
	Provide the name of the treatment provider. ast name	First name				
P	Provide the address for this treatment provide	r. (Provide City and Country if outsid	e the United State	s; otherwise, provide City, St	ate and Zip Code)	
S	Street	City	State	Zip Code	Country	•
	Provide a telephone number for the reatment provider.	Extension	,	Provide the dates of tre From Date (Month/Year)	To Date (Month/Year)	Present Est.
С	oid you successfully complete the treatment?	☐ YES ☐ NO → (Pro	vide explanatio	n)		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 24 - Use of Alcohol

Complete the following if you responded 'Yes' to your alcohol use having relationships, your finances, or resulted in intervention by law enforcement	g had a negative impact on your work performance, your professional or personal ent/public safety personnel.				
Entry #1					
Provide the month/year when this negative impact occurred. From Date (Month/Year)	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Preser				
Est.	Est.				
Provide circumstances.	Provide negative impact.				
Entry #2	Drovide dates of involvement arrups				
Provide the month/year when this negative impact occurred. From Date (Month/Year) Est.	Provide dates of involvement or use. From Date (Month/Year) Est. Provide dates of involvement or use. To Date (Month/Year) Preser				
Provide circumstances.	Provide negative impact.				
Entry #3					
Provide the month/year when this negative impact occurred. From Date (Month/Year) Est.	Provide dates of involvement or use. From Date (Month/Year) Est. Provide dates of involvement or use. To Date (Month/Year) Preser				
Provide circumstances.	Provide negative impact.				
Entry #4					
Provide the month/year when this negative impact occurred. From Date (Month/Year) Est.	Provide dates of involvement or use. From Date (Month/Year) Est. Preser				
Provide circumstances.	Provide negative impact.				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Pa	rts 731, 732, and 736						
Sectio	on 24 - Use of Alcohol - <i>(Continued)</i>						
24.2	Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?						
Con	nplete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.						
Ent	ry #1						
Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that applications)							
	An employer, military commander, or employee assistance program A court official / judge						
	A medical professional						
	A mental health professional counseling or treatment by any of the above.						
	Other (Provide explanation) ▶						
Did	you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))						
(a)	You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.						
	Provide explanation.						
							
(b)	You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider.						
	From Date (Month/Year) Est. Present Est.						
	Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)						
	Street City State Zip Code Country						
	Provide telephone number. Extension International or DSN phone number Day Night						
	Did you successfully complete the treatment program? ☐ YES ☐ NO → (Provide explanation) ▶						
Ent	ry #2						
Hav	e any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply):						
	An employer, military commander, or employee assistance program A court official / judge						
	A medical professional						
П	A mental health professional counseling or treatment by any of the above.						
	Under (Provide explanation) ▶						
Did	you take action to receive counseling or treatment? [YES (If YES, complete (b)) NO (If NO, complete (a))						
(a)	You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.						
	Provide explanation.						
(b)	You responded 'Yes' to having taken action to seek counseling or treatment.						
Provide the dates of counseling or treatment. From Date (Month/Year) Est. Provide the name of the individual counselor or treatment provider. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) Est.							
	Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country						
	Provide telephone number. Extension						
	Did you successfully complete the treatment program?						
	, , , , , , , , , , , , , , , , , , ,						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol - (Continued)	
24.3 Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol? YES NO (If NO, proceed to 2)	24.4)
Complete the following if you responded 'Yes' to voluntarily seeking counseling or treatment.	
Entry #1	
Provide the dates of counseling or treatment. From Date (Month/Year) To Date (Month/Year) Est. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) Est.	
Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	
Street City State Zip Code Country	V
Provide telephone number. Extension International or DSN phone number Day Night	
Did you successfully complete the treatment program?	
Entry #2	
Provide the dates of counseling or treatment. From Date (Month/Year) To Date (Month/Year) Present Est. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) Est.	
Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	
Street City State Zip Code Country	V
Provide telephone number. Extension International or DSN phone number Day Night	
Did you successfully complete the treatment program?	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 24 - Use of Alcohol - (Continued)

0000001124 00	c of resorter (continues)							
	ou EVER received counseling ve already listed on this form?	or treatment as	s a result of your use	e of alcohol in	addition to what	YES N	NO (If NO, proceed to S	Section 25)
Complete the	following if you responded 'Ye	s' to having E\	/ER received couns	eling or treatr	ment as a result of	your use of alcoh	ol.	
Entry #1								
Provide the n Name	ame of individual counselor or	treatment prov	ider.					
Provide the fu	Ill address of the counseling/tre	eatment provide	er. (Provide City and C	ountry if outside	the United States: oth	nerwise, provide City	State and Zip Code)	
Street	iii aaareee er irre eearreening, ir	City	or, travias on, and o	State	Zip Code	Country	, Glato and Lip Godo)	
Street				Jiale	Zip Code			V
Provide the n Name	ame of agency/organization wh	ı nere counselinç	g/treatment was prov	vided.	<u> </u>			
Provide the a	ddress of agency/organization	where counsel	ing/treatment was p	rovided. (Prov	ride City and Country i	f outside the United	States; Same a	as above
otherwise, provi	de City, State and Zip Code)							as above
Street		City		State	Zip Code	Country		lacksquare
								
From Date (M	´ I	i. (Month/Year)	Present					
Did yey eyes	Est.		Est.					
	essiully complete your couriser	ng or treatmen			YES (Prov	ide explanation)	NO (Provide ex	olanation)
Explanation								
Entry #2								
Provide the n	ame of individual counselor or	treatment prov	ider.					
Name								
Duranista da e			/D :: 0:: 10				01.1.171.0.11	
	Ill address of the counseling/tre	eatment provide	er. (Provide City and C			· _ ·	, State and Zip Code)	
Street		City		State	, Zip Code	Country		
					—			\
Provide the n	ame of agency/organization wh	nere counseling	n/treatment was prov	/ided				
Name	ame or agency/organization wi	ioro ocariociiri	gradument was pro-	ridod.				
Name								
	ddress of agency/organization de City, State and Zip Code)	where counsel	ing/treatment was p	rovided. (Prov	ride City and Country i	f outside the United	States; Same	as above
	ac ony, claic and zip code,	City		Ctata	7:- 0	Country		
Street		City		State	Zip Code	Country		
					 			V
Dravida tha d	ataa of asympoling or tractman			l				
	ates of counseling or treatmen	 (Month/Year)						
From Date (M	onin/Year) To Date	(Month/Year)	Present					
	Est.		Est.					
Did you succe	essfully complete your counsel	ng or treatmen	nt?		YES (Prov	ide explanation)	NO (Provide exp	planation)
Explanation								

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section	n 25 - Investigations and Clearance Record
25.1	Has the LLS. Covernment (or a foreign government) EVED investigated your background and/or granted you

25.1 Has the U.S. Government (or a foreign gove a security clearance eligibility/access?	ernment) EVER investigated your background and/or granted you YES NO (If NO, proceed to 2st	5.2)			
Complete the following if you responded 'Yes' to t granted you a security clearance eligibility/access	the U.S. Government (or a foreign government) having investigated your background and/or havingss.	g			
Entry #1					
Provide the investigating agency:					
U.S. Department of Defense	U.S. Department of Homeland Security				
U.S. Department of State	☐ Foreign government (Provide name of government) ▶				
U.S. Office of Personnel Management	I don't know				
Federal Bureau of Investigation	☐ Other (Provide explanation) ▶				
U.S. Department of Treasury (Provide name o	of bureau) ▶				
Provide the name of agency that issued the clearal	nce eligibility/access if different from the investigating agency.				
Date the investigation was completed (Month/Year)	I don't know Provide the date clearance eligibility/access was granted. (Month/Year) I don't kn	ow.			
	□ Est. □ Est.				
Provide the level of clearance eligibility/access gra	unted:				
None	□Q				
Confidential	□ L				
Secret	I don't know				
Top Secret	☐ Issued by foreign country				
Sensitive Compartmented Information (SCI)	☐ Other (Provide explanation) ▶				
Entry #2					
Provide the investigating agency:					
U.S. Department of Defense	U.S. Department of Homeland Security				
U.S. Department of State	U.S. Department of State				
U.S. Office of Personnel Management					
Federal Bureau of Investigation	☐ Other (Provide explanation) ▶				
U.S. Department of Treasury (Provide name o	of bureau) ▶				
Provide the name of agency that issued the clearar	nce eligibility/access if different from the investigating agency.				
Date the investigation was completed (Month/Year)	I don't know Provide the date clearance eligibility/access was granted. (Month/Year)	w			
	☐ Est. ☐ Est.				
Provide the level of clearance eligibility/access gran	nted:				
None	Q				
Confidential					
☐ Secret	I don't know				
☐ Top Secret	☐ Issued by foreign country				
Sensitive Compartmented Information (SCI)	☐ Other (Provide explanation) ▶				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

CFR Parts 731, 732, and 736	NATIONAL SECURITY POSIT	IUNS				
Section 25 - Investigations and Clearance I	Record - (Continued)					
	ance eligibility/access authorization denied, suspendowngrade or administrative termination of a security c					
Complete the following if you responded 'Yes' to having EVER had a security clearance eligibility/access authorization denied, suspended, or revoked. Entry #1						
Entry #2						
Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)	Provide the name of the agency that took the action. Est.	Provide an explanation of the circumstances of the denial, suspension or revocation action.				
25.3 Have you EVER been debarred from	government employment?	YES NO (If NO, proceed to Section 26)				
Complete the following if you responded 'Ye	es' to having EVER been debarred from government	employment.				
Entry #1						
Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year)	Provide an explanation of the circumstances of the debarment.				
	☐ Est.					
Entry #2						
Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year) Est.	Provide an explanation of the circumstances of the debarment.				
	ESt.					

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record					
26.1 In the last seven (7) years have you file	d a petition under any chapter of the	he bankruptcy code?	YES	NO (If NO, pro	ceed to 26.2)
Complete the following if you responded 'Yes'	to in the last seven (7) years hav	ing filed a petition under	any chapter of the ba	ankruptcy code.	
Entry #1		Drovide the benkrunte	v court dockat/accour	at number	
Select the applicable bankruptcy petition type.		Provide the bankruptc	y court docket/accour	it number.	
Chapter 7 Chapter 11 Chapter 11	pter 12				
Provide the date bankruptcy was filed. (Month/Year)	Provide the date of bankruptcy discharge. (Month/Year)	Not Applicable	Provide the total a dollars) involved in		Est.
Provide the name debt is recorded under.	I				
Last name	First name	Middle	name	Suffix	\
Provide the name of the court involved.				<u> </u>	
Provide the address of the court involved. (Pro)	
Street	City	State Zip Cod	e Country		lacksquare
(a) If Chapter 13 previously selected: Provide the name of the trustee for this bar					
Provide the address of the trustee for this				y, State and Zip Code))
Street	City	State Zip Cod	e Country		lacksquare
Were you discharged of all debts claimed in the	e bankruptcy?		(Provide explanation)	NO (Provide	evnlanation)
Provide Explanation.			The revide explandations		охраналогу
Entry #2					
Select the applicable bankruptcy petition type. Chapter 7 Chapter 11 Chapter 11	pter 12 Chapter 13	Provide the bankruptc	y court docket/accour	nt number.	
Provide the date bankruptcy was	Provide the date of bankruptcy	<u> </u>	Donatida da a tatal a		
filed. (Month/Year)	discharge. (Month/Year)	Not Applicable	Provide the total a dollars) involved in		
☐ Est.		Est.			Est.
Provide the name debt is recorded under.					
Last name	First name	Middle	name	Suffix	-
Provide the name of the court involved.					
Provide the address of the court involved. (Pro Street	vide City and Country if outside the Unite City	d States; otherwise, provide State Zip Cod)	▼
(a) If Chapter 13 previously selected:	1				
Provide the name of the trustee for this bar	kruptcy.				
Provide the address of the trustee for this				y, State and Zip Code)	
Street	City	State Zip Cod	e Country		\blacksquare
Were you discharged of all debts claimed in the	e bankruptcy?	. <u>—</u> ,	(Provide explanation)	NO (Provide	evalenation
Provide Explanation.		L YES	(Provide explanation)	NO (Provide	expiariation)
nter your Social Security Number before	noing to the next page				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)		
26.2 Have you EVER experienced financial problems due to gaml	oling?	YES NO (If NO, proceed to 26.3)
Complete the following if you responded 'Yes' to having EVER exp	erienced financial problems due to gambling.	
Entry #1		
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S. of	dollars) of gambling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present	I	
Est. Est.	If you have taken and the second seco	Consideration of the second state of the secon
Provide a description of your financial problems due to gambling.	a description of your actions. If you have not	r financial problems due to gambling, provide taken any action(s), provide explanation.
Entry #2		
Entry #2 Provide the date range of your financial problems due to combling	Provide an estimate of the amount (in LLS of	Inliers) of compling losses incurred
Provide the date range of your financial problems due to gambling. From Date (Month/Year) To Date (Month/Year) Present	Provide an estimate of the amount (in 0.5. c	ioliais) of gambling losses incurred.
Provide a description of your financial problems due to gambling.	If you have taken any action(a) to rectify you	r financial problems due to gambling, provide
Trondo di decemplo i or your imanoar prosionio dae lo gambiing.	a description of your actions. If you have not	
26.3 In the last seven (7) years have you failed to file or pay Fedor or ordinance?	leral, state, or other taxes when required by la	AW YES NO (If NO, proceed to 26.4)
Complete the following if you responded 'Yes' to having failed to fil	e or pay Federal, state, or other taxes when r	equired by law or ordinance.
Entry #1		
	ne year you failed to file or pay your Federal, s	
File Pay Both		Est.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	☐ Not Applicable ☐ Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	l debt (such as withholdings, frequency and ar	
Entry #2		
	ne year you failed to file or pay your Federal, s	
☐ File ☐ Pay ☐ Both		Est.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	☐ Not Applicable ☐ Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and ar	mount of payments, etc.). If you have not
iter your Social Security Number before going to the next		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 26 - Financial Record - (Continued)					
6.4 In the last seven (7) years have you	been counseled, warned, or	disciplined for violating t	he terms of	☐ YES [NO (If NO, proceed to 26.5
agreement for a travel or credit card Complete the following if you responded 'Y		warned or disciplined f	or violating the terms		
provided by your employer.	es to having been counseled,	warried, or disciplined i	or violating the terms	or agreeme	ent for a traver of credit car
Entry #1					
Provide the name of the agency or compan	y.				
Provide the address of the agency or comp					de)
Street	City	State	Zip Code C	ountry	-
Provide the date of your counseling, warning	g, or disciplinary action. <i>(Moi</i>	nth/Year) Provide the re	l ason(s) for the couns	eling, warn	ing, or disciplinary action.
		Est.			
Provide the amount (in U.S. dollars)	•	f any action(s) you have	taken to rectify this s	ituation. If	you have not taken any
of violation.	action(s) provide expla	nation.			
	Est.				
Entry #2					
Provide the name of the agency or compan	y.				
Provide the address of the agency or comp					de)
Street	City I	State	Zip Code C	ountry	F
Provide the date of your counseling, warning	g, or disciplinary action. <i>(Moi</i>	<i>nth/</i> Year) Provide the re	ason(s) for the couns	eling, warn	ing, or disciplinary action.
Provide the amount (in U.S. dollars) of violation.	Provide a description of action(s) provide expla	f any action(s) you have	taken to rectify this s	ituation. If	you have not taken any
or relation.	Est.				
6.5 Are you currently utilizing, or seeking resolve your financial difficulties?	assistance from, a credit coul	nseling service or other	similar resource to	YES [NO (If NO, proceed to 26.0
Complete the following if you responded 'Y resolve your financial difficulties.	es' to being currently utilizing,	or seeking assistance fr	om, a credit counselir	ng service	or other similar resource to
Entry #1					
Provide explanation.		Provide the name of the	ne credit counseling o	rganization	or resource.
·			· ·		
Provide the telephone number of the credit	counseling organization.		Provide the location	of the cre	dit counseling organization
		DSN phone number	City		State
	Day Night				-
As a result of this counseling, provide a desprovide explanation.	scription of any action(s) you h	ave taken to resolve yου	ur financial difficulties.	If you have	e not taken any action(s),
Entry #2					
Provide explanation.		Provide the name of the	ne credit counseling o	rganization	or resource.
,			3		
Provide the telephone number of the credit	counseling organization.		Provide the location	of the cre	dit counseling organizatior
Telephone number Ex	tension International or	DSN phone number	City		State
	☐ Day ☐ Night				
As a result of this counseling, provide a desprovide explanation.	scription of any action(s) you h	ave taken to resolve you	ur financial difficulties.	If you have	e not taken any action(s),
an	re going to the next page				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 26 - Financial Record - (Continued)

26.6 Other than previously listed, have any of the following happened to you? (You will be asked to provide YES NO (If NO, Proceed to 26.7) details about each financial obligation that pertains to the items identified below) - In the last seven (7) years, you have been delinquent on alimony or child support payments. - In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues. Entry #1 Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following? (Check all that apply) YES NO (If NO, Proceed to 26.7) In the last seven (7) years, you have been delinquent on alimony or child support payments. In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any). Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. Est. Provide the date the financial Provide the name of the court involved. Provide date the financial issue issue began. (Month/Year) was resolved. (Month/Year) Not Resolved Est. Est. Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City Street State Country Zip Code Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 26 - Financial Record - (Continued)

Section 25 - 1 manetal Record - (Sommaca)	
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.	
Entry #2	
Provide the name of agency/organization/individual to which debt is/was owed.	
Did/does this financial issue include any of the following? (Check all that apply)	
In the last seven (7) years, you have been delinquent on alimony or child support payments.	
In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).	
Entry #2 Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following? (Check all that apply) In the last seven (7) years, you have been delinquent on alimony or child support payments. In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those	
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).	
issue began. (Month/Year) was resolved. (Month/Year) Not Resolved	
Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	
Street City State Zip Code Country	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 26 - Financial Record - (Continued)

- 26.7 Other than previously listed, have any of the following happened?

 YES NO (If NO, proceed to Section 27)

 In the last cover (7) years, you had any passessions or property voluntarily or involuntarily.
 - In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you were evicted for non-payment?
 - In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
 - In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #1
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply)
In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you were evicted for non-payment?
In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) St. Not Resolved Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - <i>(Continued)</i>
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #2
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply)
In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you were evicted for non-payment?
In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Description: Not Resolved Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 27 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as

evidence against you in a subsequent criminal pr government. The following questions ask about y hardware, software, firmware, and data used for t	oceeding. As to this particular sect our use of information technology	ion, this applies whether systems. Information tech	or not you are current	ly employed by the Federal de all related computer
27.1 In the last seven (7) years have you ille access any information technology systematics.		on accessed or attempted	d to YES	NO (If NO, proceed to 27.2)
Complete the following if you responded 'Yes' any information technology system.	o having in the last seven (7) ye	ars illegally or without pro	oper authorization ente	ered or attempted to enter into
Entry #1				
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incident or offe	ense.	
Provide the location where the incident took pla Street	ce. (Provide City and Country if outside City	the United States; otherwise State Zip Code	• • • • • • • • • • • • • • • • • • • •	Cip Code)
Provide a description of the action (administrat	ve, criminal or other) taken as a re	esult of this incident.		
Entry #2				
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incident or offe	ense.	
Provide the location where the incident took pla	ice. (Provide City and Country if outside		• •	?ip Code)
Street	City	State Zip Code	e Country	•
Provide a description of the action (administrat	ve, criminal or other) taken as a re	esult of this incident.		
27.2 In the last seven (7) years have you illed denied others access to information residuation?				NO (If NO, proceed to 27.3)
Complete the following if you responded 'Yes' denied others access to information residing or				destroyed, manipulated, or
Entry #1				
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incident or offe	ense.	
Provide the location where the incident took pla	ice. (Provide City and Country if outside	the United States; otherwise	, provide City, State and Z	Zip Code)
Street	City	State Zip Code	e Country	~
Provide a description of the action (administrat	ve, criminal or other) taken as a re	esult of this incident.		
Entry #2				
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incident or offe	ense.	
Provide the location where the incident took pla Street	ICE. (Provide City and Country if outside City	the United States; otherwise State Zip Code	• • • • • • • • • • • • • • • • • • • •	Zip Code)
				lacksquare
Provide a description of the action (administrat	ve, criminal or other) taken as a re	esult of this incident.	<u>'</u>	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Part	s 731, 732, and 736	NATIONAL SECURI	IY POSII	IONS	
Section	27 - Use of Information Technology Sys	stems - (Continued)			
27.3	In the last seven (7) years have you intro connection with any information technolog by rules, procedures, guidelines, or regula	y system without authorization, w	hen specifically	1 1	YES NO (If NO, proceed to Section 28)
conn	plete the following if you responded 'Yes' to ection with any information technology systapted any of the above.				
Entry	/ #1				
Provi	de the date of the incident. (Month/Year) Est.	Provide a description of the natu	are of the incide	ent or offense.	
Provi Stree	de the location where the incident took plac t	ce. (Provide City and Country if outside City	the United States State	s; otherwise, provide City Zip Code	y, State and Zip Code) Country
Provi	de a description of the action (administrativ	l e, criminal or other) taken as a re	sult of this incid	dent.	_
Entry	/ #2				
Provi	de the date of the incident. (Month/Year) Est.	Provide a description of the natu	ure of the incide	ent or offense.	
1	de the location where the incident took plac	e. (Provide City and Country if outside	the United States	s; otherwise, provide City	y, State and Zip Code)
Stree	t	City	State	Zip Code	Country
Provi	de a description of the action (administrativ	e, criminal or other) taken as a re	sult of this incid	dent.	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Parts 731, 732, and 736	NATIONAL SECUR	II Y POSITIONS		
Section 28 - Involvement in Non-Criminal Cour	t Actions			
In the last ten (10) years, have you been a party this form?	to any public record civil court ac	ction not listed elsewhere	on YES NO (If NO, proceed to S	Section 29)
Complete the following if you responded 'Yes' ten (10) years.	o having been a party to any pub	olic record civil court actio	n(s) not listed elsewhere on this form in th	ie last
Entry #1				
Provide the date of the civil action. (Month/Year)	Provide the court name.			
Provide the address of the court. (Provide City and	d Country if outside the United States;	otherwise, provide City, State	and Zip Code)	
Street	City	State Zip Coo	de Country	\blacksquare
Provide details of the nature of the action.	Provide a description of th	e results of the action.	Provide the name(s) of the principal part involved in the court action.	ies
Entry #2				
Provide the date of the civil action. (Month/Year)	Provide the court name.			
Provide the address of the court. (Provide City and	d Country if outside the United States;	otherwise, provide City, State	and Zip Code)	
Street	City	State Zip Coo	de Country	•
Provide details of the nature of the action.	Provide a description of th	e results of the action.	Provide the name(s) of the principal part involved in the court action.	ies

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 29 - Association Record

a d	dverse employment, security, or credentialing decision. For the pu	wer the questions fully and truthfully, and your failure to do so could be grounds for an urpose of this question, terrorism is defined as any criminal acts that involve violence or are r coerce a civilian population to influence the policy of a government by intimidation or tion, assassination or kidnapping.
2	9.1 Are you now or have you EVER been a member of an org awareness of the organization's dedication to that end, or	
	Complete the following if you responded 'YES' to being or ever he organization's dedication to that end, or with the specific inte	having been a member of an organization dedicated to terrorism, either with an awareness of ent to further such activities.
	Entry #1	
	Provide the full name of the organization.	
	Provide the address/location of the organization. (Provide City and	Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City	State Zip Code Country
	Provide the dates of your involvement with the organization. From Date (Month/Year) To Date (Month/Year) President Est.	Provide all positions held in the organization, if any. No positions held
	Provide all contributions made to the organization, if any.	Provide a description of the nature of and reasons for your involvement with the organization.
H	Entry #2	
	Provide the full name of the organization.	
	•	
	Dravide the address/lesstion of the erganization (Partide City and	County if subside the United Chates atherwise manifes the Chates and 7in Code
	Street City	Country if outside the United States; otherwise, provide City, State and Zip Code) State Zip Code Country
	Short Shy	
	Duratide the dates of coursing because the site the engagement in	
	Provide the dates of your involvement with the organization. From Date (Month/Year) To Date (Month/Year) Pres Est. Est.	Provide all positions held in the organization, if any. No positions held sent
	Provide all contributions made to the organization, if any.	ade Provide a description of the nature of and reasons for your involvement with the organization.
L		

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

POSITIONS
YES NO (If NO, proceed to 29.3)
ny acts of terrorism.
Provide the dates for any such activities. From Date (Month/Year) To Date (Month/Year) Present Est. Est.
<u> </u>
Provide the dates for any such activities. From Date (Month/Year) To Date (Month/Year) Present Est. Est.
row the U.S. Government by YES NO (Proceed to 29.4)
errorism or activities designed to overthrow the U.S. Government by
Provide the dates of advocating acts of terrorism. From Date (Month/Year) To Date (Month/Year) Present Est. Est.
Provide the dates of advocating acts of terrorism. From Date (Month/Year) To Date (Month/Year) Present Est. Est.

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - ((Continued)		

Complete the following if you responded "Yes" to having EVER been a member of an organization declicated to the use of violence or force to overthrow the United States comment, and which engaged in activities to that end with an awareness of the organization's declication to that end or with the specific intent to further such activities. Provide the full name of the organization. Provide the detect of your involvement with the organization. Provide the detect of your involvement with the organization. Provide all positions held in the organization, if any. No positions held Provide all contributions made to the organization. Provide a description of the nature of and reasons for your involvement with the organization. Provide a description of the nature of and reasons for your involvement with the organization. Provide a description of the nature of and reasons for your involvement with the organization. Provide a description of the nature of and reasons for your involvement with the organization. Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held Present Provide and positions held in the organization, if any. No positions held Present Provide and positions held in the organization, if any. No positions held Present Provide and positions held in the organization, if any No positions held Present Provide and positions held in the organization, if any No positions held Present Provide and positions held in the organization, if any No positions held Present Provide and positions held in the organization, if any No positions held Present Provide and positions held in the organization Provide and positions held Present Provide and positions held in the organization Provide and positions held Present Provide and positions h	4 Have you EVER to the United States organization's dec	Governme	ent, and	d which e	engaged i	n activitie	s to that end	with an a	awaren			YES	NO (If NO, proce	eed to 29.
Provide the suddress/focation of the organization. Provide City state 2 Dode County Street 2 Dode County	United States Governme	ent, and w												
Provide the address/location of the organization. Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) State	Entry #1													
Provide the dates of your involvement with the organization. From Date (Month/Year)	Provide the full name of	the organi	ization.											
Frovide the dates of your involvement with the organization. From Date (Month/Year)														
Frovide the dates of your involvement with the organization. From Date (Month/Year)	Provide the address/loca	ation of the	e organi	ization.	(Provide Cit	tv and Cour	ntry if outside th	e United S	States: o	therwise. pr	ovide Citv.	State and Z	ip Code)	
Provide the dates of your involvement with the organization. From Date (Month/Year)						,	,			-	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
To Date (Month/Year) To Date (Month/Year) Present Est. Es								I	$ \mathbf{v} $	l [']		1		[·
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section	Section 29 - Association Record - (Continued)					
29.5	Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?					
forc	implete the following if you responded 'Yes' to being or EVER having been a member of an organization that advocates or practices commission of acts of the or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further that action.					
Ent	ry #1					
Prov	vide the full name of the organization.					
	vide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Stre	cet City State Zip Code Country					
1	vide the dates of your involvement with the organization. To Date (Month/Year) Present Est. Provide all positions held in the organization, if any. No positions held To Date (Month/Year) Present Est.					
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Ent	ry #2					
	vide the full name of the organization.					
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Parts 731, 732, and 736			
Section 29 - Association Record - (Continued)			
29.6 Have you EVER knowingly engaged in activities designed to overthrow the	e U.S. Government by force?	YES NO (If NO, proceed to 29.7)	
Complete the following if you responded 'Yes' to having EVER knowingly engage	ged in activities designed to overthro	w the U.S. Government by force.	
Entry #1			
Describe the nature and reasons for the activity. Provide the dates of such activities.			
	From Date (Month/Year)	To Date (Month/Year) Present	
		Est.	
Entry #2			
Describe the nature and reasons for the activity.	Provide the dates of such a	activities.	
	From Date (Month/Year)	To Date (Month/Year) Present	
		Est.	
29.7 Have you EVER associated with anyone involved in activities to further ter	rrorism?	YES NO	
Complete the following if you responded 'Yes' to having EVER associated with a	anyone involved in activities to furthe	er terrorism.	
Entry #1			
Provide explanation.			
Entry #2			
Provide explanation.			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continuation Space	
Use the space below to continue answers or a blank sheet(s) of paper. Include your name and SSN at the top of each answer, identify the number of the item and attempt to maintain sequential order and question format.	blank sheet(s). Before each
	_
After completing this form and any attachments, you should review your answers to all questions to make sure the fo and then sign and date the following certification and the attached release(s).	orm is complete and accurate,
Certification My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and bel further affirm that, to the best of my knowledge, I have not included any classified information herein. I have carefully read the complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonme understand that intentionally withholding, misrepresenting, falsifying, or including classified information may have a negative employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and determined to the complete that the property of the complete that the complete this form can be punished by fine or imprisonment.	foregoing instructions to nt or both (18 U.S.C. 1001). I ffect on my security clearance,
Signature (Sign in ink)	Date signed (mm/dd/yyyy)
Enter your Social Security Number before going to the next page	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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 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 position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

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

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

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)			Date signed (mm/dd/yyyy)
Other names used			Date of birth	Social Security Number	
Current street address Apt. #	City (Cou	untry)	State	ZIP Code	Telephone number
	•			•	

Enter your Social Security Number before going to the next page		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Date signed (mm/dd/yyyy)

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 Section 21 of the Standard Form 86 (SF-86), carefully read this authorization to release information about you, then sign and date it in ink.

This is an authorization for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility. Your signature will allow the practitioner(s) to answer only those questions identified below.

Authorization

Signature (Sign in ink)

I am seeking assignment to or retention in a national security sensitive position. As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e., continuous evaluation) of eligibility for access to classified information or eligibility to hold a national security sensitive position to request, and my health practitioner(s) to provide, the information requested below, 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 my health care provider/ entity. Revocation of this authorization is not effective until received by my health care provider/entity. 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 authorization for use by the Federal Government only for purposes provided in the Standard Form 86 will no longer be covered by the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

Full name (Type or print legibly)

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.

Other names used			Social Security Number		
Current street address Apt. #	City (Country)	State ZIP Code	Telephone number		
For Use By Practitioner(s) Only					
Does the person under investigation have a	condition that could impair I	nis or her judgment, re	eliability, or trustworthiness?		
☐ 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 (Sign in ink)	Practitioner name		Date signed (mm/dd/yyyy)		
nter your Social Security Number before going	to the next page		→		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

The Federal government requires 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) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. 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) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position to request, and any consumer reporting agency to provide, such reports for 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 national security position. To avoid such delays, you should expeditiously respond to any requests 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 national security sensitive position or require eligibility for access to classified information.

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

Enter your Social Security Number before going to the next page	
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