

# Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions*, call the office that gave you the form.

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## Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

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

## Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

## The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

## Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important 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.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well.

These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

## Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

## Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

## 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 of up to \$10,000, and/or 5 years imprisonment, or both. 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. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

## Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

## PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, 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.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

## STATE CODES (ABBREVIATIONS)

|                 |    |                      |    |               |    |                   |    |               |    |
|-----------------|----|----------------------|----|---------------|----|-------------------|----|---------------|----|
| Alabama         | AL | Hawaii               | HI | Massachusetts | MA | New Mexico        | NM | South Dakota  | SD |
| Alaska          | AK | Idaho                | ID | Michigan      | MI | New York          | NY | Tennessee     | TN |
| Arizona         | AZ | Illinois             | IL | Minnesota     | MN | North Carolina    | NC | Texas         | TX |
| Arkansas        | AR | Indiana              | IN | Mississippi   | MS | North Dakota      | ND | Utah          | UT |
| California      | CA | Iowa                 | IA | Missouri      | MO | Ohio              | OH | Vermont       | VT |
| Colorado        | CO | Kansas               | KS | Montana       | MT | Oklahoma          | OK | Virginia      | VA |
| Connecticut     | CT | Kentucky             | KY | Nebraska      | NE | Oregon            | OR | Washington    | WA |
| Delaware        | DE | Louisiana            | LA | Nevada        | NV | Pennsylvania      | PA | West Virginia | WV |
| Florida         | FL | Maine                | ME | New Hampshire | NH | Rhode Island      | RI | Wisconsin     | WI |
| Georgia         | GA | Maryland             | MD | New Jersey    | NJ | South Carolina    | SC | Wyoming       | WY |
| American Samoa  | AS | District of Columbia | DC | Guam          | GU | Northern Marianas | CM | Puerto Rico   | PR |
| Trust Territory | TT | Virgin Islands       | VI |               |    |                   |    |               |    |

## PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 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 Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

**QUESTIONNAIRE FOR  
 PUBLIC TRUST POSITIONS**

|                    |       |             |
|--------------------|-------|-------------|
| OPM<br>USE<br>ONLY | Codes | Case Number |
|--------------------|-------|-------------|

**Agency Use Only (Complete items A through P using instructions provided by USOPM)**

|                                |                                      |                                 |                    |  |                         |  |     |                        |               |                         |      |
|--------------------------------|--------------------------------------|---------------------------------|--------------------|--|-------------------------|--|-----|------------------------|---------------|-------------------------|------|
| <b>A</b> Type of Investigation | <b>B</b> Extra Coverage              | <b>C</b> Sensitivity/Risk Level | <b>D</b> Compu/ADP | <b>E</b> Nature of Action Code                     | <b>F</b> Date of Action | Month  | Day | Year                   |               |                         |      |
| <b>G</b> Geographic Location   | <b>H</b> Position Code               | <b>I</b> Position Title         |                    | <b>J</b> SON                                       |                         | <b>K</b> Location of Official Personnel Folder |     | None<br>NPRC<br>At SON | Other Address | ZIP Code                |      |
| <b>L</b> SOI                   | <b>M</b> Location of Security Folder | <b>N</b> OPAC-ALC Number        |                    | <b>O</b> Accounting Data and/or Agency Case Number |                         | <b>P</b> Requesting Official                   |     | Name and Title         | Signature     | Telephone Number<br>( ) | Date |

**Persons completing this form should begin with the questions below.**

|                    |  |  |                        |
|--------------------|--|--|------------------------|
| <b>1</b> FULL NAME | • If you have only initials in your name, use them and state (IO).<br>• If you have no middle name, enter "NMN". | - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name. | <b>2</b> DATE OF BIRTH |
| Last Name          | First Name   | Middle Name  | Jr., II, etc.          |
|                    |  |  | Month Day Year         |

|  |                                 |       |                                       |
|--|---------------------------------|-------|---------------------------------------|
| <b>3</b> PLACE OF BIRTH - Use the two letter code for the State. | <b>4</b> SOCIAL SECURITY NUMBER |       |                                       |
| City   | County                          | State | Country (if not in the United States) |

**5** OTHER NAMES USED

|         |            |    |         |            |    |
|---------|------------|----|---------|------------|----|
| #1 Name | Month/Year | To | #3 Name | Month/Year | To |
| #2 Name | Month/Year | To | #4 Name | Month/Year | To |

|  |                          |                 |            |           |   |
|--|--------------------------|-----------------|------------|-----------|---|
| <b>6</b> OTHER IDENTIFYING INFORMATION | Height (feet and inches) | Weight (pounds) | Hair Color | Eye Color | Sex (Mark one box)  |
|  |                          |                 |            |           | <input type="checkbox"/> Female <input type="checkbox"/> Male |

|                            |  |                          |
|----------------------------|--|--------------------------|
| <b>7</b> TELEPHONE NUMBERS | Work (include Area Code and extension) | Home (include Area Code) |
|                            | Day Night ( )                          | Day Night ( )            |

|   |                                    |
|---|------------------------------------|
| <b>8</b> CITIZENSHIP  | <b>b</b> Your Mother's Maiden Name |
| <b>a</b> Mark the box at the right that reflects your current citizenship status, and follow its instructions.                    |                                    |
| <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d. |                                    |
| <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d.                             |                                    |
| <input type="checkbox"/> I am not a U.S. citizen. Answer items b and e.   |                                    |

**c** UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

|       |      |       |                    |                       |
|-------|------|-------|--------------------|-----------------------|
| Court | City | State | Certificate Number | Month/Day/Year Issued |
|-------|------|-------|--------------------|-----------------------|

Citizenship Certificate (Where was the certificate issued?)

|      |       |                    |                       |
|------|-------|--------------------|-----------------------|
| City | State | Certificate Number | Month/Day/Year Issued |
|------|-------|--------------------|-----------------------|

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

|  |                |             |
|--|----------------|-------------|
| Give the date the form was prepared and give an explanation if needed. | Month/Day/Year | Explanation |
|--|----------------|-------------|

U.S. Passport

|  |                 |                       |
|--|-----------------|-----------------------|
| This may be either a current or previous U.S. Passport | Passport Number | Month/Day/Year Issued |
|--|-----------------|-----------------------|

**d** DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

|  |         |
|--|---------|
|  | Country |
|--|---------|

**e** ALIEN If you are an alien, provide the following information:

|                                      |      |       |                       |                           |                             |
|--------------------------------------|------|-------|-----------------------|---------------------------|-----------------------------|
| Place You Entered the United States: | City | State | Date You Entered U.S. | Alien Registration Number | Country(ies) of Citizenship |
|                                      |      |       | Month Day Year        |                           |                             |

**9 WHERE YOU HAVE LIVED**

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

|                              |                  |                       |                |        |                |       |          |
|------------------------------|------------------|-----------------------|----------------|--------|----------------|-------|----------|
| Month/Year<br><b>#1</b>      | Month/Year<br>To | Month/Year<br>Present | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knows You |                  |                       | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number<br>( )      |                  |                       |                |        |                |       |          |
| Month/Year<br><b>#2</b>      | Month/Year<br>To | Month/Year            | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knew You  |                  |                       | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number<br>( )      |                  |                       |                |        |                |       |          |
| Month/Year<br><b>#3</b>      | Month/Year<br>To | Month/Year            | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knew You  |                  |                       | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number<br>( )      |                  |                       |                |        |                |       |          |
| Month/Year<br><b>#4</b>      | Month/Year<br>To | Month/Year            | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knew You  |                  |                       | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number<br>( )      |                  |                       |                |        |                |       |          |
| Month/Year<br><b>#5</b>      | Month/Year<br>To | Month/Year            | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Name of Person Who Knew You  |                  |                       | Street Address | Apt. # | City (Country) | State | ZIP Code |
| Telephone Number<br>( )      |                  |                       |                |        |                |       |          |

**10 WHERE YOU WENT TO SCHOOL**

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years**. List **all** College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

|   |                  |      |                |                      |                    |          |          |
|---|------------------|------|----------------|----------------------|--------------------|----------|----------|
| Month/Year<br><b>#1</b>                     | Month/Year<br>To | Code | Name of School | Degree/Diploma/Other | Month/Year Awarded |          |          |
| Street Address and City (Country) of School |                  |      |                |                      | State              | ZIP Code |          |
| Name of Person Who Knew You                 |                  |      | Street Address | Apt. #               | City (Country)     | State    | ZIP Code |
| Telephone Number<br>( )                     |                  |      |                |                      |                    |          |          |
| Month/Year<br><b>#2</b>                     | Month/Year<br>To | Code | Name of School | Degree/Diploma/Other | Month/Year Awarded |          |          |
| Street Address and City (Country) of School |                  |      |                |                      | State              | ZIP Code |          |
| Name of Person Who Knew You                 |                  |      | Street Address | Apt. #               | City (Country)     | State    | ZIP Code |
| Telephone Number<br>( )                     |                  |      |                |                      |                    |          |          |
| Month/Year<br><b>#3</b>                     | Month/Year<br>To | Code | Name of School | Degree/Diploma/Other | Month/Year Awarded |          |          |
| Street Address and City (Country) of School |                  |      |                |                      | State              | ZIP Code |          |
| Name of Person Who Knew You                 |                  |      | Street Address | Apt. #               | City (Country)     | State    | ZIP Code |
| Telephone Number<br>( )                     |                  |      |                |                      |                    |          |          |

Enter your Social Security Number before going to the next page

**11 YOUR EMPLOYMENT ACTIVITIES**

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

● **Code.** Use one of the codes listed below to identify the type of employment:

- |                                   |   |  |           |
|-----------------------------------|---|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment)                               | 7 - Unemployment (Include name of person who can verify)     | 9 - Other |
| 2 - National Guard/Reserve        | 6 - Self-employment (Include business and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) |           |
| 3 - U.S.P.H.S. Commissioned Corps |   |  |           |
| 4 - Other Federal employment      |   |  |           |

● **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

● **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

|   |            |            |      |   |                                   |          |                         |
|---|------------|------------|------|---|-----------------------------------|----------|-------------------------|
|   | Month/Year | Month/Year | Code | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |
| <b>#1</b>   | To         | Present    |      |   |                                   |          |                         |
| Employer's/Verifier's Street Address                                  |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| <b>PREVIOUS PERIODS OF ACTIVITY (Block #1)</b>                        | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|   | To         |            |      |   |                                   |          |                         |
|   | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|   | To         |            |      |   |                                   |          |                         |
|   | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|   | To         |            |      |   |                                   |          |                         |
| <b>#2</b>   | To         |            |      |   |                                   |          |                         |
| Employer's/Verifier's Street Address                                  |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| <b>PREVIOUS PERIODS OF ACTIVITY (Block #2)</b>                        | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|   | To         |            |      |   |                                   |          |                         |
|   | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|   | To         |            |      |   |                                   |          |                         |
|   | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|   | To         |            |      |   |                                   |          |                         |
| <b>#3</b>   | To         |            |      |   |                                   |          |                         |
| Employer's/Verifier's Street Address                                  |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |            |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| <b>PREVIOUS PERIODS OF ACTIVITY (Block #3)</b>                        | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|   | To         |            |      |   |                                   |          |                         |
|   | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|   | To         |            |      |   |                                   |          |                         |
|   | Month/Year | Month/Year |      | Position Title                                | Supervisor                        |          |                         |
|   | To         |            |      |   |                                   |          |                         |

Enter your Social Security Number before going to the next page

**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

|   |   |                |                |   |                                   |          |                         |                         |
|---|---|----------------|----------------|---|-----------------------------------|----------|-------------------------|-------------------------|
| <b>#4</b>   | Month/Year  | Month/Year     | Code           | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |                         |
|   | To  |                |                |   |                                   |          |                         |                         |
|   | Employer's/Verifier's Street Address                                  |                |                |   | City (Country)                    | State    | ZIP Code                | Telephone Number<br>( ) |
|   | Street Address of Job Location (if different than Employer's Address) |                |                |   | City (Country)                    | State    | ZIP Code                | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location) |   |                |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |                         |
| <b>PREVIOUS PERIODS OF ACTIVITY (Block #4)</b>                      | Month/Year  | Month/Year     | Position Title |   | Supervisor                        |          |                         |                         |
|   | To  |                |                |   |                                   |          |                         |                         |
|   | Month/Year  | Month/Year     | Position Title |   | Supervisor                        |          |                         |                         |
| To  |   |                |                |   |                                   |          |                         |                         |
| Month/Year  | Month/Year  | Position Title |                | Supervisor                                    |                                   |          |                         |                         |
| To  |   |                |                |   |                                   |          |                         |                         |

|   |   |                |                |   |                                   |          |                         |                         |
|---|---|----------------|----------------|---|-----------------------------------|----------|-------------------------|-------------------------|
| <b>#5</b>   | Month/Year  | Month/Year     | Code           | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |                         |
|   | To  |                |                |   |                                   |          |                         |                         |
|   | Employer's/Verifier's Street Address                                  |                |                |   | City (Country)                    | State    | ZIP Code                | Telephone Number<br>( ) |
|   | Street Address of Job Location (if different than Employer's Address) |                |                |   | City (Country)                    | State    | ZIP Code                | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location) |   |                |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |                         |
| <b>PREVIOUS PERIODS OF ACTIVITY (Block #5)</b>                      | Month/Year  | Month/Year     | Position Title |   | Supervisor                        |          |                         |                         |
|   | To  |                |                |   |                                   |          |                         |                         |
|   | Month/Year  | Month/Year     | Position Title |   | Supervisor                        |          |                         |                         |
| To  |   |                |                |   |                                   |          |                         |                         |
| Month/Year  | Month/Year  | Position Title |                | Supervisor                                    |                                   |          |                         |                         |
| To  |   |                |                |   |                                   |          |                         |                         |

|   |   |                |                |   |                                   |          |                         |                         |
|---|---|----------------|----------------|---|-----------------------------------|----------|-------------------------|-------------------------|
| <b>#6</b>   | Month/Year  | Month/Year     | Code           | Employer/Verifier Name/Military Duty Location | Your Position Title/Military Rank |          |                         |                         |
|   | To  |                |                |   |                                   |          |                         |                         |
|   | Employer's/Verifier's Street Address                                  |                |                |   | City (Country)                    | State    | ZIP Code                | Telephone Number<br>( ) |
|   | Street Address of Job Location (if different than Employer's Address) |                |                |   | City (Country)                    | State    | ZIP Code                | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location) |   |                |                | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |                         |
| <b>PREVIOUS PERIODS OF ACTIVITY (Block #6)</b>                      | Month/Year  | Month/Year     | Position Title |   | Supervisor                        |          |                         |                         |
|   | To  |                |                |   |                                   |          |                         |                         |
|   | Month/Year  | Month/Year     | Position Title |   | Supervisor                        |          |                         |                         |
| To  |   |                |                |   |                                   |          |                         |                         |
| Month/Year  | Month/Year  | Position Title |                | Supervisor                                    |                                   |          |                         |                         |
| To  |   |                |                |   |                                   |          |                         |                         |

|                                  |     |    |
|----------------------------------|-----|----|
| <b>12 YOUR EMPLOYMENT RECORD</b> | Yes | No |
|                                  |     |    |

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Use the following codes and explain the reason your employment was ended:

- 1 - Fired from a job
- 2 - Quit a job after being told you'd be fired
- 3 - Left a job by mutual agreement following allegations of misconduct
- 4 - Left a job by mutual agreement following allegations of unsatisfactory performance
- 5 - Left a job for other reasons under unfavorable circumstances

|            |      |                |  |       |          |
|------------|------|----------------|--|-------|----------|
| Month/Year | Code | Specify Reason | Employer's Name and Address (Include city/Country if outside U.S.) | State | ZIP Code |
|            |      |                |  |       |          |

Enter your Social Security Number before going to the next page



|  |     |    |
|--|-----|----|
| <b>16 YOUR MILITARY HISTORY</b>                                | Yes | No |
|  |     |    |
| <b>a</b> Have you served in the United States military?        |     |    |
| <b>b</b> Have you served in the United States Merchant Marine? |     |    |

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

•**Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force    2 - Army    3 - Navy    4 - Marine Corps    5 - Coast Guard    6 - Merchant Marine    7 - National Guard

•**O/E.** Mark "O" block for Officer or "E" block for Enlisted.

•**Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

•**Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

| Month/Year | Month/Year | Code | Service/Certificate No. | Status |   |        |                | Country |
|------------|------------|------|-------------------------|--------|---|--------|----------------|---------|
|            |            |      |                         | O      | E | Active | Active Reserve |         |
| To         |            |      |                         |        |   |        |                |         |
| To         |            |      |                         |        |   |        |                |         |

|  |     |    |
|--|-----|----|
| <b>17 YOUR SELECTIVE SERVICE RECORD</b>  | Yes | No |
|  |     |    |
| <b>a</b> Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.  |     |    |
| <b>b</b> Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below. |     |    |

Registration Number                      Legal Exemption Explanation

|   |     |    |
|---|-----|----|
| <b>18 YOUR INVESTIGATIONS RECORD</b>  | Yes | No |
|   |     |    |
| <b>a</b> Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box. |     |    |

|  |  |
|--|--|
| <b>Codes for Investigating Agency</b><br>1 - Defense Department<br>2 - State Department<br>3 - Office of Personnel Management<br>4 - FBI<br>5 - Treasury Department<br>6 - Other (Specify) | <b>Codes for Security Clearance Received</b><br>0 - Not Required<br>1 - Confidential<br>2 - Secret<br>3 - Top Secret<br>4 - Sensitive Compartmented Information<br>5 - Q<br>6 - L<br>7 - Other |
|--|--|

| Month/Year | Agency Code | Other Agency | Clearance Code | Month/Year | Agency Code | Other Agency | Clearance Code |
|------------|-------------|--------------|----------------|------------|-------------|--------------|----------------|
|            |             |              |                |            |             |              |                |

|  |     |    |
|--|-----|----|
| <b>b</b> To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. <b>Note:</b> An administrative downgrade or termination of a security clearance is not a revocation. | Yes | No |
|  |     |    |

| Month/Year | Department or Agency Taking Action | Month/Year | Department or Agency Taking Action |
|------------|------------------------------------|------------|------------------------------------|
|            |                                    |            |                                    |

|  |     |    |
|--|-----|----|
| <b>19 FOREIGN COUNTRIES YOU HAVE VISITED</b> | Yes | No |
|  |     |    |

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

•Use one of these codes to indicate the purpose of your visit: 1 - Business    2 - Pleasure    3 - Education    4 - Other

•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

•Do not repeat travel covered in items 9, 10, or 11.

| Month/Year | Month/Year | Code | Country | Month/Year | Month/Year | Code | Country |
|------------|------------|------|---------|------------|------------|------|---------|
| #1         | To         |      |         | #5         | To         |      |         |
| #2         | To         |      |         | #6         | To         |      |         |
| #3         | To         |      |         | #7         | To         |      |         |
| #4         | To         |      |         | #8         | To         |      |         |

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| <b>20 YOUR POLICE RECORD</b> <i>(Do not include anything that happened before your 16th birthday.)</i>                                       |         |              |   |       | Yes      | No |
|--|---------|--------------|---|-------|----------|----|
|  |         |              |   |       |          |    |
| In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.) |         |              |   |       |          |    |
| If you answered "Yes," explain your answer(s) in the space provided.   |         |              |   |       |          |    |
| Month/Year   | Offense | Action Taken | Law Enforcement Authority or Court <i>(City and county/country if outside the U.S.)</i> | State | ZIP Code |    |
|  |         |              |   |       |          |    |
|  |         |              |   |       |          |    |

| <b>21 ILLEGAL DRUGS</b>   |            |   |  |                      | Yes | No |
|---|------------|---|--|----------------------|-----|----|
|   |            |   |  |                      |     |    |
| The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding. |            |   |  |                      |     |    |
| <b>a</b> In the last year, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?  |            |   |  |                      |     |    |
| <b>b</b> In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?  |            |   |  |                      |     |    |
| If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.   |            |   |  |                      |     |    |
| Month/Year  | Month/Year | Controlled Substance/Prescription Drug Used |  | Number of Times Used |     |    |
| To  |            |   |  |                      |     |    |
| To  |            |   |  |                      |     |    |
| To  |            |   |  |                      |     |    |

| <b>22 YOUR FINANCIAL RECORD</b>   |  |                                    |   |       | Yes      | No |
|---|--|------------------------------------|---|-------|----------|----|
|   |  |                                    |   |       |          |    |
| <b>a</b> In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below. |  |                                    |   |       |          |    |
| Month/Year  | Type of Action                           | Name Action Occurred Under         | Name/Address of Court or Agency Handling Case | State | ZIP Code |    |
|   |  |                                    |   |       |          |    |
|   |  |                                    |   |       |          |    |
|   |  |                                    |   |       |          |    |
| <b>b</b> Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.   |  |                                    |   |       | Yes      | No |
| If you answered "Yes," provide the information requested below:   |  |                                    |   |       |          |    |
| Month/Year  | Type of Loan or Obligation and Account # | Name/Address of Creditor or Oblige |   | State | ZIP Code |    |
|   |  |                                    |   |       |          |    |
|   |  |                                    |   |       |          |    |
|   |  |                                    |   |       |          |    |

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

**Certification That My Answers Are True**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

|                                |      |
|--------------------------------|------|
| Signature <i>(Sign in ink)</i> | Date |
|                                |      |

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

## 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, 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, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further Authorize** any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, 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 sensitive 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 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

|   |  |  |          |   |
|---|--|--|----------|---|
| Signature ( <i>Sign in ink</i> )        |  | Full Name ( <i>Type or Print Legibly</i> ) |          | Date Signed   |
| Other Names Used                        |  |  |          | Social Security Number  |
| Current Address ( <i>Street, City</i> ) |  | State                                      | ZIP Code | Home Telephone Number<br>( <i>Include Area Code</i> )<br>(      ) |

## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

#### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

---

(Investigator instructed to write in position title.)

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, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

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

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

|   |  |  |          |   |
|---|--|--|----------|---|
| Signature ( <i>Sign in ink</i> )        |  | Full Name ( <i>Type or Print Legibly</i> ) |          | Date Signed   |
| Other Names Used                        |  |  |          | Social Security Number  |
| Current Address ( <i>Street, City</i> ) |  | State                                      | ZIP Code | Home Telephone Number<br>( <i>Include Area Code</i> )<br>(      ) |