

QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS

Part 1 Investigating Agency Use Only Codes Case Number

Agency Use Only (Complete items A through P using instructions provided by the Investigating agency).

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

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • 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.

2 DATE OF BIRTH

Last Name First Name Middle Name Jr., II, etc. Month Day Year

3 PLACE OF BIRTH - Use the two letter code for the State.

City County State Country (if not in the United States)

4 SOCIAL SECURITY

5 OTHER NAMES USED
 Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.

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

6 OTHER IDENTIFYING INFORMATION

Height (feet and inches) Weight (pounds) Hair Color Eye Color Sex (Mark one box)

Female Male

7 TELEPHONE NUMBERS

Work (Include Area Code and extension) Day Night () Home (Include Area Code) Day Night ()

8 CITIZENSHIP

a Mark the box at the right that reflects your current citizenship status, and follow its instructions.

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)

I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)

I am not a U.S. citizen. (Answer items b and e)

b Your Mother's Maiden Name

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 five 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 #1	Month/Year To	Month/Year 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 ()				
Month/Year #2	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
			Telephone Number ()				
Month/Year #3	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
			Telephone Number ()				
Month/Year #4	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
			Telephone Number ()				
Month/Year #5	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
			Telephone Number ()				

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 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 #1	Month/Year 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 ()	
Month/Year #2	Month/Year 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 ()	
Month/Year #3	Month/Year 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 ()	

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. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

- **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)
2 - National Guard/Reserve	6 - Self-employment (Include business name and/or name of person who can verify)	8 - Federal Contractor (List Contractor, not Federal agency)
3 - U.S.P.H.S. Commissioned Corps		9 - Other
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.

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

#4	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 ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()	

PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
	To			

#5	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 ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()	

PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
	To			

#6	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 ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()	

PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
	To			

12 PEOPLE WHO KNOW YOU WELL
 List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()
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Home or Work Address	City (Country)	State	ZIP Code
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Name #2	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()
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Home or Work Address	City (Country)	State	ZIP Code
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Name #3	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()
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Home or Work Address	City (Country)	State	ZIP Code
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Enter your Social Security Number before going to the next page →

13 YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.

<input type="checkbox"/> 1 - Never married	<input type="checkbox"/> 3 - Separated	<input type="checkbox"/> 5 - Divorced
<input type="checkbox"/> 2 - Married	<input type="checkbox"/> 4 - Legally Separated	<input type="checkbox"/> 6 - Widowed

a Current Spouse Complete the following about your current spouse only.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			Country(ies) of Citizenship
Date Married	Place Married (Include country if outside the U.S.)		State
If Separated, Date of Separation		If Legally Separated, Where is the Record Located? City (Country)	State
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.)			State ZIP Code

b Former Spouse(s). Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Country(ies) of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
Check one, Then Give Date	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Address of Former Spouse (Street, city, and country if outside the U.S.)			State ZIP Code Telephone Number ()

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

1 - Mother (first)	5 - Foster parent	9 - Sister	13 - Half-sister	17 - Other Relative*
2 - Father (second)	6 - Child (adopted also)	10 - Stepbrother	14 - Father-in-law	18 - Associate*
3 - Stepmother	7 - Stepchild	11 - Stepsister	15 - Mother-in-law	19 - Adult Currently Living With You
4 - Stepfather	8 - Brother	12 - Half-brother	16 - Guardian	

*Code 17 (Other Relative) - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
	1					
	2					

Enter your Social Security Number before going to the next page

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

#1	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information
#2	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information

16 YOUR MILITARY HISTORY

a Have you served in the United States military?	Yes	No
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 #	Status				Country
				O	E	Active	Inactive Reserve	
To								
To								

17 YOUR FOREIGN ACTIVITIES

a Do you have any foreign property, business connections, or financial interests?	Yes	No
b Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?		
c Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)		
d In the last 7 years, have you had an active passport that was issued by a foreign government?		

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

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			#3	To		
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Part 2 OFFICIAL USE ONLY

19 YOUR MILITARY RECORD

		Yes	No
Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.			
Month/Year	Type of Discharge		

20 YOUR SELECTIVE SERVICE RECORD

		Yes	No
a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to 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		

21 YOUR MEDICAL RECORD

		Yes	No
In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?			
If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.			
Month/Year	Month/Year	Name/Address of Therapist or Doctor	State ZIP Code
To			
To			

22 YOUR EMPLOYMENT RECORD

		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

23 YOUR POLICE RECORD

		Yes	No
For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain 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.			
a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)			
b Have you ever been charged with or convicted of a firearms or explosives offense?			
c Are there currently any charges pending against you for any criminal offense?			
d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?			
e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)			
f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)			

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

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

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

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.

- a** Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally 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** Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?
- c** 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?

Yes	No

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			

25 YOUR USE OF ALCOHOL

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

Yes	No

If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
To				
To				

26 YOUR INVESTIGATIONS RECORD

a 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.

Yes	No

Codes for Investigating Agency

- 1 - Defense Department
- 2 - State Department
- 3 - Office of Personnel Management
- 4 - FBI
- 5 - Treasury Department
- 6 - Other (Specify)

Codes for Security Clearance Received

- 0 - Not Required
- 1 - Confidential
- 2 - Secret
- 3 - Top Secret
- 4 - Sensitive Compartmented Information
- 5 - Q
- 6 - L
- 7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

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. Note: 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

27 YOUR FINANCIAL RECORD

- a** In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- b** In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?
- c** In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?
- d** In the last 7 years, have you had any judgments against you that have not been paid?

Yes	No

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

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

28 YOUR FINANCIAL DELINQUENCIES		Yes	No
a In the last 7 years, have you been over 180 days delinquent on any debt(s)?			
b Are you currently over 90 days delinquent on any debt(s)?			

If you answered "Yes" to a or b, provide the information requested below:

Incurring Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	ZIP Code

29 PUBLIC RECORD CIVIL COURT ACTIONS		Yes	No
In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?			

If you answered "Yes," provide the information about the public record civil court action requested below.

Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (Include City and county/country if outside U.S.)	State	ZIP Code

30 YOUR ASSOCIATION RECORD		Yes	No
a Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?			
b Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?			

If you answered "Yes" to a or b, explain in the space below.

Continuation Space

Use the continuation sheet(s) (SF86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

After completing Parts 1 and 2 of 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 10.

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 access to classified information and/or 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 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 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. Read, sign and date the release on the next page if you answered "Yes" to question 21.

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 (<i>Include Area Code</i>) ()

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 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 with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

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 the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be 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 (<i>Include Area Code</i>) ()

**THE WHITE HOUSE
Washington**

Office of Counsel to the President

**INSTRUCTIONS TO PROSPECTIVE PRESIDENTIAL APPOINTEES
AND WHITE HOUSE EMPLOYEES FOR COMPLETING
STANDARD FORM 86 SUPPLEMENT**

IN ADDITION TO THE SF-86, ALL PROSPECTIVE PRESIDENTIAL APPOINTEES AND WHITE HOUSE EMPLOYEES MUST COMPLETE THE ATTACHED SUPPLEMENTAL FORM. IT IS IMPERATIVE THAT THE FOLLOWING INSTRUCTIONS BE READ AND FOLLOWED WHEN COMPLETING THE STANDARD FORM 86 (SF-86) SUPPLEMENT.

General Instructions

1. It is essential that all information be provided in as much detail as requested in order to ensure that the FBI is able to conduct a thorough and complete investigation. Ambiguous and incomplete information will impede the investigation and will cause valuable time to be lost in the investigative process.
2. You may either type or legibly print your responses to the SF-86 Supplement. This form is not available for download to your computer via the Internet. You may attach additional sheets as necessary to complete your responses.
3. Be specific in responding to questions. Include exact and complete dates, names and addresses. Do not abbreviate the names of cities and be sure to include zip codes. When you have finished filling out the form, please review it to ensure that it is complete, thorough and continuous.
4. Ensure that the completed SF-86 Supplement is signed and dated on page 2. An original signature is required.

Specific Instructions

Section #1S:

Major clients are those for whom you performed over \$5,000 of services.

Section #2S:

Real property includes land and buildings. It does not include cars, boats, jewelry, stocks, bonds or mutual funds.

SUPPLEMENT TO STANDARD FORM 86 (SF-86)
(Attach additional pages if necessary)

18. Please list names of all corporations, firms, partnerships or other business enterprises, and all nonprofit organizations, and other institutions with which you are now, or during the past five years have been, affiliated as an officer, owner, director, trustee, partner, advisor, attorney or consultant. In addition, please provide the names of any other organizations with which you were affiliated prior to the past five years that might present a potential conflict or appearance of conflict of interest with your prospective appointment. (Please note that in the case of an attorney's client listing, it is only necessary to provide the names of major clients and those that might present a potential conflict or appearance of conflict of interest with the prospective appointment).

28. Please list all your interests in real property, other than a personal residence, setting forth the nature of your interest, the type of property and the address.

38. Have you or any firm, company or other entity with which you have been associated ever been convicted of a violation of any Federal, state, county, or municipal law, regulation or ordinance? If so, please provide full details.

48. Have you or any firm, company or other entity with which you have been associated ever been the subject of Federal, state or local investigation for possible violation of a criminal statute? If so, please provide full details.

58. Have you ever been involved in civil or criminal litigation, or in administrative or legislative proceedings of any kind, either as a plaintiff, defendant, respondent, witness or party in interest? If so, please give full details identifying dates, issues litigated and the location where the civil action is recorded.

65. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please provide full details.

75. Have you ever run for political office, served on a political committee or been identified in a public way with a particular organization, candidate or issue? Have any complaints been lodged against you or your political committee with the Federal Election Commission or state or local election authorities? If so, please describe.

85. Are you currently, or have you ever been a member or office holder in any club or organization that restricts or restricted membership on the basis of sex, race, color, religion, national origin, age or handicap? If so, provide the name, address and dates of membership for each.

95. Please identify any adults (18 years or older) currently living with you who are not members of your immediate family. Provide the names of those individuals, dates and places of birth, and whether or not they are United States citizens.

105. Is there anything in your personal life that could be used by someone to coerce or blackmail you? Is there anything in your life that could cause an embarrassment to you or to the President if publicly known? If so, please provide full details.

I understand that the information being provided on this supplement to the SF-86 is to be considered part of the original SF-86 dated _____, and a false statement on this form is punishable by law.

Signature

Type Full Name

Date

Supplement to Standard Form 86 (SF-86)

Attach additional pages as necessary.

1S. a) Please list names of all corporations, firms, partnerships or other business enterprises, and all nonprofit organizations, and other institutions with which you are now, or during the past five years only, have been affiliated as an officer, owner, director, trustee, partner, advisor, attorney or consultant.

Name/Address Telephone	Position/ Nature of Affiliation	Type of Business	Dates (To/From)	Compensated (Yes/No)	Name/Address/Telephone of Corporate Counsel/Other Verifying Official

Supplement to Standard Form 86 (SF-86)

1S. b) Please provide the names of all organizations with which you are/were affiliated since age 18 that might present a potential conflict of interest with your prospective appointment.

Name/Address Telephone	Position/Type of Business	Dates (To/From)	Nature of Conflict Of Interest	Name/Address/ Telephone of Corporate Counsel Or Other Verifying Official

1S. c) If an attorney, please provide a listing of major clients and all other clients that might present a potential conflict of interest with your prospective appointment.

Name/Address/Telephone Of Client	Dates (To/From)	Nature of Conflict of Interest	Name/Address/Telephone Of Contact Person

Supplement to Standard Form 86 (SF-86)

1S. d) List any current or former professional licenses/memberships, i.e., bar associations, medical license, real estate license, etc.

Type of License/membership	Location	License Number	Date issued/Date of expiration

2S. Please list all of your interests in real property, including additional homes, vacation homes, and rental properties.

Location/Address of Property (to include zip code)	Nature of Interest (e.g. owner, investor)	Type of Property (commercial/residential/rental)	Other Than Primary Residence, Estimated Annual Days Spent at Residence

Supplement to Standard Form 86 (SF-86)

35. Have you or any firm, company or other entity with which you have been associated ever been convicted of a violation of any Federal, state, county, or municipal law, regulation or ordinance? Yes ___ No ___
 If so, please provide details in the table below.

Name/Address Telephone of Individual, Firm, or Company	Dates	Violation of Federal/State/ County/Municipal Law, Regulation or Ordinance	Disposition	Location of Records	Name/Address/ Telephone of Corporate Counsel/Other Verifying Official

Supplement to Standard Form 86 (SF-86)

4S. Have you or any firm, company or other entity with which you have been associated ever been the subject of a federal, state or local investigation for possible violation of a criminal statute? Yes ___ No ___ If so, please provide details in the table below.

Name/Address Telephone of Individual, Firm, Company Investigated	Dates	Details of Criminal Statute Violated	Disposition	Investigative Entity	Name/Address/Telephone Of General Counsel/ Other Verifying Official

Supplement to Standard Form 86 (SF-86)

55. Have you ever been involved in civil or criminal litigation, or in administrative or legislative proceedings of any kind, either as a plaintiff, defendant, respondent, witness, or party in interest?
 Yes --- No --- If yes, please provide details in chart below.

Type of Proceeding (civil/criminal litigation or administrative/ legislative proceedings)	Your Involvement (plaintiff, defendant, respondent, witness, or party of interest)	Dates	Issue(s) and Disposition	Location of Records (e.g. court) Name/Address/Telephone of General Counsel/ Other Verifying Official

Supplement to Standard Form 86 (SF-86)

6S. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, professional association, disciplinary committee, or other professional group? Yes ___ No ___ If yes, please provide details in the chart below.

Entity/Court/Administrative Agency/Professional Association/Disciplinary Committee/Other Professional Group	Date	Citation/Disciplinary Action/Complaint	Disposition	Location of Records/Name Address/Telephone of Contact Person

Supplement to Standard Form 86 (SF-86)

7S. a) Have you ever run for or been elected to political office, served on a political committee or have been identified in a public way with a particular organization, candidate or issue? Yes No
 Identify any complaints lodged against you and/or your political committee with the Federal Election Commission or state or local election authorities.

Political Office/Committee Organization	Position	Elected/Appointed/Volunteer Position	Dates	Nature of Complaints	Location of Records

b) Have you ever acted as or registered as a lobbyist? Yes No If so provide appropriate registration information.

Entity/Address	Dates	Registered (Yes/No)	Level of Registration Foreign/Federal/State/Local	Location of Registration Records

Supplement to Standard Form 86 (SF-86)

8S. Please provide all affiliations as a member or office holder of any social clubs or organizations since age 18. Indicate whether such restricts or restricted membership on the basis of sex, race, color, religion, national origin, age or handicap? If so, indicate your efforts to change the restrictive policy.

Social Club/Organization	Dates	Position (Member/Officer)	Restrictive Membership Policies (Yes/No)	Name/Address/Telephone of Verifying Membership Official

Supplement to Standard Form 86 (SF-86)

9S. a) Please identify any adults (1 years or older) currently living with you who are not members of your immediate family (include household employee) and provide complete immigration information if they are not United States citizens by birth.

Current name and name under which the individual entered the U.S. (if name has since changed since entry)	Date of Birth	Place of Birth	Country of Citizenship	Immigration Information (Certificate Number/ Court/City/State and Month/Day/Year Issued). If Alien Registration, provide the date and place where the individual entered the U.S.	If an au pair, identify the name and location of sponsoring agency.

Supplement to Standard Form 86 (SF-86)

9S. b) Please identify any adults (18 years or older) you employ individually who do not reside with you (e.g. nanny, gardener, babysitter, and housekeeper) and whether all appropriate taxes have been paid regarding such individual.

Name	Position	Dates Employed	Have All Appropriate Taxes Been Paid For Listed Individual (Yes/No)

Supplement to Standard Form 86 (SF-86)

10S. Is there anything in your personal life that could be used by someone to coerce or blackmail you or is there anything in your life that could cause an embarrassment to you or the President if publicly known? Yes No If so, please provide full details.

I understand that the information being provided on this supplement to the SF-86 is to be considered part of the original SF-86 dated _____, and a false statement on this form is punishable by law.

Signature _____

Type Full Name _____

Date _____

SF-86 Supplement

Note: For all of the following questions, *please provide as much detail as possible.*

1. Have you or your spouse ever registered as an agent for, performed work for, received any payments from and/or made any payments to, any foreign government, foreign business, or non-profit organization with any foreign government ownership? If yes, please provide:

- a. Name of foreign government/business/non-profit with which you dealt;
- b. Address/telephone of the organization(s);
- c. Date of payment;
- d. Amount of payment;
- e. Circumstances.

2. Has a tax lien or other collection procedure ever been instituted against you or your spouse by federal, state, or local authorities? If yes, please provide:

- a. Date of tax lien/collection procedure;
- b. Recipient of action (you and/or your spouse);
- c. Source of action (specific local/state/federal authority);
- d. Circumstances;

e. Resolution of the action.

3. Have any claims of sexual harassment, racial discrimination, or any other workplace misconduct, ever been made against you or any employee directly supervised by you? If yes, please provide:

- a. Type of claim;
- b. Organization/business/entity where it took place;
- c. Date of claim;

- d. Your involvement in the claim;
- e. Nature of allegations/circumstances;

f. Resolution of the claim.

4. To your knowledge, have you or your spouse, or has either of your conduct been the subject of any civil or criminal case, administrative proceeding, or government investigation, other than a minor traffic infraction? If yes, please provide:

- a. Type of proceeding (e.g., civil case);
- b. Date(s) of proceeding;
- c. Nature of your involvement, issue(s) and disposition;
- d. Location of Records (e.g., court);
- e. issues(s) and disposition;
- f. Location of records (e.g. court).

g. Name/address/telephone of General counsel/other official

5. Have you ever paid late or had lapses in payment of child support and/or alimony owed by you? If yes, please provide:

- a. Date of late payment(s)/lapse(s);
- b. State/local authority handling the matter;
- c. Circumstances;
- d. Resolution of the matter.

6. Do you have any current or former professional licenses/membership such as bar associations, medical licenses, real estate licenses, etc.? If yes, please provide:

a. Type of license/membership;

b. Location;

c. License number;

d. Date issued/expiration;

e. Details of any complaints, citations, disciplinary actions, etc. against you.

7. With as much detail as possible, please provide any other information, including information about other members of your family, which could suggest a conflict of interest, be a possible source of embarrassment, or be used to coerce or blackmail you.