

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

MARK ZAID, ESQ.
Plaintiff,

v.

**EXECUTIVE OFFICE
OF THE PRESIDENT,
et al.,**
Defendants.

Civil Action No. 1:25-cv-1365-AHA

BRIEF OF
WHISTLEBLOWER AID
AS AMICUS CURIAE IN SUPPORT OF PLAINTIFF MARK ZAID'S MOTION FOR
PRELIMINARY INJUNCTION

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DISCLOSURE STATEMENT PURSUANT TO FED. R. APP.P. 29(A)(4)(A)

Pursuant to Federal Rule of Appellate Procedure 29(a)(4)(A), undersigned counsel for *amicus curiae* hereby certifies that Whistleblower Aid (“WBA”) does not have any parent corporations, and no publicly held company holds 10% or more of the stock or ownership interest in the *amicus*. Furthermore, while Mr. Zaid – the plaintiff in this matter – is an attorney associated with Whistleblower Aid, the *amici*, he did not take part in drafting the *amicus*.

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GLOSSARY

Background Investigation	BI
Central Intelligence Agency	CIA
Defense Counterintelligence and Security Agency	DCSA
Financial Crimes Enforcement Network	FinCEN
Intelligence Community Inspector General	ICIG
Intelligence Community Whistleblower Protection Act	ICWPA
Merit Systems Protection Board	MSPB
National Agency Check	NAC
Sensitive Compartmented Information	SCI
Single Scope Background Investigation	SSBI
Standard Form 86	SF-86
Special Access Program	SAP

IDENTITY AND INTEREST OF THE *AMICUS CURIAE*

Whistleblower Aid¹ is a 501(c)(3) legal organization providing *pro bono* legal, advocacy, and communications support to government and private sector whistleblowers acting in the public interest. The organization's lawyers have represented some of the most consequential national security whistleblowers, including the anonymous Intelligence Community whistleblower whose disclosures led to the first impeachment of President Donald J. Trump in 2019.

Co-Founded in 2017 by Mark Zaid – the Plaintiff in this matter – Whistleblower Aid was created on the principle that our democracy functions best when institutions and leaders are subject to scrutiny, and when those who operate corruptly or illegally are held to account for their actions. A pioneering non-profit legal organization, Whistleblower Aid helps government employees and private-sector workers report and expose wrongdoing safely, lawfully, and responsibly.

To that end, what is notable about the organization is that Mark Zaid, in particular, believed that federal employees needed a cost-effective way of seeking counsel, particularly those working within the national security apparatus. In addition to ensuring such clients had access to affordable or *pro bono* legal services, the organization was specifically created to ensure those clients who possessed security clearances and intended to disclose classified information did so lawfully. In fact, that is in part why the 2019 Intelligence Community Whistleblower lawfully – and effectively – made protected disclosures within the established system, notably to the Intelligence Community Inspector General. The goal was simple: disclose the concerns to those authorized to receive it without placing national security at risk.

¹ Whistleblower Aid, <https://whistlebloweraid.org/> (last accessed June 11, 2025).

ARGUMENT

I. INTRODUCTION AND SUMMARY OF ARGUMENT

Authoritarianism follows a simple playbook which includes, among other things, quashing criticism or dissent and attacking the rule of law. That is what is happening in this case and why it is imperative for the Court to consider the broader ramifications of the President's actions against Mr. Zaid.

Andrew P. Bakaj², the undersigned and as Managing Partner of Compass Rose Legal Group, PLLC³ – and ultimately with the critical support of Whistleblower Aid⁴ – was the lead counsel representing the Intelligence Community Whistleblower (“The Whistleblower”) whose disclosure led to President Trump’s first impeachment. The Court is entitled to take judicial notice that The Whistleblower’s disclosure directly led to the 2019 Impeachment of President Donald J. Trump. Fed. R. Evid. 201(b); *Herron v. Fannie Mae*, No. CV 10-943 (RMC), 2012 WL 13042852, at *1 (D.D.C. Mar. 28, 2012) (“a court may take judicial notice of historical, political, or statistical facts, or any other facts that are verifiable with certainty.”). The undersigned’s unique background was particularly relevant in representing that client as he is a former intelligence officer with the Central Intelligence Agency (“CIA”) Office of Inspector General. In that capacity, he developed a whistleblower reprisal investigation program to comply with Presidential Policy Directive 19 (“PPD-19”)⁵ and, as a subject matter expert in

² Compass Rose Legal Group, PLLC, Andrew P. Bakaj, Esq., <https://compassrosepllc.com/bakaj/> (last accessed June 11, 2025).

³ Compass Rose Legal Group, Main Page, <https://compassrosepllc.com/> (last accessed June 11, 2025).

⁴ Whistleblower Aid, <https://whistlebloweraid.org/> (last accessed June 11, 2025).

⁵ Presidential Policy Directive-19, (Oct. 10, 2012), <https://irp.fas.org/offdocs/ppd/ppd-19.pdf>.

whistleblower reprisal investigations, led CIA, the Intelligence Community, and the Federal Government in drafting regulations and guidance in this area.

Previously at the Department of Defense, the undersigned created the legal and investigative framework for the Federal Government's first national security reprisal investigation program involving security clearance actions being taken as a pretext for reprisal. As a result, he was tasked to brief the Inspector General for the Intelligence Community's PPD-19 working group on lessons learned and proposed ways forward in standing-up reprisal investigation programs throughout the Federal Government. Specific elements of this framework were utilized as a model by numerous federal agencies in developing their policies and procedures. Subsequent to the establishment of the program, Congress passed and the President signed into law making it illegal to reprise against Intelligence Community whistleblowers. *See* 50 U.S.C.A. § 3033.

Because of his background and experience in this area, The Whistleblower retained the undersigned as their attorney early on in the process. Following the public reporting⁶ by *The New York Times* that the undersigned was counsel to The Whistleblower, the undersigned brought Mark Zaid on as co-counsel. He did so specifically because of Mr. Zaid's extensive experience in representing whistleblowers, members of the Intelligence Community, and because of Mr. Zaid's eligibility for access to classified information – that is to say, Mr. Zaid had a security clearance.

Mr. Zaid's clearance eligibility was critical when representing The Whistleblower because of his demonstrated history of representing members of the Intelligence Community

⁶ Julian Barnes et al., *Whistle Blower Complaint Is Said to Involve Trump and Ukraine*, N.Y. TIMES (last updated Sept. 25, 2019), <https://www.nytimes.com/2019/09/19/us/politics/intelligence-whistle-blower-complaint-trump.html>.

and he knew how to properly safeguard the nation's secrets. As background, members of the Intelligence Community must follow specific processes and procedures when disclosing their reasonable belief of a violation of law, rule, regulation, or an abuse of authority. Failure to do so could mean that the unauthorized public disclosure of classified information can cause grave harm to U.S. national security. For these reasons, Congress created a process where members of the Intelligence Community may disclose such information lawfully, notably through an Office of Inspector General. Specifically, the Intelligence Community Whistleblower Protection Act ("ICWPA"), creates the statutory mandate to communicate classified "urgent concerns" to congressional intelligence committees.⁷ The law has detailed procedures that require preliminary reporting to and screening by Inspectors General. 50 U.S.C.A. § 3033. Of course, The Whistleblower complied with these legal requirements.

The issues The Whistleblower's legal team faced – as did the national security apparatus more broadly – were grave. At that time, the very fabric of the nation's guardrails and oversight processes were being assaulted head-on.

As background, on August 12, 2019, The Whistleblower filed their disclosure and, within the statutorily-mandated period, the Intelligence Community Inspector General concluded that the disclosure was "credible" and met the definition of an "urgent concern." 50 U.S.C.A. § 3033(k)(5). Subsequently, the Acting Director of National Intelligence overruled the Inspector General. It was at that point that the undersigned believed that the systems created post-Watergate were hanging together by a thread. Never has the Director of National Intelligence overruled the Inspector General on such an issue. It is problematic for legal as well as public policy reasons.

⁷ Title VII of Public Law No: 105-272, 105th Cong. (1998).

First, the legal issue. Statutory Inspectors General (ie. those created by Congress), as a body, were established following Watergate⁸ in 1978 as a mechanism to conduct oversight of the Departments and Agencies within which they reside. Inspectors General have a dual-reporting requirement: they report to the head of their department or agency *as well as to Congress*. In order to ensure the Inspectors General are truly independent from their parent agency, statutory Inspectors General have an independent General Counsel. This is important because when conducting effective oversight and investigation, the Inspector General must have independent legal counsel and authority. Absent this, an Inspector General would be merely another senior official reporting up through the chain of command, with the danger of being improperly swayed or constrained by the department or agency head.

In this case, the undersigned believed that the Office of the Director of National Intelligence (“DNI”) violated the statutory independence of their Inspector General. It was not a mere disagreement with the Inspector General’s decision; it was a reversal of it. In doing so, the undersigned believed the DNI was outright ignoring the Inspector General’s statutory independence. Arguably, this event was cataclysmic in the oversight world because this is one of the few effective means of conducting consequential oversight within the Executive Branch. Moreover, insofar as the Intelligence Community is concerned, congressional oversight committees are particularly reliant on agency Inspectors General because (1) only the Inspector General has, by law, unfettered access to agency personnel, facilities, and records; and (2) classified information is derived from Executive Branch authority. *See* 5 U.S.C. § 406; Exec.

⁸ Rick Perlstein, *Watergate Scandal*, Encyc. Britannica (last updated Jun. 10, 2025), <https://www.britannica.com/event/Watergate-Scandal>.

Order No. 13,526.⁹ Thus, it is conceivable that if the Executive Branch determines that Congress does not have a “need to know” of a particular classified matter, the only oversight fail-safe is the Inspector General.

Second, the public policy issue. It is in the best interest for the Intelligence Community to encourage whistleblowing within the established processes in order to deter prospective leakers like Reality Winner from publicly disclosing classified information. The programs the undersigned was involved in creating both at CIA and at the Department of Defense not only encouraged internal disclosures, but created a process by which an employee can be protected from retaliation. That is to say, these programs were designed to deter the Reality Winners of the world and encourage lawful disclosures. The only way such programs would be used and effectively deter the unauthorized disclosure of classified information is if agency leaders understand the underlying purpose behind these programs and validate their internal oversight mechanisms – rather than undercut it.

Mr. Zaid, specifically, was and is uniquely qualified to ensure Intelligence Community whistleblowers follow these processes. His demonstrable experience and considerable qualifications as discussed in Plaintiff’s Complaint at 7-13 underscore this. ECF Doc. 1. Furthermore, and perhaps most importantly, since first conducting a comprehensive background investigation in 2002 as discussed in Plaintiff’s Complaint at 9-10 – and multiple re-investigations – the Federal Government repeatedly determined that it was clearly consistent with the national security for Mr. Zaid to be granted a security clearance. ECF Doc. 1.

⁹ Exec. Order No. 13,526, 75 Fed. Reg. 707 (Dec. 29, 2009), <https://www.govinfo.gov/content/pkg/FR-2010-01-05/pdf/E9-31418.pdf>.

As countless cleared Americans know, the process by which an applicant obtains a security clearance is expensive, comprehensive, and time consuming. Every applicant for a security clearance, or those undergoing a periodic reinvestigation, must prove why they should be granted one. Mr. Zaid was and is no exception. What is particularly troubling is that because of Mr. Zaid's work in representing and supporting individuals like The Whistleblower, he is being retaliated against through the revocation of his security clearance. The irony here must be lost on no one: one of the most lauded and experienced attorneys protecting Intelligence Community whistleblowers from retaliation is now himself being retaliated against in the face of programs that are designed to protect his clients from the same. In fact, this is an effort to silence would-be whistleblowers by undercutting the ability for cleared counsel to facilitate such lawful disclosures. This is more than creating a chilling effect – it is the shrewd and systematic targeting of truth tellers and those who dissent by shutting down their ability to speak with counsel.

This can not continue.

Contrary to the Defendant's position, the Executive Branch's failure to provide Mr. Zaid due process prior to revocation is justiciable before this Court. Given the retaliatory nature of this action, the lack of due process in affording Mr. Zaid the minimum protections his own clients are afforded when they suffer adverse security clearance actions, and because of the extrajudicial activity exhibited by the Administration in this matter, we respectfully submit that the Court must intervene.

II. SECURITY CLEARANCE APPLICATION, INVESTIGATION, AND ADJUDICATION PROCESS

Security Clearances are governed by Exec. Order No. 12,968.¹⁰ To apply for a security clearance, the applicant must be sponsored by a federal agency or a federal contractor for a position that requires a security clearance. Generally, the position sensitivity is directly related to the level of classified national security information for which access is needed, such as Confidential, Secret, Top Secret, or Sensitive Compartmented Information (“SCI”) and certain other Special Access Programs (“SAP”). In order for the government to favorably adjudicate a security clearance, the applicant for the clearance must demonstrate that *it is clearly consistent with the interests of national security to grant access to classified information*. That is the standard.

Upon being sponsored, the applicant must complete the Standard Form 86 (“SF-86”), *Questionnaire for National Security Positions*,¹¹ which is a questionnaire used by the government to conduct background investigations for individuals seeking or holding positions requiring a security clearance or access to classified information. A time-consuming form to complete, it essentially delves into the applicant’s personal and professional history and includes questions concerning, among other things, the applicant’s family, residences, employment, foreign travel, and foreign contacts. Once submitted to the appropriate security office, the applicant must then undergo an investigation. Broadly, the steps in the process are as follows:

¹⁰ Exec. Order No. 12,968, 60 Fed. Reg. 40245 (Aug. 2, 1995), <https://www.govinfo.gov/content/pkg/WCPD-1995-08-07/pdf/WCPD-1995-08-07-Pg1365.pdf>.

¹¹ A sample SF-86 is included in Appendix A.

1. **Background Investigation.** The appropriate investigative agency, for example in the case for the Department of Defense it would be Defense Counterintelligence and Security Agency (“DCSA”), conducts record searches at law enforcement offices, courts, creditors, and other record repositories to see whether there is derogatory information about the applicant.
2. **In-person Interview.** The investigator may conduct an in-person interview with the applicant and their co-workers to verify the information provided on the SF-86. During this interview, the investigator will go through the SF-86 to clarify entries. If the investigation is for a Top Secret security clearance, SCI, and/or SAP, then the interview conducted is an Enhanced Subject Interview which is far more exhaustive into the Subject’s background.
3. **Investigation is Completed.** Information from the various parts of the investigation are compiled and sent to the Adjudicators who are responsible for determining clearance eligibility.
4. **Clearance Award Determination and Notification.** The appropriate security officer will notify the applicant of a favorable or unfavorable determination for a clearance. If an unfavorable determination is made, the Applicant is *afforded due process and an opportunity to present mitigating evidence* in an effort to obtain the clearance.
5. **Continuous Vetting.** Once a clearance is awarded, there is continuous monitoring of changes to credit reports, criminal records, and public records. Changes do not mean a clearance will be automatically revoked, but negative changes may result in a reinvestigation.

Depending on whether an applicant is being considered for a Secret clearance or a Top Secret clearance (as well as access to SCI or any SAPs) dictates the depth and breadth of the investigation.

- **Secret**
 - **Background Investigation (“BI”)** – the BI consists of a National Agency Check (“NAC”) which involves law enforcement database checks as well as credit checks. Furthermore, the investigation involves employment record checks covering the prior 5 years, residency checks covering the prior 3 years, education checks, and a review of any court action for the previous 5 years.
 - **Periodic Reinvestigation**
 - The reinvestigation is identical to the initial BI.
- **Top Secret/SCI/SAP**
 - **Single Scope Background Investigation (“SSBI”)** – the SSBI is far more in depth than the BI and consists of the following:
 - NAC on the Subject of the investigation
 - Credit Search
 - Enhanced Subject Interview
 - NAC on Subject’s current spouse or cohabitant
 - Verification of all employment activities for the prior 7 years, including corroboration of all periods of unemployment of 2 months or more
 - Interviews of 2 references at each employment of 6 months or more for the prior 7 years
 - Verification of all prior federal and military service

- Interviews of 2 references at each school covering the past 3 years
 - Interviews of 2 references at each residence covering the past 3 years
 - Review of any court actions covering the past 10 years
 - Interview of any former spouse divorced within the past 10 years
 - Interview of 4 social references who collectively cover at least the past 7 years, 2 of whom are not listed on the SF-86
 - Record checks at local law enforcement agencies where the Subject lived, worked, and/or attended school within the last 10 years, and at the appropriate agency for any identified arrests
 - Verification of citizenship or legal status of all foreign-born immediate family members and foreign-born cohabitant
- **Periodic SSBI** – the Periodic SSBI is for anyone whose initial investigation was an SSBI and consists of the following:
- NAC and Credit Checks
 - Enhanced Subject Interview
 - NAC on any new spouse or cohabitant
 - Verification of all employment since the last investigation
 - Interview of 2 social references, at least 1 of whom is not listed on the SF-86, covering the prior 5 years
 - Interview of 2 neighbors at most recent residence of 6 months or more, and verification of current residence regardless of length
 - Review of any court actions covering the prior 5 years

- Check of the Department of Treasury’s Financial Crimes Enforcement Network (“FinCEN”) database

The human capital required to conduct the above investigations are substantial, and the costs are reflected accordingly, potentially costing the U.S. Government tens of thousands of dollars.

As detailed in the Complaint, Mr. Zaid, at various times between 2003 and 2024, was authorized access – on a case by case basis – to Top Secret/SCI, and in 2020 his *eligibility* was increased to Top Secret/SCI. Plaintiff’s Complaint at 9, ECF Doc. 1. In order for the federal government to grant him such access, Mr. Zaid had to go through all of the above steps, which included completing the SF-86, undergoing an in-person interview, and being subjected to a rigorous and thorough investigation. The clearance investigation and adjudication process – which has been in place and refined over decades since the Eisenhower administration – deemed Mr. Zaid to possess the trust, reliability, good judgment, and candor expected of clearance holders. The standard Mr. Zaid met, as described above, is that *it is clearly consistent with the interests of national security to grant him access to classified information*. Time and time again, following multiple investigations and reinvestigations, Mr. Zaid met that standard.

Furthermore, in representing national security whistleblowers – which can appear to be adversarial to those against whom the whistle is being blown – Mr. Zaid has never been and never will be acting against the national security interests of the United States. In fact, his conduct and proven history underscores his loyalty to the United States and fidelity to the law. For example: Mr. Zaid represented the CIA whistleblowers involved in the Benghazi Libya attack during their 2013-2015 Congressional testimony. His representation of those whistleblowers not only ensured that the truth of that day came out during congressional

investigations as part of their constitutional oversight of the executive branch, but ensured that his clients and those involved in the lawful, protected disclosures properly handled classified information. Put differently, Mr. Zaid is a helper. He helps his clients come forward lawfully, and he helps them do it in a matter that not only supports, but protects, our national security.

Further, the President summarily revoking Mr. Zaid's security clearance not only fails to provide him due process after years of favorable adjudication following thorough investigation, the incorrect standard was used in taking the action. In the March 22, 2025, Memorandum, the President writes, in pertinent part:

I have determined that it is no longer in *the national interest* for the following individuals to access classified information: . . . Mark Zaid . . .”

Memorandum on Rescinding Security Clearances and Access to Classified Information From Specified Individuals, DAILY. COMP. PRES. Doc. 202500388 (Mar. 21, 2025), <https://www.govinfo.gov/content/pkg/DCPD-202500388/pdf/DCPD-202500388.pdf> (emphasis supplied).

In revoking Mr. Zaid's security clearance, the President never asserted that the revocation was *in the interest of* the national security. Instead, the President referenced “national interest.” Respectfully, what is “national interest”? Is it the interest of the President and his administration's policy decisions? This is neither a legal standard nor a defined term in the context of clearance adjudications. It is not that the wrong standard was used in revoking Mr. Zaid's security clearance – no standard was used. This is evidence of retaliatory motive because of his work in representing whistleblowers of both Trump administrations. In fact, as discussed in Plaintiff's Complaint at 13-14, we can not understate the magnitude of the retaliatory animus by the President of the United States against Mr. Zaid, a private citizen, because of his representing The Whistleblower leading up to the first impeachment.

In the aftermath of Mr. Zaid's role as legal counsel becoming public, *President Trump called him a “sleazeball.”* The President's comments occurred at a televised political

rally in Louisiana in November 2019, along with his displaying a photo of someone said to be Mr. Zaid . . . Days after the Louisiana rally, President Trump spoke to reporters at the White House about the impeachment witness: “The whistleblower, because of that, should be revealed. *And his lawyer, who said the worst things possibly two years ago, he should be sued and maybe for treason. Maybe for treason, but he should be sued. His lawyer is a disgrace.*”

Plaintiff’s Complaint at 13-14 (emphasis supplied).

The following is an image of President Trump during a rally in Louisiana on November 6, 2019, displaying a photo of someone said to be Mr. Zaid.¹²



If the President’s public comments personally attacking Mr. Zaid are not evidence of retaliatory animus, *what is?*

¹² Screenshot of President Trump holding a picture of Mark Zaid, *from President Trump Rally in Monroe, Louisiana*, C-SPAN (Nov. 6, 2019), <https://www.c-span.org/program/campaign-2020/president-trump-rally-in-monroe-louisiana/535680> (the timestamp of the President displaying the photo is at minute 12:49).

III. CONSISTENT WITH *DEPARTMENT OF THE NAVY V. EGAN*, MR. ZAID’S CLAIMS ARE JUSTICIABLE AND THE CLEARANCE REVOCATION IS RETALIATORY FOR SUPPORTING LAWFUL WHISTLEBLOWERS

In *Department of the Navy v. Egan*, 484 U.S. 518, 530-31 (1988), the Supreme Court held that in an appeal of an adverse action based on the denial or revocation of a required security clearance, courts may not review the merits of the underlying clearance determination, but may review, *inter alia*, whether the position required a security clearance, whether the clearance was denied or revoked, and whether the agency complied with the procedural requirements of 5 U.S.C. § 7513. The holding of *Egan* has since been applied to indefinite suspensions based on the suspension of a security clearance. See, e.g., *Cheney v. Dep’t of Justice*, 479 F.3d 1343, 1351-52 (2007).

Consistent with *Egan*, the Merit Systems Protection Board (“MSPB”), an independent, quasi-judicial agency in the executive branch that serves as the guardian of federal merit systems which also hears whistleblower retaliation claims, has the authority to enforce the procedural protections for federal employees as they are “entitled to constitutional due process when the agency indefinitely suspend[s] [them] from federal employment based on a suspension of access to classified information.” *McGriff v. Dep’t of the Navy*, 118 M.S.P.R. 89 (2012), p. 12. The same is true for the Equal Employment Opportunity Commission (“EEOC”) where EEOC is able to determine whether the process used to make an adverse clearance decision was discriminatory or violated procedural requirements.

Title VII of the Civil Rights Act of 1964 provides employers with a defense against a complaint or charge of discrimination for refusal to hire, refusal to refer, or termination where an individual does not meet job requirements that are “imposed in the interest of the national security of the United States under any security program in effect pursuant to or administered

under” any federal statute or Executive Order.¹³ Additionally, the EEOC may not review the substance of an Executive Branch security clearance determination or the federally imposed security clearance requirement itself, even if it is allegedly based on national origin or another characteristic protected under equal employment opportunity (“EEO”) law.¹⁴

However, EEOC’s review of claims involving security clearances may, nonetheless, be appropriate where the EEOC can resolve the matter without considering the merits of a security clearance decision. For example: the EEOC may review whether the granting, denial, or revocation of a security clearance was conducted in a discriminatory manner,¹⁵ and whether procedural requirements for making security clearance determinations were followed without regard to an individual’s protected status.¹⁶

¹³ 42 U.S.C. § 2000e-2(g); *see also Toy v. Holder*, 714 F.3d 881, 886-87 (5th Cir. 2013) (holding that a federal regulation adopted under an Executive Order dealing with access to a secure area provides a Title VII defense under this provision); *Ryan v. Reno*, 168 F.3d 520, 524 n.3 (D.C. Cir. 1999) (noting that Title VII expressly exempts employment actions “based on security clearance possession”).

¹⁴ *See Dep’t of Navy v. Egan*, 484 U.S. 518, 527-30 (1988) (holding that the Merit Systems Protection Board does not have authority to review the substance of the Navy’s security clearance determination in the course of reviewing an adverse action); *Bennett v. Chertoff*, 425 F.3d 999, 1003 (D.C. Cir. 2005) (holding that the court cannot adjudicate the credibility of plaintiff’s pretext argument in a Title VII case where doing so would require the court to evaluate the validity of defendant’s security clearance determination); *Ryan*, 168 F.3d at 523-24 (holding that “an adverse employment action based on denial or revocation of a security clearance is not actionable under Title VII”).

¹⁵ *See Fonda-Wall v. Dep’t of Justice*, EEOC Appeal No. 0720060035, 2009 WL 3017634, at *6 (July 29, 2009) (“[T]he Commission retains authority to review whether the grant, denial, or revocation of a security clearance was carried out in a discriminatory manner.”). Courts have also found claims involving the discriminatory application of security clearance requirements reviewable, provided that the courts are not required to review the merits of an agency’s clearance determination. *See, e.g., Zeinali v. Raytheon Co.*, 636 F.3d 544, 554-55 (9th Cir. 2011) (deciding that the court may consider plaintiff’s claim that employer terminated him for failure to obtain a security clearance while retaining similarly situated employees who lacked security clearances in violation of the California Fair Employment and Housing Act).

¹⁶ *See Romero v. Dep’t of Def.*, 527 F.3d 1324, 1329 (Fed. Cir. 2008) (“[F]ederal employees may challenge an agency’s compliance with its regulations governing revocation of security clearances.”); *Tenenbaum v. Caldera*, 45 F. App’x 416, 418 (6th Cir. 2002) (deciding that courts may review cases in which an agency violates its own regulations in making a security clearance determination, but they may not review the substance of the clearance determination).

In the Defendant's Combined Memorandum in Support of Motion to Discuss and Opposition to Plaintiff's Motion for Preliminary Injunction, Document 22, the government asserts that the Supreme Court in *Egan* and lower courts applying it have repeatedly held that the substance of an underlying decision to revoke a security clearance is not reviewable. Defendants Combined Motion at 5. That is correct. We are not disputing that. However, as the Plaintiff stated in their opening Brief, "this case is about methods and process. More specifically, there were no methods and there was no process." Plaintiff's Complaint at 3. As such, the Defendant's response misses the mark.

Notwithstanding the Court's ability to consider procedural claims involving security clearances, it is worth noting that had Mr. Zaid been a cleared government employee or a government contractor, he would have had standing to file a whistleblower reprisal claim. The Government Accountability Project ("GAP") in their *Amicus* eloquently articulates that if Mr. Zaid had been a government employee instead of counsel, he would be legally protected.

Indeed, if Mr. Zaid had been a government employee instead of counsel, he would be legally protected for his assistance. The overall Intelligence Community whistleblower protection statute and specific security clearance provisions both contain broad prohibitions against retaliatory "personnel actions" that encompass security clearance revocations and explicitly protect those who "lawfully assist" whistleblowers in exercising their statutory rights. 50 U.S.C. § 3234(c)(1)(C)(ii); 50 U.S.C. § 3341(j)(1)(D)(2).

GAP *Amicus* at 6, Document 20.

As such, Mr. Zaid could have brought forward such claims before federal administrative quasi-judicial courts and commissions alleging that the process by which the clearance was revoked was, in fact, retaliatory. While, as the law currently is written, Mr. Zaid does not have standing to file a whistleblower reprisal complaint, we respectfully submit to this Court that Mr. Zaid is being retaliated against due to his zealous representation of national

security clients, and specifically whistleblowers from both Trump administrations. We submit that the following is instructive and persuasive to consider given the larger implications of the Administration retaliating against whistleblowers indirectly by targeting their counsel.

Notwithstanding the unique issues surrounding security clearances, it is absolutely clear that courts – both Article III and administrative bodies – have jurisdiction to consider procedural matters involving security clearances. Moreover, the MSPB and EEOC are able to go one step further, and do, in fact, consider whether the process and procedures by which the clearance was suspended could be either reprisal for whistleblowing or discriminatory behavior.

Yes, there is a “gap” in the law. Attorneys like Mr. Zaid, by statute, do not have the same protections their own whistleblowing clients have when their clearances are targeted in reprisal. And perhaps that is the larger issue not for this Honorable Court, but for Congress in the future.

Under any other circumstances if Mr. Zaid was an employee as defined by law, we respectfully submit the action he is suffering would be determined to be retaliation. While instructive in considering the broader implications of the President’s actions – which no one must lose sight of – determining whether Mr. Zaid was retaliated against by the President through an adverse clearance action is not at issue before this court. What is – and consistent with *Egan* and administrative courts and bodies, such as MSPB and the EEOC as discussed above – within the purview of this Honorable Court is to determine whether Mr. Zaid was denied due process in violation of his constitutional rights. Due process is non-substantive by nature and is appropriately before this Court.

CONCLUSION

We live in a time where it has become commonplace to hear commentators say that we live in “unprecedented times.” Caution must always be exercised so as not to overstate the significance or feared calamity that may – or may not – occur. However, in the context of government oversight, the rule of law, and accountability the republic is being stress tested at both a staggering pace and level never seen before.

This case, as with most cases, concerns a specific issue before the Court. Respectfully, Mr. Zaid was denied due process when the President summarily revoked his security clearance. This Honorable Court has the ability to consider that issue and we urge that the Court grant a preliminary injunction and, in due course, grant further relief that Mr. Zaid subsequently seeks on the ultimate merits of his claim.

But again, this case is much larger than Mr. Zaid.

During the first impeachment of President Trump, the undersigned and Mr. Zaid witnessed institutional guardrails that have taken decades to create hang on by a thread. By and through their representation of The Whistleblower, they fought not only for their client’s right to come forward with their concerns, but for the ability for institutions like the Inspectors General and Congress to conduct their own investigations. Whistleblowers must be empowered to come forward when they have a reasonable belief that violations of law, rule, or regulation or waste, fraud, or abuse are taking place. Those whistleblowers often need counsel not only to ensure that their concerns get to the right investigative agencies, but that those concerns are disclosed consistent with the law. And when it comes to classified information, those disclosures must be made properly so as not to harm the national security.

Federal whistleblowers are persons of conscience. They are brave human beings who come forward not for self aggrandizement but to ensure their government is operating lawfully. Based on their disclosures, executive branch investigations are initiated. Congressional oversight takes place. Facts are uncovered. The truth comes out. And, yes, there is accountability. In coming forward, whistleblowers are, in fact, upholding their oath to support and defend the Constitution of the United States. In 2019, the system was tested, and the system survived.

Today that same system of checks and balances, of government oversight, of accountability is once again under assault not only directly, but asymmetrically by attacking those who support whistleblowers – their attorneys. The Administration’s actions in this case are not designed to merely chill future whistleblowers from coming forward, but are part of a key authoritarian tactic to shut down accountability more broadly. By attacking attorneys – the helpers – the Administration will further cut off the ability for investigations to take place, for Congress to conduct their Article I oversight, and for accountability to be had.

This Honorable Court must not allow authoritarianism to become the law of the land where proclamations by fiat, stripping the nation of due process, and silencing whistleblowers who come forward in good conscience rules the day. In Harper Lee’s novel *To Kill a Mockingbird*, Atticus Finch says, “The one thing that doesn’t abide by majority rule is a person’s conscience.”¹⁷ Today, we write, “The one thing that doesn’t abide by authoritarian rule is a person of conscience.”

And those persons of conscience are whistleblowers.

¹⁷ HARPER LEE, *TO KILL A MOCKINGBIRD* 120 (First Perennial Classic Ed., HarperPerennial 2002).

Respectfully submitted,

Date: June 12, 2025

/s/ Andrew P. Bakaj

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CERTIFICATE OF COMPLIANCE

I hereby certify that:

Pursuant to Local Civil Rule 7(o)(5), counsel for *Amicus* certifies that no counsel for a party authored this brief in whole or in part, and no person other than *Amicus*, their members, or their counsel made a monetary contribution to the brief's preparation or submission.

This brief complies with the word count limitation of Fed. R. App. P. 32(a)(7)(b) because this brief contains 5,492 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(f).

This brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type-style requirements of Fed. R. App. P. 32(a)(6) because this brief has been prepared in a proportionately spaced typeface using Microsoft Word (version 16.98) and Times New Roman 12-point font.

CERTIFICATE OF SERVICE

I hereby certify that on this date, I electronically filed the foregoing document with the Clerk of this Court through the CM/ECF system, which will serve all parties automatically.

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APPENDIX TO AMICI BRIEF

**SF-86
QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

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

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

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

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

This form may become a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

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

Authority to Request this Information

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

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 13478.

The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

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

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

Your Personal Interview

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

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documents; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
6. For telephone numbers in the U.S., ensure that the area code is included.
7. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, or sexual orientation when granting access to classified information.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to **five (5)** years imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

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

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

Office of Personnel Management (OPM) Routine Uses

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

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

classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.

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

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- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
- (1) OPM, or any component thereof; or
 - (2) Any employee of OPM in his or her official capacity; or
 - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.
- u. To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

Public Burden Information

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

**QUESTIONNAIRE FOR
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Colorado	CO	Kansas	KS	Montana	MT	Wyoming	Virginia
Baker Island	FQ	Kingman Reef	KQ	Navassa Island	BQ	Puerto Rico	APO/FPO America

Investigating agency user only

Codes: (FIPC CODES)

Case Number:

IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE

A Type of investigation	B Extra coverage/Advanced results	C Sensitivity level	D Access/Eligibility	E Nature of action code
F Date of action (Month/Day/Year)				J SON (Submitting Office Number)
K Location of Official Personnel Folder	None NPRC	At SON e-OPF	Other Other address/Web address of e-OPF	Zip Code
L SOI (Security Office Identifier)				Zip Code
N IPAC				Q BETC
R Accounting data and/or Agency case number				S Investigative requirement
T Requesting Official - Name	Title			Signature
				Initial Reinvestigation

U Secondary Requesting Official - Name	Title
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W Deployment/PCS (if imminent)

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Commercial and Government Entity (CAGE) Co

Contract Num

Service Provider.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service. YES NO

Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Last name	First name	Middle name	Suffix

Provide your place of birth.

City	County	State	Country (Required)

Section 4 - Social Security Number

Provide your U.S. Social Security Number.

Not applicable

Have you used any other names? YES NO (If NO, proceed to Section 6)

Complete the following if you have responded 'Yes' to having used other names.

Provide your other name(s) used and the period of time you used it/them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(es)]. If you have only initials in your name(s), provide them and indicate "Initial only." If you do not have a middle name (s), indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

#1 Last name	First name	Middle name	Suffix	From (Month/Year)	To (Month/Year)	Present	Maiden name?	Provide the reason(s) why the name changed
				<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
#2 Last name	First name	Middle name	Suffix	From (Month/Year)	To (Month/Year)	Present	Maiden name?	Provide the reason(s) why the name changed
				<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
#3 Last name	First name	Middle name	Suffix	From (Month/Year)	To (Month/Year)	Present	Maiden name?	Provide the reason(s) why the name changed
				<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	YES NO	
#4 Last name	First name	Middle name	Suffix	From (Month/Year)	To (Month/Year)	Present	Maiden name?	Provide the reason(s) why the name changed
				<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Provide your identifying information.

Height	Weight (in pounds)	Hair color	Eye color	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

Provide your contact information. Email addresses may be used as a contact method, and identify subject in records.

Home e-mail address

Work e-mail address

Provide three contact numbers. At least one telephone number is required. Additional numbers provided may assist in the completion of your background investigation.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nig	Nigt	Niq

Section 8 - U.S. Passport Information

Do you possess a U.S. passport (current or expired)?

YES NO (If NO, proceed to Section 9)

Provide the following information for the most recent U.S. passport you currently possess.

Passport number Issue date (Month/Day/Year) Expiration date (Month/Day/Year) The following link will provide U.S. State Department

Provide the name in which passport was first issued.

Section 9 - Citizenship

(Proceed to Section 10) I am a derived U.S. citizen. (Complete 9.3)

I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country. (Complete 9.1) I am not a U.S. citizen. (Complete 9.4)

I am a naturalized U.S. citizen. (Complete 9.2)

type of documentation of U.S. citizen born abroad.
FS 240 DS 1350 FS 545 Other (Provide explanation)

document number for U.S. citizen born abroad. Provide the date the document was issued. (Month/Day/Year)

(Provide City and Country if outside the United States; otherwise, provide City and State.)

<p>your Certificate of Citizenship number.</p>	<p>Provide the date the certificate was issued. (Month/Day/Year)</p>
<p>the name in which the certificate was issued.</p>	<p>Est.</p>
<p>ne</p>	<p>First name Middle name</p>
<p>u born on a U.S. military installation?</p>	<p>Provide the name of the base.</p>
<p>NO (If NO, proceed to Section 10)</p>	

**QUESTIONNAIRE FOR
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country(ies) of prior citizenship. #1 Country _____ #2 Country _____	Est.	
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<input type="checkbox"/>	
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the name of the court that issued the Certificate of Naturalization.	Provide the address of the court that issued the Certificate of Naturalization.	State _____
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your alien registration number (on Certificate of Naturalization — utilize USCIS, CIS or INS registration number)	Provide your Permanent Resident Card number (I-551)	Provide your Certificate of Citizenship number (N560 or N561)
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By operation of law through my U.S. citizen parent

9.4 Complete the following if you answered that you are not a U.S. citizen.

type of document issued. (I-94, U.S. Visa - red foil number, I-20, DS-2019, etc.) I-94 U.S. Visa (red foil number) Other (Provide explanation)	I-20 DS-2019	Visa - red foil number, I-20, DS-2019, etc.) Provide the date document was issued (Month/Day/Year) _____ Provide document expiration date. (Month/Day/Year) _____ Est. _____
document number. _____	First name _____	Middle name _____ Suffix _____

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 10 - Dual/Multiple Citizenship & Foreign Passport Information

10.1 Do you now or have you **EVER** held dual/multiple citizenships? YES NO (If NO, proceed to 10.2)

Complete the following if you answered 'Yes' to having EVER held dual/multiple citizenships.

Entry #1	
Provide country of citizenship.	During what period of time did you hold citizenship with this country? (Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)
How did you acquire this non-U.S. citizenship you now have or previously had?	From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Have you taken any action to renounce your foreign citizenship? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide explanation:	
Do you currently hold citizenship with this country? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide explanation:	
Entry #2	
Provide country of citizenship.	During what period of time did you hold citizenship with this country? (Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)
How did you acquire this non-U.S. citizenship you now have or previously had?	From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Have you taken any action to renounce your foreign citizenship? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide explanation:	
Do you currently hold citizenship with this country? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide explanation:	

10.2 Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.? YES NO (If NO, proceed to Section 11)

Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.

Entry #1			
Provide the country in which the passport (or identity card) was issued.	Provide the date the passport (or identity card) was issued. (Month/Day/Year) <input type="checkbox"/> Est.		
Provide the place the passport (or identity card) was issued. City		Country	
Provide the name in which passport (or identity card) was issued.			
Last name	First name	Middle name	Suffix
Provide the passport (or identity card) number.		Provide the passport (or identity card) expiration date. (Month/Day/Year) <input type="checkbox"/> Est.	
Have you EVER used this passport (or identity card) for foreign travel? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.			
Country	From date (Month/Year)	To date (Month/Year)	
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present	
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present	
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present	
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present	
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present	
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present	

Enter your Social Security Number before going to the next page —————>

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 10 - Dual/Multiple Citizenship & Foreign Passport Information - (Continued)

Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.

Entry #2

Provide country in which the passport (or identity card) was issued. Provide the date the passport (or identity card) was issued. (Month/Day/Year)
 Est.

Provide the place the passport (or identity card) was issued.
 City Country

Provide the name in which passport (or identity card) was issued.
 Last name First name Middle name Suffix

Provide the passport (or identity card) number. Provide the passport (or identity card) expiration date. (Month/Day/Year)
 Est.

Have you **EVER** used this passport (or identity card) for foreign travel?

YES NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country	From date (Month/Year)	To date (Month/Year)
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

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

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

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

Enter residence information.

Entry #1

Provide dates of residence.

From Date (Month/Year)	To Date (Month/Year)	Present	Is/was this residence:	
Est.		Est.	Owned by you <input type="checkbox"/>	Rented or leased by you <input type="checkbox"/>
			Military housing <input type="checkbox"/>	Other (Provide explanation)

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

(b) Did you have an APO/FPO address while at this location?

YES <input type="checkbox"/>	Address	APO or FPO	APO/FPO State Code	Zip Code
NO <input type="checkbox"/>				

Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.

Last name	First name	Middle name	Suffix	Provide date of last contact. (Month/Year)
				<input type="checkbox"/> Est.

Provide your relationship to this person (Check all that apply).

Neighbor <input type="checkbox"/>	Friend <input type="checkbox"/>	Landlord <input type="checkbox"/>	Business associate <input type="checkbox"/>	Other (Provide explanation)
-----------------------------------	---------------------------------	-----------------------------------	---	-----------------------------

Provide the following contact information for this person.

<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
<input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> International or DSN phone number
Evening telephone number	Extension	Daytime telephone number
		Extension
		Cell/mobile telephone number
		Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

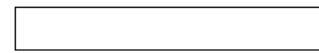
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

(b) Does the person who knew you have an APO/FPO address?

YES <input type="checkbox"/>	Address	APO or FPO	APO/FPO State Code	Zip Code
NO <input type="checkbox"/>				



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #2

Provide dates of residence.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Is/was this residence:

Owned by you Rented or leased by you
 Military housing Other(Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.

Last name First name Middle name Suffix Provide date of last contact (Month/Year) Est.

Provide your relationship to this person (Check all that apply).

Neighbor Friend Landlord Business associate Other (Provide explanation) ▶

Provide the following contact information for this person.

I don't know I don't know I don't know
 International or DSN phone number International or DSN phone number International or DSN phone number
 Evening telephone number Extension Daytime telephone number Extension Cell/mobile telephone number Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does the person who knew you have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #3

Provide dates of residence.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Is/was this residence:

Owned by you Rented or leased by you
 Military housing Other(Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.

Last name First name Middle name Suffix Provide date of last contact (Month/Year) Est.

Provide your relationship to this person (Check all that apply).

Neighbor Friend Landlord Business associate Other (Provide explanation) ▶

Provide the following contact information for this person.

I don't know I don't know I don't know
 International or DSN phone number International or DSN phone number International or DSN phone number
 Evening telephone number Extension Daytime telephone number Extension Cell/mobile telephone number Extension

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does the person who knew you have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #4				
Provide dates of residence. From Date (Month/Year) To Date (Month/Year)		Is/was this residence:		
<input type="checkbox"/> Est.	<input type="checkbox"/> Present	<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you	<input type="checkbox"/> Other(Provide explanation) ▶
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Military housing		
Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street	City	State	Zip Code	Country
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).				
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
(b) Did you have an APO/FPO address while at this location?				
<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				
Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.				Provide date of last contact. (Month/Year)
Last name	First name	Middle name	Suffix	<input type="checkbox"/> Est.
Provide your relationship to this person (Check all that apply).				
<input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Landlord <input type="checkbox"/> Business associate <input type="checkbox"/> Other (Provide explanation) ▶				
Provide the following contact information for this person.				
<input type="checkbox"/> I don't know		<input type="checkbox"/> I don't know		<input type="checkbox"/> I don't know
<input type="checkbox"/> International or DSN phone number		<input type="checkbox"/> International or DSN phone number		<input type="checkbox"/> International or DSN phone number
Evening telephone number	Extension	Daytime telephone number	Extension	Cell/mobile telephone number Extension
Provide e-mail address for this person.				
<input type="checkbox"/> I don't know				
Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street	City	State	Zip Code	Country
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).				
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
(b) Does the person who knew you have an APO/FPO address?				
<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 12 - Where You Went to School

Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

(a) Have you attended any schools in the last 10 years?

YES NO

(b) Have you received a degree or diploma more than 10 years ago?

YES NO (If NO to 12(a) and 12(b), proceed to Section 13A)

Entry #1

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Select the most appropriate code to describe your school.

High School Vocational/Technical/Trade School
 College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know Last name First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number for this person.

Telephone number Extension International or DSN phone number
 Day Night

Provide email address for this person.

I don't know

Did you receive a degree/diploma?

YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Entry #2

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Select the most appropriate code to describe your school.

High School Vocational/Technical/Trade School
 College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know Last name First name

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 12 - Where You Went to School - (Continued)

Entry #2 (Continued)

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number for this person. <input type="checkbox"/> I don't know	Provide email address for this person. <input type="checkbox"/> I don't know
Telephone number Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night	

Did you receive a degree/diploma?

YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Entry #3

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) Present Est.

Select the most appropriate code to describe your school.

High School Vocational/Technical/Trade School
 College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know Last name First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number for this person. <input type="checkbox"/> I don't know	Provide email address for this person. <input type="checkbox"/> I don't know
Telephone number Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night	

Did you receive a degree/diploma?

YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 12 - Where You Went to School - (Continued)

Entry #4

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) Present Est.
 Est.

Select the most appropriate code to describe your school.

High School Vocational/Technical/Trade School
 College/University/Military College Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

I don't know Last name First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number for this person. I don't know
 Telephone number Extension International or DSN phone number
 Day Night

Provide email address for this person. I don't know

Did you receive a degree/diploma?

YES NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back **10 years**. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment

Entry #1

Select your employment activity:

- | | | |
|--|---|---|
| Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) | Self-employment (Complete 13A.3, 13A.5 and 13A.6) | Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) |
| USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) | Unemployment (Complete 13A.4) | |
| Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | |

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment. Select the employment status for this position: Provide your assigned duty station during this period.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	Full-time	Provide your most recent rank/position title.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	Part-time		

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number
	Day	Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES — Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO			

Provide the name of your supervisor.

Provide the rank/position title of your supervisor.

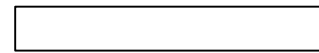
Provide the email address of your supervisor.	I don't know	Provide supervisor's telephone number.	Extension	International or DSN phone number
			Day	Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment. Select the employment status for this position: Provide most recent position title.

From Date <i>(Month/Year)</i>	To Date <i>(Month/Year)</i>	Present	Full-time	Provide the name of your employer.
Est.	Est.	Est.	Part-time	

Provide the address of employer. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

		Day	Night
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Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date <i>(Month/Year)</i>		To date <i>(Month/Year)</i>	Position Title	Supervisor
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		

(a) Is/was your physical work address different than your employer's address?

YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

		Day	Night
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(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?

YES Address APO or FPO APO/FPO State Code Zip Code

NO

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number

Day Night

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

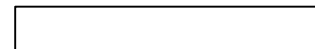
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Did/does your supervisor have an APO/FPO address while at this location?

YES Address APO or FPO APO/FPO State Code Zip Code

NO



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.3 Complete the following if employment type is self-employment

Entry #1

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

Est.

Present

Est.

Select the employment status for this position:

Full-time

Part-time

Provide most recent position title.

Provide the name of your employment.

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number. Extension International or DSN phone number

Day Night

(a) Is your physical work address different than your employment address?

YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this address.

Telephone number Extension International or DSN phone number

Day Night

(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b.2) Do you or did you have an APO/FPO address while at this location?

YES NO → Address APO or FPO APO/FPO State Code Zip Code

Provide the name of someone that can verify your self-employment.

Last name First name

Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this person.

Telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does your self-employment verifier have an APO/FPO address?

YES NO → Address APO or FPO APO/FPO State Code Zip Code

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

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ate (Month/Year) Est. To Date (Month/Year) Present Est.

First name

City State Zip Code Country

the telephone number for this person.
 telephone number Extension International or DSN phone number
 Day Night

ive indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).
 Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

Does your unemployment verifier have an APO/FPO address?

employment have any of the following happened to you in the last seven (7) years?

quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following unsatisfactory performance.

NO (If NO, proceed to 13A.6)

<input type="checkbox"/> d		<input type="checkbox"/> E
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by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year)
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<input type="checkbox"/>		<input type="checkbox"/>
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13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

<input type="checkbox"/> Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year)
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	<input type="checkbox"/>
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	<input type="checkbox"/> E
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

Entry #2

Select your employment activity:

- | | | |
|--|---|---|
| Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) | Self-employment (Complete 13A.3, 13A.5 and 13A.6) | Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) |
| USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) | Unemployment (Complete 13A.4) | |
| Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | |

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment. Select the employment status for this position: Provide your assigned duty station during this period.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	Full-time	Provide your most recent rank/position title.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		Part-time	

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number
		<input type="checkbox"/> Day <input type="checkbox"/> Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Provide the name of your supervisor.

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. <input type="checkbox"/> I don't know	Provide supervisor's telephone number.	Extension	<input type="checkbox"/> International or DSN phone number
			<input type="checkbox"/> Day <input type="checkbox"/> Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment. Select the employment status for this position: Provide most recent position title.

From Date <i>(Month/Year)</i>	To Date <i>(Month/Year)</i>	Present	Full-time	Provide the name of your employer.
Est.		Est.	Part-time	

Provide the address of employer. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

		Day	Night
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Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date <i>(Month/Year)</i>		To date <i>(Month/Year)</i>	Position Title	Supervisor
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		

(a) Is/was your physical work address different than your employer's address?

YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

		Day	Night
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(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?

YES Address APO or FPO APO/FPO State Code Zip Code

NO

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number

Day Night

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

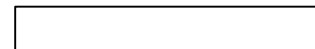
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Did/does your supervisor have an APO/FPO address while at this location?

YES Address APO or FPO APO/FPO State Code Zip Code

NO



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 13A - Employment Activities - (Continued)

Entry #2

13A.3 Complete the following if employment type is self-employment

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

Est.

Present

Est.

Select the employment status for this position:

Full-time

Part-time

Provide most recent position title.

Provide the name of your employment.

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number. Extension International or DSN phone number

Day Night

(a) Is your physical work address different than your employment address?

YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this address.

Telephone number Extension International or DSN phone number

Day Night

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b.2) Do you or did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of someone that can verify your self-employment.

Last name First name

Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this person.

Telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does your self-employment verifier have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

--

ate (Month/Year) Est. To Date (Month/Year) Present Est.

First name

City

State

Zip Code

Country

the telephone number for this person.

Telephone number Extension International or DSN phone number
 Day Night

Have you indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

Does your unemployment verifier have an APO/FPO address?

During your employment have any of the following happened to you in the last seven (7) years?

Terminated without cause, terminated after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges of unsatisfactory performance.

NO (If NO, proceed to 13A.6)

<input type="checkbox"/> Yes		<input type="checkbox"/> No
------------------------------	--	-----------------------------

by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year)
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<input type="checkbox"/>		<input type="checkbox"/>
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13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

<input type="checkbox"/>		<input type="checkbox"/>
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Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

		<input type="checkbox"/>
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		<input type="checkbox"/> E
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

Entry #3

Select your employment activity:

- | | | |
|--|---|---|
| Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) | Self-employment (Complete 13A.3, 13A.5 and 13A.6) | Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) |
| USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) | Unemployment (Complete 13A.4) | |
| Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | |

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment. Select the employment status for this position: Provide your assigned duty station during this period.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	Full-time	Provide your most recent rank/position title.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		Part-time	

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Telephone number Extension International or DSN phone number
 Day Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Do you or did you have an APO/FPO address while at this location?
 YES Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of your supervisor. Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number
 Day Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment. Select the employment status for this position: Provide most recent position title.

From Date <i>(Month/Year)</i>	To Date <i>(Month/Year)</i>	Present	Full-time	
		Est.	Part-time	Provide the name of your employer.

Provide the address of employer. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number Extension International or DSN phone number

		Day	Night
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Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date <i>(Month/Year)</i>		To date <i>(Month/Year)</i>	Position Title	Supervisor
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		

(a) Is/was your physical work address different than your employer's address?

YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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Provide telephone number Extension International or DSN phone number

		Day	Night
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(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b.2) Do you or did you have an APO/FPO address while at this location?

YES Address APO or FPO APO/FPO State Code Zip Code

NO

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number

	<input type="checkbox"/> Day	<input type="checkbox"/> Night
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Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
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If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

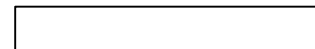
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Did/does your supervisor have an APO/FPO address while at this location?

YES Address APO or FPO APO/FPO State Code Zip Code

NO



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 13A - Employment Activities - (Continued)

13A.3 Complete the following if employment type is self-employment

Entry #3

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

Est.

Present

Est.

Select the employment status for this position:

Full-time

Part-time

Provide most recent position title.

Provide the name of your employment.

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number. Extension International or DSN phone number

Day Night

(a) Is your physical work address different than your employment address?

YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this address.

Telephone number Extension International or DSN phone number

Day Night

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b.2) Do you or did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of someone that can verify your self-employment.

Last name First name

Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this person.

Telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does your self-employment verifier have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

--

ate (Month/Year) Est. To Date (Month/Year) Present Est.

First name

City State Zip Code Country

the telephone number for this person.

Telephone number Extension International or DSN phone number
 Day Night

Have you indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

Does your unemployment verifier have an APO/FPO address?

During your employment have any of the following happened to you in the last seven (7) years?

Terminated without cause, laid off, or discharged without cause; terminated after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following charges of unsatisfactory performance.

NO (If NO, proceed to 13A.6)

<input type="checkbox"/> Yes		<input type="checkbox"/> No
------------------------------	--	-----------------------------

by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year)
--	---	--

<input type="checkbox"/>		<input type="checkbox"/>
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13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

<input type="checkbox"/>	<input type="checkbox"/>
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Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)

	<input type="checkbox"/>
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	<input type="checkbox"/> E
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

Entry #4

Select your employment activity:

- | | | |
|--|---|---|
| Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) | Self-employment (Complete 13A.3, 13A.5 and 13A.6) | Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) |
| USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) | Unemployment (Complete 13A.4) | |
| Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | |

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment. Select the employment status for this position: Provide your assigned duty station during this period.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	Full-time	Provide your most recent rank/position title.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		Part-time	

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number
		<input type="checkbox"/> Day <input type="checkbox"/> Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

(b) Do you or did you have an APO/FPO address while at this location?

<input type="checkbox"/> YES	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO				

Provide the name of your supervisor.

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. <input type="checkbox"/> I don't know	Provide supervisor's telephone number.	Extension	<input type="checkbox"/> International or DSN phone number
			<input type="checkbox"/> Day <input type="checkbox"/> Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment. Select the employment status for this position: Provide most recent position title.

From Date <i>(Month/Year)</i>	To Date <i>(Month/Year)</i>	Present	Full-time	Provide the name of your employer.
Est.		Est.	Part-time	

Provide the address of employer. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number Extension International or DSN phone number

		Day	Night
--	--	-----	-------

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date <i>(Month/Year)</i>		To date <i>(Month/Year)</i>	Position Title	Supervisor
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		
	<input type="checkbox"/> Est.		Est.		

(a) Is/was your physical work address different than your employer's address?

YES NO *(If NO, proceed to (b))*

Provide the work address where you are/were physically located. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number Extension International or DSN phone number

		Day	Night
--	--	-----	-------

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

(b.2) Do you or did you have an APO/FPO address while at this location?

YES Address APO or FPO APO/FPO State Code Zip Code

NO

Provide the name of your supervisor. Provide the position title of your supervisor.

Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number

Day Night

Provide physical work location of your supervisor. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)*

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

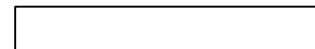
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)*

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

(b) Did/does your supervisor have an APO/FPO address while at this location?

YES Address APO or FPO APO/FPO State Code Zip Code

NO



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 13A - Employment Activities - (Continued)

13A.3 Complete the following if employment type is self-employment

Entry #4

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

Est.

Present

Est.

Select the employment status for this position:

Full-time

Part-time

Provide most recent position title.

Provide the name of your employment.

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number. Extension International or DSN phone number

Day Night

(a) Is your physical work address different than your employment address?

YES NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this address.

Telephone number Extension International or DSN phone number

Day Night

(b) If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b.2) Do you or did you have an APO/FPO address while at this location?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Provide the name of someone that can verify your self-employment.

Last name First name

Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the telephone number for this person.

Telephone number Extension International or DSN phone number

Day Night

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does your self-employment verifier have an APO/FPO address?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

--

ate (Month/Year) Est. To Date (Month/Year) Present Est.

First name

City State Zip Code Country

the telephone number for this person.
 telephone number Extension International or DSN phone number
 Day Night

ive indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).
 Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

Does your unemployment verifier have an APO/FPO address?

employment have any of the following happened to you in the last seven (7) years?

quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following unsatisfactory performance.

NO (If NO, proceed to 13A.6)

<input type="checkbox"/> d		<input type="checkbox"/> E
----------------------------	--	----------------------------

by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year)
--	---	--

<input type="checkbox"/>		<input type="checkbox"/>
--------------------------	--	--------------------------

13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

<input type="checkbox"/> Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/>
---	---

	<input type="checkbox"/>
--	--------------------------

	<input type="checkbox"/> E
--	----------------------------

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13B - Employment Activities - Former Federal Service

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

YES NO (If NO, proceed to Section 13C)

Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously.

Entry #1				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
Entry #2				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
Entry #3				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
Entry #4				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____

Section 13C - Employment Record

Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed?

- Fired from a job?
- Quit a job after being told you would be fired?
- Have you left a job by mutual agreement following charges or allegations of misconduct?
- Left a job by mutual agreement following notice of unsatisfactory performance?
- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

YES (If YES, you will be required to add an additional employment in Section 13A)

NO (If NO, proceed to Section 14)

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

Were you born a male after December 31, 1959?

YES NO (If NO, proceed to Section 15)

Have you registered with the Selective Service System (SSS)?

Yes Provide registration number:

No Provide explanation:

The Selective Service website, www.sss.gov, can help provide the registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number.

I don't know Provide explanation:

Section 15 - Military History

Have you **EVER** served in the U.S. Military?

YES NO (If NO, proceed to Section 15.2)

1				
<input type="checkbox"/> Army <input type="checkbox"/> Air National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force	Air National Guard	Provide your status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve	Officer <input type="checkbox"/> Enlisted	Provide your dates of service: ____/____/____ ____/____/____
	Marine Corps			
	Coast Guard			
Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide the reason(s) for the discharge, if discharge is other than Honorable				
the branch of service you served in: <input type="checkbox"/> Army <input type="checkbox"/> Air National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force	Air National Guard	State of service, if National Guard: <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve	Officer or enlisted: <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Provide your service number: ____ ____/____/____
	Marine Corps			
	Coast Guard			
<input type="checkbox"/>				
the type of discharge you received: <input type="checkbox"/> Honorable <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> General <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Other (provide type)				Provide the date of discharge listed (Month/Year) ____/____/____

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 15 - Military History - (Continued)

15.2 In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc? YES NO (If NO, proceed to Section 15.3)

Complete the following if you responded 'Yes' to In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.

Entry #1

Provide the date of the court martial or other disciplinary procedure. (Month/Year)

Est.

Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.

Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.

Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).

Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

Entry #2

Provide the date of the court martial or other disciplinary procedure. (Month/Year)

Est.

Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.

Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.

Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).

Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 15 - Military History - (Continued)

15.3 Have you **EVER** served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency? YES NO (If NO, proceed to Section 16)

Complete the following if you responded 'Yes' to having **EVER** served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

Entry #1

During your foreign service, which organization were you serving under?

- | | |
|--|---|
| <input type="checkbox"/> Military (Specify Army, Navy, Air Force, Marines, etc.) | <input type="checkbox"/> Security Forces |
| <input type="checkbox"/> Intelligence Service | <input type="checkbox"/> Militia |
| <input type="checkbox"/> Diplomatic Service | <input type="checkbox"/> Other Defense Forces |
| <input type="checkbox"/> Other Government Agency, Specify ▶ | |

Provide the name of the foreign organization.

Provide your period of service.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the name of the country. Provide the highest position/rank held. Provide division/department/office in which you served.

Provide a description of the circumstances of your association with this organization. Provide a description of the reason for leaving this service.

Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization?

YES NO (If NO, proceed to Section 16)

Contact #1

Provide the contact's full name.

Last name First name Middle name Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Contact #2

Provide the contact's full name.

Last name First name Middle name Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 15 - Military History - (Continued)

Complete the following if you responded 'Yes' to having **EVER** served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

Entry #2

During your foreign service, which organization were you serving under?

- Military (Specify Army, Navy, Air Force, Marines, etc.) Security Forces
 Intelligence Service Militia
 Diplomatic Service Other Defense Forces
 Other Government Agency, Specify ▶

Provide the name of the foreign organization.

Provide your period of service.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the name of the country.

Provide the highest position/rank held.

Provide division/department/office in which you served.

Provide a description of the circumstances of your association with this organization.

Provide a description of the reason for leaving this service.

Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization?

- YES NO (If NO, Proceed to Section 16)

Contact #1

Provide the contact's full name.

Last name First name Middle name Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Contact #2

Provide the contact's full name.

Last name First name Middle name Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers **at least the last seven (7) years**. Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form**.

Entry #1

Provide full name.					
Last name	First name	Middle name	Suffix		
Provide e-mail address for this person. <input type="checkbox"/> I don't know Provide rank/title <input type="checkbox"/> Not applicable					
Provide telephone number for this person.	<input type="checkbox"/> I don't knc Extension	<input type="checkbox"/> International or DSN phone number	Provide mobile/cell telephone number for this person.	<input type="checkbox"/> don't know Extension	<input type="checkbox"/> International or DS phone number
Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street	City	State	Zip Code	Country	

Entry #2

Provide full name.					
Last name	First name	Middle name	Suffix		
Provide e-mail address for this person. <input type="checkbox"/> I don't know Provide rank/title <input type="checkbox"/> Not applicable					
Provide telephone number for this person.	<input type="checkbox"/> I don't knc Extension	<input type="checkbox"/> International or DSN phone number	Provide mobile/cell telephone number for this person.	<input type="checkbox"/> don't know Extension	<input type="checkbox"/> International or DS phone number
Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street	City	State	Zip Code	Country	

Entry #3

		Provide relationship to you. (Check all that apply)			
Est.	Est.	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work associate	<input type="checkbox"/> Other (Provide explanation)	
		<input type="checkbox"/> Friend	<input type="checkbox"/> Schoolmate		
Provide full name.					
Last name	First name	Middle name	Suffix		
Provide e-mail address for this person. <input type="checkbox"/> I don't know Provide rank/title <input type="checkbox"/> Not applicable					
Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street	City	State	Zip Code	Country	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital/Relationship Status

Provide your current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership:

- | | |
|--|---|
| <input type="checkbox"/> Never entered in a civil marriage, legally recognized civil union, or legally recognized domestic partnership <i>(Complete 17.3)</i> | <input type="checkbox"/> Separated <i>(Complete 17.1 and 17.3)</i> |
| <input type="checkbox"/> Currently in a civil marriage, legally recognized civil union, or legally recognized domestic partnership <i>(Complete 17.1 and 17.3)</i> | <input type="checkbox"/> Annulled <i>(Complete 17.2 and 17.3)</i> |
| | <input type="checkbox"/> Divorced/Dissolved <i>(Complete 17.2 and 17.3)</i> |
| | <input type="checkbox"/> Widowed <i>(Complete 17.2 and 17.3)</i> |

17.1 Complete the following if you selected "currently in a civil marriage," "legally recognized civil union," or "legally recognized domestic partnership" or "Separated." Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated.

Provide full name.				Provide date of birth.
Last name	First name	Middle name	Suffix	(Month/Day/Year)
				<input type="checkbox"/> Est.

Provide place of birth.			
City	County	State	Country <i>(required)</i>

If the person is foreign born, provide one type of documentation that he or she possesses and the document number.			
Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	Not a U.S. Citizen: <input type="checkbox"/> I-551 Permanent Resident <input type="checkbox"/> I-766 Employment Authorization <input type="checkbox"/> I-94 Arrival-Departure Record <input type="checkbox"/> Other (Provide explanation)	<input type="checkbox"/> U.S. Visa (red foil number) <input type="checkbox"/> I-20 Certificate of Eligibility for Non-Immigrant-F1-Student <input type="checkbox"/> DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status

Provide document number.	Provide document expiration date, if applicable. <i>(Month/Day/Year)</i>	Provide U.S. Social Security Number.
	<input type="checkbox"/> Est.	<input type="checkbox"/> Not applicable

Provide other names used (such as maiden name, names by other marriages, civil marriages, legally recognized civil unions, or legally recognized domestic partnerships, nicknames, etc., and provide dates used for each name). Not applicable

#1 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From <i>(Month/Year)</i>	To <i>(Month/Year)</i>	<input type="checkbox"/> Present <input type="checkbox"/> Est.

#2 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From <i>(Month/Year)</i>	To <i>(Month/Year)</i>	<input type="checkbox"/> Present <input type="checkbox"/> Est.

#3 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From <i>(Month/Year)</i>	To <i>(Month/Year)</i>	<input type="checkbox"/> Present <input type="checkbox"/> Est.

#4 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From <i>(Month/Year)</i>	To <i>(Month/Year)</i>	<input type="checkbox"/> Present <input type="checkbox"/> Est.

Provide country(ies) of citizenship.		Provide date when you entered into your civil marriage, civil union, or domestic partnership. <i>(Month/Day/Year)</i>
Country #1	Country #2	<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page



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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 17 - Marital/Relationship Status - (Continued)

17.1 Complete the following if you selected "currently in a civil marriage," "legally recognized civil union," or "legally recognized domestic partnership" or "Separated." Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated. (Continued)

Provide location. (Provide City and Country if outside the United States; otherwise, provide City or County and State.)

City County State Country

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Use my current address

Street City State Zip Code Country

Provide telephone number. Extension Day Use my current telephone number
 Night International or DSN phone number

Provide email address.

Does the person have an APO/FPO address within the United States?

YES → Address APO or FPO APO/FPO State Code Zip Code
 NO

If you have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

Are you separated?

YES → Provide date of separation.
 (Month/Day/Year) Est.
 NO

If legally separated, provide the location of the record.
 (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Not Applicable

City State Zip Code Country

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

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the full name. Last name	First name	Middle name	Suffix	Provide the date of birth. (Month/Day/Year)
				<input type="checkbox"/>

	State	Zip Code	Country (Required)

I don't know Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. (Month/Day/Year)
 Est.

Divorced/Dissolved Provide the date divorced/dissolved, annulled or widowed. (Month/Day/Year)

State Zip Code Country

Person deceased?
 YES NO (If NO, complete (a)) I don't know

Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

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**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

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the full name. Last name	First name	Middle name	Suffix	Provide the date of birth. (Month/Day/Year)
				<input type="checkbox"/>

	State	Zip Code	Country (Required)

I don't know Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. (Month/Day/Year)
 Est.

Divorced/Dissolved Provide the date divorced, annulled or widowed. (Month/Day/Year)

State Zip Code Country

Person deceased?
 YES NO (If NO, complete (a)) I don't know

Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital/Relationship Status - (Continued)

17.3 Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate)? If so, complete the following. If the person was born outside the U.S., provide citizenship information. YES NO (If NO, proceed to Section 18)

Complete the following if you presently reside with a cohabitant.

Entry #1

Provide the cohabitant full name. Provide the date of birth.
 Last name First name Middle name Suffix Date (Month/Day/Year) Est.

Provide the place of birth.
 City State Country (Required)

For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.

Born Abroad to U.S. Parents: <input type="checkbox"/> FS 240 or 545 <input type="checkbox"/> DS 1350 Naturalized: <input type="checkbox"/> Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Naturalization (N550 or N570)	Derived: <input type="checkbox"/> Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Certificate of Citizenship (N560 or N561)	Not a U.S. Citizen: <input type="checkbox"/> I-551 Permanent Resident <input type="checkbox"/> U.S. Visa (red foil number) <input type="checkbox"/> I-766 Employment Authorization <input type="checkbox"/> I-20 Certificate of Eligibility for Non-Immigrant-F1-Student <input type="checkbox"/> I-94 Arrival-Departure Record <input type="checkbox"/> DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status <input type="checkbox"/> Other (Provide explanation)
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Provide document number. Provide document expiration date, if applicable. (Month/Day/Year) Est. Provide your cohabitant's U.S. Social Security Number. Not applicable

Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used). Not applicable

#1 Last name First name Middle name Suffix
 Maiden name? YES NO From (Month/Year) Est. To (Month/Year) Est. Present Est.

#2 Last name First name Middle name Suffix
 Maiden name? YES NO From (Month/Year) Est. To (Month/Year) Est. Present Est.

#3 Last name First name Middle name Suffix
 Maiden name? YES NO From (Month/Year) Est. To (Month/Year) Est. Present Est.

#4 Last name First name Middle name Suffix
 Maiden name? YES NO From (Month/Year) Est. To (Month/Year) Est. Present Est.

Provide your cohabitant's country(ies) of citizenship. Provide date cohabitation residing with person began. (Month/Day/Year)
 Country #1 Country #2

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

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 17 - Marital/Relationship Status - (Continued)

Complete the following if you presently reside with a cohabitant.

Entry #2

Provide the cohabitant full name.

Last name	First name	Middle name	Suffix	Provide the date of birth. Date (Month/Day/Year)
				<input type="checkbox"/> Est.

Provide the place of birth.

City	State	Country (Required)

For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.

Born Abroad to U.S. Parents:

- FS 240 or 545
- DS 1350

Naturalized:

- Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number)
- Permanent Resident Card (I-551)
- Certificate of Naturalization (N550 or N570)

Derived:

- Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number)
- Permanent Resident Card (I-551)
- Certificate of Citizenship (N560 or N561)

Not a U.S. Citizen:

- I-551 Permanent Resident
- I-766 Employment Authorization
- I-94 Arrival-Departure Record
- U.S. Visa (red foil number)
- I-20 Certificate of Eligibility for Non-Immigrant-F1-Student
- DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
- Other (Provide explanation)

Provide document number. Provide document expiration date, if applicable. (Month/Day/Year) Provide your cohabitant's U.S. Social Security Number.

	<input type="checkbox"/> Est.	<input type="checkbox"/> Not applicable
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Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used).

Not applicable

#1 Last name	First name	Middle name	Suffix

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

#2 Last name	First name	Middle name	Suffix

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

#3 Last name	First name	Middle name	Suffix

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

#4 Last name	First name	Middle name	Suffix

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide your cohabitant's country(ies) of citizenship.

Country #1	Country #2	Provide date cohabitation residing with person began. (Month/Day/Year)

Enter your Social Security Number before going to the next page



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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)
 Check all that apply.

- | | | | |
|---------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster parent | <input type="checkbox"/> Sister | <input type="checkbox"/> Half-sister |
| <input type="checkbox"/> Father | <input type="checkbox"/> Child (including adopted/foster) | <input type="checkbox"/> Stepbrother | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Provide relative type.

Provide your relative's date of Date (Month/Day/Year)	Provide your relative's place of birth. City	State	Country (Required)
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Provide your relative's country(ies) of citizenship.

Country #1	Country #2
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Has this relative used any other names?

- YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Previous name?	From (Month/Year)	To (Month/Year)	Provide the reason(s) why the name changed
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

Is your relative deceased? YES (YES) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

<input type="checkbox"/>	Provide your relative's APO/FPO address		
<input type="checkbox"/>	Address	APO or FPO	Zip Code

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Road to U.S. Parent FS 240 or 545 1350	Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization	Naturalized: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560)	<input type="checkbox"/>
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

Status:

- I-551 Permanent Resident I-94 Arrival-Departure Record I-20 Certificate of Eligibility for Non-Immigrant-F1-Student Other (Provide explanation)
- I-766 Employment Authorization U.S. Visa (red foil number) DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status

Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)		Present
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence Other (Provide explanation)

Provide approximate frequency of contact.

- Daily Monthly Annually
- Weekly Quarterly Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country
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Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
- NO
- I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	Present
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence Other (Provide explanation)

Provide approximate frequency of contact.

- Daily Monthly Annually
- Weekly Quarterly Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country
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Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
- NO
- I don't know

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

Entry #2

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix

Provide your relative's date of birth.
Date (Month/Day/Year)

Date (Month/Day/Year)			

Provide your relative's country(ies) of citizenship.

Country #1	Country #2

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

Has this relative used any other names?

YES NO

			<input type="checkbox"/>

Given name?	From (Month/Year)	To (Month/Year)	Provide the reason(s) why the name changed.
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Given name?	From (Month/Year)	To (Month/Year)	Provide the reason(s) why the name changed.
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

Is your relative deceased? YES (YES) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

<input type="checkbox"/>	Provide your relative's APO/FPO address		
<input type="checkbox"/>	Address	APO or FPO	Zip Code

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.
OR
Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

<input type="checkbox"/> Road to U.S. Parent FS 240 or 545 1350	<input type="checkbox"/> Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization	<input type="checkbox"/> Naturalized: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560)	
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**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

Status:

I-551 Permanent Resident

I-94 Arrival-Departure Record

I-20 Certificate of Eligibility for Non-Immigrant-F1-Student

Other (Provide explanation)

I-766 Employment Authorization

U.S. Visa (red foil number)

DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status

Provide document number

Provide document expiration date. (Month/Day/Year)

Provide approximate date of first contact. (Month/Year)

Provide approximate date of last contact. (Month/Year)

Present

Est.

Est.

Est.

Provide methods of contact (Check all that apply).

In person

Telephone

Electronic (Such as e-mail, texting, chat rooms, etc)

Written correspondence

Other (Provide explanation)

Provide approximate frequency of contact.

Daily

Monthly

Annually

Weekly

Quarterly

Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

YES

Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

NO

I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

Provide approximate date of last contact. (Month/Year)

Present

Est.

Est.

Provide methods of contact (Check all that apply).

In person

Telephone

Electronic (Such as e-mail, texting, chat rooms, etc)

Written correspondence

Other (Provide explanation)

Provide approximate frequency of contact.

Daily

Monthly

Annually

Weekly

Quarterly

Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

YES

Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

NO

I don't know

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

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Entry #3

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
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Provide your relative's date of birth Date (Month/Day/Year)			
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Provide your relative's country(ies) of citizenship. Country #1	Country #2
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Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

Has this relative used any other names?

YES NO

			<input type="checkbox"/>
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Other name? <input type="checkbox"/>	From (Month/Year) <input type="checkbox"/>	Month/Year <input type="checkbox"/>	Provide the reason(s) why the name changed <input type="checkbox"/>
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Other name? <input type="checkbox"/>	From (Month/Year) <input type="checkbox"/>	Month/Year <input type="checkbox"/>	Provide the reason(s) why the name changed <input type="checkbox"/>
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

Is your relative deceased? YES (YES) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's APO/FPO address APO or FPO Zip Code

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.
 OR
 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Road to U.S. Parent FS 240 or 545 1350	Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization	Naturalized: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560)	<input type="checkbox"/>
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**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

[Empty box]

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

Status:

- I-551 Permanent Resident
- I-94 Arrival-Departure Record
- I-20 Certificate of Eligibility for Non-Immigrant-F1-Student
- Other (Provide explanation)
- I-766 Employment Authorization
- U.S. Visa (red foil number)
- DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status

Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	Present
	<input type="checkbox"/> Est.		Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person
- Telephone
- Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence
- Other (Provide explanation)

Provide approximate frequency of contact.

- Daily
- Monthly
- Annually
- Weekly
- Quarterly
- Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
- NO
- I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	Present
	Est.	Est.

Provide methods of contact (Check all that apply).

- In person
- Telephone
- Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence
- Other (Provide explanation)

Provide approximate frequency of contact.

- Daily
- Monthly
- Annually
- Weekly
- Quarterly
- Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
- NO
- I don't know

[Empty box]

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

Entry #4

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
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Provide your relative's date of birth Date (Month/Day/Year)			
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Provide your relative's country(ies) of citizenship. Country #1	Country #2
--	------------

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

Has this relative used any other names?

YES NO

--	--	--

Given name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/>	Provide the reason(s) why the name changed <input type="checkbox"/>
--	--	---

Given name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/>	Provide the reason(s) why the name changed <input type="checkbox"/>
--	--	---

Given name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/>	Provide the reason(s) why the name changed <input type="checkbox"/>
--	--	---

Given name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/>	Provide the reason(s) why the name changed <input type="checkbox"/>
--	--	---

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

Is your relative deceased? YES (YES) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

<input type="checkbox"/>	Provide your relative's APO/FPO address		
<input type="checkbox"/>	Address	APO or FPO	Zip Code

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.
 OR
 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Road to U.S. Parent FS 240 or 545 1350	Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization	Naturalized: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560)	<input type="checkbox"/>
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**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

[Empty box]

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

Status:

- I-551 Permanent Resident
- I-94 Arrival-Departure Record
- I-20 Certificate of Eligibility for Non-Immigrant-F1-Student
- I-766 Employment Authorization
- U.S. Visa (red foil number)
- DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
- Other (Provide explanation)

Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	Present
	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person
- Telephone
- Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence
- Other (Provide explanation)

Provide approximate frequency of contact.

- Daily
- Monthly
- Annually
- Weekly
- Quarterly
- Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
- NO
- I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	Present
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person
- Telephone
- Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence
- Other (Provide explanation)

Provide approximate frequency of contact.

- Daily
- Monthly
- Annually
- Weekly
- Quarterly
- Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
- NO
- I don't know

[Empty box]

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

Entry #5

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
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Provide your relative's date of birth.
Date (Month/Day/Year)

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Provide your relative's country(ies) of citizenship.

Country #1	Country #2
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Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

Has this relative used any other names?

YES NO

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

Is your relative deceased? YES (YES) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

<input type="checkbox"/>	Provide your relative's APO/FPO address		
<input type="checkbox"/>	Address	APO or FPO	Zip Code

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Road to U.S. Parent FS 240 or 545 1350	Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization	Naturalized: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560)	<input type="checkbox"/>
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

Status:

I-551 Permanent Resident

I-94 Arrival-Departure Record

I-20 Certificate of Eligibility for Non-Immigrant-F1-Student

Other (Provide explanation)

I-766 Employment Authorization

U.S. Visa (red foil number)

DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status

Provide document number

Provide document expiration date. (Month/Day/Year)

Provide approximate date of first contact. (Month/Year)

Provide approximate date of last contact. (Month/Year)

Present

Est.

Est.

Est.

Provide methods of contact (Check all that apply).

In person

Telephone

Electronic (Such as e-mail, texting, chat rooms, etc)

Written correspondence

Other (Provide explanation)

Provide approximate frequency of contact.

Daily

Monthly

Annually

Weekly

Quarterly

Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

YES

Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

NO

I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

Provide approximate date of last contact. (Month/Year)

Present

Est.

Est.

Provide methods of contact (Check all that apply).

In person

Telephone

Electronic (Such as e-mail, texting, chat rooms, etc)

Written correspondence

Other (Provide explanation)

Provide approximate frequency of contact.

Daily

Monthly

Annually

Weekly

Quarterly

Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

YES

Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

NO

I don't know

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

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Entry #6

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
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Provide your relative's date of birth Date (Month/Day/Year)			
--	--	--	--

Provide your relative's country(ies) of citizenship. Country #1	Country #2
--	------------

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

Has this relative used any other names?

YES NO

			<input type="checkbox"/>
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Given name? <input type="checkbox"/> <input type="checkbox"/>	From (Month/Year) <input type="checkbox"/>	Month/Year <input type="checkbox"/>	Provide the reason(s) why the name changed <input type="checkbox"/>
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Given name? <input type="checkbox"/> <input type="checkbox"/>	From (Month/Year) <input type="checkbox"/>	Month/Year <input type="checkbox"/>	Provide the reason(s) why the name changed <input type="checkbox"/>
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<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

Is your relative deceased? YES (YES) NO

18.2 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

<input type="checkbox"/>	Provide your relative's APO/FPO address		
<input type="checkbox"/>	Address	APO or FPO	Zip Code

18.3 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister** and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Road to U.S. Parent FS 240 or 545 1350	Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization	Naturalized: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560)	<input type="checkbox"/>
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**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

[Empty box]

18.4 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

Not a U.S. Citizen:

Status:

- I-551 Permanent Resident
- I-94 Arrival-Departure Record
- I-20 Certificate of Eligibility for Non-Immigrant-F1-Student
- I-766 Employment Authorization
- U.S. Visa (red foil number)
- DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
- Other (Provide explanation)

Provide document number	Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	Present
	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person
- Telephone
- Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence
- Other (Provide explanation)

Provide approximate frequency of contact.

- Daily
- Monthly
- Annually
- Weekly
- Quarterly
- Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
- NO
- I don't know

18.5 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)	Present
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

- In person
- Telephone
- Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence
- Other (Provide explanation)

Provide approximate frequency of contact.

- Daily
- Monthly
- Annually
- Weekly
- Quarterly
- Other (Provide explanation)

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
- NO
- I don't know

[Empty box]

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

A foreign national is defined as any person who is not a citizen or national of the U.S.

Do you have, or have you had, close and/or continuing contact with a foreign national within **the last seven (7) years** with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18. YES NO (If NO, proceed to Section 20A)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #1

Provide the full name of the foreign national, if known.

Last name | First name | Middle name | Suffix | I don't know
 Explanation if name is unknown

Provide approximate date of first contact. (Month/Year) | Provide approximate date of last contact. (Month/Year)
 Est. | Est.

Provide methods of contact (Check all that apply).

In person | Telephone | Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence | Other (Provide explanation)

Provide approximate frequency of contact.

Daily | Monthly | Annually
 Weekly | Quarterly | Other (Provide explanation)

Provide the nature of relationship (Check all that apply).

Professional or Business | Personal (Such as family ties, friendship, affection, common interests, etc)
 Obligation (Provide explanation) | Other (Provide explanation)

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1 | Country #2
 Provide date of birth. I don't know | Provide place of birth. I don't know
 (Month/Day/Year) | City | Country (If country unknown, requires explanation)
 Est.

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street | City | State | Zip Code | Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

YES | Address | APO or FPO | APO/FPO State Code | Zip Code
 NO | I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name | I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street | City | State | Zip Code | Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

YES | Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
 NO | I don't know

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #2

Provide the full name of the foreign national, if known.

				<input type="checkbox"/> I don't know
Last name	First name	Middle name	Suffix	Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

<input type="checkbox"/> In person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc)
<input type="checkbox"/> Written correspondence	<input type="checkbox"/> Other (Provide explanation) ▶	

Provide approximate frequency of contact.

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

<input type="checkbox"/> Professional or Business	<input type="checkbox"/> Personal (Such as family ties, friendship, affection, common interests, etc)
<input type="checkbox"/> Obligation (Provide explanation) ▶	<input type="checkbox"/> Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1	Country #2

Provide date of birth. <input type="checkbox"/> I don't know (Month/Day/Year)	Provide place of birth. <input type="checkbox"/> I don't know City	Country (If country unknown, requires explanation)
<input type="checkbox"/> Est.		

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street	City	State	Zip Code	Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO <input type="checkbox"/> I don't know				

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name	<input type="checkbox"/> I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street	City	State	Zip Code	Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

<input type="checkbox"/> YES →	Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
<input type="checkbox"/> NO <input type="checkbox"/> I don't know	

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

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #3

Provide the full name of the foreign national, if known.

Last name	First name	Middle name	Suffix	<input type="checkbox"/> I don't know Explanation if name is unknown
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Provide approximate date of first contact. (Month/Year)	Provide approximate date of last contact. (Month/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide methods of contact (Check all that apply).

In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

Professional or Business Personal (Such as family ties, friendship, affection, common interests, etc)
 Obligation (Provide explanation) ▶ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1	Country #2
Provide date of birth. <input type="checkbox"/> I don't know (Month/Day/Year)	Provide place of birth. <input type="checkbox"/> I don't know City Country (if country unknown, requires explanation)
<input type="checkbox"/> Est.	

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country	<input type="checkbox"/> I don't know
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Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

<input type="checkbox"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="checkbox"/> NO <input type="checkbox"/> I don't know				

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country	<input type="checkbox"/> I don't know
--------	------	-------	----------	---------	---------------------------------------

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
 NO I don't know

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

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #4

Provide the full name of the foreign national, if known.

Last name First name Middle name Suffix I don't know
 Explanation if name is unknown

Provide approximate date of first contact. (Month/Year) Est. Provide approximate date of last contact. (Month/Year) Est.

Provide methods of contact (Check all that apply).

- In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
 Written correspondence Other (Provide explanation) ▶

Provide approximate frequency of contact.

- Daily Monthly Annually
 Weekly Quarterly Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

- Professional or Business Personal (Such as family ties, friendship, affection, common interests, etc)
 Obligation (Provide explanation) ▶ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1 Country #2

Provide date of birth. I don't know Provide place of birth. I don't know
 (Month/Day/Year) Est. City Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street City State Zip Code Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

- YES → Address APO or FPO APO/FPO State Code Zip Code
 NO I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) I don't know

Street City State Zip Code Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

- YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
 NO I don't know

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

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 20A - Foreign Activities

20A.1 Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.) YES NO (If NO, proceed to 20A.2)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)

Entry #1

Specify (Check all that apply): Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children

Provide the type of financial interest. Provide the date acquired. (Month/Day/Year)
 Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.).

Provide the cost (in U.S. dollars) at time of acquisition. Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of:
 Est. Est.

Provide the date control or ownership was relinquished. (Month/Day/Year) Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.
 Date Est. Not Applicable

Are there any co-owners of this foreign financial interest?
 YES NO

#1 Provide full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide your co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

#2 Provide full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide your co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 20A - Foreign Activities (Continued)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)

Entry #2

Specify (Check all that apply): Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children

Provide the type of financial interest. Provide the date acquired. (Month/Day/Year)

Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.).

Provide the cost (in U.S. dollars) at time of acquisition.

Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of:

Est.

Est.

Provide the date control or ownership was relinquished. (Month/Day/Year)

Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.

Date

Est.

Not Applicable

Are there any co-owners of this foreign financial interest?

YES NO

#1 Provide full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide your co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

#2 Provide full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide your co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide the nature of your relationship with the co-owner.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

20A.2 Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf? YES NO (If NO, Proceed to 20A.3)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having **EVER** had any foreign financial interests that someone controlled on your behalf.

Entry #1

Specify: (Check all that apply): Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children

Provide the type of financial interest.	Provide the name of the individual who controls this financial interest on your behalf. Last name	First name	Provide this individual's relationship to you.
---	--	------------	--

Provide details regarding how the financial interest was acquired (such as purchase, gift, etc.).	Provide the date this financial interest was acquired. (Month/Day/Year) <input type="checkbox"/> Est.	Provide the cost (in U.S. dollars) at time of acquisition. <input type="checkbox"/> Est.
---	--	---

Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of. <input type="checkbox"/> Est.	Provide the date interest was sold, lost, or other wise disposed of. (Month/Day/Year) <input type="checkbox"/> Est. <input type="checkbox"/> Not Applicable	Provide explanation if interest was sold, lost or otherwise disposed of.
---	---	--

Are there any co-owners of this foreign financial interest controlled on your behalf?

YES NO

#1 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	--

#2 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	--

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

Complete the following if you responded **'Yes'** to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having **EVER** had any foreign financial interests that someone controlled on your behalf.

Entry #2

Specify: (Check all that apply): Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children

Provide the type of financial interest. Provide the name of the individual who controls this financial interest on your behalf. Provide this individual's relationship to you.
Last name First name

Provide details regarding how the financial interest was acquired (such as purchase, gift, etc.). Provide the date this financial interest was acquired. (Month/Day/Year) Provide the cost (in U.S. dollars) at time of acquisition.

Est. Est.

Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of. Provide the date interest was sold, lost, or other wise disposed of. (Month/Day/Year) Provide explanation if interest was sold, lost or otherwise disposed of.

Est. Not Applicable

Are there any co-owners of this foreign financial interest controlled on your behalf?

YES NO

#1 Provide the full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide your relationship with the co-owner.

#2 Provide the full name of co-owner.

Last name First name Middle name Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the co-owner's country(ies) of citizenship.

Country #1 Country #2 Provide your relationship with the co-owner.

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

2

(Check all that apply)

Spouse or legally recognized civil union/domestic partner

Cohabitant

Dependent children

Name, address, etc.

Provide the date of purchase or acquired. (Month/Day/Year)

Est.

Provide how the foreign real estate was or is to be acquired (such as purchase, gift, etc.).

Provide the date sold, if applicable. (Month/Day/Year)

YES NO

Provide the full name of co-owner.
name

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

at

City

State

Zip Code

Country

Provide the co-owner's country(ies) of citizenship.

State #1

Country #2

Provide the nature of your relationship with the co-owner

Provide the full name of co-owner.
name

Section 20A - Foreign Activities - (Continued)

20A.4 As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country? YES NO (If NO, Proceed to 20A.5)

Complete the following if you responded 'Yes' that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

Entry #1

Specify (Check all that apply) Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children

Provide the type of benefit. Educational Medical Retirement Social Welfare
 Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit. Onetime benefit (Complete (a)) Future benefit (Complete (b)) Continuing benefit (Complete (c))
 Other (Complete (c)) (Provide explanation) ▶

(a) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.
 NO

(b) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.
 NO

(c) If have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive a **continuing** or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.
 Annually Monthly Other (Provide explanation) ▶
 Quarterly Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.
 NO

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

Entry #2

Specify (Check all that apply) Yourself Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children

Provide the type of benefit. Educational Medical Retirement Social Welfare
 Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit. Onetime benefit (Complete (a)) Future benefit (Complete (b)) Continuing benefit (Complete (c))
 Other (Complete (c)) (Provide explanation) ▶

(a) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.
 NO

(b) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.
 NO

(c) If have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive a **continuing** or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.
 Annually Monthly Other (Provide explanation) ▶
 Quarterly Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?

YES → If yes, provide explanation.
 NO

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

[Empty rectangular box]

20A.5 Have you **EVER** provided financial support for any foreign national? YES NO (If NO, proceed to 20B)

1
the name of the foreign national you support or have supported financially
ne First name

[Empty rectangular box]

[Empty rectangular box]

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

20B.1 Have you in the last seven (7) years provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? YES NO (If NO, proceed to 20B.2) (Answer "No" if all your advice or support was authorized pursuant to official U.S. Government business.)

Complete the following if you responded 'Yes' to having in the last seven (7) years provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer.

Entry #1

Provide a description of advice/support provided. Provide the name of the individual to whom advice or support was provided.
Last name First name Middle name Suffix

Provide the name of the foreign organization or foreign business with whom the individual is associated. Provide the country of origin for the organization or business.

Provide the date(s) during which this advice or support was provided. Describe what compensation, if any, was provided for your service.
From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Entry #2

Provide a description of advice/support provided. Provide the name of the individual to whom advice or support was provided.
Last name First name Middle name Suffix

Provide the name of the foreign organization or foreign business with whom the individual is associated. Provide the country of origin for the organization or business.

Provide the date(s) during which this advice or support was provided. Describe what compensation, if any, was provided for your service.
From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

20B.2 Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or any member of your immediate family in the last seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer 'No' if all the advice or support was authorized pursuant to official U.S. Government business.) YES NO (If NO, proceed to 20B.3)

immediate family having in the last seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government

1
the name of the government official.
ne

2
the name of the government official.
ne

First nam Middle name

the date of the request. (Month/Year) Provide the circumstances of request.

Empty rectangular box at the bottom right of the page.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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

20B.3 Has any foreign national in the last seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them? YES NO (If NO, proceed to 20B.4)

Complete the following if you responded 'Yes' to any foreign national having in the last seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them.

Entry #1

Provide the name of the foreign national who made the offer.

Last name	First name	Middle name	Suffix

Provide a description of the position offered.	Provide the date when this offer was extended. (Month/Year) <input type="checkbox"/> Est.	Did you accept the offer? <input type="checkbox"/> YES Explanation ▶ <input type="checkbox"/> NO Explanation ▶
--	--	--

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country

Entry #2

Provide the name of the foreign national who made the offer.

Last name	First name	Middle name	Suffix

Provide a description of the position offered.	Provide the date when this offer was extended. (Month/Year) <input type="checkbox"/> Est.	Did you accept the offer? <input type="checkbox"/> YES Explanation ▶ <input type="checkbox"/> NO Explanation ▶
--	--	--

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

20B.4 Have you in the last seven (7) years been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? YES NO (If NO, proceed to 20B.5)

Complete the following if you responded 'Yes' to having in the last seven (7) years been involved in any other type of business venture with a foreign national not described above.

Entry #1

Provide the full name of this foreign national.

Last name | First name | Middle name | Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street | City | State | Zip Code | Country

Provide the citizenship(s) of this foreign national.

Country #1 | Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year) | To Date (Month/Year) | Present | Est.

Provide the nature of association with this business venture.

Provide the position you held.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

Entry #2

Provide the full name of this foreign national.

Last name | First name | Middle name | Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street | City | State | Zip Code | Country

Provide the citizenship(s) of this foreign national.

Country #1 | Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year) | To Date (Month/Year) | Present | Est.

Provide the nature of association with this business venture.

Provide the position you held.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

20B.5 Have you **in the last seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.) YES NO (If NO, proceed to 20B.6)

Complete the following if you responded 'Yes' to in the last seven (7) years having attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.

Entry #1

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.	Provide the purpose of the event.
--	---	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
--	--	---

Was there any subsequent contact with any foreign nationals as a result of the event?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	→ Provide explanation for each contact.	Contact #1 explanation _____
			Contact #2 explanation _____
			Contact #3 explanation _____
			Contact #4 explanation _____

Entry #2

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.	Provide the purpose of the event.
--	---	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
--	--	---

Was there any subsequent contact with any foreign nationals as a result of the event?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	→ Provide explanation for each contact.	Contact #1 explanation _____
			Contact #2 explanation _____
			Contact #3 explanation _____
			Contact #4 explanation _____

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

For this question, 'Immediate Family' means your spouse, parents, step-parents, siblings, half and step- siblings, children, step-children, and cohabitant.

20B.6 Have you or any member of your immediate family **in the last seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.) YES NO (If NO, Proceed to 20B.7)

Complete the following if you responded 'Yes' to you or any member of your immediate family having **in the last seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.

Entry #1

Provide the name of the individual involved in the contact.

Last name First name Middle name Suffix

Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City State Zip Code Country

Provide the date of contact.
 (Month/Year)

Provide the foreign government(s) involved.
 Country #1

Country #2

Est.

Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.

Provide the names of the foreign representatives involved in contact.

Provide the purpose/circumstances of contact.

Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?

YES

Provide the purpose of the subsequent contact

Provide date of most recent contact (Month/Day/Year)

Provide plans for future contact

NO

Entry #2

Provide the name of the individual involved in the contact.

Last name First name Middle name Suffix

Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City State Zip Code Country

Provide the date of contact.
 (Month/Year)

Provide the foreign government(s) involved.
 Country #1

Country #2

Est.

Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.

Provide the names of the foreign representatives involved in contact.

Provide the purpose/circumstances of contact.

Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?

YES

Provide the purpose of the subsequent contact

Provide date of most recent contact (Month/Day/Year)

Provide plans for future contact

NO

--

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

20B.7 Have you in the last seven (7) years sponsored any foreign national to come to the U.S. as a student, Yes No Not Sure (9)

Complete the following if you responded 'Yes' to in the last seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

Month/Year)

the place of birth for the sponsored foreign national.

State	Zip Code	Country (Required)
-------	----------	--------------------

the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City	State	Zip Code	Country
------	-------	----------	---------

City	State	Zip Code
------	-------	----------

the dates of stay in the U.S. for the sponsored foreign national.

From Date (Month/Year) To Date (Month/Year)

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

--

2

the name of the sponsored foreign national.

ne

First name

--	--	--

Zip Code

Country (Required)

the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Not Applicable

the dates of stay in the U.S. for the sponsored foreign national
(Month/Year) To Date (Month/Year)

Present

Est.

the purpose of stay in the U.S. for the sponsored foreign national.

Provide the purpose of your sponsorship for the sponsored foreign national.

--

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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

20B.8 Have you **EVER** held political office in a foreign country? YES NO (If NO, proceed to 20B.9)

Complete the following if you responded 'Yes' to having **EVER** held political office in a foreign country.

Entry #1

Provide the position held.	Provide the dates you held political office. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present	Provide the name of the country involved.
----------------------------	--	---

Provide the reason(s) for these activities.	Provide your current eligibility to hold political office in a foreign country.
---	---

Entry #2

Provide the position held.	Provide the dates you held political office. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present	Provide the name of the country involved.
----------------------------	--	---

Provide the reason(s) for these activities.	Provide your current eligibility to hold political office in a foreign country.
---	---

20B.9 Have you **EVER** voted in the election of a foreign country? YES NO (If NO, Proceed to 20C)

Complete the following if you responded 'Yes' to having **EVER** voted in the election of a foreign country.

Entry #1

Provide the date you voted in the foreign election. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the country involved.
--	---

Provide the reason(s) for these activities.	Provide your current eligibility to vote in a foreign country.
---	--

Entry #2

Provide the date you voted in the foreign election. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the country involved.
--	---

Provide the reason(s) for these activities.	Provide your current eligibility to vote in a foreign country.
---	--

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel

Have you traveled outside the U.S. in the last seven (7) years?

YES NO (If NO, proceed to Section 21)

Has your travel in the last seven (7) years been solely for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)?

YES (If YES, proceed to Section 21) NO

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

Entry #1

Provide the country visited.

Provide the dates of your travel to this country.

Provide the total number of days involved in the visit.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

1-5 11-20 More than 30
 6-10 21-30 Many short trips

Provide the purpose of the travel to this country (Check all that apply).

- Business/Professional conference Education Trade shows, conferences, and seminars Other
 Volunteer activities Tourism Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

- YES NO
If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

- YES NO
If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES NO
If yes, provide explanation.

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

- YES NO
If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

- YES NO
If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

- YES NO
If yes, provide explanation.

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

- YES NO
If yes, provide explanation.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

Entry #2

Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the total number of days involved in the visit. <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Many short trips
------------------------------	---	--

Provide the purpose of the travel to this country (Check all that apply).

- Business/Professional conference
 Education
 Trade shows, conferences, and seminars
 Other
 Volunteer activities
 Tourism
 Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

- YES NO
 If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

- YES NO
 If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES NO
 If yes, provide explanation.

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

- YES NO
 If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

- YES NO
 If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

- YES NO
 If yes, provide explanation.

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

- YES NO
 If yes, provide explanation.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

Entry #3

Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Est.	Provide the total number of days involved in the visit. <input type="checkbox"/> Present <input type="checkbox"/> Est.	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30	<input type="checkbox"/> More than 30 <input type="checkbox"/> Many short trips
------------------------------	---	--	---	--	--

Provide the purpose of the travel to this country (Check all that apply).

- Business/Professional conference
 Education
 Trade shows, conferences, and seminars
 Other
 Volunteer activities
 Tourism
 Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

- YES —————> If yes, provide explanation.
 NO

While traveling to or in this country, were you involved in any encounter with the police?

- YES —————> If yes, provide explanation.
 NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES —————> If yes, provide explanation.
 NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

- YES —————> If yes, provide explanation.
 NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

- YES —————> If yes, provide explanation.
 NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

- YES —————> If yes, provide explanation.
 NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

- YES —————> If yes, provide explanation.
 NO

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

Entry #4

Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Est.	Provide the total number of days involved in the visit. <input type="checkbox"/> Present <input type="checkbox"/> Est.	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Many short trips
------------------------------	---	--	---

Provide the purpose of the travel to this country (Check all that apply).

- Business/Professional conference
 Education
 Trade shows, conferences, and seminars
 Other
 Volunteer activities
 Tourism
 Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

- YES —————> If yes, provide explanation.
 NO

While traveling to or in this country, were you involved in any encounter with the police?

- YES —————> If yes, provide explanation.
 NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES —————> If yes, provide explanation.
 NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

- YES —————> If yes, provide explanation.
 NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

- YES —————> If yes, provide explanation.
 NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

- YES —————> If yes, provide explanation.
 NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

- YES —————> If yes, provide explanation.
 NO

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

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

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

Mental health treatment and counseling, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about

Complete the following if you responded **'Yes'** to having a court or administrative agency **EVER** issuing an order declaring you mentally incompetent.

the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent.
Est.

the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
City State Zip Code Country

Is matter appealed to a higher court or administrative ag

YES NO

Appeal #1

Provide the name of the court or administrative agency.

City State Zip Code Country



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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

Complete the following if you responded 'Yes' to having a court or administrative agency EVER issuing an order declaring you mentally incompetent.

Entry #2

Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent.
 Est.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Was this matter appealed to a higher court or administrative agency?

YES NO

Appeal #1

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Appeal #2

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Entry #3

Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent.
 Est.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Was this matter appealed to a higher court or administrative agency?

YES NO

Appeal #1

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Appeal #2

Provide the name of the court or administrative agency. Provide the final disposition.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country



**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

21B Has a court or administrative agency **EVER** ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.) YES NO (If NO, proceed to Section 21C)

Complete the following if you responded 'Yes' to having a court or administrative agency **EVER** ordered you to consult with a mental health professional.

1

the date this occur
ear)

Provide the name of the court or administrative agency that ordered you to consult with a health professional.

is matter appealed to a higher court or administrative ag

YES NO

Appeal #1

vide the name of the court or administrative agency.

vide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

Complete the following if you responded **'Yes'** to having a court or administrative agency **EVER** ordered you to consult with a mental health professional.

2

the date this occur
ear)

Provide the name of the court or administrative agency that ordered you to consult with a health professional.

Is this matter appealed to a higher court or administrative agency?

YES NO

Appeal #1

Provide the name of the court or administrative agency.

Street

City

State

Zip Code

Country

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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

21C Have you **EVER** been hospitalized for a mental health condition? YES NO (If NO, proceed to Section 21D)

Complete the following if you responded 'Yes' to having **EVER** been hospitalized for a mental health condition

Entry #1

Was the admission voluntary or involuntary? <input type="checkbox"/> Voluntary Explanation ▶ <input type="checkbox"/> Involuntary Explanation ▶	Provide the dates of treatment. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Est. <input type="checkbox"/> Present <input type="checkbox"/> Est.
---	--

Provide the name of the facility where treatment was provided.

Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Entry #2

Was the admission voluntary or involuntary? <input type="checkbox"/> Voluntary Explanation ▶ <input type="checkbox"/> Involuntary Explanation ▶	Provide the dates of treatment. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Est. <input type="checkbox"/> Present <input type="checkbox"/> Est.
---	--

Provide the name of the facility where treatment was provided.

Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Entry #3

Was the admission voluntary or involuntary? <input type="checkbox"/> Voluntary Explanation ▶ <input type="checkbox"/> Involuntary Explanation ▶	Provide the dates of treatment. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Est. <input type="checkbox"/> Present <input type="checkbox"/> Est.
---	--

Provide the name of the facility where treatment was provided.

Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Entry #4

Was the admission voluntary or involuntary? <input type="checkbox"/> Voluntary Explanation ▶ <input type="checkbox"/> Involuntary Explanation ▶	Provide the dates of treatment. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Est. <input type="checkbox"/> Present <input type="checkbox"/> Est.
---	--

Provide the name of the facility where treatment was provided.

Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

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

psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?

Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional.

Entry #1

Identify the diagnosis or health condition.

Provide the dates of diagnosis.

From Date (Month/Year) To Date (Month/Year) Present
Est. Est.

Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.

Provide the telephone number of the health care professional.

Telephone number Extension Day Night
 International or DSN phone number

Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of any agency/organization/facility where counseling/treatment was provided.

Same as above

Provide the telephone number of the agency/organization/facility.

Telephone number Extension Day Night
 International or DSN phone number

Same as above

Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Same as above

Was the counseling/treatment effective in managing your symptoms?

YES NO If no, provide explanation

Entry #2

Identify the diagnosis or health condition.

Provide the dates of diagnosis.

From Date (Month/Year) To Date (Month/Year) Present
Est. Est.

Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.

Provide the telephone number of the health care professional.

Telephone number Extension Day Night
 International or DSN phone number

Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of any agency/organization/facility where counseling/treatment was provided.

Same as above

Provide the telephone number of the agency/organization/facility.

Telephone number Extension Day Night
 International or DSN phone number

Same as above

Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Same as above

Was the counseling/treatment effective in managing your symptoms?

YES NO If no, provide explanation

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional.

Entry #3

Identify the diagnosis or health condition.	Provide the dates of diagnosis. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.	Provide the telephone number of the health care professional. Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country	
Provide the name of any agency/organization/facility where counseling/treatment was provided. <input type="checkbox"/> Same as above	Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) <input type="checkbox"/> Same as above Street City State Zip Code Country	
Was the counseling/treatment effective in managing your symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide explanation ▶	

Entry #4

Identify the diagnosis or health condition.	Provide the dates of diagnosis. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.	Provide the telephone number of the health care professional. Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country	
Provide the name of any agency/organization/facility where counseling/treatment was provided. <input type="checkbox"/> Same as above	Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) <input type="checkbox"/> Same as above Street City State Zip Code Country	
Was the counseling/treatment effective in managing your symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide explanation ▶	

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

In the last seven years, have there been any occasions when you did not consult with a medical professional before altering or discontinuing, or failing to start a prescribed course of treatment for any of the listed diagnoses? YES NO

21D.1 Are you currently in treatment? YES NO (If NO, proceed to Section 21E)

Complete the following if you responded "Yes" to currently being in treatment.

Entry #1

Provide the name of the health care professional providing such treatment.	Provide the telephone number of the health care professional. Telephone number _____ Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
--	---

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Entry #2

Provide the name of the health care professional providing such treatment.	Provide the telephone number of the health care professional. Telephone number _____ Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
--	---

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Entry #3

Provide the name of the health care professional providing such treatment.	Provide the telephone number of the health care professional. Telephone number _____ Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
--	---

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Entry #4

Provide the name of the health care professional providing such treatment.	Provide the telephone number of the health care professional. Telephone number _____ Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number
--	---

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

Complete the following if you responded 'No' to 21A, 21B, 21C, and 21D (All). If 'Yes' was selected for either 21A, 21B, 21C, or 21D, proceed to Section 22.

21E Do you have a mental health or other health condition that **substantially adversely** affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today? YES NO

(Note: If your judgment, reliability, or trustworthiness is not substantially adversely affected by a mental health or other condition, then you should answer "no" even if you have a mental health or other condition requiring treatment. For example, if you are in need of emotional or mental health counseling as a result of service as a first responder, service in a military combat environment, having been sexually assaulted or a victim of domestic violence, or marital issues, but your judgment, reliability or trustworthiness is not substantially adversely affected, then answer "no.")

Complete the following if you responded 'Yes' to having a mental health condition that adversely affects your judgment, reliability, or trustworthiness.

Did you ever receive or are you currently receiving counseling or treatment for that condition? (You may choose not to answer this question. However, such consultation or treatment will not disqualify you and is considered to be a positive action.)

- YES I decline to answer (If I decline to answer, proceed to Section 22)
- NO (If NO, provide explanation and proceed to Section 22).

Entry #1

If you responded 'Yes' to having ever received or you are currently receiving counseling or treatment for that condition.

#1 Provide the dates of counseling or treatment Present Provide the telephone number of the health care professional.
From Date (Month/Year) To Date (Month/Year) Telephone number Extension Day Night
 Est. Est. International or DSN phone number

Provide the name of the health care professional.

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of any agency/organization/facility where counseling/treatment was provided Same as above Provide the telephone number of the agency/organization/facility. Same as above
Telephone number Extension Day Night
International or DSN phone number

Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Same as above

Street City State Zip Code Country

#2 Provide the dates of counseling or treatment Present Provide the telephone number of the health care professional.
From Date (Month/Year) To Date (Month/Year) Telephone number Extension Day Night
 Est. Est. International or DSN phone number

Provide the name of the health care professional.

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of any agency/organization/facility where counseling/treatment was provided Same as above Provide the telephone number of the agency/organization/facility. Same as above
Telephone number Extension Day Night
 International or DSN phone number

Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Same as above

Street City State Zip Code Country

Have you ever chosen not to follow a prescribed course of treatment for any of these conditions?

- YES If YES, provide explanation
- NO

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

Complete the following if you responded 'Yes' to having a mental health condition that adversely affects your judgment, reliability, or trustworthiness.

Entry #2

If you responded 'Yes' to having ever received or you are currently receiving counseling or treatment for that condition.

<p>#1 Provide the dates of counseling or treatment</p> <p>From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.</p>	<p>Provide the telephone number of the health care professional.</p> <p>Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number</p>
---	---

Provide the name of the health care professional.

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

<p>Provide the name of any agency/organization/facility where counseling/treatment was provided <input type="checkbox"/> Same as above</p>	<p>Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above</p> <p>Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number</p>
--	--

Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Same as above

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

<p>#2 Provide the dates of counseling or treatment</p> <p>From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.</p>	<p>Provide the telephone number of the health care professional.</p> <p>Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number</p>
---	---

Provide the name of the health care professional.

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

<p>Provide the name of any agency/organization/facility where counseling/treatment was provided <input type="checkbox"/> Same as above</p>	<p>Provide the telephone number of the agency/organization/facility. <input type="checkbox"/> Same as above</p> <p>Telephone number Extension <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> International or DSN phone number</p>
--	--

Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Same as above

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Have you ever chosen not to follow a prescribed course of treatment for any of these conditions?

- YES If YES, provide explanation ▶
- NO

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

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

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

22.1 Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.) YES NO (If NO, proceed to 22.2)

- In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the last seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Entry #1

Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.

Est.

(a) Did this offense involve any of the following?

YES NO

(Check all that apply.)

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

Involve firearms or explosives?

Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

YES NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

YES Provide the name of the court.
 (If YES, complete (c.1))

NO Provide explanation

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following:

- **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- **In the last seven (7) years** have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- **In the last seven (7) years** have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Entry #2

Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.

Est.

(a) Did this offense involve any of the following?

YES NO

(Check all that apply.)

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

YES NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

- YES → Provide the name of the court. ▶
(If YES, complete (c.1))
- NO → Provide explanation ▶

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following:

- In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the last seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

(d) Were you sentenced as a result of this offense?

YES (If YES, complete (d.1)) NO (If NO, complete (d.2))

(d.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year? YES NO

Were you incarcerated as a result of that sentence for not less than 1 year? YES NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. Not Applicable From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

If conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

(d.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? YES NO

Provide explanation.

Entry #2



Section 22 - Police Record - (Continued)

22.2 Other than those offenses already listed, have you **EVER** had the following happen to you? YES NO (If NO, proceed to 22.3)

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

Entry #1

Provide the date of offense. (Month/Year) Est. Provide a description of the specific nature of the offense.

(a) Did this offense involve any of the following?

YES NO

(Check all that apply).

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City _____ County _____ State _____ Zip Code _____ Country _____

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

(b) Were you sentenced as a result of these charges?

YES (If YES, complete (b.1)) NO (If NO, complete (b.2))

(b.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year? YES NO

Were you incarcerated as a result of that sentence for not less than 1 year? YES NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. Not Applicable From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

If conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

(b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

YES NO Provide explanation.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 22 - Police Record - (Continued)

Entry #2

Provide the date of offense. (Month/Year) Est. Provide a description of the specific nature of the offense.

(a) Did this offense involve any of the following?

YES NO

(Check all that apply).

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

(b) Were you sentenced as a result of these charges?

YES (If YES, complete (b.1)) NO (If NO, complete (b.2))

(b.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year? YES NO

Were you incarcerated as a result of that sentence for not less than 1 year? YES NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. Not Applicable From Date (Month/Year) To Date (Month/Year) Present Est. Est.

If conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Present Est. Est.

(b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

YES NO Provide explanation.



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

22.3 Is there currently a domestic violence protective order or restraining order issued against you? YES NO (If NO, proceed to Section 23)

Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you?

Entry #1

Provide explanation.

Provide the date the order was issued. (Month/Year) Est. Provide the name of the court or agency that issued the order.

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

City State Zip Code Country

Entry #2

Provide explanation.

Provide the date the order was issued. (Month/Year) Est. Provide the name of the court or agency that issued the order.

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

City State Zip Code Country

Entry #3

Provide explanation.

Provide the date the order was issued. (Month/Year) Est. Provide the name of the court or agency that issued the order.

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

City State Zip Code Country

Entry #4

Provide explanation.

Provide the date the order was issued. (Month/Year) Est. Provide the name of the court or agency that issued the order.

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

City State Zip Code Country

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIO**

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

2)

1	
<input type="checkbox"/> (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> amine (Such as special K, jet, etc.) <input type="checkbox"/> ucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> alants (Such as toluene, amyl nitrate, etc.)	<input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) <input type="checkbox"/> Other (Provide explanation)
<input type="checkbox"/> Est.	vide nature of use, frequency, and number of times use Est.
<input type="checkbox"/>	
intend to use this drug or controlled substance in the future?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
the type of drug or controlled substance.	
<input type="checkbox"/> aine or crack cocaine (Such as rock, freebase, etc.) <input type="checkbox"/> (Such as marijuana, weed, pot, hashish, etc.) <input type="checkbox"/> amine (Such as special K, jet, etc.) <input type="checkbox"/> ucinogenic (Such as LSD, PCP, mushrooms, etc.) <input type="checkbox"/> alants (Such as toluene, amyl nitrate, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) <input type="checkbox"/> Other (Provide explanation)
<input type="checkbox"/>	ur use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in n directly and immediately affecting the public safety?
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	
explanation of why you intend or do not intend to use this drug or controlled substance in the future.	

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

23.2 In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance? YES NO (If NO, proceed to 23.3)

Complete the following if you answered 'Yes' to in the last seven (7) years having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.

Entry #1

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) |
| <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)	Provide an estimate of the month and year of most recent involvement. (Month/Year)	Provide the nature and frequency of activity.
--	--	---

<input type="checkbox"/> Est.	<input type="checkbox"/> Est.
-------------------------------	-------------------------------

Provide the reason(s) why you engaged in the activity.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Do you intend to engage in this activity in the future?

YES → Provide explanation.
 NO

Entry #2

Provide the type of drug or controlled substance.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) |
| <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)	Provide an estimate of the month and year of most recent involvement. (Month/Year)	Provide the nature and frequency of activity.
--	--	---

<input type="checkbox"/> Est.	<input type="checkbox"/> Est.
-------------------------------	-------------------------------

Provide the reason(s) why you engaged in the activity.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Do you intend to engage in this activity in the future?

YES → Provide explanation.
 NO

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

[Empty rectangular box]

23.3 Have you **EVER** illegally used or otherwise been **illegally** involved with a drug or controlled substance while possessing a security clearance other than previously listed? YES NO (If NO, proceed to 23.4)

Complete the following if you responded 'Yes' to having **EVER** illegally used or otherwise been **illegally** involved with a drug or controlled substance while possessing a security clearance other than previously listed.

(Month/Year) To Date (Month/Year)
Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

Provide a description of your involvement.

23.4 Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed? YES NO (If NO, proceed to 23.5)

Complete the following if you responded 'Yes' to having **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed.

1
a description of the drugs or controlled substances used and your involve

(Month/Year)

Es

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

(Month/Year)

Es

To Date (Month/Year)

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

[Empty rectangular box]

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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

23.5 In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? YES NO (If NO, proceed to 23.6)

Complete the following if you responded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.

Entry #1

Provide the name of the prescription drug that you misused.

Provide the dates of involvement in the above.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Entry #2

Provide the name of the prescription drug that you misused.

Provide the dates of involvement in the above.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? YES NO

Was your involvement while possessing a security clearance? YES NO

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

23.6 Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? YES NO (If NO, proceed to 23.7)

Complete the following if you responded 'Yes' to having **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- An employer, military commander, or employee assistance program
- A court official / judge
- A medical professional
- I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.
- A mental health professional

Provide explanation ▶

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.

Provide explanation.

(b) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- Cocaine or crack cocaine (Such as rock, freebase, etc.)
- Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
- THC (Such as marijuana, weed, pot, hashish, etc.)
- Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
- Ketamine (Such as special K, jet, etc.)
- Narcotics (Such as opium, morphine, codeine, heroin, etc.)
- Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
- Steroids (Such as the clear, juice, etc.)
- Inhalants (Such as toluene, amyl nitrate, etc.)
- Other (Provide explanation) ▶

Provide the name of the treatment provider.

Last name | First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

Complete the following if you responded 'Yes' to having **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- An employer, military commander, or employee assistance program
- A court official / judge
- A medical professional
- I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.
- A mental health professional

Provide explanation ▶

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.

Provide explanation.

(b) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- Cocaine or crack cocaine (Such as rock, freebase, etc.)
- Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
- THC (Such as marijuana, weed, pot, hashish, etc.)
- Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
- Ketamine (Such as special K, jet, etc.)
- Narcotics (Such as opium, morphine, codeine, heroin, etc.)
- Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
- Steroids (Such as the clear, juice, etc.)
- Inhalants (Such as toluene, amyl nitrate, etc.)
- Other (Provide explanation) ▶

Provide the name of the treatment provider.

Last name | First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

23.7 Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance? YES NO (If NO, proceed to Section 24)

Complete the following if you responded 'Yes' to having **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Entry #1

Provide the type of drug or controlled substance for which you were treated.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)

Entry #2

Provide the type of drug or controlled substance for which you were treated.

- | | |
|--|--|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a telephone number for the treatment provider.

Extension International or DSN phone number
 Day Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Did you successfully complete the treatment? YES NO → (Provide explanation)

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 24 - Use of Alcohol

24.1 In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? YES NO (If NO, proceed to 24.2)

Complete the following if you responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.

Entry #1

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

Est.

Provide dates of involvement or use.

From Date (Month/Year)

Est.

To Date (Month/Year)

Present

Est.

Provide circumstances.

Provide negative impact.

Entry #2

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

Est.

Provide dates of involvement or use.

From Date (Month/Year)

Est.

To Date (Month/Year)

Present

Est.

Provide circumstances.

Provide negative impact.

Entry #3

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

Est.

Provide dates of involvement or use.

From Date (Month/Year)

Est.

To Date (Month/Year)

Present

Est.

Provide circumstances.

Provide negative impact.

Entry #4

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

Est.

Provide dates of involvement or use.

From Date (Month/Year)

Est.

To Date (Month/Year)

Present

Est.

Provide circumstances.

Provide negative impact.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol - (Continued)

24.2 Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? YES NO (If NO, proceed to 24.3)

Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.

Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. |
| <input type="checkbox"/> A mental health professional | <input type="checkbox"/> Other (Provide explanation) ▶ |

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.

Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year) Est. To Date (Month/Year) Present Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide telephone number. Extension International or DSN phone number
 Day Night

Did you successfully complete the treatment program? YES NO → (Provide explanation) ▶

Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. |
| <input type="checkbox"/> A mental health professional | <input type="checkbox"/> Other (Provide explanation) ▶ |

Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.

Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year) Est. To Date (Month/Year) Present Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide telephone number. Extension International or DSN phone number
 Day Night

Did you successfully complete the treatment program? YES NO → (Provide explanation) ▶

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

24.3 Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol? YES NO (If NO, proceed to 24.4)

1
the dates of counseling or treatment.
ate (Month/Year) To Date (Month/Year)

the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
City State Zip Code Country

the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
City State Zip Code Country

successfully complete the treatment program? YES NO (Provide expla
Day Night

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

24.4 Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form? YES NO (If NO, proceed to Section 25)

Complete the following if you responded 'Yes' to having **EVER** received counseling or treatment as a result of your use of alcohol.

Entry #1

Provide the name of individual counselor or treatment provider.
Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.
Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Same as above

Street City State Zip Code Country

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year) Present
Est. Est.

Did you successfully complete your counseling or treatment? YES (Provide explanation) NO (Provide explanation)

Explanation

Entry #2

Provide the name of individual counselor or treatment provider.
Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.
Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Same as above

the dates of counseling or treatment.
ate (Month/Year) To Date (Month/Year) Present

Did you successfully complete your counseling or treatment? YES (Provide explanation) NO (Provide explanation)

Explanation

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Record

25.1 Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access? YES NO (If NO, proceed to 25.2)

Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

Entry #1

Provide the investigating agency:

- | | |
|---|--|
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> U.S. Department of Homeland Security |
| <input type="checkbox"/> U.S. Department of State | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Federal Bureau of Investigation | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> U.S. Department of Treasury (Provide name of bureau) ▶ | |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year) <input type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Q |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> L |
| <input type="checkbox"/> Secret | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Top Secret | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Entry #2

Provide the investigating agency:

- | | |
|---|--|
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> U.S. Department of Homeland Security |
| <input type="checkbox"/> U.S. Department of State | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Federal Bureau of Investigation | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> U.S. Department of Treasury (Provide name of bureau) ▶ | |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year) <input type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Q |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> L |
| <input type="checkbox"/> Secret | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Top Secret | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 25 - Investigations and Clearance Record - (Continued)

25.2 Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.) YES NO (If NO, proceed to 25.3)

Complete the following if you responded 'Yes' to having **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked.

Entry #1		
Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial,suspension or revocation action.
Entry #2		
Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial,suspension or revocation action.

25.3 Have you **EVER** been debarred from government employment? YES NO (If NO, proceed to Section 26)

Complete the following if you responded 'Yes' to having **EVER** been debarred from government employment.

Entry #1		
Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year) <input type="checkbox"/> Est.	Provide an explanation of the circumstances of the debarment.
Entry #2		
Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year) <input type="checkbox"/> Est.	Provide an explanation of the circumstances of the debarment.

Enter your Social Security Number before going to the next page 

Section 26 - Financial Record

26.1 In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code? YES NO (If NO, proceed to 26.2)

Complete the following if you responded "Yes" to in the last seven (7) years having filed a petition under any chapter of the bankruptcy code.

Entry #1

Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number.

Chapter 7 Chapter 11 Chapter 12 Chapter 13

Provide the date bankruptcy was filed. (Month/Year) Provide the date of bankruptcy discharge. (Month/Year) Provide the total amount (in U.S. dollars) involved in the bankruptcy.
 Not Applicable Est. Est. Est.

Provide the name debt is recorded under.
Last name First name Middle name Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

(a) If Chapter 13 previously selected:

Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Were you discharged of all debts claimed in the bankruptcy? YES (Provide explanation) NO (Provide explanation)

Provide Explanation.

Entry #2

Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number.

Chapter 7 Chapter 11 Chapter 12 Chapter 13

Provide the date bankruptcy was filed. (Month/Year) Provide the date of bankruptcy discharge. (Month/Year) Provide the total amount (in U.S. dollars) involved in the bankruptcy.
 Not Applicable Est. Est. Est.

Provide the name debt is recorded under.
Last name First name Middle name Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

(a) If Chapter 13 previously selected:

Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Were you discharged of all debts claimed in the bankruptcy? YES (Provide explanation) NO (Provide explanation)

Provide Explanation.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

26.2 Have you **EVER** experienced financial problems due to gambling? YES NO (If NO, proceed to 26.3)

1

the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.
ate (Month/Year) To Date (Month/Year)

a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

2

the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.
ate (Month/Year) To Date (Month/Year)

26.3 In the last seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance? YES NO (If NO, proceed to 26.4)

Complete the following if you responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.

Entry #1

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes. Est.

File Pay Both

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year) Not Applicable Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Entry #2

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes. Est.

File Pay Both

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year) Not Applicable Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

26.4 In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of YES NO (If NO, proceed to 26.5)

Complete the following if you responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit ca provided by your employer.

the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City State Zip Code Country

the amount (in U.S. dollars)
ion.

Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.

Est.

2
the name of the agency or company.

the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City State Zip Code Country

(Month/Year)
Est.

26.5 Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties? YES NO (If NO, proceed to 26.6)

Complete the following if you responded 'Yes' to being currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties.

Entry #1

Provide explanation.

Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization.

Telephone number Extension International or DSN phone number
 Day Night

Provide the location of the credit counseling organization.

City State

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

Entry #2

Provide explanation.

Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization.

Telephone number Extension International or DSN phone number
 Day Night

Provide the location of the credit counseling organization.

City State

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

Empty rectangular box at the bottom right of the page.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

- 26.6** Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below) YES NO (If NO, Proceed to 26.7)
- **In the last seven (7) years**, you have been delinquent on alimony or child support payments.
 - **In the last seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - **In the last seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Complete the following if you answered "Yes" to having experienced one or more of the previously stated financial issues.

Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply) YES NO (If NO, Proceed to 26.7)

- In the last seven (7) years**, you have been delinquent on alimony or child support payments.
- In the last seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Est.

Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Provide the name of the court involved.

Est. Not Resolved Est.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

Complete the following if you answered "Yes" to having experienced one or more of the previously stated financial issues.

Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

YES NO (If NO, Proceed to 26.7)

- In the last seven (7) years, you have been delinquent on alimony or child support payments.
- In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Est.

Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Provide the name of the court involved.

Est. Not Resolved Est.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

- 26.7 Other than previously listed, have any of the following happened? YES NO (If NO, proceed to Section 27)
- In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you were evicted for non-payment?
 - In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
 - In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply) YES NO (If NO, proceed to Section 27)

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

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Est. Est. Est.

Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year)

Est. Not Resolved Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply) YES NO (If NO, proceed to Section 27)

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

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
 Est.

Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Not Resolved
 Est. Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

2)

Provide the date of the incident. (Month/Year)		Provide a description of the nature of the incident or offense.	
<input type="checkbox"/>			
<input type="checkbox"/> E			
Provide a description of the action (administrative, criminal or other) taken as a result of this incident.			

27.2 In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above? YES NO (If NO, proceed to 27.3)

Complete the following if you responded 'Yes' to having in the last seven (7) years illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above.

<input type="checkbox"/>				
Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				
Street	City	State	Zip Code	Country
Provide the date of the incident. (Month/Year)		Provide a description of the nature of the incident or offense.		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 27 - Use of Information Technology Systems - (Continued)

27.3 In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? YES NO (If NO, proceed to Section 28)

Complete the following if you responded 'Yes' to having in the last seven (7) years introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above.

Entry #1				
Provide the date of the incident. (Month/Year)		Provide a description of the nature of the incident or offense.		
<input type="checkbox"/> Est.				
Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				
Street	City	State	Zip Code	Country
Provide a description of the action (administrative, criminal or other) taken as a result of this incident.				
Entry #2				
Provide the date of the incident. (Month/Year)		Provide a description of the nature of the incident or offense.		
<input type="checkbox"/> Est.				
Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				
Street	City	State	Zip Code	Country
Provide a description of the action (administrative, criminal or other) taken as a result of this incident.				

Enter your Social Security Number before going to the next page 

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIO**

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on YES NO (If NO, proceed to Section 29)

Complete the following if you responded **'Yes'** to having been a party to any public record civil court action(s) not listed elsewhere on this form **in the last ten (10) years**.

_____ Est.
the address of the court. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*
City State Zip Code

2
the date of the civil action. *(Month/Year)* Provide the court name.
Est.
(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIO

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion or to affect the conduct of a government by mass destruction, assassination or kidnapping.

2)

the full name of the organization.

ation, if any.

organization.

the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Est

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - (Continued)

29.2 Have you **EVER** knowingly engaged in any acts of terrorism? YES NO (If NO, proceed to 29.3)

Complete the following if you responded 'Yes' to **EVER** having knowingly engaged in any acts of terrorism.

Entry #1

Describe the nature and reasons for the activity.

Provide the dates for any such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

Entry #2

Describe the nature and reasons for the activity.

Provide the dates for any such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

29.3 Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force? YES NO (Proceed to 29.4)

Complete the following if you responded 'Yes' to having **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force.

Entry #1

Provide the reason(s) for advocating acts of terrorism.

Provide the dates of advocating acts of terrorism.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

Entry #2

Provide the reason(s) for advocating acts of terrorism.

Provide the dates of advocating acts of terrorism.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 29 - Association Record - (Continued)

29.4 Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? YES NO (If NO, proceed to 29.5)

Complete the following if you responded 'Yes' to having **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide all positions held in the organization, if any.

No positions held

Provide all contributions made to the organization, if any. No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide all positions held in the organization, if any.

No positions held

Provide all contributions made to the organization, if any. No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Section 29 - Association Record - (Continued)

29.5 Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? YES NO (*If NO, proceed to 29.6*)

Complete the following if you responded 'Yes' to being or **EVER** having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (*Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code*)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide all positions held in the organization, if any. No positions held

Provide all contributions (in U.S. dollars) No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (*Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code*)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) Present
 Est. Est.

Provide all positions held in the organization, if any. No positions held

Provide all contributions (in U.S. dollars) No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - (Continued)

29.6 Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force? YES NO (If NO, proceed to 29.7)

Complete the following if you responded 'Yes' to having **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force.

Entry #1

Describe the nature and reasons for the activity.

Provide the dates of such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

Entry #2

Describe the nature and reasons for the activity.

Provide the dates of such activities.

From Date (Month/Year)

To Date (Month/Year)

Present

Est.

Est.

29.7 Have you **EVER** associated with anyone involved in activities to further terrorism? YES NO

Complete the following if you responded 'Yes' to having **EVER** associated with anyone involved in activities to further terrorism.

Entry #1

Provide explanation.

Entry #2

Provide explanation.

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, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

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

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

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

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

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

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

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

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT
TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

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

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

Authorization

I am seeking assignment to or retention in a national security sensitive position. As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e., continuous evaluation) of eligibility for access to classified information or eligibility to hold a national security sensitive position to request, and my health practitioner(s) to provide, the information requested below, relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to my health care provider/entity. Revocation of this authorization is not effective until received by my health care provider/entity. I understand that I may revoke this authorization, except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this authorization for use by the Federal Government only for purposes provided in the Standard Form 86 will no longer be covered by the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

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

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or trustworthiness?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.		
What is the prognosis?		
Dates of treatment?		
Signature (<i>Sign in ink</i>)	Practitioner name	Date signed (<i>mm/dd/yyyy</i>)

Enter your Social Security Number before going to the next page



**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION**

Disclosure

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

Purpose

The Federal government requires information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position to request, and any consumer reporting agency to provide, such reports for purposes described above.

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

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

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

Enter your Social Security Number before going to the next page

