### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

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

### **Purpose of this Form**

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

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

This form is 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.

### The Investigative Process

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

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, 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, 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.

### **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 immediately after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

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

### Instructions for Completing this Form

- Follow the instructions, provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- Type or legibly print your answers in ink. If the form is not legible, it will not be accepted. You may also be asked to submit your form using the approved electronic format.
- All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A," unless otherwise noted.
- 4. Any changes that you make to this form, after you sign it, must be initialed and dated by you. Under extremely limited circumstances, agencies may modify your response(s) with your consent.
- You must use the Location codes (abbreviations), immediately following the Privacy Act Routine Uses, when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- 6. Place of birth requires Country entry, even if in the U.S.

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- 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.
- 8. For telephone numbers in the U.S., ensure that the area code is included.
- 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.
- 10. If additional space is required for an explanation or to list your residences, employment/self- employment/unemployment, or education, you should use a continuation sheet, SF 86A, located at http://www.opm.gov/forms, select standard forms. If additional space is required to answer other items, use the Continuation Space, on page 107, or a blank sheet(s) of paper. Include your name and SSN at the top of each blank sheet (s) used.

### 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 race, color, religion, sex, 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.

### **Privacy Act Routine Uses**

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such

- records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 3. Except as noted in Sections 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
- 4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
- To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
- To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
- 8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
- To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
- To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.
- 11. To the Office of Management and Budget when necessary to the review of private relief legislation.

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	LOCATION CODES												
Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD				
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN				
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX				
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT				
California	CA	lowa	IA	Missouri	MO	Ohio	OH	Vermont	VT				
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA				
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA				
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV				
District of Columbia Florida	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI				
	FL	Maryland	MD	New Jersev	NJ	South Carolina	SC	Wyoming	WY				
Georgia	GA							,g					
American Samoa Baker Island Guam Howland Island Jarvis Island	AS FQ GU HQ DQ	Johnson Atoll Kingman Reef Marshall Islands Micronesia, Federated States	JQ KQ MH FM	Midway Islands Navassa Island Northern Mariana Islands Palau	MQ BQ MP PW	Palmyra Atoll Puerto Rico Virgin Islands, United States	LQ PR VI	Wake Island APO/FPO America APO/FPO Europe APO/FPO Pacific	WQ AA AE AP				

### **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 OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. 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.

AGENCY USE BLOCK	"AUB"							
Investigating agency user only		Codes: (FIPC	CODES)		Case Number:			
FOR COMPETITIVE SER' IN THE HIRING PROCES DISCREPANT DOCUMEN	S APPEARS TO	BE DISCREPA	NT WITH INFO	ORMATION	<b>PROVIDED ON</b>	THIS QUE	ESTIONNA	
A Type of investigation E	B Extra coverage/Ad	vance results (	Sensitivity leve	el Compu/Al	DP Access/Elig	gibility	E Nature	of action code
F Date of action (Month/Day/Ye	<b>G</b> Geographic	location F	H Position code	I Position	title		J SON (S	ubmitting Office Number)
K Location of official personn	el folder	None NPRC	At SONe-OPF	Other Oth	er address/Web ad	ddress of e-0	OPF	Zip Code
L SOI (Security Office Identifier)						Zip Code		
N IPAC	O Treasury Acco	unt Symbol	P Obli	gating docum	ent number	<b>Q</b> Busines	ss Event Ty	oe Code
R Accounting data and/or Ag	ency case number		I		S Inve	estigative red	quirement	Initial Reinvestigation
T Requesting official - Name		Title			Signatu	re	•	-
Email address		1			Telephone nun	nber (Include	Ext.)	ate (Month/Day/Year)
U Secondary requesting offic	ial - Name			Title				
Email address		Telepho	one number (Incl	ide Ext.) V	Applicant affiliation	FE	D CIV	CON Other
W Deployment/PCS - (Do not Location (if imminent)	provide deployment da	nta if Classified or S	Sensitive information	ן)			_	1
From (Month/Day/Year)	Est. To (Mont	h/Day/Year)	Est. Permanent Rel	l l	eason(s) for tempor	ary duty ass	signment or	PCS
Point of contact at location	Telephone num	ber (Include Ext.)	Address/Unit	Duty location	(Include City or Post	Name)		
Commercial and Government	Entity (CAGE) Code	Э	Contract Number					
Agency Special Instructions for	or the Investigative S	Service Provider.	•					

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

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject YES NO 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. Section 1 - Full Name 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. First name Middle name Suffix Section 2 - Date of Birth Section 3 - Place of Birth Provide your date of birth. Provide your place of birth. (Month/Day/Year) County State City Country (Required) Section 4 - Social Security Number Provide your U.S. Social Security Number. Not applicable Section 5 - Other Names Used 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(s), 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) Maiden name? Provide the reason(s) why the name changed To (Month/Year) Present ☐YES ☐ NO Est. Est. #2 Last name First name Middle name Suffix From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed Present YES NO Est. Est. #3 Last name Middle name Suffix First name From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed Present YES □ NO Est. Est. #4 Last name Middle name Suffix First name From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed Present YES NO Est. Est. Section 6 - Your Identifying Information Provide your identifying information. Height Weight (in pounds) Hair color Eye color Sex Female Male (inches) (feet)

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Section 7 - Your Contact Information					
Provide your contact information. Home e-mail address		Work e-mail address			
International or DSN phone number	International or DSN pl	none number	International or	DSN phone n	umber
Home telephone number Extension Day	Work telephone number	Extension Day	Mobile/Cell telepho	ne number E	xtension Day
— Night		Night			Night
Section 8 - U.S. Passport Information					
Do you possess a U.S. passport (current or expire	d)?				
YES NO (If NO, proceed to Section 9)					
Provide the following information for the most rece					
Passport number Issue da	te (Month/Day/Year) Expira	tion date <sub>(Month/Day/Year)</sub>	The following link will passport help. http://	I provide U.S. travel.state.go	State Department
Provide the name in which passport was first issue					
Provide the name in which passport was first issue Last name	ru. First name	M	liddle name		Suffix
Section 9 - Citizenship					
Select the box that reflects your current citizenship	etatue				
☐ I am a U.S. citizen or national by birth in the U		nwealth. 🖂 Lam	a naturalized U.S. citi	zen (Complete	a () (2)
(Proceed to Section 10)	•				<del>- 9</del> .2)
I am a U.S. citizen or national by birth, born to (Complete 9.1)	U.S. parent(s), in a foreign	country.	not a U.S. citizen. (Co	mplete 9.3)	
9.1 Complete the following if you answered that	t you are a <b>U.S. citizen or n</b>	ational by birth, born to	U.S. parent(s) in a fo	reign countr	y.
Provide type of documentation of U.S. citizen bo					
FS240 or FS545 DS 1350	Other (Provide explanat	tion) <b>&gt;</b>			
Provide document number for U.S. citizen born	abroad. Provide the	date the document was is			
			Est.		
Provide the place of issuance. (Provide City and C City	ountry if outside the United State  Country	es; otherwise, provide City an	d State.)		
Oily Oily					
Provide the name in which document was issue	d.				
Last name	First name	, N	liddle name		Suffix
Provide your citizenship certificate number.	Provide the name of the co	ourt that issued the citizen	ship certificate.		
Provide the address of the court that issued the	oitizanahin aartificata				
Street	citizenship certificate.	City		State	Zip Code
					p
Provide the name in which the certificate was is:	sued				
Last name	, First name	, N	liddle name		Suffix
Provide the date the certificate was issued. (Mor	nth/Day/Year) Were you bo	orn on a U.S. military instal	lation? Provide the	e name of the	base.
	Est. YES	NO (If NO, proceed to Sec			

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### Section 9 - Citizenship - (Continued)

Section 9 - Citizenship - (Continued)					
9.2 Complete the following if you answered	that you are a naturalized U.S. ci	tizen.			
Provide the date of entry into the U.S.	Provide the location of entry into	the U.S.			
(Month/Day/Year)	City	State			
Est.					
Provide country(ies) of prior citizenship.					
#1 Country		#2 Country			
Do/did you have a U.S. alien registration nu	mber?				
☐ YES ——					
NO Provide your U.S	S. alien registration number.				
Provide your citizenship certificate	Provide the date the citizenship ce	artificate was	Provide the name of the	court that issue	ed the citizenship
number.	issued. (Month/Day/Year)	Sitilicate was	certificate.		ouo oop
	(	☐ Est.			
Provide the address of the court that issued	the citizenship certificate.	014		Ctata	7:- O-d-
Street		City I		State I	Zip Code I
Provide the name in which the citizenship co	ertificate was issued.				
Last name	First name		Middle name		Suffix
Provide your naturalization cortificate numb	or Provide the de	to the naturalization	n partificate was issued. (4	Manth/Day/Maarl	<u> </u>
Provide your naturalization certificate number	er. Provide tile da	te the naturalization	on certificate was issued. (A	vioritri/Day/ Year)	Est.
Provide the name of the court that issued th	e Provide the address of the c	ourt that issued the	e naturalization certificate.		
naturalization certificate.	Street	City		State	Zip Code
Provide the name in which the naturalization	a cortificato was issued	l			
Last name	First name		Middle name		Suffix
Provide the basis of naturalization.					
Based on my own individual naturalization.	on application	(Provide explanat	ion) 🕨		
By operation of law through my U.S. citi.		(i Torido explanat	1011)		
by operation or law tillought my 0.5. cit.	zen parent				
9.3 Complete the following if you answered	I that you are <b>not a U.S. Citizen</b> .				
Provide your residence status. Provide	your date of entry in the U.S. (Mont	:h/Dav/Year)			
	,	, , ,	Est.		
Provide country(ies) of prior citizenship. #1 Country		#2 Country			
#1 Country		#2 Country			
Provide your place of entry in the U.S.		•			
City	State				
Provide your alien registration number.	Provide type of document issued. (	1-94 etc.)			
	I-94 U.S. Visa	Other (Provide e	avalanation) A		
			explanation) F		
Provide document number.	Provide the date document was iss	ued (Month/Day/Y	<i>[ear]</i> Provide the expirat	tion date of vis	a. (Month/Day/Year)
		Est.			Est.
Provide the name in which the document wa	as issued				
Last name	First name		Middle name		Suffix
	I				

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Section 10 - Dual/Multiple Citizenship & Foreign Passport Information								
10.1 Do you now or have you EVER held dual/mult	iple citizenships?				YES	NO (If NO, p	roceed to 10.2)	
Complete the following if you answered 'Yes' to l	naving EVER held dual/	multiple	citizenship.					
Entry #1								
Provide country of citizenship.			(Provide the date	range tha	at you held thi		this country? nning with the date it ver is appropriate.)	
How did you acquire this non-U.S. citizenship you	now have or previously	had?	From Date (Mont		Est.	To Date (Month/		
Have you taken any action to renounce your fore	ign citizenship?							
☐ YES ☐ NO Provide explanation:								
Do you currently hold citizenship with this country	y?							
☐ YES ☐ NO Provide explanation:								
Entry #2								
Provide country of citizenship.			(Provide the date	range tha	at you held thi		this country? nning with the date it ver is appropriate.)	
							Year) Presen Est.	
Have you taken any action to renounce your fore	ign citizenship?							
YES NO Provide explanation:								
Do you currently hold citizenship with this country	y?							
YES NO Provide explanation:								
10.2 Have you EVER been issued a passport (or ic	lentity card for travel) by	a cour	try other than the	U.S.?	YES	NO (If NO, pro	ceed to Section 11)	
Complete the following if you answered 'Yes' to I	naving been issued a pa	assport	(or identity card for	or travel) b	by a country	other than the U.	S.	
Entry #1								
Provide the country in which the passport (or ide	ntity card) was issued.		Provide the date	e the pass	sport (or iden	tity card) was iss	ued. ( <i>Month/Day/Year</i> , Est.	
Provide the place the passport (or identity card) City	was issued.			Country				
Provide the name in which passport (or identity of			'				0.55	
Last name	First name			Middle n	ame		Suffix	
Provide the passport (or identity card) number.			Provide the pas	sport (or i	identity card)	expiration date.	Month/Day/Year)	
Have you <b>EVER</b> used this passport (or identity c	ard) for foreign travel?							
Provide the countries to which you traveled on the	nis nassport (or identity	card) ai	nd the dates invol	ved with e	each			
Country	· · · · ·		ate (Month/Year)		To date (Me	onth/Year)		
#1			Γ	Est.			st. Present	
#2		Est.				st. Present		
#3				☐ Est.			st. Present	
			<u>L</u>	Est.			st. Present	
#4			L	 ☐ Est.			st. Present	
#5			L					
#6			L	Est.	<u> </u>		st. Present	

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	ving been issued a pa	ssport (or	identity card fo	r travel) b	y a country other than the U	I.S.	
Entry #2							
Provide country in which the passport (or identity o	ard) was issued.	F	rovide the date	the pass	port (or identity card) was is:	sued. (Month	n/Day/Ye
Provide the place the passport (or identity card) wa City	as issued.			Country			
Provide the name in which passport (or identity cal Last name	rd) was issued. First name			Middle na	ame	Suffix	
Provide the passport (or identity card) number.		F	rovide the pass	sport (or i	dentity card) expiration date.	. (Month/Day/	Year) Est.
Have you <b>EVER</b> used this passport (or identity car	d) for foreign travel?	I					
Provide the countries to which you traveled on this	s passport (or identity of	card) and	the dates involv	ed with e	each.		
Country	F	From date	(Month/Year)		To date (Month/Year)		
<del>‡</del> 1				Est.		Est. Pi	esent
<b>‡</b> 2				Est.		Est. Pi	esent
<b>‡</b> 3				Est.		Est. Pi	esent
<del>†</del> 4				Est.		Est. Pi	esent
#5				] Est.		Est. Pi	esent
26				Est.		Est. Pi	esent

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 11 - Where You Have Lived

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

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

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

Enter residence information.						
Entry #1 Provide dates of residence.	lo/woo th	his residence:				
From Date (Month/Year)  To Date (Month/Year)	_   _		Pontod or logged h	21/ 1/2//		
Est.		,, <u></u>	Rented or leased b	, ,		
		<u> </u>	Other (Provide exp	piariation) •		
Provide the street address. (Provide City and Country in Street	City	State	Zip Code.)	Cour	ntrv	
3.000					,	
If you have indicated an APO/FPO address, comple	to (a) If you have indicat	tod an address outs	side of the United	States com	unloto (h)	
(a) Provide physical location data with street addre	ess, base, post, embassy,	unit, and country lo				City and Country
if outside the United States; otherwise, provide City, S	State and Zip Code for ports in	the United States.)				
Street Address/Unit/Duty Location	City or Post Name	State I	Zip Code I	Coui I	ntry	
(b) Did you have an APO/FPO address while at thi	s location?	APO or FPO	^	APO/FPO Sta	ato Codo	Zip Code
			ľ	AFO/I FO SI	le Code	Zip Code
NO						
Provide the name of a neighbor or other person wh  Last name First name	•	ess. Middle name	c	Suffix	Provide date of (Month/Year)	last contact.
Last name	,		ı	Julia	(Months roar)	☐ Est.
Describe assessment to the group of (Observe all all	He et e e e le A					
Provide your relationship to this person (Check all the control of		□ ou				
Neighbor Friend Landlord	Business associate	Uther (Provide	e explanation) >			
Provide the following contact information for this pe						
I don't know	I don't know	N		lon't know	DON about min	
International or DSN phone number Evening telephone number Extension	International or DSN Daytime telephone num		ı —	ernational of obile telepho	r DSN phone nur	nber Extension
Extension	Daytime telephone num	lbei Lx	Cell/III	oblie telepric	one number	
Duranida a maril addusaa fanthia maraan						
Provide e-mail address for this person.		_	71.d.=#1			
Describe the standard for this year of fine budies a			I don't know			
Provide street address for this person (including ap Street	City	City and Country if out State	tside the United Stat Zip Code	es; otherwise, <sub>l</sub> Coui		and Zip Code.)
Street			Zip Code		iiu y	
If you have indicated an APO/FPO address, completing (a) Provide physical location data with street address.	` ' '				. ,	City and Country
if outside the United States; otherwise, provide City, S			cation of nome p	or meet neat	aquarter: (1 1011ue	Oity and Country
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Cou	ntry	
(b) Does the person who knew you have an APO/F	PO address?			'		
☐ YES → Address		APO or FPO	۸ ا	APO/FPO Sta	ate Code I	Zip Code
□NO						

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 11 - Where You Have	Lived - (Continued)										
Enter residence information.											
Entry #2											
Provide dates of residence.			Is/was this	s residenc	e:						
From Date (Month/Year)	To Date (Month/Year)	Present	Owne	d by you	Rent	ed or lease	ed by you				
☐ Est.		Est.	=	ry housing	Othe	r(Provide e	explanatio	n) 🕨			
Provide the street address. (F	Provide City and Country it					`		, ,			
Street	Tovido ony ana odanay n	City	Ciaico, cinor		ate	Zip Code	0./	Cou	ntrv		
									· ,		
If you have indicated as ADO	/FDO   -			-11-1		-646 - 11-14	04 - 4				
If you have indicated an APO  (a) Provide physical location		` ,							,	. City or	ad Country
if outside the United States; of						OII OI IIOIII	e port/fice	Tica	aquarter. (Fromut	city ai	ia Country
Street Address/Unit/Duty		City or Post Na		_	ate	Zip Code		Cou	ntry		
(b) Did you have an APO/FP	O address while at thi	s location?						l			
☐ YES → Addres			A	APO or FP	0		APO/FF	O Sta	ate Code	Zip Co	ode
□ NO											
Provide the name of a neighb	or or other person wh	o knows you at t	hie addrees	•				1	Provide date of	L Flactice	ontact
Last name	First name	•		s. Middle nan	ne		Suffix		(Month/Year)	i iasi ci	Jillact.
											Est.
Describe consequents and the matrix to the	-i (Obl	J 4 1- A									
Provide your relationship to the				¬							
Neighbor Friend	Landlord	Business asso	ociate [	Other	(Provide ex	(planation)	<u> </u>				
Provide the following contact	information for this pe	erson.									
I don't know		I don't kno	)W				I don't kn	ow			
International or DSN pho	ne number	Internation	nal or DSN	phone nur	nber		Internatio	nal o	r DSN phone nu	mber	
Evening telephone number	Extension	Daytime telepl	hone numb	er	Exten	sion Cel	I/mobile te	elepho	one number	. E:	xtension
Provide e-mail address for thi	is person.				•	•					
						don't know					
Provide street address for this	s person (including ap	artment number	). (Provide C	itv and Cour	ntrv if outside	the United S	States: other	rwise.	provide Citv. State	and Zip	Code.)
Street		City	, (		ate	Zip Code		Cou		•	,
									-		
If you have indicated an APO	/EDO addraga comple	to (a) If you ha	vo indicato	d on oddro	na autoida	of the Unit	tod Statoo		naloto (h)		
(a) Provide physical location		` ,							,	- City ar	nd Country
if outside the United States; of			•		•	011 01 110111	o porunoo	· ···ou·	aquaitor: (1 1011at	only an	ia coanti
Street Address/Unit/Duty	Location	City or Post Na	me	St	ate	Zip Code		Cou	ntry		
(b) Does the person who kne	ew you have an APO/F	PO address?				1					
☐ YES → Addres				APO or FP	0		APO/FF	O Sta	ate Code	Zip Co	ode
□ NO											

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 11 - Where You Have	Lived - (Continued)											
Enter residence information												
Entry #3												
Provide dates of residence.			Is/was th	nis resid	ence:							
From Date (Month/Year)	To Date (Month/Year)	Present	Owr	ned by y	ou	Rent	ed or le	ased by you				
Est.		Est.	│	ary hous	sing [	_ ☐ Othe	r(Provi	de explanatio	n) 🕨			
Provide the street address. (F	I Provide City and Country is	f outside the United	States; oth	erwise, p	rovide Ci							
Street		City			State		Zip Co	de	Cour	ntry		
							-					
If you have indicated an APO	/FPO address comple	ete <b>(a)</b> If you ha	ve indicat	ed an a	ddress	outside	of the	United States	COM	olete (h)		
(a) Provide physical location		` '								` ,	e City a	and Country
if outside the United States;								·			•	•
Street Address/Unit/Duty	Location	City or Post Na	ıme		State		Zip Co	de	Cour	ntry		
(b) Did you have an APO/FP	O address while at thi	s location?										
☐ YES → Addres	SS			APO o	r FPO			APO/FF	O Sta	te Code	Zip C	Code
☐ NO												
Provide the name of a neight	oor or other person wh	o knows you at	this addre	SS.						Provide date of	f last o	contact.
Last name	First name	·		Middle	name			Suffix		(Month/Year)		
												Est.
Provide your relationship to t	his person (Check all t	that apply).										
☐ Neighbor ☐ Friend	Landlord	Business asso	ociate	□ Oth	ner (Pro	vide ex	nlanati	on) 🕨				
					101 (110	71140 07	piariati	O11) V				
Provide the following contact	information for this pe							I don't kn				
I don't know	no numbor	☐ I don't kno		d nhono	numbo	r		I don't kn		DCN phone pu	ımhar	
International or DSN pho Evening telephone number	Extension	Internation  Daytime telep		•	Hullibe	Exten:	sion	Cell/mobile to		DSN phone nu		Extension
Evening telephone number	LATERISION	Daytime telep	none num	ibei		LXICH	SIUIT	Cell/IIIObile te	siepilo	ne namber	I	
Provide e-mail address for th	is person.					_						
						I (	don't kr	now				
Provide street address for thi	s person (including ap	artment number	). (Provide	City and	Country i	f outside	the Unit	ted States; othe	rwise, p	provide City, State	and Zij	code.)
Street		City			State		Zip Co	ode	Cour	ntry		
If you have indicated an APO	/FPO address, comple	ete (a). If you ha	ve indicat	ted an a	ddress	outside	of the	United States	, com	olete (b).		
(a) Provide physical location			•			•	on or h	ome port/flee	t head	quarter. (Provid	e City a	and Country
if outside the United States;	.,	•	•	the Unite		s.)	7:- 0-	ـ اــ	Cour	atm.		
Street Address/Unit/Duty	Location	City or Post Na	ime		State I		Zip Co	ae	Cour I	iu y		
(b) Does the person who kno		PO address?		400	<b>500</b>						<b>-</b>	
☐ YES → Addres	SS			APO oi	rFPO			APO/FF	O Sta	te Code	Zip C	code
□ NO												

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 11 - Where You Have	Lived - (Continued)											
Enter residence information.												
Entry #4												
Provide dates of residence.			Is/was thi	is reside	ence:							
From Date (Month/Year)	To Date (Month/Year)	Present	Owne	ed by yo	ou 🗆	Rente	ed or leas	ed by you				
Est.		Est.	│	ry hous	ing [	] Other	(Provide	explanatio	n) <b>•</b>			
Provide the street address. (F	Provide City and Country it	f outside the United	States; othe	rwise, pr	ovide Cit	y, State a	and Zip Co	de.)				
Street		City			State		Zip Code		Cou	ntry		
If you have indicated an APO	/FPO address, comple	ete (a). If you ha	ve indicate	ed an ac	ddress o	utside (	of the Un	ted States	. com	nplete (b).		
(a) Provide physical location	•										e City a	and Country
if outside the United States; of				he Unite					_			
Street Address/Unit/Duty	Location	City or Post Na	me	1	State	ı,	Zip Code		Cou	ntry		
(b) Did you have an APO/FP		s location?									<b>-</b> : 0	
☐ YES → Addres	S		1	APO or	FPO			APO/FF	O Sta	ate Code	Zip C I	ode
□ NO												
Provide the name of a neighb	or or other person wh	o knows you at t	his addres	S.						Provide date of	f last c	ontact.
Last name	First name	!		Middle	name			Suffix		(Month/Year)		
												Est.
Provide your relationship to the	nis person (Check all t	that apply).	· · · · · · · · · · · · · · · · · · ·					-!				
Neighbor Friend	Landlord	Business asso	ociate	Oth	er (Pro	vide exp	planation	•				
Provide the following contact	information for this pe	erson.										
I don't know		I don't kno	w				ı	I don't kn	ow			
International or DSN pho	ne number	Internation	nal or DSN	phone	number			Internatio	nal o	r DSN phone nu	mber	
Evening telephone number	Extension	Daytime telepl				Extens	ion Ce			one number		Extension
Provide e-mail address for thi	is nerson											
Trovido o man addreso for an	io porconi						on't know	,				
Drovide street address for thi	a naraan (inaluding an	artmant number	\ (Dunida (	Dit						id- Oit- Ot-t-		. 0- 4- 1
Provide street address for this Street	s person (including ap	City	). (Proviae C	ity ana C	State		tne Unitea Zip Code		rwise, Cou		ana Zip	Coae.)
Street				- 1	State	I	Zip Code			iid y		
If you have indicated an APO												
(a) Provide physical location if outside the United States; of			,	,	,		on or hom	e port/flee	t head	dquarter. <i>(Provide</i>	e City a	and Country
Street Address/Unit/Duty		City or Post Na	•	ne onic	State	•	Zip Code		Cou	ntrv		
				- 1		ĺ	p			···· <b>,</b>		
(h) Dage the manage who keep	have an ADO/E	- DO - dd2										
(b) Does the person who kne		-PO address?		APO or	FΡΩ			APO/FF	O St	ate Code	Zip C	ode:
☐ YES ▼	0		ľ	, u O O.					0 0	ate oode		,ouc
□ NO												

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 12 - Where You Went to School						
Do not list education before your 18th birthday, unless to provi	de a minimum	of two year	rs of education	history.		
(a) Have you attended any schools in the last 10 years?	(k	) Have yo	u received a de	egree or diploma mo	re than 10 years ago?	
YES NO		YES [	NO (If NO to 1	2(a) and 12(b), proceed	to Section 13A)	
Entry #1	1					
Provide the dates of attendance.	Select the n	nost approp	oriate code to c	describe your school		
From Date (Month/Year) To Date (Month/Year) Present	High So	chool			chnical/Trade School	
Est.	College	/University/	Military Colleg	e Corresponder	ice/Distance/Extension/Onli	ne School
Provide the name of the school.						
Provide the street address of the school. For correspondence	e/distance/ext	tension/onli	ne schools, pro	ovide the address wh	nere the records are mainta	ined.
(Provide City and Country if outside the United States; otherwise, prov. Street City	ide City, State an	nd Zip Code.)	State	Zip Code	Country	
Sueet			State	Zip Code		
For schools you attended in the last 3 years, list a person w completed more than 3 years ago. For correspondence/dist	ho knew you a	t the schoo	l (instructor, st	udent, etc.). Do not I	ist people for education per	iods
I don't know Last name		name	ioois, not some	one who knew you t	ville you received the educ	auon.
Provide current address for this person (including apartmen	t number). (Pro	vide City and	-	le the United States; oth		ip Code.)
Street City			State	Zip Code	Country	
Provide telephone number for this person.		th Longovo	Provide email	address for this pers	son 🗆	14 Long
Telephone number Extension Internation	☐ I don' al or DSN phor ight		T TOVIGE CITIAII	address for this per		on't know
Did you receive a degree/diploma?	igni					
YES NO						
Provide type of degrees(s)/diploma(s) received and date(s)	awarded.					
Degree/diploma (High School Diploma, Associate's, Bache Doctorate, Professional Degree (e.g. MD, DVM, JD), Other	or's, Master's,		Other	degree/diploma	Date awarded (Month/Year)	Est.
Entry #2						
Provide the dates of attendance.	Select the n	nost approp	oriate code to o	describe your school		
From Date (Month/Year) To Date (Month/Year) Presen	t High Sc	chool		Vocational/Te	chnical/Trade School	
Est. Est.	College	/University/	Military Colleg	e Corresponder	ice/Distance/Extension/Onli	ne School
Provide the name of the school.						
Provide the street address of the school. For correspondence (Provide City and Country if outside the United States; otherwise, prov.			ne schools, pro	ovide the address wh	nere the records are mainta	ined.
Street City	ue Oily, State ari	iu zip Coue.)	State	Zip Code	Country	
For schools you attended in the last 3 years, list a person w						
completed more than 3 years ago. For correspondence/distance Last name		n/online sch name	iools, list some	eone who knew you v	while you received this educ	cation.
T don't know						

### **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 a	nd Country if outs	side the United States: o	otherwise, provide Citv. State and	Zip Code.)
Street City	State	Zip Code	Country	_,,,
		'		
Describe telephone manufaction this arrange	Drovido omoi	il addraga for this no	uraan	
Provide telephone number for this person.		l address for this pe	erson.	on't know
Telephone number Extension International or DSN phone number				
DayNight				
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 d	legree/diploma	Date awarded (Month/Year)	Est.
Doctorate, Professional Degree (e.g. MD, DVM, 3D), Other)				
Entry #3				
Provide the dates of attendance. Select the most appro-	opriate code to	describe your school	ol.	
From Date (Month/Year) To Date (Month/Year) Present High School		☐ Vocational/T	echnical/Trade School	
	/Military Callag			
Est Est College/University	y/ivilitary Collec	ge Corresponde	ence/Distance/Extension/Onl	ine School
Provide the name of the school.				
Provide the street address of the school. For correspondence/distance/extension/on	line schools, pr	rovide the address v	where the records are mainta	ained.
(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 scho	ol (instructor s	student etc.) Do no	t list people for education pe	riods
completed more than 3 years ago. For correspondence/distance/extension/online so				
I don't know Last name First name				
Provide current address for this person (including apartment number). (Provide City a	nd Country if outs	ide the United States: o	otherwise, provide City, State and	Zip Code.)
Street City	State	Zip Code	Country	_,,,
		'		
	Drawida areai	il adduses for this re		
Provide telephone number for this person.		il address for this pe	erson.	on't know
Telephone number Extension International or DSN phone number	•			
Day Night				
Did you receive a degree/diploma?				
□YES □NO				
Provide type of degrees(s)/diploma(s) received and date(s) awarded.				
Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other d	egree/diploma	Date awarded (Month/Year)	Est.
Doctorate, Professional Degree (e.g. MD, DVM, 3D), Other)				
	ı		1	

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 1	12 Whore	Vou Wont	to School	(Continued)

Entry #4						
Provide the dates of attendar	nce.	Select the mo	ost appropriate code to o	lescribe your schoo	ol.	
From Date <i>(Month/Year)</i> To	Date (Month/Year) Pres	ent High Sch	ool	☐ Vocational/Te	echnical/Trade School	
Est.	Est.	College/L	Jniversity/Military Colleg	e Corresponde	ence/Distance/Extension/Onlin	ne Scl
Provide the name of the scho	ool.	·				
Provide the street address of	the school. For correspond	ence/distance/exter	nsion/online schools pro	ovide the address w	where the records are maintai	ned
Provide City and Country if outsid	le the United States; otherwise, p		Zip Code.)			
Street	City I		State I	Zip Code I	Country I	
or schools you attended in to completed more than 3 years	the last 3 years, list a persor s ago. For correspondence/c	who knew you at t stance/extension/o	the school (instructor, st online schools, list some	udent, etc.). Do not one who knew you	list people for education peri while you received this educ	ods ation.
I don't know Last na		First na		•	•	
		ent number). (Prov			therwise, provide City, State and Z	ip Coc
Street	City		State 	Zip Code	Country 	
Non-dala Anta-1	- H-1		Daniel and the	address for this	Toon —	
Provide telephone number fo Telephone number	_ : .	☐ I don't k nal or DSN phone		address for this pe	rson.	n't kn
		Night	number			
Did you receive a degree/dip						
☐ YES ☐ NO						
Provide type of degrees(s)/d	linloma(s) received and date	(s) awarded				
Degree/diploma (High Schoo	• • • • • • • • • • • • • • • • • • • •					
		nalor'e Maetar'e				
Doctorate, Professional Deg			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	
			Other de	egree/diploma	Date awarded (Month/Year)	
			Other de	egree/diploma	Date awarded (Month/Year)	
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	Es
			Other de	egree/diploma	Date awarded (Month/Year)	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5	Section 13A - Employment Activities							
r	ist all of your employment activities, including une nust be accounted for without breaks. If the emplo duty station. Do not list employment before your 18	yment activity	was military d	uty, list se	parate empl	oyment activity	periods to show each	
E	Entry #1							
	Select your employment activity:							
	Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	(Cor	te Governmen	A.5 and 13A	1.6)	em	n-government employ ployment) <i>(Complete 13</i>	3A.2, 13A.5 and 13A.6)
	National Guard/Reserve (Complete 13A.1, 13A and 13A.6)  USPHS Commissioned Corps (Complete 13A	13A.	-employment .6) employment <i>(C</i>				ner (Provide explanation of A.5 and 13A.6) ▼	and complete 13A.2,
	13A.5 and 13A.6)  Other Federal employment (Complete 13A.2,	Fed	eral Contracto	•	*			
	13A.5 and 13A.6)	7071	o and ron.oj					
	13A.1 Complete the following if employment type	e is Active Dut	y, National Gu	ard/Reserv	e, or USPH	IS Commissione	ed Corps.	
ľ	Provide dates of employment.		Select the er		status for	Provide your	assigned duty station	during this period.
ntry #	From Date To Date (Month/Year) (Month/Year)	Present	this position:			Dravida vava		: #:#I
"	☐ Est.	Est.	Part-time			Provide your	most recent rank/posit	ion title.
						Otata and Zin Car	ete )	
	Provide address of duty station. (Provide City and Street	Country it outside City	e tne United Stati	es; otnerwise Sta		r, State and Zip Coo Zip Code	country	
						ip code		
	Telephone number Exte	_	ternational or ay Night	DSN phon	e number			
	If you have indicated an APO/FPO address, con  (a) Provide physical location data with street addition if outside the United States; otherwise, provide City Street Address/Unit/Duty Location	dress, base, p	oost, embassy Code for ports i	unit, and on the United	country loca			Provide City and Country
	(b) Do you or did you have an APO/FPO address  YES Address  NO	ss while at this	s location?	APO or I	PO	AF	PO/FPO State Code	Zip Code
	Provide the name of your supervisor.			Provide t	he rank/pos	ition title of your	supervisor.	-
	Provide the email address of your supervisor.	] I don't know	Provide supe	ervisor's te	lephone nur	mber. Extensio	n International or	DSN phone number
	Provide physical work location of your supervisor	-	and Country if ou			-		
	Street	City		Sta	e :	Zip Code	Country	
	If you have indicated an APO/FPO address; pro port/fleet headquarter. (Provide physical location							
	Street Address/Unit/Duty Location	City or Pos	-	Sta		zip Code	Country	ue.)

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	oloyment Activ	vities - (Conti									
•			nued	1)							
ovide dates of	the following if	employment t	ype is	s other federa	al employmen	, state	government, fe	deral contra	ctor, non-g	overnment, or oth	ner.
om Date lonth/Year)	employment.	To Date (Month/Year)			Select the enthis position:	nploym	ent status for	Provide m	ost recent p	oosition title.	
	Est.			Present Est.	Full-time			Provide the	e name of	our employer.	
ovide the addr	ess of employe	I er. <i>(Provide City</i>	and C	Country if outsid	le the United Sta	tes; othe	erwise, provide Cit	I y, State and Zi	ip Code.)		
reet				City			State Z	ip Code	Cou	ntry	
ovide telephor	e number	Extension		☐ Internat	ional or DSN բ Night	hone i	number		·		
same physica concerning the	location (for e most recent p	xample, if you	work	ed at XY Plu	ımbing in Den	ver, CC	), during 3 sepa	rate periods	s of time, yo	ou would enter inf	ormation
Not	From date (Mo	onth/Year)		To date (Mo	onth/Year)		Posi	ition Title		Super	visor
Applicable			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
YES Provide the	NO (If NO	, proceed to (b))		physically lo		City and					ate and Zip Code.)
								•	Cou	ntry	
					Day	Night					
(b.1) Provide Country	e physical locat if outside the Un	tion data with sited States; other	street	address, ba , provide City,	se, post, emb State and Zip C	assy, u	nit, and country	location or distance.	home port/	fleet headquarter	•
		,					State	Zip Code		Country	
YE	$s \rightarrow A$		O add	dress while a	t this location		or FPO		APO/FPO	State Code	Zip Code
ovide the nam	e of your super	visor.				Provid	le the position t	itle of your s	upervisor.		-1
ovide the ema	il address of yo	our supervisor	. 🔲 I	don't know	Provide supe	rvisor's	telephone num	nber. Exter	님.		SN phone number
ovide physical reet	work location	of your superv	isor.	<i>(Provide City a</i> City	nd Country if out						
	sical location da	ata with street	addr	ess, base, po	ost, embassy, Code for ports ir	unit, a			port/fleet h		vide City and Country
if outside the C Street Addre	r supervisor h	ocation									
)	Additional Per same physical concerning the as entries below the same physical concerning the as entries below the same physical concerning the as entries below the same physicable.  Not Applicable  Not Applicable  Not Applicable  YES  Provide the very Street of Country Street of C	Additional Periods of Activity same physical location (for e concerning the most recent pas entries below).  Not Applicable  From date (Mc Applicable  YES NO (If NO Provide the work address w Street  Provide telephone number  If you have indicated an AF (b.1) Provide physical locat Country if outside the Un Street Address/Unit/D  (b.2) Do you or did you have NO ovide the name of your superovide the email address of your ovide physical work location ovide physical work locatio	Additional Periods of Activity with this Empsame physical location (for example, if you concerning the most recent period of employ as entries below).  Not Applicable  From date (Month/Year)  Applicable  YES NO (If NO, proceed to (b))  Provide the work address where you are/Street  Provide telephone number  If you have indicated an APO/FPO addre (b.1) Provide physical location data with a Country if outside the United States; other Street Address/Unit/Duty Location  (b.2) Do you or did you have an APO/FPO address NO  ovide the email address of your supervisor.	Additional Periods of Activity with this Employer same physical location (for example, if you work concerning the most recent period of employme as entries below).  Not Applicable  From date (Month/Year)  Applicable  Est.  Est.  Est.  I E	Additional Periods of Activity with this Employer - Provide ad same physical location (for example, if you worked at XY Pluconcerning the most recent period of employment above, an as entries below).  Not Applicable  From date (Month/Year)  Dis/was your physical work address different than your employers.  Dis/was your physical work address different than your employers.  Dis/was your physical work address different than your employers.  Dis/was your physical work address different than your employers.  Dis/was your physical work address different than your employers.  Dis/was your physical work address different than your employers.  Dis/was your physical work address different than your employers.  Dis/was your physical work address different than your employers.  Dis/was your physical work address where you are/were physically logaters.  Dis/was your physical location data with street address, bacterial country if outside the United States; otherwise, provide City, Street Address/Unit/Duty Location  District City of Foreign Address  Disposite City and Cit	City  ovide telephone number	reet  City  Sovide telephone number  Extension  International or DSN phone or Day Night  Additional Periods of Activity with this Employer - Provide additional periods of ac same physical location (for example, if you worked at XY Plumbing in Denver, CC concerning the most recent period of employment above, and provide dates, posi as entries below).  Not  Applicable  From date (Month/Year)  To date (Month/Year)  Est.  Est.  Est.  Est.  Est.  Est.  Street  City  Frovide the work address different than your employer's address?  To date (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for Street Address/Unit/Duty Location  To date (Month/Year)  To date (Month/Year)  To date (Month/Year)  To date (Month/Year)  Est.  Est.  Est.  Est.  City  Street  City  Street  City  Provide telephone number  Extension  International or Internation	Additional Periods of Activity with this Employer - Provide additional periods of activity if you work same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 sepa concerning the most recent period of employment above, and provide dates, position titles, and as entries below).  Not	ovide telephone number	ovide telephone number	creet

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

S	Section 13A - Employment Activ	ities - (Continue	ed)								
	13A.3 Complete the following if e	employment type	is self-emplo	yment							
	Provide dates of employment. From Date (Month/Year)	To Date (Month/Year)	Present	this position:	ployn	nent status for			ent position title.		
	☐ Est.		Est.	Part-time			Provide ti	he name	e of your employer.		
	Provide address of this employn	nent. (Provide City a	and Country if o	putside the United	States	; otherwise, provi State	ide City, State a		ode.) Country		
	Provide telephone number.	Extension		onal or DSN pho	one ni	umber					
	(a) Is your physical work address  YES NO (If NO, proc	ceed to (b))									
	Provide the work address wi Street	here you are/were	e physically le City	ocated. (Provide	City ar	nd Country if outs State	ide the United of Zip Code		herwise, provide City, S Country	tate i	and Zip Code.)
	Provide the telephone numb Telephone number	er for this addres Extension	_	national or DSN	phon	e number	I				
	(b) If you have indicated an APC (b.1) Provide physical location Country if outside the Unit Street Address/Unit/Du	on data with stree ed States, otherwise	et address, ba e, provide City	ase, post, emba	ssy, ι	init, and count	ry location or	home p		•	rovide City and
	(b.2) Do you or did you have	e an APO/FPO ad dress	Idress while	at this location?		or FPO	1	APO/F	FPO State Code		Zip Code
	Provide the name of someone the Last name	nat can verify you First r	. ,	/ment.							
	Provide the address of this verification of the street	er. (Provide City an	d Country if ou City	tside the United St	ates; c	therwise, provide State	e City, State and Zip Code		re.) Country		
	Provide the telephone number for Telephone number	or this person. Extension		onal or DSN pho	one ni	umber	I				
	If you have indicated an APO/FF  (a) Provide physical location da if outside the United States; other	ita with street add erwise, provide City,	lress, base, p	oost, embassy,	unit, a	and country loc	ation or hom			ovide	City and Country
	Street Address/Unit/Duty Lo	cation	City or Po	ost Name		State	Zip Code		Country		
	(b) Does your self-employment  ☐ YES → Address ☐ NO	verifier have an A	APO/FPO ad	dress?	APO	or FPO		APO/I	FPO State Code		Zip Code

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

(	Section 13A - Employment Activities - (C	Continued)							
	13A.4 Complete the following if employment	ent type is unemployment							
try #1	Provide dates of unemployment.  From Date (Month/Year) To	o Date (Month/Year)	Present		ins of suppo		can verify you First nar	r unemployment me	activities
Ē	Est.		Est.						
	Provide address of this verifier. (Provide C Street	ity and Country if outside the U City	Jnited State	es; otherwis	se, provide City State	y, State and Zip ( Zip Code	Code.) Country		
					State	Zip Gode	Country		
	Provide the telephone number for this person Verifier telephone number Extension	son. International or DSN բ Day Night	ohone nu	mber					
	If you have indicated an APO/FPO addre (a) Provide physical location data with si if outside the United States; otherwise, pro	treet address, base, post,	embassy	, unit, and	d country loc				City and Country
	Street Address/Unit/Duty Location	City or Post N	lame		State	Zip Code	Country		
	(b) Does your unemployment verifier have YES Address	ve an APO/FPO address?	·	APO o	r FPO		APO/FPO Sta	ite Code	Zip Code
	13A.5 Complete the following if employn Government, Federal Contractor,						ned Corps, Oth	er Federal emplo	oyment, State
_ # >	Provide the reason for leaving the emplo	yment activity.							
STUE TO STORY	For this employment have any of the following fired, quit after being told you would be notice of unsatisfactory performance.	•				gations of misc	onduct, left by	mutual agreeme	nt following
	YES NO (If NO, proceed to 13A.6)	)							
	Select your type of incident:	Reason:					nt departure da		
	Fired	Provide the reason for	being fire	d.		Provide the	e date you wer	e fired. (Month/Ye	ear)
	Quit after being told you would be fired	Provide the reason for	quitting.			Provide the fired. (Mont	, ,	after being told	you would be
	Left by mutual agreement following charges or allegations of misconduct	Provide the charges or	allegation	ns of misc	conduct.		e date you left luct. (Month/Yea	following charge	
									Est.
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) f	or unsatis	sfactory p	erformance.			by mutual agree performance. (A	
	13A.6 Complete the following if employn Government, Federal Contractor,						ed Corps, Oth	er Federal empl	
1.k #1	For this employment, in the last seven (in the workplace, such as a violation of some YES NO	7) years have you receive					ded, suspended	d, or disciplined	for misconduct
Ī	#1 Provide the reason(s) for being warne	ed reprimanded suspend	lad or die	ciplined				Date: (Month/Ye	227
	#1 Flovide the reason(s) for being want	ей, герппанией, зазренс	eu or uis	cipiirieu.				Date. (Month 76	Est.
	#2 Provide the reason(s) for being warned	ed, reprimanded, suspend	ded or dis	ciplined.				Date: (Month/Ye	ear)
	#3 Provide the reason(s) for being warne	ed, reprimanded, suspend	ded or dis	ciplined.				Date: (Month/Ye	ear)
	#4 Provide the reason(s) for being warne	ed, reprimanded, suspend	ded or dis	ciplined.				Date: (Month/Ye	ear)
L En	nter your Social Security Number be	efore going to the nex	t page				<b>—</b> • 「	<u> </u>	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities					
Entry #2					
Select your employment activity:  Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	(Con	nplete 13A.2, 13A	•	empl	government employment (excluding s loyment) (Complete 13A.2, 13A.5 and 13A
<ul><li>National Guard/Reserve (Complete 13A.1, 13A. and 13A.6)</li><li>USPHS Commissioned Corps (Complete 13A.</li></ul>	13A.		omplete 13A.3, 13A.5		er (Provide explanation and complete 13A.2 5 and 13A.6) ▼
13A.5 and 13A.6)  Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Fed	eral Contractor (5 and 13A.6)			
13A.1 Complete the following if employment type	is Active Dut	y, National Guar	rd/Reserve, or USP	HS Commissioned	Corps.
Provide dates of employment.			ployment status for	Provide your as	ssigned duty station during this period.
From Date  (Month/Year)  From Date  (Month/Year)	Present	this position:		Dravida vour m	post recent repl/position title
Est.	Est.	Part-time		Provide your in	ost recent rank/position title.
Provide address of duty station. (Provide City and C	-	the United States	; otherwise, provide Ci	ty, State and Zip Code	
Street	City		State	Zip Code	Country
Telephone number Exter	= =	ternational or D	SN phone number		
If you have indicated an APO/FPO address, com  (a) Provide physical location data with street add if outside the United States; otherwise, provide City Street Address/Unit/Duty Location	dress, base, p	ost, embassy, u Code for ports in	init, and country loc		
(b) Do you or did you have an APO/FPO addres  YES Address  NO  Provide the name of your supervisor.	l s while at this		APO or FPO Provide the rank/po		O/FPO State Code Zip Code supervisor.
Provide the email address of your supervisor.	] I don't know	Provide super	visor's telephone nu	umber. Extension	☐ International or DSN phone num ☐ Day ☐ Night
Provide physical work location of your supervisor	. (Provide City a	I and Country if outs	ide the United States; o	otherwise, provide City	
Street	City		State	Zip Code	Country
If you have indicated an APO/FPO address; prov port/fleet headquarter. (Provide physical location Street Address/Unit/Duty Location		City and Country i			
Enter your Social Security Number before go	oing to the	next page <b>–</b>			<b>→</b>

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	ction 13A - Emp	oloyment Activ	vities - (Conti	inued	<b>4</b> )							
е					"							
1	3A.2 Complete	the following if	employment t	ype is	s other feder	al employment	, state	government, fe	ederal contr	actor, no	n-government, or o	other.
	Provide dates of From Date	employment.	To Date			Select the enthis position:	ploym	ent status for	Provide r	nost rece	ent position title.	
	(Month/Year)		(Month/Year)		Present	Full-time			Provide t	he name	of your employer.	
		Est.			Est.	Part-time					, , ,	
	Provide the addr	ess of employe	er. (Provide City	and C		de the United Sta						
	Street				City			State 2	Zip Code		Country	
	Provide telephor	ne number	Extension		☐ Internat	ional or DSN p	hone r	number		·		
	same physica	I location (for e e most recent p	xample, if you	ı work	red at XY Plu	umbing in Den	ver, CC	), during 3 sepa	arate period	ls of time	er on more than one e, you would enter i wo previous period	nformation
	Not	From date (Mo	onth/Year)		To date (Me	onth/Year)		Pos	ition Title		Sup	ervisor
	Applicable			Est.			Est.					
				Est.			Est.					
				Est.			Est.					
				Est.			Est.					
	(a) Is/was your p	_	ddress differe		an your empl	oyer's address	?					
								d Country if outsid	e lile Ollileu	States, Uti	ici wise, provide city, s	state ariu zip Goue.)
	Street		more you are		City				Zip Code		Country	
	Street	phone number				Internatio			Zip Code			. ,
	Provide telep  (b) If you have i    (b.1) Provide	phone number ndicated an AF e physical local	PO/FPO addre	ess, co	Extension  omplete (b.1 t address, ba	Internatio Day If you have i	nal or l Night ndicate	State Z  DSN phone nur  ed an address c	Tip Code  mber  outside of the location o	ne United		(b.2).
	Provide telep  (b) If you have i  (b.1) Provide  Country  Street	ohone number ndicated an AF e physical locat if outside the Un Address/Unit/D	PO/FPO addre tion data with vited States; othe outy Location	ess, co street erwise	Extension  complete (b.1) t address, ba to, provide City, City or I	Internatio Day Day If you have i use, post, embastate and Zip C	nal or I Night ndicate assy, u	OSN phone nur and an address conit, and country	Tip Code  mber  outside of the location o	ne United	Country  States, complete	(b.2).
	Provide telep  (b) If you have i     (b.1) Provide     Country     Street	ohone number Indicated an AF I	PO/FPO addre tion data with lited States; othe outy Location	ess, co street erwise	Extension  complete (b.1) t address, ba to, provide City, City or I	Internatio Day Day If you have i use, post, embastate and Zip C	nal or I Night ndicate assy, u	OSN phone nur ed an address conit, and country	mber  outside of the control of the	ne United	Country  States, complete ort/fleet headquart	(b.2).
	Street  Provide telep  (b.1) Provide Country Street  (b.2) Do you	ohone number Indicated an AF e physical locat if outside the Un Address/Unit/D or did you hav is According to the According t	PO/FPO addretion data with wited States; other outy Location are an APO/FP ddress	ess, co street erwise	Extension  complete (b.1) t address, ba to, provide City, City or I	Internatio Day Day If you have i use, post, embastate and Zip C	nal or I Night ndicate assy, u ode for	OSN phone nur ed an address onit, and country ports in the United State	mber  outside of the control of the	APO/F	States, complete ort/fleet headquart Country FPO State Code	( <b>b.2)</b> . er. (Provide City and
	Street  Provide telep  (b.1) Provide Country Street  (b.2) Do you  YE	ndicated an AF e physical locat if outside the Un Address/Unit/D or did you hav is Ac b e of your super	PO/FPO addretion data with ited States; other outy Location we an APO/FP ddress	ess, creetsstreet	Extension  complete (b.1) t address, ba to, provide City, City or I	Internatio Day If you have i ase, post, embased and Zip C Post Name at this location?	nal or I Night ndicate assy, u ode for	OSN phone nur ed an address conit, and country ports in the United State  or FPO	mber  outside of the control of states.)  Zip Code	APO/F	States, complete ort/fleet headquart Country  FPO State Code or.	( <b>b.2</b> ). er. <i>(Provide City and</i> Zip Code
	Street  Provide telep  (b) If you have i     (b.1) Provide     Country     Street  (b.2) Do you	ohone number  Indicated an AF e physical locat if outside the Un Address/Unit/D  or did you have ss Ac b Ac b e of your super	PO/FPO addretion data with ited States; other outy Location are an APO/FP ddress	O add	Extension  complete (b.1 t address, ba t, provide City, City or I	Internatio Day Day If you have it use, post, embored and Zip Compost Name  At this location of the composition of the compositi	nal or I Night ndicate assy, u ode for Provid	DSN phone nur ed an address conit, and country ports in the United State  or FPO  de the position to stelephone num  United States; other	mber  outside of the control of the	APO/F supervis	States, complete ort/fleet headquart Country  FPO State Code or.	( <b>b.2</b> ). er. <i>(Provide City and</i> Zip Code
	Street  Provide telep  (b.1) Provide Country Street  (b.2) Do you  YE  NO  Provide the nam  Provide the ema  Provide physical Street  If you have indic (a) Provide the indicate the indicate the indicate indicate the indicate indicate the indicate the indicate the indicate indicate the indicate indic	phone number  Indicated an AF  Indicated	PO/FPO addrestion data with inted States; other outy Location of the end of t	O add	Extension  complete (b.1 t address, base, provide City and City an	Internatio Day Day If you have i use, post, embasse, post, embasse, post Name At this location?  Provide supe And Country if out out have indicated ost, embassy, Code for ports in st Name	nal or I Night ndicate assy, u ode for APO Provio rvisor's	DSN phone nur ed an address of nit, and country ports in the United State  or FPO de the position to telephone num  United States; of State  address outside address outside address outside address outside and country loca	mber  mutside of the process of the content of the	APO/F APO/F supervis ension [ ide City, S	Country  States, complete ort/fleet headquart  Country  FPO State Code  or.  International or  Day Night  State and Zip Code.)  Country  es, complete (b).	( <b>b.2)</b> . er. (Provide City and

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 13A - Employment Activi	ties - (Continue	d)							
3A.3 Complete the following if e	mployment type	is self-emplo	yment						
Provide dates of employment.			Select the er		ent status for	Provide n	nost rece	ent position title.	
	To Date (Month/Year)		this position:						
(Month/Year)	(MONUN Year)	Present	Full-time			Provide th	ne name	of your employer.	
Est.		Est.	Part-time	•					
Provide address of this employm	ent. (Provide City &	•	outside the United	d States;	otherwise, provi	ide City, State a	and Zip Co	ode.)	
Street		City I		1	State	Zip Code I	( 	Country	
		<u> </u>							
Provide telephone number.	Extension I	<b>=</b> _	onal or DSN ph	one nur	mber				
	L		Night						
(a) Is your physical work addres	s different than yo	our employm	ent address?						
YES NO (If NO, proc	ed to (b))								
Provide the work address wh	ere you are/were		ocated. (Provide	City and				_	ate and Zip Code.)
Street		City 			State 	Zip Code	1	Country	
Provide the telephone number	er for this address	<u> </u>							
Telephone number	Extension		ational or DSN	l phone	number				
		□ □ Day	Night	•					
(b) If you have indicated an APC	l )/FPO address, c		<u> </u>	indicated	d an address	outside of the	e United	States, complete (b	.2).
(b.1) Provide physical location							home po	ort/fleet headquarter	. (Provide City and
Country if outside the Unite Street Address/Unit/Du			State and Zip C Post Name	ode for p	orts in the Unit State	Zip Code		Country	
	,,								
(b.2) Do you or did you have	an APO/FPO ad	Idress while a	at this location	?					
	Iress			APO o	r FPO		APO/F	PO State Code	Zip Code
□ NO									
Provide the name of someone th			ment.						
Last name	First n	iame							
Provide the address of this verific	or (Provide City on	d Country if out	haida tha Unitad C	Stataa: atl		o City State and	d Zin Code	- 1	
Street	51. (Frovide City and	City	side the Officed S	olales, Uli	State	Zip Code		country	
						[ '		•	
Provide the telephone number for	r this person.								
Telephone number	Extension	Internation	onal or DSN ph	one nur	mber				
		Day	Night						
f you have indicated an APO/FP									
<ul><li>(a) Provide physical location data if outside the United States; other</li></ul>						cation or home	e port/fle	et headquarter. (Pro	vide City and Cour
Street Address/Unit/Duty Lo		City or Po	-	Tuile Offic	State	Zip Code	(	Country	
(b) Does your self-employment	verifier have an <i>F</i>	APO/FPO add	dress?						
☐ YES → Address				APO d	or FPO		APO/F	PO State Code	Zip Code I
NO									
er your Social Security Nun	nber before ac	ing to the	next page						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

(	Section 13A - Employment Activities - (C	Continued)							
	13A.4 Complete the following if employment	ent type is unemploymen	t.						
ntry #2	Provide dates of unemployment.  From Date (Month/Year)  To	o Date (Month/Year)	Present		ans of suppo		can verify you First nar	unemployment me	activities
1	Provide address of this verifier. (Provide C Street		Est. United State	es; otherwi	se, provide City State	y, State and Zip ( Zip Code	Code.) Country		
	Provide the telephone number for this pers Verifier telephone number Extension	International or DSN Day Night	phone nu	mber					
	If you have indicated an APO/FPO addre (a) Provide physical location data with si if outside the United States; otherwise, pro Street Address/Unit/Duty Location	treet address, base, post	, embassy de for ports	, unit, an	d country loc				City and Country
	Street Address/Offit/Duty Location	City of 1 ost 1	varrie		State	Zip Code	Country		
	(b) Does your unemployment verifier have ☐ YES → Address ☐ NO	ve an APO/FPO address	?	APO o	r FPO		APO/FPO Sta	te Code	Zip Code
	13A.5 Complete the following if employing Government, Federal Contractor,  Provide the reason for leaving the emplo	Non-government employ					ed Corps, Oth	er Federal emplo	oyment, State
Ty #2									
Π	For this employment have any of the following fired, quit after being told you would be notice of unsatisfactory performance.	fired, left by mutual agree		•		ations of misc	onduct, left by	mutual agreeme	nt following
	YES NO (If NO, proceed to 13A.6)						nt donorturo de	240	
	Select your type of incident:	Reason:  Provide the reason for	being fire	d.			nt departure da e date you wer	e fired. (Month/Ye	ear)
	☐ Fired					<u> </u>			Est.
	Quit after being told you would be fired	Provide the reason for	quitting.			fired. (Mont	, ,	after being told	you would be
	Left by mutual agreement following charges or allegations of misconduct	Provide the charges or	allegation	ns of miso	conduct.		e date you left t luct. <i>(Month/</i> Yea	following charge r)	s or allegations
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s)	for unsatis	sfactory p	erformance.			oy mutual agree performance. (A	ment following
	13A.6 Complete the following if employn						ed Corps, Othe	er Federal emplo	
V #2	Government, Federal Contractor, For this employment, in the last seven ( in the workplace, such as a violation of so	7) years have you receiv					ded, suspended	d, or disciplined	for misconduct
Ξ	YES NO	ad acceptance de de conse	d - d d:-	a for the search				D-t (14 # 44	,
	#1 Provide the reason(s) for being warns							Date: (Month/Ye	ear)
	#2 Provide the reason(s) for being warne	ed, reprimanded, suspen	ded or dis	ciplined.				Date: (Month/Ye	ear)
	#3 Provide the reason(s) for being warne	ed, reprimanded, suspen	ded or dis	ciplined.				Date: (Month/Ye	ear)
	#4 Provide the reason(s) for being warned	ed, reprimanded, suspen	ded or dis	ciplined.				Date: (Month/Ye	ear)
∟ En	nter your Social Security Number be	efore going to the nex	t page				<b></b>	<u> </u>	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

S	Section 13A - Employment Activities							
E	intry #3							
	Select your employment activity:	□ o₁-1	o Courses and t	Nos F	lorol	mont) Nic	on-government employ	ment (eveluding solf
	Active military duty station (Complete 13A.1, 13A.5 and 13A.6)		e Government ( iplete 13A.2, 13A.			,	nployment) <i>(Complete 1</i> :	`
	National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	Self-	employment (C 6)	omplete 1	3A.3, 13A.5 ar		her (Provide explanation A.5 and 13A.6) ▼	and complete 13A.2,
	USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	Une	mployment (Cor	nplete 13/	4.4)			
	Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)		eral Contractor ( 5 and 13A.6)	(Complete	e 13A.2,			
	13A.1 Complete the following if employment type is Ad	ctive Duty	, National Guar	d/Reser	ve, or USPHS	S Commission	ed Corps.	
3	Provide dates of employment.		Select the emp	oloymen	t status for	Provide your	assigned duty station	during this period.
try #	From Date To Date (Month/Year) (Month/Year)		this position:					
Ē		Present	Full-time			Provide your	most recent rank/posi	tion title.
		Est.	Part-time					
	Provide address of duty station. (Provide City and Country Street Cit		the United States	otherwise; Sta		State and Zip Co ip Code	de.) Country	
		ty				ip code	Country	
	Telephone number Extension	)   Int	ornational or Di	SNI nbon	o numbor			
		. □ Da	ernational or DS	ы рпоп	e number			
	If you have indicated an APO/FPO address, complete		<u>,                                    </u>	d an add	Iress outside	of the United S	States complete (b)	
	(a) Provide physical location data with street address	s, base, p	ost, embassy, u	ınit, and	country locat			Provide City and Country
	if outside the United States; otherwise, provide City, Stat Street Address/Unit/Duty Location	<i>te and Zip</i> City or Po			<i>l States.)</i> State	Zip Code	Country	
		, c c	0					
	(b) Do you or did you have an APO/FPO address wh	ile at this	location?					
	☐ YES → Address		1	APO or I	FPO	A	PO/FPO State Code	Zip Code
	□ NO							
	Provide the name of your supervisor.		[	Provide t	he rank/posit	tion title of you	r supervisor.	
	Provide the email address of your supervisor.		Provide super	vicor's to	lenhone num	nber. Extension	On Unternational a	DCN whoma mumban
	Provide the email address of your supervisor.	on t know	Trovide super	visoi s te	iepriorie riuri		Day Nigh	r DSN phone number
	Provide physical work location of your supervisor. (Pro	ovide City a	nd Country if outs	ide the Un	nited States: oth	nerwise provide (		
	Street Cit		ma country in cuto	Sta		ip Code	Country	
	If you have indicated an APO/FPO address; provide p							
	port/fleet headquarter. (Provide physical location data Street Address/Unit/Duty Location Cit	ı) <i>(Provide</i> ty or Post		f outside ti Sta		es; otherwise, pro ip Code	vide City, State and Zip Co Country	ode.)
		ty 01 1 00t	Inamo			ip code		
L								

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ction 124 F	nnlov	III ACTIVI	iues - (Conti	rrued	1)								
ction 13A - Er	npioymei												
3A.2 Complete	e the follo	wing if e	mployment t	ype is	s other federa	al employment	, state	government, fe	deral cont	ractor, no	on-government, or	other.	
Provide dates of From Date	of employ		To Date			Select the em this position:	ploym	ent status for	Provide	most rece	ent position title.		
(Month/Year)			(Month/Year)		Present	Full-time			Provide	the name	e of your employer.		
		st.			Est.	Part-time							
Provide the ad	dress of e	employer	. (Provide City	and C	Country if outsid	le the United Stat	tes; othe	rwise, provide Cit	y, State and	Zip Code.,	)		
Street					City			State Z	ip Code		Country		
Provide teleph	one numb	er	Extension		☐ Internat	ional or DSN p	hone r	umber		1			
same physic	cal location the most r	n (for ex	ample, if you	work	ked at XY Plu	ımbing in Denv	ver, CC	), during 3 sepa	rate perio	ds of time	er on more than or e, you would enter two previous perio	information	
Not	From d	late (Mon	nth/Year)		To date (Mo	onth/Year)		Pos	tion Title		Sup	pervisor	
Applicable				Est.			Est.						
				Est.			Est.						
				Est.			Est.						
				Est.			Est.						
YES	110	J (II NO, J	proceed to (b)										
					physically lo City	cated. (Provide			e the United ip Code		herwise, provide City, Country	State and Zip	Code.
Provide the Street	e work add	dress wh	nere you are/	were	City	Internatio	nal or [ Night	State Z	ip Code		Country		Code.
Provide the Street  Provide tel  (b) If you have (b.1) Provi	ephone no	umber d an APC al location	O/FPO addre	ess, co	Extension  omplete (b.1) t address, ba e, provide City,	☐ Internatio ☐ Day ☐ ○ If you have in se, post, emba	nal or [ Night ndicate assy, u	OSN phone nur	nber utside of t	he United		(b.2).	
Provide the Street  Provide tel  (b) If you have (b.1) Provi Count Street	ephone nue indicated de physic try if outside the Address ou or did y	umber d an APC cal locatic e the Unit/Du	O/FPO addreson data with sed States; othersty Location	ess, co	Extension  omplete (b.1) t address, ba c, provide City, City or F	☐ Internatio☐ Day☐ ☐ Day☐ ☐ If you have in se, post, embastate and Zip Co	nal or [ Night ndicate assy, u	OSN phone nur d an address onit, and country	nber utside of t location of states.)	he United or home p	Country  d States, complete port/fleet headquar	(b.2).	City ar
Provide the Street  Provide tele  (b) If you have (b.1) Provide Street  (b.2) Do you have (b.2) Do you	e indicated de physic try if outside the Address ou or did y	umber  d an APC cal location e the Unit // Unit/Du	O/FPO addreson data with led States; other late Location ean APO/FP dress	ess, co	Extension  omplete (b.1) t address, ba c, provide City, City or F	Internatio Day Day If you have it se, post, emba	nal or [ Night ndicate assy, u ode for p	OSN phone nur d an address o nit, and country ports in the United State	nber utside of t location of States.) Zip Cod	ne United or home p	Country  d States, complete port/fleet headquar  Country  FPO State Code	<b>(b.2)</b> . ter. ( <i>Provide</i>	City ar
Provide the Street  Provide tel  (b) If you have (b.1) Provide Street  (b.2) Do you have (b.2) Do you have (b.2) Provide the na	e work add ephone no e indicated de physic try if outside at Address ou or did y /ES NO me of you	umber d an APC cal locatic e the Unit/Du you have Ado	O/FPO addreson data with led States; other an APO/FP dress	ess, co street erwise	Extension  omplete (b.1) t address, ba c, provide City, City or F	☐ Internatio☐ Day☐ ☐ Day☐ ☐ Day☐ ☐ If you have in se, post, embastate and Zip Coost Name  It this location?	nal or [ Night ndicate assy, u ode for p	OSN phone nur d an address onit, and country ports in the United State or FPO e the position t	utside of to location of states.) Zip Cod	ne United or home p	Country  d States, complete port/fleet headquar  Country  FPO State Code	<b>(b.2)</b> . ter. ( <i>Provide</i>	City an
Provide the Street  Provide tel  (b) If you have (b.1) Provide Street  (b.2) Do you have (b.2) Do you have (b.2) Provide the na	e work add ephone no e indicated de physic try if outside at Address ou or did y /ES NO me of you	umber d an APC cal locatic e the Unit/Du you have Ado	O/FPO addreson data with led States; other an APO/FP dress	were	Extension  omplete (b.1) t address, ba c, provide City, City or F	☐ Internatio☐ Day☐ ☐ Day☐ ☐ Day☐ ☐ If you have in se, post, embastate and Zip Coost Name  It this location?	nal or [ Night ndicate assy, u ode for p	OSN phone nur d an address onit, and country ports in the United State  or FPO	utside of to location of states.) Zip Cod	ne United or home p	Country  d States, complete port/fleet headquar  Country  FPO State Code	Zip Co	City ar
Provide the Street  Provide tel  (b) If you have (b.1) Provide tel  (b.2) Do you have (b.2) Do you have (b.2) Provide the na	e indicated de physic try if outside t Address ou or did y (ES - NO) me of you nail address	umber d an APC al locatic e the Unit/Du you have Ado ur superv	D/FPO addreson data with led States; other ty Location e an APO/FP dress	were ess, co	Extension  omplete (b.1) t address, ba e, provide City, City or F	☐ Internatio ☐ Day ☐ ☐ Day ☐ ☐ If you have in se, post, embored set and Zip Coorted Name  It this location?	nal or [ Night ndicate assy, u ode for p  APO of  Provide rvisor's	OSN phone nur  d an address of onit, and country ports in the United State  or FPO  e the position to telephone nun  United States; off	utside of to location of states.) Zip Code	APO/F	Country  d States, complete cort/fleet headquar  Country  FPO State Code  sor.	Zip Co	City a
Provide the Street    Provide tell	e work add ephone no e indicated de physic try if outside at Address ou or did y (ES  NO me of you nail addres al work lo icated an nysical loca e United Sta ress/Unit/	umber  d an APC cal locatio e the Unit s/Unit/Du you have . Add ur superv cation of APO/FP ation dat ates; othe /Duty Loc	D/FPO addreson data with seed States; other on the states of the states	ess, costreeterwise  O add	Extension  complete (b.1) t address, base, provide City  City or fine dress while a city  Crovide City a city  City a city a city  City a city a city  City a city a city a city a city  City a	Internatio Day If you have it se, post, embassive and Zip Coording of the coordinate	nal or [ Night ndicate assy, u ode for p  APO of rvisor's side the sted an a unit, ar the Uni	OSN phone nur  d an address o nit, and country ports in the United State  or FPO  e the position t telephone nun  United States; off state  address outside ad country local	utside of t location of States.) Zip Code	APO/Finder City, Since City, S	Country  d States, complete cort/fleet headquar  Country  FPO State Code  or.  International or  Day Nigh  State and Zip Code.)	Zip Co	City ai

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ction 13A - Employment Activ	ities - (Continue	d)							
3A.3 Complete the following if e	mployment type	is self-emplo	yment						
Provide dates of employment.			l .		ent status for	Provide n	Provide most recent position title.		
	To Date		this position:						
(Month/Year)	(Month/Year)	Present	Full-time	:		Provide th	ne name	of your employer.	
Est.		Est.	Part-time	Э					
Provide address of this employm	nent. (Provide City a	•	outside the United			•			
Street		City I		1	State	Zip Code	( 	Country	
Describe televilence accordence	Estantia								
Provide telephone number.	Extension		onal or DSN ph	none nur	mber				
/->			Night						
(a) Is your physical work addres	•	our employm	ient address?						
YES NO (If NO, proc									
Provide the work address wh Street	nere you are/were	e physically lo City	ocated. (Provide	e City and	Country if outs	side the United S Zip Code		nerwise, provide City, St Country	tate and Zip Code.)
Silect						Zip Code	ľ	Souritry	
Provide the telephone number	er for this addres	<u> </u> S.							
Telephone number	Extension		ational or DSN	l phone	number				
		 Day	Night						
(b) If you have indicated an APC	)/FPO address, c	complete (b.1	). If you have	indicated	d an address	outside of the	e United	States, complete (b	0.2).
(b.1) Provide physical location  Country if outside the United							home po	ort/fleet headquarter	. (Provide City and
Street Address/Unit/Du			Post Name	oue for p	State	Zip Code		Country	
(b.2) Do you or did you have		Idress while a	at this location		l				
☐ YES → I	dress			APO o	r FPO		APO/F	PO State Code	Zip Code I
∐ NO									
Provide the name of someone th Last name	nat can verify you First n		ment.						
Last name		iamo							
Provide the address of this verification	er. (Provide City an	d Country if out	tside the United S	States: oth	nerwise, provide	e Citv. State and	d Zip Code	<u> </u>	
Street	(	City		,	State	Zip Code		Country	
Provide the telephone number for	or this person.								
Telephone number	Extension		onal or DSN ph	none nur	mber				
		Day	Night						
If you have indicated an APO/FF									
<ul><li>(a) Provide physical location da if outside the United States; other</li></ul>						cation or hom	e port/fle	et headquarter. <i>(Pro</i>	ovide City and Cour
Street Address/Unit/Duty Lo		City or Po	-		State	Zip Code	(	Country	
(b) Does your self-employment	verifier have an A	APO/FPO add	dress?	400	- FDO		A DO /5	-DO 04-4- 0-4-	7:- 0-1-
YES → Address				APO d	or FPO		APO/F	PO State Code	Zip Code 
□ NO									
er your Social Security Nun	nber before ac	ing to the	next page						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 13A - Employment Activities - (C	ontinued)				
	13A.4 Complete the following if employment	ent type is unemployment.				
Entry #3	Provide dates of unemployment.  From Date (Month/Year) To	Date (Month/Year) Present Est.	Provide the name of and means of support Last name		n verify your unemploym First name	ent activities
	Provide address of this verifier. (Provide Construction Street	de.) Country				
	Provide the telephone number for this pers Verifier telephone number Extension	☐ International or DSN phone nu ☐ Day ☐ Night			_	
	If you have indicated an APO/FPO addre  (a) Provide physical location data with st if outside the United States; otherwise, pro Street Address/Unit/Duty Location	reet address, base, post, embass	y, unit, and country loc			vide City and Country
	(b) Does your unemployment verifier have Address	ve an APO/FPO address?	APO or FPO	AI	PO/FPO State Code	Zip Code
	13A.5 Complete the following if employm Government, Federal Contractor, Provide the reason for leaving the emplo	Non-government employment, Se			Corps, Other Federal er	mployment, State
Entry #3	Trovide the reason for leaving the employ	yment delivity.				
Ent	For this employment have any of the folion Fired, quit after being told you would be finotice of unsatisfactory performance.  YES NO (If NO, proceed to 13A.6)	fired, left by mutual agreement foll	, , •	ations of miscond	duct, left by mutual agree	ement following
	Select your type of incident:	Reason:		Employment	departure date	
	Fired	Provide the reason for being fire	ed.	Provide the d	ate you were fired. (Mont	h/Year)
	Quit after being told you would be fired	Provide the reason for quitting.		Provide the d fired. (Month/Y	ate you quit after being t ⁄ear)	old you would be
	Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegation	ons of misconduct.		ate you left following cha t. (Month/Year)	rges or allegations
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsati	isfactory performance.		ate you left by mutual agusatisfactory performance	reement following
	13A.6 Complete the following if employm Government, Federal Contractor,				Corps, Other Federal er	mployment, State
Entry #3	For this employment, in the last seven (in the workplace, such as a violation of se	ecurity policy?	•	ially reprimanded	l, suspended, or disciplir	ed for misconduct
	#1 Provide the reason(s) for being warns	ed, reprimanded, suspended or di	sciplined.		Date: (Mont	h/Year)
	#2 Provide the reason(s) for being warne		•		Date: (Mont	h/Year)
	#3 Provide the reason(s) for being warne	ed, reprimanded, suspended or di	sciplined.		Date: (Mon	h/Year) Est.
	#4 Provide the reason(s) for being warne	ed, reprimanded, suspended or di	sciplined.		Date: (Mon	h/Year)
∟ En	nter your Social Security Number be	fore going to the next page			_ <b>_</b>	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

;	Section 13A - Employment Activities								
ı	Entry #4								
	Select your employment activity:  Active military duty station (Complete 13A.1, 13A.5 and 13A.6)  National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)  USPHS Commissioned Corps (Complete 13A.1, 13A.5, 13A.5 and 13A.6)  Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)  Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)  Federal Contractor (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.								
Entry #4	Provide dates of employment.  From Date To Date (Month/Year) (Month/Year)	Present	Select the em this position:			Provide y	our assig	ned duty station du	
	Est.	Est.	Part-time						
	Provide address of duty station. (Provide City ar Street	nd Country if outside City	e the United State	s; otherwise, p State		State and Zipip Code		Country	
	Telephone number E		ternational or □ ay ☐ Night	SN phone r	number				
	If you have indicated an APO/FPO address, c  (a) Provide physical location data with street if outside the United States; otherwise, provide Street Address/Unit/Duty Location  (b) Do you or did you have an APO/FPO add	address, base, p City, State and Zip City or Po	oost, embassy, Code for ports in ost Name	unit, and co the United Si	untry locat				vide City and Country
	YES Address  NO  Provide the name of your supervisor.			APO or FP		tion title of y		PO State Code ervisor.	Zip Code
	Provide the email address of your supervisor.	I don't know	Provide supe	rvisor's telep	ohone num	nber. Exte	nsion	☐ International or D☐ ☐ Day ☐ Night	SN phone number
	Provide physical work location of your supervi Street	Sor. (Provide City City	and Country if out	side the United State		erwise, provi Zip Code		ate and Zip Code.) Country	
	If you have indicated an APO/FPO address; p port/fleet headquarter. (Provide physical locati Street Address/Unit/Duty Location	rovide physical I ion data) ( <i>Provide</i> City or Pos	City and Country	th either stre if outside the State	United State	s, base, po es; otherwise, ip Code	provide C	ssy, unit, and countr ity, State and Zip Code. Country	y location or home )

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ction 13A - Em	www.mem ACT	ivities - (CONT	iiuea	7							
ction 13A - Em	proyment / tec										
3A.2 Complete	the following in	f employment t	ype is	other federa	al employment	, state	government, fe	deral cont	ractor, no	on-government, or	other.
Provide dates o From Date	f employment.	To Date			Select the em this position:	nployme	ent status for	Provide	most rec	ent position title.	
(Month/Year)		(Month/Year)		Present	Full-time			Provide	the name	e of your employer.	
	Est.			Est.	Part-time						
Provide the add Street	ress of employ	er. (Provide City	and C	Country if outsid	de the United Stat	_		y, State and Iip Code		) Country	
Provide telepho	ne number	Extension		Internat	ional or DSN p	hone n	number				
same physica	al location (for a	example, if you	work	ed at XY Plu	umbing in Denv	ver, CO	), during 3 sepa	rate perio	ds of time	er on more than or e, you would enter two previous period	information
Not	From date (M	lonth/Year)		To date (Mo	onth/Year)	I	Pos	tion Title		Sup	pervisor
Applicable			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
		D, proceed to (b)									
Provide the Street			were	physically lo City	cated. (Provide			e the United ip Code		herwise, provide City, Country	State and Zip Co
Street Provide tele	work address v	where you are/		City	Internatio	nal or E	State Z	ip Code		Country	
Provide tele  (b) If you have (b.1) Provide Country	phone number indicated an A le physical loca	PO/FPO addre	ess, co	Extension  Display to the control of	☐ Internatio ☐ Day ☐  ). If you have interpreted in the proof of the	nal or E Night ndicate assy, ui	State Z  DSN phone nur  d an address c	nber utside of the	ne United		(b.2).
Provide tele  (b) If you have (b.1) Provide Country	phone number indicated an A le physical loca y if outside the U	PO/FPO addre	ess, co	Extension  Display to the control of	Internatio Day If you have in the see, post, embases and Zip Co	nal or E Night ndicate assy, ui	OSN phone nur d an address conit, and country	nber utside of the location of states.)	ne United	Country  d States, complete port/fleet headquar	(b.2).
Street  Provide tele  (b) If you have (b.1) Provide Country Street  (b.2) Do you	phone number indicated an A le physical loca y if outside the U Address/Unit/I	PO/FPO addrestion data with nited States; othe Duty Location	ess, co street erwise	Extension  Complete (b.1)  address, ba  provide City,  City or F	Internatio Day Day Dif you have it use, post, emba State and Zip Co	nal or E Night ndicate assy, u	OSN phone nur d an address conit, and country	nber utside of the location of states.)	ne United or home p	Country  d States, complete port/fleet headquar	(b.2).
Provide tele  (b) If you have (b.1) Provide Country Street  (b.2) Do you	phone number indicated an A le physical loca y if outside the U Address/Unit/l	PO/FPO addrestion data with nited States; othe Duty Location	ess, co street erwise	Extension  Complete (b.1)  address, ba  provide City,  City or F	Internatio Day Day Dif you have it use, post, emba State and Zip Co	nal or E Night ndicate assy, ui ode for p	OSN phone nur d an address onit, and country ports in the Unite State	nber utside of the location of states.) Zip Code	ne United or home p	Country  d States, complete port/fleet headquar  Country  FPO State Code	<b>(b.2)</b> . ter. ( <i>Provide Ci</i> t
Street  Provide tele  (b) If you have (b.1) Provid Countr. Street  (b.2) Do you YI	phone number indicated an A le physical loca y if outside the U Address/Unit/I u or did you ha ES D ne of your supe	PO/FPO addresation data with inited States; other Duty Location we an APO/FP Address ervisor.	oss, co	Extension  Complete (b.1)  address, ba  provide City,  City or F	Internatio Day If you have in the see, post, embare and Zip Corpost Name  at this location?	nal or E Night ndicate assy, ui ode for p	OSN phone nur  Id an address conit, and country ports in the United State  Or FPO	nber utside of the location of states.) Zip Code	APO/I	Country  d States, complete port/fleet headquar  Country  FPO State Code	(b.2). ter. (Provide Cit
Street  Provide tele  (b) If you have (b.1) Provide Country Street  (b.2) Do you YI No Provide the nan	phone number indicated an A le physical loca y if outside the U Address/Unit/I u or did you ha ES D ne of your supe	PO/FPO addrestion data with inited States; other Duty Location we an APO/FP Address ervisor.	O add	Extension  complete (b.1) c address, ba c, provide City, City or F	☐ Internatio ☐ Day ☐ Da	nal or E Night ndicate assy, un ode for p APO c Provid rvisor's	OSN phone nur  d an address conit, and country ports in the Unite State  or FPO  telephone nur  United States; oti	utside of the location of states.) Zip Code	APO/I	Country  d States, complete cort/fleet headquar  Country  FPO State Code  sor.	(b.2). ter. (Provide Cit
Street  Provide tele  (b) If you have (b.1) Provide Countr. Street  (b.2) Do you YI No Provide the nan  Provide the email Provide physical Street  If you have indical Provide phy if outside the	phone number indicated an A le physical loca y if outside the U Address/Unit/I u or did you ha ES D ne of your super ail address of y Il work location cated an APO/I visical location of United States; of ess/Unit/Duty I	PO/FPO addresation data with inited States; other Duty Location ve an APO/FP Address ervisor.  FPO address, of your supervisor of your supervisor data with street therwise, provide Location	O add	Extension  Implete (b.1) In address, base, provide City  City or formula discussion of the city and city and city  (Provide City and City	Internatio Day If you have in use, post, embass, post, embassy, code for ports in st Name	nal or E Night ndicate assy, upode for p APO of Provid rvisor's side the S ted an a unit, an the Unit	OSN phone nur  Id an address conit, and country ports in the United State  Or FPO  Te the position to telephone nur  United States; outside address outside ad	utside of the location of States.) Zip Code  itle of your  itle of your  itle of your  itle of your	APO/I supervise ension  vide City, S ited State	Country  d States, complete cort/fleet headquar  Country  FPO State Code  or.  International or  Day Night  State and Zip Code.)	(b.2). ter. (Provide Cit

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continue	ed)							
13A.3 Complete the following if employment type	is self-emplo	yment						
Provide dates of employment.		Select the er		ent status for	Provide n	nost rece	nt position title.	
From Date To Date		this position:						
(Month/Year) (Month/Year)	Present	t Full-time Provi		Provide th	ne name	of your employer.		
Est.	Est.	Part-time						
Provide address of this employment. (Provide City	•	outside the United	d States; c	otherwise, prov	ide City, State a	nd Zip Co	de.)	
Street	City I		. S	State	Zip Code	(	Country	
Provide telephone number. Extension	Internation	onal or DSN ph	one nur	nber				
	Day	Night						
(a) Is your physical work address different than y	our employm	nent address?						
YES NO (If NO, proceed to (b))								
Provide the work address where you are/wer		ocated. (Provide	City and					tate and Zip Code.)
Street	City 			State 	Zip Code	١	Country	
Provide the telephone number for this addres								
Telephone number Extension		national or DSN	Inhone	number				
	Day	Night	Prioric	namber				
(b) If you have indicated an APO/FPO address, (			indicated	d an address	outside of the	e United	States complete (I	0.2)
(b.1) Provide physical location data with stree	et address, ba	ase, post, emb	assy, un	it, and count	try location or		, , , , , , , , , , , , , , , , , , ,	,
Country if outside the United States; otherwis Street Address/Unit/Duty Location		, <i>State and Zip C</i> Post Name	ode for p	orts in the Unit State	ted States.) Zip Code		Country	
Officer Address Offic Buty Location		1 OSt Hame			Zip Code			
(b.2) Do you or did you have an APO/FPO ad	ddress while a	at this location	?					
☐ YES → Address			APO o	r FPO		APO/F	PO State Code	Zip Code
NO								
Provide the name of someone that can verify you		ment.	•					
Last name First I	name							
Provide the address of this verifier. (Provide City ar Street	od Country if our City	tside the United S	States; oth	erwise, provide State	e City, State and Zip Code		e.) Country	
							, ca,	
Provide the telephone number for this person.								
Telephone number Extension	Internation	onal or DSN ph	one nur	nber				
	Day	] Night						
If you have indicated an APO/FPO address, com	plete (a). If yo	ou have indicat	ted an a	ddress outsi	de of the Unit	ed States	s, complete (b).	
(a) Provide physical location data with street add					cation or hom	e port/fle	et headquarter. (Pr	ovide City and Cou
if outside the United States; otherwise, provide City Street Address/Unit/Duty Location	r, State and Zip City or Po		n the Unit	ed States.) State	Zip Code	(	Country	
Circle Address of the Buty Location		ot Hame			21p 00dc		oounii y	
(b) Does your self-employment verifier have an a	<u> </u>	dress?						
☐ YES → Address			APO o	r FPO		APO/F	PO State Code	Zip Code
NO								
								•
ter your Social Security Number before go	oing to the	next page						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 13A - Employment Activities - (C	Continued)				
	13A.4 Complete the following if employment	ent type is unemployment.				
Entry #4	·	D Date (Month/Year)	and means of suppo		n verify your unemployme First name 	nt activities
	Provide address of this verifier. (Provide Construction Street	e.) Country				
	Provide the telephone number for this pers Verifier telephone number Extension	☐ International or DSN phone r☐ Day ☐ Night				
	If you have indicated an APO/FPO addre  (a) Provide physical location data with st if outside the United States; otherwise, pro Street Address/Unit/Duty Location	treet address, base, post, embas	sy, unit, and country loo			de City and Country
	(b) Does your unemployment verifier have Address  NO  NO	ve an APO/FPO address?	APO or FPO	AF	PO/FPO State Code	Zip Code
	13A.5 Complete the following if employm Government, Federal Contractor,  Provide the reason for leaving the emplo	Non-government employment, S			Corps, Other Federal em	oloyment, State
Entry #4	Frovide the reason for leaving the employ	yment activity.				
Ent	For this employment have any of the folion Fired, quit after being told you would be finotice of unsatisfactory performance.  YES NO (If NO, proceed to 13A.6)	fired, left by mutual agreement fo		gations of miscond	uct, left by mutual agreen	nent following
	Select your type of incident:	Reason:		Employment d	leparture date	
	Fired	Provide the reason for being fi	red.	Provide the da	ate you were fired. (Month/	Year)
	Quit after being told you would be fired	Provide the reason for quitting		Provide the da fired. (Month/Ye	ate you quit after being tol ear)	d you would be
	Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegat	ions of misconduct.	Provide the da of misconduct	ate you left following chard . (Month/Year)	ges or allegations
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsa	itisfactory performance.		ate you left by mutual agre satisfactory performance.	eement following
	<b>13A.6</b> Complete the following if employm Government, Federal Contractor,				Corps, Other Federal em	oloyment, State
Entry #4	For this employment, in the last seven (in the workplace, such as a violation of se	ecurity policy?		cially reprimanded,	, suspended, or discipline	d for misconduct
	#1 Provide the reason(s) for being warns	ed, reprimanded, suspended or c	disciplined.		Date: (Month/	Year)
	#2 Provide the reason(s) for being warne		•		Date: (Month)	Year) Est.
	#3 Provide the reason(s) for being warned	ed, reprimanded, suspended or c	disciplined.		Date: (Month)	Year) Est.
	#4 Provide the reason(s) for being warned	ed, reprimanded, suspended or c	disciplined.		Date: (Month)	Year)
En	nter your Social Security Number be	fore going to the next page	)		<b>-</b>	

# 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 h	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)	□ Decemb	Provide the name which you are/we			Provide your position title.		
From Date (Month/Year)  To Date (Month/Year)  Est.	Present Est.	William you allow	io ompioyo	· ·			
Provide the location of the agency. (Provide City and Co		the United States: other	erwise, provid	le Citv. State and Zip C	ode.)		
Street	City		State	Zip Code	Country		
Entry #2							
Provide dates of federal civilian employment.		Provide the name which you are/we			Provide your position title.		
From Date (Month/Year) To Date (Month/Year)	Present Est.	Willest you are, we	ic ciripioye	.u.	Tovide your position title.		
Provide the location of the agency. (Provide City and C		the United States: oth	erwise provi	de City. State and Zin (	code )		
Street	City	, mo omica ciaice, car	State	Zip Code	Country		
Entry #3	•			1			
Provide dates of federal civilian employment.		Provide the name			D : 1		
From Date (Month/Year) To Date (Month/Year)		which you are/we	re employe	a.	Provide your position title.		
Est.	Est.	the United States; ath		do City State and Zin C			
Provide the location of the agency. (Provide City and Construction Street	City	the United States; other	State	Zip Code	Country		
Entry #4	l			- <b>L</b>	1		
Provide dates of federal civilian employment.		Provide the name					
From Date (Month/Year) To Date (Month/Year)	=	which you are/we	re employe	a.	Provide your position title.		
Provide the location of the agency. (Provide City and Cit	Est.	the United States: other	arwise provid	le City State and Zin C	l ade )		
Street	City	the Office States, our	State	Zip Code	Country		
Section 13C - Employment Record							
Have any of the following happened to you in the last	seven (7) yea	ars at employment	activities th	at you have not prev	viously listed?		
<ul><li>Fired from a job?</li><li>Quit a job after being told you would be fired?</li></ul>							
<ul> <li>Have you left a job by mutual agreement following ch</li> <li>Left a job by mutual agreement following notice of un</li> </ul>			ct?				
- Received a written warning, been officially reprimand	, ,		misconduc	t in			
the workplace, such as violation of a security policy?							
YES (If YES, you will be required to add an additional en	ployment in Se	ction 13A)					
NO (If NO, proceed to Section 14)	NO (If NO, proceed to Section 14)						
					_		
Enter your Social Security Number before goin	g to the nex	t page ———			<b>→</b>		

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

CITY Faits 731, 732, and 730					
Section 14 - Selective Service Record					
Were you born a male after December 31, 1959  YES NO (If NO, proceed to Section 15)	9?				
Have you registered with the Selective Service	ce System (SSS)?	The Selectiv	ve Service website, www.	sss.gov, can help pro	ovide the
Yes Provide registration nu	umber:▶		number for persons who l nber is not your Social Se		e: Selective
☐ No → Provide explanation: ▶	,		·	•	
☐ I don't know → Provide explanation: ▶					
Section 15 - Military History					
Have you <b>EVER</b> served in the U.S. Military?					
YES NO (If NO, proceed to Section 15.2)					
15.1 Complete the following if you responded	d 'Yes' to having served in the	ne U.S. Military.			
Entry #1	<u> </u>				
Provide the branch of service you served in.  Army Air National Guard	State of service, if National Guard	Officer or enlisted  Not Applicable	Provide your service nu	ımber.	
Army National Marine Corps	Provide your status	Officer Enlisted	Provide your dates of s	ervice.	
☐ Navy ☐ Coast Guard	Active Duty Active Reserve	Lillisted	From Date (Month/Year)	To Date (Month/Year)	Present
Air Force	☐ Inactive Reserve		(Month real)	, ,	Est.
Were you discharged from this instance of U.	S. military service, to include	e Reserves, or National G	uard?		
YES NO					
Provide the type of discharge you received:				Provide the date of discharge listed	
Honorable Under Other than Honorable Condition	Bad Conduct			(Month/Year)	
Dishonorable General	Other (provide ty	pe) ▶			Est.
Provide the reason(s) for the discharge, if dis	charge is other than Honora	ble			
Entry #2					
Provide the branch of service you served in.	State of service, if National Guard	Officer or enlisted	Provide your service nu	ımber.	
Army Air National Guard		Not Applicable			
Army National Marine Corps	Provide your status	Officer	Provide your dates of s	envice	
☐ Navy ☐ Coast Guard	Active Duty	Enlisted	From Date	To Date	
Air Force	Active Reserve		(Month/Year)	(Month/Year)	Present Est.
Were you discharged from this instance of U.		Posserves or National C		,	
YES NO	.s. military service, to include	e Reserves, or National G	uaru !		
Provide the type of discharge you received:	□ Dad Canduct			Provide the date of discharge listed	
Honorable Under Other than Honorable Condition				(Month/Year)	
Dishonorable General	Other (provide ty	pe) ▶			Est.
Provide the reason(s) for the discharge, if dis	charge is other than Honora	ble			

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 15 - Military History - (Continued)		

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

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 15 - Military History - (Continued)

	•							
Complete the following if you respon security forces, militia, other defense	ded 'Yes' to having EVER served as a civiliant force, or government agency.	n or milita	ary member in a foreign coun	try's military, intelligence, diplomatic,				
Entry #2								
During your foreign service, which or	During your foreign service, which organization were you serving under?  Provide the name of the foreign organization.							
Military (Specify Army, Navy,	itary (Specify Army, Navy, Security Forces							
Air Force, Marines, etc.)	Militia		Provide your period of servi	ce				
Intelligence Service	Other Defense Forces		From Date (Month/Year)	To Date (Month/Year) Present				
Diplomatic Service	Other Government Agency		Est.					
Provide the name of the country.	Provide the highest position/rank he	ld.	Provide division/o	lepartment/office in which you served.				
Provide a description of the circumst	ances of your association with this organizat	tion. Prov	vide a description of the reason	on for leaving this service.				
Do you maintain contact with current	or former associates, colleagues, or acquai	ntances fr	om your service in this organ	ization?				
YES NO (If NO, Proceed to S	Section 16)							
Contact #1								
Provide the contact's full name.				2 (6)				
Last name	First name		Middle name	Suffix				
Provide the contact's address (Provide	de City and Country if outside the United States; other	erwise prov	vide City State and Zin Code)					
Street	City	State	• • • • • • • • • • • • • • • • • • • •	ountry				
Provide the contact's official title.	Provide the frequency of contact	ct.		association with the contact.				
	1		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				
•	de City and Country if outside the United States; other	-		ountry				
Street	City	State	Zip Code C	ountry				
Provide the contact's official title.	Provide the frequency of contact	ct.	Provide the length of your a	association with the contact.				
	1		From Date (Month/Year)	To Date (Month/Year) Present				
			Est	☐ Est.				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

5 GIN Faits 751, 752, and 750							
Section 16 - People Who Know You Well							
Provide three people who know you well and who p who are collectively aware of your activities outside the last seven (7) years. Do not list your spouse, for	of your workpla	ice, schoo	ol, or neight	orhood, a	nd whose	e combined association wi	
Entry #1							
Provide dates known.		Provide	relationshi	to you. (	Check all	that apply)	
From Date (Month/Year) To Date (Month/Year)	Present	☐ Nei	ghbor [	Work as	ssociate	Other (Provide expl	anation) ▼
Est.	Est.	☐ Frie	end [	School	mate		
Provide full name.							
Last name	First name					Middle name	Suffix
Provide e-mail address for this person.	☐ I don't	know	Provide ra	nk/title	·		Not applicable
Provide telephone number for this person.	International phone num		Provide m			I don't know	International or DSN phone number
	Day	Night				Extension	☐ Day ☐ Night
Provide home or work address for this person. (Prov. Street	ide City and Count City	try if outside		tates; other	wise, provi Zip Co		
Entry #2							
Provide dates known.		Provide	relationshi	to you. (	Check all	that apply)	
From Date (Month/Year) To Date (Month/Year)  Est.	Present Est.	☐ Nei	ghbor [ end [	☐ Work as	ssociate mate	Other (Provide expl	anation) ▼
Provide full name.							
Last name	First name					Middle name	Suffix
Provide e-mail address for this person.	☐ I don't	know	Provide ra	nk/title	'		Not applicable
Provide telephone number for this person.	International phone num	ber		obile/cell t r this pers	•	I don't know	International or DSN phone number
	Day	Night					Day Night
Provide home or work address for this person. (Prov Street						de City, State and Zip Code) de Country	
Entry #3							
Provide dates known.  From Date (Month/Year) To Date (Month/Year)  Est.	Present Est.		ghbor [	_ ` `	ssociate	that apply)  Other (Provide expl	anation) ▼
Provide full name. Last name	First name					Middle name	Suffix
Provide e-mail address for this person.	I don't	know	Provide ra	nk/title			Not applicable
Provide telephone number for this person.  I don't know Extension	Internationa phone num		Provide m number fo	obile/cell t r this pers		I don't know Extension	☐ International or DSN phone number ☐ Day ☐ Night
Provide home or work address for this person. (Prov. Street	ide City and Count City	try if outside		tates; othen	wise, provi Zip Co	_	
			•		•		
Enter your Social Security Number before go	ing to the ne	wt name					

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status							
Provide your current marital status.		_					
Never Married (Complete 17.3)		Separate	d (Complete 17.1 ar	nd 17.3)	Divorce	ed (Complete 17.2	and 17.3)
Married (including Common Law) (Cor	mplete 17.1 and 17.3	Annulled	(Complete 17.2 and	1 17.3)	Widow	ed (Complete 17.2	and 17.3)
17.1 Complete the following if you sele	cted <b>'Married</b> ' or '	Separated.'					
Complete the following about your curre Provide spouse's full name.					Provide spouse	e's date of birth.	
Last name	First name		Middle name		Suffix	(Month/Day/Year	Est.
Provide spouse's place of birth. City	County			State	Country (re	quired)	
For your foreign born spouse, provide o	U.S. Passport (cu	entation that he or she rrent or most recent)	None (Prov	vide explanation	)	Provide documen	number.
	Alien registration U.S. Naturalizatio	n certificate	Other (Pro	vide explanatior	1)		
Provide your spouse's U.S. Social Secu	ırity Number.	Not applicable					
Provide other names used by your spo used for each name).	use (such as maic		ther marriages, n	icknames, etc. a	and provide	dates	Not applicable
#1 Last name		First name		Middle r	name		Suffix
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present				
#2 Last name		First name	<u> </u>	Middle r	name		Suffix
Maiden name? From (Month/Ye ☐ YES ☐ NO	ar)	To (Month/Year)	Present Est.				
#3 Last name		First name		Middle r	name		Suffix
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present Est.	1			
#4 Last name		First name		Middle r	name		Suffix
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present Est.	<b>'</b>			
Provide your spouse's country(ies) of c Country #1	tizenship.	Country #2			Provide	date married. (Me	onth/Day/Year)

Standard Form 86 Revised December 2010
U.S. Office of Personnel Management

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

JFR Parts 731, 732, and	736					
Section 17 - Marital	Status - (Continued)					
17.1 Complete the	following if you selected 'Man	rried' or 'Separated.' (Continued)				
Provide place marr City	ied. (Provide City and Country if o	utside the United States; otherwise, pr County	ovide City or Cour State	nty and State.) Country		
Provide your spous Zip Code) Street	se's current address, if differer	nt than your current address. <i>(Pr</i>	ovide City and Col	untry if outside the L	United States; otherwise, prov	de City, State and
Provide telephone		Day Use my current teleph		Provide email	address.	
(a) Provide your s States.)		plete (a). If you have indicated a (Provide City and Country if outside t  City or Post Name				ports in the United
(b) Does your spo	use have an APO/FPO addre Address		O or FPO	,	APO/FPO State Code	Zip Code
Are you separated  YES  NO	from your spouse?  Provide date of separation. (Month/Day/Year)  Est.	If legally separated, provide the (Provide City and Country if outside City			City, State and Zip Code)  Country	Not Applicable
			·		•	

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

SFR Parts 731, 732, and 736							
Section 17 - Marital Status -	(Continued)						
17.2 Complete the following	g if you selected 'Divorced', 'Annu	lled', 'Widowe	d', or 'Other Forme	er Spouses'.			
Entry #1							
Provide the full name of you	ır former spouse.				Provide	the date of birth of your	
Last name	First name		<sub>I</sub> Middle name	Suffix	former s	pouse. (Month/Day/Year)	
						Est.	
Provide the place of birth fo	r your former spouse.		•	•			
City		State	Zip Code	Country (Requi	red)		
• • •	citizenship for your former spouse.				e the date you i	•	
Country #1	Country	y #2		former	spouse. (Month		
						Est.	
	Provide City and Country if outside the U			te and Country.)			
City		State	Country				
Provide the status of this ma	•	Provide th	e date divorced, an	nulled or widowed. (M	fonth/Day/Year)		
Divorced Wid	lowed Annulled					Est.	
For your divorced or annulle Code)	ed marriage, provide where the reco	ord is located. (	Provide City and Count	try if outside the United St	tates; otherwise, p	rovide City, State and Zip	
City		State	Zip Code Country				
Is this former spouse decea	sed?						
YES NO (If NO, co	omplete (a)) I don't know						
		f N f					
States; otherwise, provide C	d marriage provide last known addre ity, State and Zip Code)	ess of the form	er spouse. ( <i>Provide</i> (	City and Country it outside	tne United	I don't know	
Street	City		State	Zip Code C	Country		
	1						

## **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Section 17 - Marital Status - (Continued)							
17.2 Complete the following i	f you selected 'Divorced', 'Annu	ılled', 'Widowe	d', or 'Other Forme	r Spouses'.			
Entry #2							
Provide the full name of your t	former spouse.					Provide the date of birth of your	
Last name	Last name First name			Middle name		former spouse. (Month/Day/Year)	
						Est.	
Provide the place of birth for y	our former spouse.			-			
City		State	Zip Code	Country	(Required)		
Provide the country(ies) of citi	zenship for your former spouse.	,	•			date you married your	
Country #1	ry #2			former spou	se. (Month/Day/Year)		
						Est.	
Provide the place married. (Pr	ovide City and Country if outside the L	Inited States; other	rwise, provide City, Sta	te and Country.)			
City		State	Country				
Provide the status of this marr	riage.	Provide th	e date divorced, an	nulled or widov	wed. (Month/D	Day/Year)	
Divorced Widow	wed Annulled						
For your divorced or annulled	marriage, provide where the rec	ord is located. (	Provide City and Count	rv if outside the U	Jnited States: o	otherwise, provide City. State and Zip	
Code)		(		.,	,		
City		State	Zip Code	Country	/		
Is this former spouse decease	ed?	I					
YES NO (If NO, com	plete (a)) I don't know						
		af the farms		21	·		
States; otherwise, provide City	marriage provide last known add v. State and Zip Code)	ress of the form	er spouse. ( <i>Provide</i> C	ity and Country i	if outside the Ui	nited I don't know	
Street	City		State	Zip Code	Countr	ry	
			l				

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

### Section 17 - Marital Status - (Continued)

Entry #1  Provide the cohabitant full name. Last name  Provide the cohabitant place of bird City  For your foreign born cohabitant, in	First name	a cohabitant.	Middle name	Suffix	Provide the coha	
Provide the cohabitant full name.  Last name  Provide the cohabitant place of bird  City  For your foreign born cohabitant, ir			Middle name	Suffix		
Last name  Provide the cohabitant place of birt  City  For your foreign born cohabitant, ir			Middle name	Suffix		
City  For your foreign born cohabitant, ir	h.			1		Es
			State C	Country (Required	d)	
☐ DS 1350 ☐ U.S. Citizenship certificate	U.S. Passpo	ort (current or most rece	ent) None (Provide		umber.	
Provide document number.		ur cohabitant's U.S. Soc	<u> </u>			
Provide other names used by your	cohabitant (suct	n as maiden name nam	es by other marriages e	Not applicab		Not applicable
name was used).	conabitant (suci	r do maideir name, nam	ico by other marriages, c	ito., una provide	dates each	ј могаррисавје
‡1 Last name		First name		Middle nar	ne	Suffix 
Maiden name? From (Mon	th/Year)	To (Month/Year)	Present Est.			
#2 Last name		First name	ESI.	Middle nar	me	Suffix
Maiden name? From (Mon		To (Month/Year)	Present			
#3 Last name	Es	t.   First name 	Est.	Middle nar	me	Suffix I
Maiden name? From (Mon	·	To (Month/Year)	Present			
#4 Last name	Es	t.   First name 	Est.	Middle nar	me	Suffix
Maiden name? From (Mon	,	To (Month/Year)	Present			
Provide your cohabitant's country(i	es) of citizenship		Est.		Provide date cohabitat (Month/Day/Year)	ion began.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 17 - Marital Status - (Continued)

Section 17 - Marital Status - (Continued	<i>"</i>							
Complete the following if you presently	reside with a coh	nabitant.						
Entry #2								
Provide the cohabitant full name. Last name	First name		Middle name	Suffix		Provide the cohabit Date <i>(Month/Day/Yea</i>	ar)	birth. Est.
Provide the cohabitant place of birth. City			State	Country (Require	ed)			
For your foreign born cohabitant, indica	ite one type of do	cumentation that he	or she possesses a	and the document	number	r.		
FS 240 or 545	U.S. Passport (c	urrent or most recen	t) None (Pro	vide explanation)				
☐ DS 1350 ☐	Alien registration	1	Other (Pro	ovide explanation)	)			
U.S. Citizenship certificate	U.S. Naturalizati	on certificate	Explanation >					
Provide document number.	Provide your co	habitant's U.S. Socia	al Security Number.					
				☐ Not applica	ble			
Provide other names used by your coh	abitant (such as	maiden name, name	s by other marriage	s, etc., and provid	le dates	each N	lot applicab	ole
name was used).	•							
#1 Last name		First name		Middle na	ame	ı	Suffix	
Maiden name? From (Month/Ye	ear)	To (Month/Year)	Present					
YES NO	Est.		Est.					
#2 Last name		First name		Middle na	ame	ı	Suffix	
Maiden name? From (Month/Ye	ear)	To (Month/Year)	Present					
YES NO	Est.		Est.					
#3 Last name		First name		Middle na	ame	ı	Suffix	
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present					
YES NO	Est.		Est.					
#4 Last name		First name		Middle na	ame	ı	Suffix	
Maiden name? From (Month/Ye	ar)	To (Month/Year)	Present					
YES NO	Est.		Est.					
Provide your cohabitant's country(ies) o	of citizenship.	Country #2				de date cohabitation n/Day/Year)	began.	
Country #1		Country #2			"""			

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives			
Select each type of relative applicable to you, regardless i Check all that apply.  Mother  Foster parent	f they are living or deceased. (An o	pportunity will be provided to list multiple re Half-sister	elatives for each type.)
☐ Father ☐ Child (including adopted	//foster) Stepbrothe	er	
Stepmother Stepchild	Stepsister	Mother-in-law	
Stepfather Brother	Half-broth	er Guardian	
Entry #1			
Provide relative type.			
Provide your relative's full name.			
Last name First I		Middle name	Suffix
Provide your relative's date of birth.  Date (Month/Day/Year)  Est.  Provide your relative city	ve's place of birth. Stat	e Country (Required)	
Provide your relative's country(ies) of citizenship.  Country #1	Country #2		
18.1 Complete the following if the relative listed is your Sister, Stepbrother, Stepsister, Half-brother, H	alf-sister.		, Stepchild, Brother,
If mother, provide your mother's maiden name.  Last name First I	Same as listed I don't	know Middle name	Suffix
Has this relative used any other names?			
YES NO			
Provide other names used and the period of time that y	aiden name by a former marriage, former	Not applicable	
name, alias, or nickname).	First resume	Middle	
#1 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year) Present	Provide the reason(s) why the name	changed.
☐YES ☐ NO ☐ Est.	Present Est.		
#2 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year) Present	Provide the reason(s) why the name	changed.
☐YES ☐ NO ☐ Est.	Est.		
#3 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year) Present	Provide the reason(s) why the name of	changed.
☐YES ☐ NO ☐ Est.	Est.		
#4 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year) Present	Provide the reason(s) why the name	changed.
☐YES ☐ NO ☐ Est.	Est.		
·			
Enter your Social Security Number before going t	o the next page		

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	ction 18 - Relatives - (Continued)
	your relative deceased? YES (If YES, proceed to 18.3) 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.
Entry #1	Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street State Zip Code Country
	Does this relative have an APO/FPO address?  YES Provide your relative's APO/FPO address.  NO Address APO or FPO APO/FPO State Code Zip Code  I don't know
	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.  Provide one type of documentation that he or she possesses and the document number.
Entry #1	FS 240 or 545 U.S. Naturalization certificate ☐ Other (Provide explanation) ▶
Entr	DS 1350 U.S. Passport
	U.S. Citizenship certificate  None (Provide explanation) ▶
	Provide document number.  Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.
	Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.  Street City State Zip Code
E	er your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 18 - Relatives - (Continued) 18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased. Provide type of documentation he or she possesses to support U.S. residence. Provide document number U.S. Visa U.S. Alien registration Other (Provide explanation) > 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). Electronic (Such as e-mail, texting, chat rooms, etc) In person Telephone Other (Provide explanation) Written correspondence Provide approximate frequency of contact Daily Monthly Annually Other (Provide explanation) Weekly Quarterly 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 I don't know and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence YES □ 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) Other (Provide explanation) Written correspondence 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 I don't know and Country if outside the United States; otherwise, provide City, State and Zip Code) 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 POSITIONS

Form approved: OMB No. 3206 0005

Section 18 - Relatives - (Continued)							
Entry #2							
Provide relative type.							
Describe assessment that the fall of a second							
Provide your relative's full name.  Last name  First name	ame		Middle name	Suffix			
Provide your relative's date of birth. Provide your relative	e's place of birth.	<b>2</b>	•				
Date (Month/Day/Year) City		State 	Country (Required)				
Provide your relative's country(ies) of citizenship.							
Country #1	Country #2						
,							
18.1 Complete the following if the relative listed is your I	⊔ ∕lother, Father, Stepmo	other, Stepfather,	Child (including adopted/foster), St	epchild, Brother,			
Sister, Stepbrother, Stepsister, Half-brother, Ha							
If <b>mother</b> , provide your mother's maiden name.  [Last name First name	Same as listed	I don't know	Middle name	Suffix			
Last name First na	anie		Middle name	Sullix			
Has this relative used any other names?							
YES NO							
Provide other names used and the period of time that yo	ur relative used them (s	uch as maiden nan	ne by a former marriage, former	Not applicable			
name, alias, or nickname).							
#1 Last name	First name		Middle name	Suffix I			
Maiden name? From (Month/Year)	To (Month/Year)	- Pro	vide the reason(s) why the name char	naed			
YES NO Est.		Present Pro	wing the reason(s) willy the hame chai	igeu.			
#2 Last name	First name	LSt.	Middle name	Suffix			
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	ovide the reason(s) why the name char	nged.			
☐YES ☐ NO ☐ Est.		Est.					
#3 Last name	First name		Middle name	Suffix			
Maiden name? From (Month/Year)	To (Month/Year)	I ICSCIIL I	ovide the reason(s) why the name char	nged.			
YES NO Est.	. – –	Est.					
#4 Last name	First name		Middle name	Suffix			
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	ovide the reason(s) why the name char	nged			
YES NO Est.	I	Est.	what the reason(s) why the hame onar	igea.			

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 18 - Relatives - (Continued)						
	, ,					VEC (///EQ ======	
18	s your relative deceased?					YES (If YES, proce	
	18.2 Complete the following if the r Stepchild, Brother, Sister, S	elative listed is your Mother, Fa tepbrother, Stepsister, Half-b					
Entry #2	Provide your relative's current address Street	ess. (Provide City and Country if outs City	side the United States;	otherwise, provid State	le City, State and Zip C Zip Code	Code) Country	
Ent							
Does this relative have an APO/FPO address?							
		relative's APO/FPO address.	Δ	PO or FPO	APO/FPO	State Code	Zip Code
	NO Address		Ĺ				
L					I		
	18.3 Complete the following if the re	elative listed is your <mark>Mother, Fa</mark> t er, Half-brother, Half-sister an				opted/foster), Ste	pchild, Brother,
	OR			_			
		elative listed is your Mother, Fatepbrother, Stepsister, Half-br APO/FPO address.					
22	Provide one type of documentation	that he or she possesses and the	ne document numbe	er.			
Entry #2	FS 240 or 545	U.S. Naturalization certific	ate Other	(Provide expl	anation) ▶		
ᇤ	☐ DS 1350	U.S. Passport					
	U.S. Citizenship certificate	None (Provide explanation	n) <b>&gt;</b>				
	Provide document number.	Provide 1	the name of the cou	irt that issued	the U.S. Citizenship	o/Naturalization ce	rtificate.
	Provide the address of the court that	at issued the U.S. Citizenship/Na		ate.		01.1	7: 0 .
	Street		City			State	Zip Code
_			<u> </u>			<u> </u>	

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 18 - Relatives - (Continued) 18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased. Provide type of documentation he or she possesses to support U.S. residence. Provide document number U.S. Visa U.S. Alien registration Other (Provide explanation) > Provide approximate date of last contact. (Month/Year) Provide approximate date of first contact. (Month/Year) Present Est. Est. Provide methods of contact (Check all that apply). Electronic (Such as e-mail, texting, chat rooms, etc) In person Telephone Other (Provide explanation) Written correspondence Provide approximate frequency of contact Daily Monthly Annually Other (Provide explanation) Weekly Quarterly 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 I don't know and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence YES □ 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) Other (Provide explanation) Written correspondence 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 I don't know and Country if outside the United States; otherwise, provide City, State and Zip Code) 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 POSITIONS

Section 18 - Relatives - (Continued)							
Entry #3							
Provide relative type.							
Provide your relative's full name.  Last name First n	ame		Middle name	Suffix			
1	ao						
Provide your relative's date of birth. Provide your relative	e's place of birth.						
Date (Month/Day/Year) City	•	State I	Country (Required)				
Est.							
Provide your relative's country(ies) of citizenship. Country #1	Country #2						
Country #1	Country #2						
<b>18.1</b> Complete the following if the relative listed is your	Mathar Eathar Stanma	than Stanfathan (	Child (including adopted/factor) Sta	nahild Brother			
Sister, Stepbrother, Stepsister, Half-brother, Ha	ilf-sister.	iller, Steplatiler,	child (including adopted/loster), Ste	penna, Brother,			
If mother, provide your mother's maiden name.	Same as listed	I don't know					
Last name First n	ame	ı	Middle name	Suffix			
Last name  First n							
Has this relative used any other names?							
YES NO							
Provide other names used and the period of time that you name, alias, or nickname).	ur relative used them (su	ch as maiden nam	le by a former marriage, former	Not applicable			
#1 Last name	First name		Middle name	Suffix			
Maiden name? From (Month/Year)	To (Month/Year)	To (Month/Year) Present Provide the reason(s) why the na					
YES NO Est.		Est.					
#2 Last name	First name		Middle name	Suffix I			
Maiden name? From (Month/Year)	To (Month Moor)	Drov	vide the reason(s) why the name chang				
Maiden name? From (Month/Year)  YES NO Est.	. =	Present Prov	vide the reason(s) why the hame chang	jeu.			
#3 Last name	First name	LSI.	Middle name	Suffix			
" Edd: Hario							
Maiden name? From (Month/Year)	To (Month/Year)	Present Prov	vide the reason(s) why the name chang	ged.			
☐ YES ☐ NO ☐ Est.		Est.					
#4 Last name	First name		Middle name	Suffix			
Maiden name? From (Month/Year)	. —		vide the reason(s) why the name chan	ged.			
YES NO Est.		Est.					
Enter your Social Security Number before going to	the next page						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	ection 18 - Relatives - (Continued)
	your relative deceased? YES (If YES, proceed to 18.3) 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.
Entry #3	Provide your relative'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
	Does this relative have an APO/FPO address?  ☐ YES → Provide your relative's APO/FPO address.  ☐ NO Address APO or FPO APO/FPO State Code Zip Code  ☐ I don't know
	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.
3	Provide one type of documentation that he or she possesses and the document number.
Entry #3	☐ FS 240 or 545 ☐ U.S. Naturalization certificate ☐ Other (Provide explanation) ▶
ᇤ	DS 1350 U.S. Passport
	U.S. Citizenship certificate
	Provide document number.  Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.
	Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.  Street  City  State  Zip Code
E	er your Social Security Number before going to the next page

Standard Form 86

Form approved:

evised December 2010 S. Office of Personnel Management CFR Parts 731, 732, and 736		IONNAIRE FOR ECURITY POSIT			OMB No. 3206 0005
Section 18 - Relatives - (Continued)					
18.4 Complete the following if the relative list Stepchild, Brother, Sister, Stepbrothe has a U.S. address and is not deceased	er, Stepsister, Half-brot				
Provide type of documentation he or she post  ☐ U.S. Alien registration ☐ U.S. Vis ☐ Other (Provide explanation) ▶	• • • • • • • • • • • • • • • • • • • •		Provide document nu	mber	
Provide approximate date of first contact. (Mo	nth/Year)	Provide approximate d	ate of last contact.	(Month/Year)	Present Est.
	oply). Felephone Other (Provide explanatio		h as e-mail, texting,	chat rooms, etc)	
Weekly C	Monthly Quarterly	Annually Other (Provide			
Provide name of current employer, or provide Employer name		ecent employer if not curr n't know	ently employed (if ki	nown).	
Provide the address of current employer, or p and Country if outside the United States; otherwise, p Street			if not currently emplo	Oyed. (Provide City  Country	☐ I don't know
Is this relative affiliated with a foreign government of the service.  I don't know		efense industry, foreign m eign government, military			ovement, or intelligence
18.5 Complete the following if the relative list Stepchild, Brother, Sister, Stepbrothe has a foreign address and is not decease	er, Stepsister, Half-brot				
Provide approximate date of first contact. (Mo	nth/Year)	Provide approximate d	ate of last contact.	(Month/Year)	Present Est.
	oply). Felephone Other (Provide explanatio		h as e-mail, texting,	chat rooms, etc)	
	Monthly Quarterly	Annually Other (Provide	explanation) <b>▶</b>		
Provide name of current employer, or provide Employer name	_	ecent employer if not curr n't know	ently employed (if ki	nown).	
Provide the address of current employer, or p and Country if outside the United States; otherwise, p Street			if not currently emplo	oyed. (Provide City  Country	☐ I don't know
Is this relative affiliated with a foreign governr	nent, military, security. de	 efense industry, foreian m	lovement. or intellige	I ence service?	

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

YES ☐ NO

I don't know

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Sect	ion 18 - Relatives -	(Continued)	)							
Entr	y #4									
Provi	Provide relative type.									
	4									
	de your relative's full name	name.		First na	ame				Middle name	Suffix
									-	
Provi	Provide your relative's date of birth. Provide your re				e's place of birth.			!		<u> </u>
Date	Date (Month/Day/Year)						State I		Country (Required)	
D	d	Est.	-141							
	de your relative's cou try #1	intry(les) of	citizensnip.		Country #2					
	<b>,</b>									
18	.1 Complete the follo	owing if the r	elative listed	is your <b>N</b>	│ ∕lother, Father, Ste	pmothe	r, Stepfath	ner, (	Child (including adopted/foster),	Stepchild, Brother,
	Sister, Stepbroth	er, Stepsis	ter, Half-bro	ther, Ha	lf-sister.	•	•	·		• •
S)	<b>nother</b> , provide your	mother's ma	aiden name.	[	Same as listed		don't know	V	A4: 1.11	0
La La	st name			First na	ame			I	Middle name	Suffix
<u> </u>	s this relative used a	ny othor nar	moe?							
	7	ny ouiei nai	1109 :							
-		sed and the	period of time	e that vo	ur relative used ther	n (such	as maiden	nam	e by a former marriage, former	□ Nat applicable
	me, alias, or nicknam		portou or time	o triat yo	ar rolativo acca tilo.	(00011	do maidon		o by a formal marinage, formal	Not applicable
#1	Last name				First name				Middle name	Suffix
					<u> </u>			_		
	Maiden name?  ☐ YES ☐ NO	From (Mont	h/Year)		To (Month/Year)		.50110	Prov	vide the reason(s) why the name ch	nanged.
				Est.	First reserve	Est	•		Middle nesse	Coeffice
#2	! Last name				First name				Middle name	Suffix
	Maiden name?	From (Mont	h/Year)		To (Month/Year)	□ Dre	sent	Prov	/ide the reason(s) why the name ch	nanged.
	☐YES ☐ NO	,		Est.		Est	.50110		(1, )	3.1
#3	Last name				First name				Middle name	Suffix
	Maiden name?	From (Mont	h/Year)		To (Month/Year)	Pre	sent	Prov	vide the reason(s) why the name ch	nanged.
	YES NO			Est.		Est	-			
#4	Last name				First name				Middle name	Suffix
	Maiden name?	From (Mont			To (Month/Year)	_		Prov	vide the reason(s) why the name ch	nanged.
	YES NO			Est.		Est				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 19 Polotives (Continued)					
	Section 18 - Relatives - (Continued)					
ı	Is your relative deceased?				'ES (If YES, proce	
		elative listed is your Mother, Father, St epbrother, Stepsister, Half-brother, I				
Entry #4	Provide your relative's current addre Street	SS. (Provide City and Country if outside the U City	Inited States; otherwise, provid State		de) Country	
_	Does this relative have an APO/FPC	address?				
		elative's APO/FPO address.				
	NO Address		APO or FPO	APO/FPO S	state Code	Zip Code
	I don't know					
	Sister, Stepbrother, Stepsiste OR Complete the following if the re	lative listed is your Mother, Father, Ster, Half-brother, Half-sister and is a Ulative listed is your Mother, Father, Stepbrother, Stepsister, Half-brother, FAPO/FPO address.	.S. Citizen, foreign born a epmother, Stepfather, Fo	nd is deceased.  oster parent, Child (	including adop	ted/foster),
4	Provide one type of documentation t	hat he or she possesses and the docu	ment number.			
Entry #4	FS 240 or 545	U.S. Naturalization certificate	Other (Provide expl	anation) ▶		
Ē	DS 1350	U.S. Passport				
	U.S. Citizenship certificate	<ul><li>None (Provide explanation) ▶</li></ul>				
	Provide document number.	Provide the nam	e of the court that issued	the U.S. Citizenship/f	Naturalization ce	ertificate.
	Provide the address of the court that Street	t issued the U.S. Citizenship/Naturaliza	tion certificate. City		State	Zip Code

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

NATIONAL SECURITY POSITIONS Section 18 - Relatives - (Continued) 18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased. Provide type of documentation he or she possesses to support U.S. residence. Provide document number U.S. Visa U.S. Alien registration Other (Provide explanation) Provide approximate date of last contact. (Month/Year) Provide approximate date of first contact. (Month/Year) Present Est. Est. Provide methods of contact (Check all that apply). Electronic (Such as e-mail, texting, chat rooms, etc) In person Telephone Other (Provide explanation) Written correspondence Provide approximate frequency of contact Daily Monthly Annually Other (Provide explanation) Weekly Quarterly 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 I don't know and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence YES □ 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 Electronic (Such as e-mail, texting, chat rooms, etc) Telephone Other (Provide explanation) Written correspondence 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 I don't know and Country if outside the United States; otherwise, provide City, State and Zip Code) 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 POSITIONS

Section 18 - Relatives - (Continued)				
Entry #5				
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)  Est.	tive's place of birth.	State	Country (Required)	1
Provide your relative's country(ies) of citizenship. Country #1	Country #2	I		
18.1 Complete the following if the relative listed is you Sister, Stepbrother, Stepsister, Half-brother,		nother, Stepfather,	Child (including adopted/foster), S	tepchild, Brother,
If mother, provide your mother's maiden name.  Last name  First	Same as listed	I don't know	Middle name	Suffix
Has this relative used any other names?  YES NO  Provide other names used and the period of time that	your relative used them (:	such as maiden nar	me by a former marriage, former	Not applicable
name, alias, or nickname). #1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)  YES NO Est.	To (Month/Year)	Present Pro	ovide the reason(s) why the name cha	nged.
#2 Last name	First name	_	Middle name	Suffix
Maiden name? From (Month/Year)  YES NO Est.	To (Month/Year)	Present Pro	ovide the reason(s) why the name cha	
#3 Last name  Maiden name? From (Month/Year)	First name  To (Month/Year)	December Pro	Middle name  Divide the reason(s) why the name cha	Suffix
YES NO Est.	First name	Present Pro	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Dr.	ovide the reason(s) why the name cha	
YES NO Est.	To (Monthly real)	Present Pro	ovide the reason(s) why the hame that	ngeu.
Enter your Social Security Number before going	to the next page			

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	SFR Parts 731, 732, and									
	Section 18 - Relative	s - (Continued	0							
	ls your relative deceas	sed?							YES (If YES, prod	ceed to 18.3) NO
			relative listed is you Stepbrother, Steps							
Entry #5	Provide your relativ Street	e's current add	ress. (Provide City and	Country if outside the City	United States;	otherwise, provid State	de City, St Zip Co		code) Country	
"	Does this relative h									
	☐ YES → ☐ NO ☐ I don't know	Provide your Address	r relative's APO/FPC	) address.	,	APO or FPO		APO/FPO	State Code	Zip Code
	18.3 Complete the	following if the	relative listed is you	Mother, Father, S	itepmother,	Stepfather, C	hild (inc	luding add	pted/foster), St	tepchild, Brother,
	O Complete the Stepchild, Bro	R following if the l other, Sister, S	relative listed is you Stepbrother, Stepsion APO/FPO address	Mother, Father, S ster, Half-brother,	tepmother,	Stepfather, F	oster pa	rent, Child		
2	Provide one type of	documentation	n that he or she pos	sesses and the doc	ument numb	er.				
Entry #5	S 240 or 545		U.S. Naturali	zation certificate	Othe	· (Provide expl	anation)	•		
En	DS 1350		U.S. Passpor	t						
	U.S. Citizenshi	p certificate	None (Provid	e explanation) 🕨						
	Provide document r	number.		Provide the nar	me of the co	urt that issued	the U.S.	Citizenship	/Naturalization o	certificate.
	Provide the address Street	s of the court th	at issued the U.S. C	Citizenship/Naturaliz	cation certification	ate.			State	Zip Code
Er	nter your Social Se	curity Numb	er before going	to the next page				<b></b>	- 1	

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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 first contact. (Month/Year)  Provide methods of contact (Check all that apply).  In person  Telephone  Belectronic (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)	5 CFR Parts 731, 732, and 736	MATION	VAL SECURITI PUS	31110110				
Stopchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and Is not a U.S. Clizzen has a U.S. address and is not deceased.    Provide type of documentation he or she possesses to support U.S. residence.	Section 18 - Relatives - (Continued)							
U.S. Alien registration   U.S. Visa   Provide document number	Stepchild, Brotl	her, Sister, Stepbrother, Stepsister, H						
Est.	U.S. Alien registra	tion U.S. Visa	rt U.S. residence.	Provide document number				
In person	Provide approximate d	ate of first contact. (Month/Year)	1	e date of last contact. (Month/Year)				
Daily	In person	Telephone		Such as e-mail, texting, chat rooms, etc)				
Employer name	Daily Weekly	☐ Monthly ☐ Quarterly	Other (Provi					
Street  City  State and Zip Code  Country  Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?  PYES  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.  Provide approximate fequency of contact.  Daily  Weekly  Quarterly  Other (Provide explanation)  Provide name of current employer, or provide the name 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)  State  Zip Code  Country		nt employer, or provide the name of the	_	currently employed (if known).				
YES   Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intellige service.   No	and Country if outside the	United States, otherwise, provide City, State an	and Zip Code)		I don't know			
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)	☐ YES —— NO	Describe the relative's relationship with			novement, or intelligence			
Est.   Est.	Stepchild, Broth	ner, Sister, Stepbrother, Stepsister, H						
In person	Provide approximate d	ate of first contact. (Month/Year)		e date of last contact. (Month/Year)	=			
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)  Street  City State Zip Code Country	☐ In person ☐ Written correspond	☐ Telephone dence ☐ Other (Provide ex		Such as e-mail, texting, chat rooms, etc)				
Employer name  I don't know  Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country	Daily Weekly	☐ Monthly☐ Quarterly	Other (Provi					
and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City State Zip Code Country		nt employer, or provide the name of the	_	currently employed (if known).				
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?	and Country if outside the	United States, otherwise, provide City, State an	and Zip Code)		l don't know			
Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intellige service.	☐ YES — NO	Describe the relative's relationship with			novement, or intelligence			

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 18 - Relatives - (Continued)				
Entry #6				
Provide relative type.				
Provide your relative's full name.	nama		Middle neme	Cuffix
Last name First	name		Middle name	Suffix
Dravida vaus salativala data of histh	ivo's place of hirth			
Provide your relative's date of birth.  Date (Month/Day/Year)  Provide your relation of birth.  City	ive's place of birth.	State	Country (Required)	
Est.				
Provide your relative's country(ies) of citizenship.			1	
Country #1	Country #2			
18.1 Complete the following if the relative listed is you Sister, Stepbrother, Stepsister, Half-brother, I	r Mother, Father, Stepmoth Half-sister.	er, Stepfather,	Child (including adopted/foster), St	tepchild, Brother,
If <b>mother</b> , provide your mother's maiden name.	Same as listed	I don't know		
Last name First	name		Middle name	Suffix
Has this relative used any other names?				
☐ YES ☐ NO				
Provide other names used and the period of time that	your relative used them (such	as maiden nam	ne by a former marriage, former	Not applicable
name, alias, or nickname).  #1 Last name	First name		Middle name	Suffix
#1 Last Hallie				
Maiden name? From (Month/Year)	To (Month/Year)	Pro	vide the reason(s) why the name cha	nged.
YES NO Est.		Cocint	viae are reason(e) mily are name ena	904.
#2 Last name	First name		Middle name	Suffix
"- Last name				
Maiden name? From (Month/Year)	 To (Month/Year)	esent Pro	ovide the reason(s) why the name cha	nged.
☐YES ☐ NO ☐ Est.	Es	Cocint	, , , ,	
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year) Pr	esent Pro	ovide the reason(s) why the name cha	nged.
☐YES ☐ NO ☐ Est.				
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year) Pr	esent Pro	ovide the reason(s) why the name cha	nged.
☐YES ☐ NO ☐ Est.	Es	1		

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	FR Parts 731, 732, and 736									
	Section 18 - Relatives - (Continued)    Section 18 - Relatives - (Continued)   VES. (If VES. proceed to 18.2)   NO.									
l:	Is your relative deceased? YES (If YES, proceed to 18.3) NO									
		rother, Stepsister, Half-brother, H	alf-sister, Father-in-law	, Mother-in-law, Gu	ardian and is no					
9#	Provide your relative's current address. (Street	(Provide City and Country if outside the Un City	ited States; otherwise, provid State		ode) Country					
Entry #6	Street	City	Jiale	Zip Code	Country					
"	Does this relative have an APO/FPO add	dress?		<u>t</u> _						
	YES Provide your relati	ive's APO/FPO address.								
	NO Address		APO or FPO	APO/FPO S	State Code	Zip Code I				
L	I don't know									
	18.3 Complete the following if the relative	re listed is your Mother, Father, Step	omother, Stepfather, Ch	nild (including adop	oted/foster), Ste	pchild, Brother,				
	OR	lalf-brother, Half-sister and is a U.S								
		re listed is your Mother, Father, Stel rother, Stepsister, Half-brother, Ha								
	foreign born and has a U.S. or APC	D/FPO address.		, Mother-III-law, Gu	ardian and is a c	J.O. Giuzen,				
9#	Provide one type of documentation that									
Entry #6	FS 240 or 545 DS 1350	U.S. Naturalization certificate U.S. Passport	Other (Provide expla	anation) ▶						
	U.S. Citizenship certificate	None (Provide explanation)								
	Provide document number.		of the court that issued t	the U.S. Citizenship/		rtificate.				
				·						
	Provide the address of the court that issu	ued the U.S. Citizenship/Naturalizati			Ctata	Zin Cada				
	Street		City 		State	Zip Code				
L										

Rev J.S	ndard Form 86 vised December 2010 3. Office of Personnel Management FR Parts 731, 732, and 736	· · · · · · · · · · · · · · · · · · ·	ONNAIRE FOR CURITY POSIT	IONS	Form approved: OMB No. 3206 0005			
S	Section 18 - Relatives - (Continued)							
	18.4 Complete the following if the relative listed is Stepchild, Brother, Sister, Stepbrother, S has a U.S. address and is not deceased.							
Provide type of documentation he or she possesses to support U.S. residence.  ☐ U.S. Alien registration ☐ U.S. Visa Provide document number  ☐ Other (Provide explanation) ▶								
	Provide approximate date of first contact. (Month/Y	Present Est.						
	☐ Written correspondence ☐ Othe	phone r (Provide explanation		as e-mail, texting, chat rooms,	etc)			
	Provide approximate frequency of contact.  Daily Mont  Weekly Quar	•	Annually Other (Provide e	explanation) <b>▶</b>				
	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)  Street  City  State  Zip Code  Country							
	Is this relative affiliated with a foreign government  YES  Describe the relative's relative.  NO  I don't know			ovement, or intelligence service? security, defense industry, forei				
	18.5 Complete the following if the relative listed is Stepchild, Brother, Sister, Stepbrother, S has a foreign address and is not deceased.							
) H	Provide approximate date of first contact. (Month/Y	′ear) ☐ Est.	Provide approximate da	te of last contact. (Month/Year)	Present Est.			
		hone r (Provide explanation		as e-mail, texting, chat rooms,	etc)			
	Provide approximate frequency of contact.  Daily  Weekly  Quar	•	Annually Other (Provide e	explanation) ▶				
	Provide name of current employer, or provide the Employer name	_	cent employer if not curre t know	ently employed (if known).				
	Provide the address of current employer, or provide and Country if outside the United States; otherwise, provide			not currently employed. (Provide	City I don't know			
	Street	City	State	Zip Code Country				

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

Zip Code

City

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

YES

☐ NO

I don't know

service.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts							
A foreign national is defined as any pers	son who is not a citizen or r	national of t	he U.S.				
Do you have, or have you had, close an (7) years with whom you, or your spous and/or obligation? Include associates as	se, or cohabitant are bound	by affection	n, influence, comm		YES N	IO (If NO, pro	nceed 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 na	ational, if known.				☐ I don	ı't know	
Last name First name Middle name Suffix Explanation if name is unknown							
Provide approximate date of first cont	Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)						
	☐ Est. ☐ Est.						
Provide methods of contact (Check al	Provide methods of contact (Check all that apply).						
☐ In person	Telephone		Electronic (Su	ch as e-mail, tex	xting, chat rooms	s, etc)	
Written correspondence	Other (Provide expl	anation) >					
Provide approximate frequency of cor	ntact.						
☐ Daily	Monthly		Annually				
Weekly	Quarterly		Other (Provide	e explanation) >			
Provide the nature of relationship (Ch	neck all that apply).		Personal (S	Such as family tie	es, friendship, af	fection, com	ımon interests, etc)
Obligation (Provide explanation)	) ▶		=	ride explanation)	•		,
Provide other names and/or nickname				. ,	· ·		
Last name	First name			Middle name			Suffix
Provide country(ies) of citizenship. Country #1	Coun	try #2					
Provide date of birth. I don't kn	now Provi	de place of	birth.	n't know			
(Month/Day/Year)	City		_	Country	(If country unknow	vn, requires e	xplanation)
Est.							
Provide current address. (Provide City	and Country if outside the Unite	ed States; oth	erwise, provide City, S	State and Zip Code.	.)		I don't know
Street	City		State	Zip Code	Country		
Does this person have an APO/FPO	address? Provide the foreig	gn national'	s APO/FPO addres	SS.			
☐YES → Add	dress		APO or FPC	)	APO/FPO Stat	te Code	Zip Code
☐ NO ☐ I don't know							
Provide the name of the foreign nation	nal's current employer, or p	provide the	name of their most	recent employe	er 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	se, provide C	State	Zip Code	Country		
	1						
Is this foreign national affiliated with a	a foreign government, milita	ary, security	, defense industry	or intelligence s	service?		
1	be the contact's relationship		•	•		stry, or intelli	igence service.
□ NO □ I don't know	- '			•		-	-
I I I I I I I I I I I I I I I I I I I							
nter your Social Security Number	r before going to the ne	ext page			$\longrightarrow$		

## **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

ection 19 - Foreign Contacts - (Continuea)								
Complete the following if you responded 'Ye	s' to have, or have had, clos	se and/or continuing c	ontact with a foreign	national.				
Entry #2	Entry #2							
Provide the full name of the foreign national	, if known.			I don't know				
Last name First n	ame	Middle name	Suffix	Explanation if name	is unknown			
Provide approximate date of first contact. (M	lonth/Year) Provi	ide approximate date	of last contact. (Monta	h/Year)				
	Est.			Est.				
Provide methods of contact (Check all that a	apply).							
☐ In person	Telephone	Electronic (S	uch as e-mail, textino	g, chat rooms, etc)				
Written correspondence □ Other (Provide explanation) ▶								
Provide approximate frequency of contact.								
Daily	Monthly	Annually						
Weekly	Quarterly	Other (Provid	le explanation) >					
Provide the nature of relationship (Check all	that apply).							
Professional or Business		= '	•	riendship, affection, com	imon interests, etc)			
☐ Obligation (Provide explanation) ▶		Other (Pro	vide explanation) ▶					
Provide other names and/or nicknames, as	appropriate.		T		T			
Last name	First name		Middle name		Suffix			
Provide country(ies) of citizenship.	1				<b>-</b>			
Country #1	Country #2							
Provide date of birth.	Provide place	e of birth.	n't know					
(Month/Day/Year)	City		Country (If a	country unknown, requires e	xplanation)			
Est.								
Provide current address. (Provide City and Co	untry if outside the United States	s; otherwise, provide City,	State and Zip Code.)		I don't know			
Street	City	State	Zip Code	Country				
Does this person have an APO/FPO addres	s? Provide the foreign natio							
☐ YES — Address		APO or FF	PO A	PO/FPO State Code	Zip Code			
☐ NO ☐ I don't know								
Provide the name of the foreign national's co	urrent employer, or provide	the name of their mos	t recent employer if i	not currently employed.				
Employer name								
☐ I don't know								
Provide the address of the foreign national's employed. (Provide City and Country if outside the				er if not currently	I don't know			
Street	City	State	Zip Code	Country				
Is this foreign national affiliated with a foreig	l n government, military, seci	I uritv. defense industrv	. or intelligence serv	ice?				
	contact's relationship with the	-	=		igence service.			
NO ☐ I don't know		-	•	-				

## **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

section 19 - Foreign Contacts - (Continuea)							
Complete the following if you responded 'Yes'	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, it Last name		Middle name	Suffix	I don't know Explanation if name	is unknown		
Provide approximate date of first contact. (Moi	nth/Year) Provide	e approximate date o	of last contact. (Monta	h/Year)			
Provide methods of contact (Check all that apply).  In person  Written correspondence  Other (Provide explanation)							
	Monthly Quarterly	Annually Other (Provid	e explanation) ▶				
Provide the nature of relationship (Check all the professional or Business  ☐ Obligation (Provide explanation) ▶			Such as family ties, f	riendship, affection, com	mon interests, etc)		
Provide other names and/or nicknames, as ap			I		0.55		
Last name	First name		Middle name		Suffix		
Provide country(ies) of citizenship. Country #1	•• •						
Provide date of birth.	Provide place of City	of birth.	n't know Country (If o	country unknown, requires e	xplanation)		
Provide current address. (Provide City and Cour	ntry if outside the United States:	otherwise provide City	State and Zin Code )		I don't know		
Street	City	State	Zip Code	Country	I don't know		
Does this person have an APO/FPO address'  YES Address  NO I don't know	? Provide the foreign nationa	al's APO/FPO addres APO or FP		PO/FPO State Code	Zip Code		
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 cemployed. (Provide City and Country if outside the Country if outsi				er if not currently  Country	☐ I don't know		
Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?							

## **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

section 19 - Foreign Contacts - (Continued)						
Complete the following if you responded 'Yes	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.			I don't know		
Last name First na	ame	Middle name	Suffix	Explanation if name	is unknown	
Provide approximate date of first contact. (Mo	onth/Year) Provide	e approximate date	of last contact. (Month/	Year)		
	Est.			Est.		
Provide methods of contact (Check all that a	pply).	_				
In person	Telephone	Electronic (Su	uch as e-mail, texting,	chat rooms, etc)		
Provide approximate frequency of contact.						
☐ Daily ☐ I	Monthly	Annually				
☐ Weekly	Quarterly	Other (Provid	le explanation) >			
Provide the nature of relationship (Check all	that apply).					
Professional or Business			•	endship, affection, com	mon interests, etc)	
☐ Obligation (Provide explanation) ▶		Other (Pro	vide explanation) ▶			
Provide other names and/or nicknames, as a	appropriate.					
Last name	First name		Middle name		Suffix	
Provide country(ies) of citizenship.			I.			
Country #1	Country #2					
Provide date of birth.	Provide place of	of birth.	n't know			
(Month/Day/Year)	City		Country (If co	untry unknown, requires e.	xplanation)	
Est.						
Provide current address. (Provide City and Cou	untry if outside the United States; o	therwise, provide City,	State and Zip Code.)		I don't know	
Street	City	State	Zip Code	Country		
Does this person have an APO/FPO address	s? Provide the foreign national	al's APO/FPO addre	SS.	1		
YES Address		APO or FF	PO AP	O/FPO State Code	Zip Code	
☐ NO ☐ I don't know						
Provide the name of the foreign national's cu	rrent employer, or provide the	e name of their mos	t recent employer if no	ot 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 Street	City	City, State and Zip Coo	Zip Code	Country		
Shoot						
Is this foreign national affiliated with a foreign	a government military securi	ity defense industry	or intelligence service	<u> </u>		
December the s	contact's relationship with the	-	=		igence service	
	The state of the s		.,,, 300ani,, do			
NO I don't know						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 20A - Foreign Activities

orporate entities, corporate interests or busines	o having foreign financial inter				
iversified mutual funds that are publicly traded		e alrect control of t	illect ownership? (E	exclude illianciai illiere	sts in companies o
ntry #1					
pecify (Check all that apply): Yourself	Spouse	Cohabitant	Dependent	children	
rovide the type of financial interest.	Provide the date	acquired. (Month/L			
rovide how the financial interest was acquired (	(such as purchase, gift, etc.).	L	Est.		
rovide the cost (in U.S. dollars) at time of	Provide the curre	ent value (in U.S. o	lollars) or the value	at the time control or	
equisition.	ownership was s	old, lost or otherw	ise disposed of:		
	Est.				Est.
rovide the date control or ownership was relinq ate	Est.	otherwise dispo		control or ownership v	was sold, lost or
	Not Applicable				
re there any co-owners of this foreign financial  YES NO	interest?				
Provide full name of co-owner.     Last name	First name		Middle name		Suffix
Dravida the as awards aurrent address (Dur	wide City and Carretor it a deide the	. Haite d Otata a sath an	vice and ide City Otek	and Zin Code )	
Provide the co-owner's current address. ( <i>Pro</i> Street	City   City 	State	Zip Code	Country	
Provide your co-owner's country(ies) of citize	nehin				
Country #1	Country #2		Provide the natu	re of your relationship	with the co-owner
2 Provide full name of co-owner.					0 "
Last name	First name		Middle name		Suffix
Provide the co-owner's current address. (Pro	   vide Citv and Country if outside the	United States: other	 wise. provide Citv. State	e and Zip Code.)	
Street	City	State	Zip Code	Country	
Provide your co-owner's country(ies) of citize Country #1	nship. Country #2	I	Provide the natu	re of your relationship	with the co-owner
					_

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 20A - Foreign Activities (Continued)

Complete the following if you responded 'YES' to having foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you had or have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)						
Entry #2						
Specify (Check all that apply):	Spouse	Cohabi	tant	Dependent	children	
Provide the type of financial interest.	Provide the	date acquired.	. (Month/Day	y/Year)		
				Est.		
Provide how the financial interest was acquired (	such as purchase, gift, e	etc.).				
Provide the cost (in U.S. dollars) at time of acquisition.		current value (	`	,	at the time control or	
	Est.					Est.
Provide the date control or ownership was relinquished. (Month/Day/Year) Date    Frovide explanation of how interest control or ownership was sold, lost or otherwise disposed of.   Not Applicable					sold, lost or	
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. (Pro	vide City and Country if outsi	de the United Sta	ates; otherwis	se, provide City, Stat	e and Zip Code.)	•
Street	City	Sta	ite	Zip Code	Country	
Provide your co-owner's country(ies) of citize Country #1	nship. Country #2			Provide the natu	ure of your relationship wit	h the co-owner.
#2 Provide full name of co-owner.  Last name	First name			Middle name		Suffix
Provide the co-owner's current address. (Pro	vide City and Country if outsi	de the United Sta	ates; otherwis	se, provide City, Stat	e and Zip Code.)	
Street	City	Sta	ite	Zip Code	Country	
Provide your co-owner's country(ies) of citize	nship.			l	1	
Country #1	Country #2			Provide the natu	ure of your relationship wit	h the co-owner.
	•					

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 20A - Foreign Activities - (Continued)

<b>0A.2</b> Have you, your spouse, o someone controlled on your		dent children <b>EVER</b> had a	any foreign financial i	interests that	YES NO (If NO, P	roceed to 20A.3)
Complete the following if you interests that someone cont			habitant, or depend	dent children havir	ng EVER had any foreigi	n financial
Entry #1						
Specify: (Check all that apply)	Yourself	Spouse	Cohabitant	Dependent of	children	
Provide the type of financial interest.	Provide the I Last name	name of the individual wh	o controls this financ First name	cial interest on your	behalf. Provide this inc relationship to	
Provide details regarding how purchase, gift, etc.).	the financial interest	was acquired (such as	Provide the date the was acquired. (Mo	• /	Provide the cost (in U. at time of acquisition.	S. dollars)
				Est.		Est.
Provide the current value (in L value at the time interest was otherwise disposed of.	sold, lost or	Provide the date ir sold, lost, or other of. (Month/Day/Year,	wise disposed		ovide explanation if interest otherwise disposed of.	st was sold, lost
Are there any co-owners of the				77		
#1 Provide the full name of co	o-owner.					
Last name		First name		Middle nam	ne	Suffix
Provide the co-owner's cu	rent address. (Provid	de City and Country if outside	the United States; other	wise, provide City, State	e and Zip Code.)	•
Street		City	State	Zip Code	Country	
Provide the co-owner's co	untry(ies) of citizensh	nip.			1	
Country #1	, (,	Country #2		Provide your rela	ationship with the co-owne	er.
#2 Provide the full name of co	o-owner.	First name		Middle nam	e	Suffix
Provide the co-owner's cu	rrent address. (Provid	I de City and Country if outside	the United States; other	wise, provide City, State	e and Zip Code.)	
Street	(	City	State	Zip Code	Country	
Provide the co-owner's co		nip.	l .			
Country #1	, (,	Country #2		Provide your rela	ationship with the co-owne	er.
		1				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20A - Foreign Activities - (Continued)

ntry #2								
pecify: (Check all that apply):	Yourself	Spouse	ПС	ohabitant	Dependent of	children		
rovide the type of financial	Provide the	name of the individua	al who cont	rols this financ			Provide this indi	vidual's
terest.	Last name			First name	,,		relationship to ye	
rovide details regarding how the urchase, gift, etc.).	financial interest	t was acquired (such	as		ate this financial acquired. (Month/Yea	r) at time	de the cost (in U.S e of acquisition.	i. dollars)
rovide the current value (in U.S. alue at the time interest was solo herwise disposed of.	l, lost or	Provide the daysold, lost, or conf. (Month/Day)	ther wise o	lisposed	Pro	vide exp	olanation if interest e disposed of.	
re there any co-owners of this fo			our behalf?		iot / tppilodbio			
YES NO	•	•						
I Provide the full name of co-ov	ner.							
Last name		First name			Middle nam	ie		Suffix
Provide the co-owner's curren	t address. (Provi	de City and Country if ou	tside the Uni	ted States; otherv	vise, provide City, State	e and Zip (	Code.)	
Street		City		State	Zip Code	Count	ry	
Provide the co-owner's countr	y(ies) of citizensl	nip.		<u> </u>				
Country #1		Country #2			Provide your rela	ationship	with the co-owner	· -
2 Provide the full name of co-ov	ner.							
Last name		First name			Middle nam	e		Suffix
Provide the co-owner's curren	t address. (Provi	de City and Country if ou	tside the Uni	ted States; otherv	vise, provide City, State	e and Zip (	Code.)	•
Street	( 	City		State	Zip Code I	Count	ry	
Provide the co-owner's country	y(ies) of citizensl	nip. Country #2			Dravida vour rale	ationohin	with the se evene	
Country #1		Country #2				ationship	with the co-owner	•

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities	- (Continued)

	•				
20A.3 Have you, your spouse, cohabitant, plan to purchase real estate in a fore		wned, or do you anticip	oate owning, or	YES NO	If NO, Proceed to 20A.4,
Complete the following if you responded 'You purchase real estate in a foreign country		oitant, or dependent ch	ildren having <b>EV</b>	ER owned, or anticipate	e owning, or planning
Entry #1					
Specify (Check all that apply): Your	self Spouse	Cohabitant	Depende	ent children	
Provide the type of real estate property	Provide the location/address of	of property.			
(such as home, business, etc.).	Street	City		Country	
Provide the date to be acquired. (Month/Day/Year)	Provide how the foreigr (such as purchase, gift,		•	le the cost (in U.S. dollated at time of acquisition	,
	st.	610.).		ted at time of acquisitio	Est.
Are there any co-owners of this foreign rea	al estate?		1		
#1 Provide the full name of co-owner. Last name	First name		Middle nar	me	Suffix
Provide the co-owner's current address	6. (Provide City and Country if outside	de the United States; other	wise, provide City, S	State and Zip Code.)	
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of a Country #1	citizenship.  Country #2	1	Provide the n	nature of your relationsh	ip with the co-owner.
#2 Provide the full name of co-owner. Last name	First name		Middle nar	me	Suffix
Provide the co-owner's current address	. (Provide City and Country if outside	de the United States; other	wise, provide City, S	State and Zip Code.)	
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of o	l citizenshin	I	1		
Country #1	Country #2		Provide the n	nature of your relationsh	ip with the co-owner.
	+				

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Parts 731, 732, and 736	NATIONAL SECURI	TY POSIT	IONS			
Sec	ction 20A - Foreign Activities - (Continued)						
	Complete the following if you responded <b>'Yes'</b> to purchase real estate in a foreign country.	you, your spouse, cohabitant, or	dependent ch	ildren hav	ving <b>EVER</b> o	wned, or anticipate ownii	ng, or planning
Е	Entry #2						
5	Specify (Check all that apply):	Spouse C	ohabitant		ependent ch	nildren	
	Provide the type of real estate property such as home, business, etc.).  Provide the type of real estate property Street	de the location/address of proper et	ty. City			Country	
	Provide the date to be acquired.  Month/Day/Year)  Est.	Provide how the foreign real est (such as purchase, gift, etc.).	ate is to be ac	quired		e cost (in U.S. dollars) t time of acquisition.	∏Est.
<i>-</i>	Are there any co-owners of this foreign real estate?  YES NO						
#	1 Provide the full name of co-owner.  Last name	First name		Mic	ddle name		Suffix
	Provide the co-owner's current address. (Pro	vide City and Country if outside the Uni	ted States; other	wise, provid	de City, State a	and Zip Code.)	
	Street	City	State	Zip Code	e (	Country	
	Provide the co-owner's country(ies) of citizen	ship.		•	•		
	Country #1	Country #2		Provid	de the nature	e of your relationship with	the co-owner.
#	2 Provide the full name of co-owner.  Last name	First name		Mic	ddle name		Suffix
	Provide the co-owner's current address. (Pro	vide City and Country if outside the Uni	ted States; other	wise, provid	de City, State a	and Zip Code.)	
	Street	City	State	Zip Code	e (	Country	
	Provide the co-owner's country(ies) of citizen	ship.					
	Country #1	Country #2		Provid	de the nature	e of your relationship with	the co-owner.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20A - Foreign Activities - (Continued)							
	abitant, or dependent children received <b>in the past seven</b> e, any educational, medical, retirement, social welfare, or	YES NO (If NO, Proceed to 20A.5)					
	Complete the following if you responded 'YES' to as a U.S. citizen, you, your spouse, cohabitant, or dependent children received <b>of the past seven (7) years</b> , 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 Cohabitant	Dependent children					
Provide the type of benefit.	☐ Medical ☐ Retirement  nefit (Provide explanation) ▶	Social Welfare					
benefit.	fit (Complete (a))	Continuing benefit (Complete (c))					
(a) If you have indicated that you, your spouse, coha	bitant, or dependent children received a onetime benefit fr	rom a foreign country:					
Provide the date the benefit was received. (Month/Day/Year)  Est.	ame of the country benefit.  Provide the total value (in U.3 dollars) of the benefit received						
As a result of this benefit are you, your spouse, y	our cohabitant, or dependant children obligated in any way on.	y to this foreign country?					
(b) If you have indicated that you, your spouse, coha	bitant, or dependent children expect to receive a benefit fr	rom a foreign country:					
begin. (Month/Day/Year) An	begin. (Month/Day/Year) ☐ Annually ☐ Monthly ☐ Other (Provide explanation) ▶						
Provide the name of the country providing this be	nefit. Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received. Est.					
As a result of this benefit are you, your spouse, y	our cohabitant, or dependant children obligated in any wag on.	y to this foreign country?					
(c) If have indicated that you, your spouse, cohabitat	nt, or dependent children receive a <b>continuing</b> or other be	enefit from a foreign country:					
Provide the date the benefit began. (Month/Day/Ye	er) Provide the date the benefit is expected to en	nd. (Month/Day/Year)					
Provide the frequency that this benefit is received Annually Quarterly Weekly	☐ Other (Provide explanation) ▶						
Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.  Est.	Provide the reason this benefit is being received.					
As a result of this benefit are you, your spouse, y  YES  If yes, provide explanation  NO	our cohabitant, or dependant children obligated in any way on.	y to this foreign country?					

Standard Form 86

Provide the name of the country providing this

If yes, provide explanation.

benefit.

YES -

☐ NO

Provide the reason this benefit is being

received.

Est.

entation of the control of the contr		STIONNAIRE FOR SECURITY POSITIONS		OMB No. 3206 0005
Section 20A - Foreign Activities -	(Continued)			
		you, your spouse, cohabitant, or depende cal, retirement, social welfare, or other su		
Entry #2				
Specify (Check all that apply)	Yourself	Spouse Cohabitant	Dependent child	dren
Provide the type of benefit.	Educational	Medical Retirement	Social Welfare	
	Other such benefit (Provide e	explanation) •		
Provide the frequency of the benefit.	Onetime benefit (Complete (a))		Continuing bene	efit (Complete (c))
	Other (Complete (c)) (Provide e	explanation) •		
(a) If you have indicated that you,	your spouse, cohabitant, or deper	ndent children received a onetime benefit	from a foreign country:	
Provide the date the benefit was received. (Month/Day/Year,	Provide the name of the cou providing the benefit.	Provide the total value (in total value) dollars) of the benefit received		reason this benefit ed.
	Est.		Est.	
YES If yes	, provide explanation.	or dependant children obligated in any w		
	· · · · · · · · · · · · · · · · · · ·	ndent children expect to receive a benefit	Trom a foreign country:	
Provide the date the benefit w begin. (Month/Day/Year)	ill Provide the frequency Annually  Est. Quarterly	the benefit will be received.  Monthly  Other (Provide ex  Weekly	planation) ▶	
Provide the name of the count	try providing this benefit. Provide benefit to	the value (in U.S. dollars) of the to be received.	Provide the reared.	ason this benefit will be
			Est.	
	you, your spouse, your cohabitant, , provide explanation.	or dependant children obligated in any w	ay to this foreign country?	
(c) If have indicated that you, you	r spouse, cohabitant, or dependen	nt children receive a <b>continuing</b> or other	benefit from a foreign cour	ntry:
Provide the date the benefit be	egan. (Month/Day/Year) Pr	rovide the date the benefit is expected to	end. (Month/Day/Year)	
	Est.			Est.
Provide the frequency that this	benefit is received.			
Annually	Monthly	Other (Provide explanation) •		
Quarterly	Weekly			

Provide the total value (in U.S. dollars) of

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

benefit.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

<u> </u>							
Section	n 20A - Foreign Activities - (Continued)						
20A.5	Have you <b>EVER</b> provided financial support	ort for any foreign national?			YES NO (If I	NO, proceed to 20B)	
Com	plete the following if you responded 'Yes' t	to providing financial support for ar	ny foreign natio	onal.			
Entr	y #1						
1	ide the name of the foreign national you ຣເ name	ipport or have supported financially First name	/.	Middle name		Suffix	
Prov Stree	ide the address of the foreign national liste	d above. (Provide City and Country if c City	utside the United	d States; otherwise, prov Zip Code	ride City, State and Zip Co Country	ode.)	
Prov	ide the nature of your relationship with the	foreign national listed above.	Provide the a	amount (in U.S. dolla	rs) of all financial sup	port provided.  Est.	
Prov	ide the frequency of your support.	Provide this foreign national's cou Country #1	untry(ies) of ci	tizenship. Country #2			
Entr	y #2						
	ide the name of the foreign national you ຣເ name	ipport or have supported financially First name	/.	Middle name		Suffix	
1	ide the address of the foreign national liste			·		ode.)	
Stree	et	City	State	Zip Code	Country		
Prov	Provide the nature of your relationship with the foreign national listed above.			Provide the amount (in U.S. dollars) of all financial support provided.			
						Est.	
Prov	ide the frequency of your support.	Provide this foreign national's cor Country #1	untry(ies) of ci	tizenship. Country #2 			

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	inu 730							
Section 20B - Fore	eign Business, Pr	ofessional Activ	ities, and Foreign Gov	ernment Co	ntacts			
foreign bu	siness or other fore	eign organization	ed advice or support to a that you have not previous authorized pursuant to	ously listed as	s a former e	employer?	YES NO (If N	O, proceed to 20B.2)
			ving <b>in the past seven (</b> not previously listed as			e or support to any in	ndividual associat	ed with a foreign
Entry #1								
Provide a descri	ption of advice/sup	port provided.	Provide the name of th Last name		o whom ad First name	vice or support was	provided. Middle name	Suffix
Provide the nam associated.	e of the foreign org	anization or forei	gn business with whom	the individua	lis Provid	de the country of orig	in for the organiz	ation or business.
Provide the date From Date (Mont	(s) during which thinh/Year)	is advice or support To Date (Montal	•	Describe w	hat comper	nsation, if any, was p	provided for your s	service.
			LSt.					
Entry #2			Describe the second of the	- 10-20-31-1-1-1-4				
Provide a descri	ption of advice/sup	port provided.	Provide the name of th Last name		o wnom ad First name	vice or support was	Middle name	Suffix
Provide the nam associated.	e of the foreign org	anization or forei	gn business with whom	the individua	I is Provid	de the country of orig	in for the organiz	ation or business.
Provide the date From Date (Mont	(s) during which thinh/Year)	s advice or support To Date (Monti		Describe w	hat comper	nsation, if any, was p	provided for your s	service.
20B.2 Have you, been aske official or a Governme	your spouse, coha ed to provide advice agency? (Answer 'N ent business.)	abitant, or any me e or serve as a co No' if <b>all</b> the advic	se, parents, step-parent ember of your immediate onsultant, even informally se or support was author	e family <b>in the</b> y, by any fore rized pursuan	e past seve eign govern t to official	en (7) years YE ment U.S.	ES NO (If No	O, proceed to 20B.3)
			u, your spouse, cohabita nt, even informally, by a				naving in the pas	st seven (7) years
Entry #1								
Provide the nam Last name	e of the governmer	nt official.	First name			Middle name		Suffix
Provide the nam	e of the agency.			Provide the	country wit	th which the governm	nent official or age	ency is affiliated.
Provide the date	of the request. (Mo	nth/Year)	Provide the circumstar	nces of reque	st.			
Entry #2								
Provide the nam Last name	e of the governmer	nt official.	First name			Middle name		Suffix
Provide the nam	e of the agency.		1	Provide the	country wit	th which the governm	nent official or age	ency is affiliated.
Provide the date	of the request. (Mo	nth/Year)	Provide the circumstar	nces of reque	st.			

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5 CFR Parts 731, 732, and 736 Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) Has any foreign national in the past seven (7) years offered you a job, asked you to work as a YES NO (If NO, proceed to 20B.4) consultant, or consider employment with them? Complete the following if you responded 'Yes' to any foreign national having in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them. Entry #1 Provide the name of the foreign national who made the offer. Suffix Last name First name Middle name Provide a description of the position offered. Provide the date when this offer Did you accept the offer? was extended. (Month/Year) YES Explanation ▶ Est. NO Explanation > Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Entry #2 Provide the name of the foreign national who made the offer. Suffix Last name First name Middle name Provide a description of the position offered. Provide the date when this offer Did you accept the offer? was extended. (Month/Year) ☐ YES Explanation ▶ Est. NO Explanation ▶ Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

ection 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)							
20B.4 Have you in the past seven (national not described above	7) years been involved in any	other type of	f business venture	with a for	eign [	YES NO (If I	NO, proceed to 20B.5)
Complete the following if you responsational not described above.	`					of business venture	with a foreign
Entry #1							
Provide the full name of this foreign Last name	national. First name			Middle	e name		Suffix
Provide the full current address of the Street	is foreign national. ( <i>Provide Cit</i> y City	y and Country if	outside the United Si State	ates; other Zip Code		e City, State and Zip Co Country	de.)
Provide the citizenship(s) of this fore Country #1	eign national. Country	#2					
Provide a description of the business	s venture.				Provide yo	our relationship to th	is foreign national.
Provide the length of time you have From Date (Month/Year)	To Date (Month/Year)	I	ovide the nature o s business venture		on with	Provide the position	on you held.
Provide the service you provided.	Provide the financial suppo	ort involved.	Provide a desc	cription of	what comp	pensation was provid	ded for your service.
Entry #2	<u> </u>		l				
Provide the full name of this foreign Last name	national. First name			Middle	e name		Suffix
Provide the full current address of the Street	is foreign national. ( <i>Provide Cit</i> y City	y and Country if	outside the United State	ates; other Zip Code		e City, State and Zip Co Country	de.)
Provide the citizenship(s) of this fore Country #1	eign national. Country	#2					
Provide a description of the busines	s venture.				Provide yo	our relationship to th	is foreign national.
Provide the length of time you have From Date (Month/Year)	To Date (Month/Year)		ovide the nature or s business venture		on with	Provide the position	on you held.
Provide the service you provided.	Provide the financial suppo	ort involved.	Provide a desc	cription of	what comp	nensation was provid	ded for your service.

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) Have you in the past seven (7) years attended or participated in any conferences, trade shows, YES NO (If NO, proceed to 20B.6) seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.) Complete the following if you responded 'Yes' to in the past 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. Provide the purpose of the event. To Date (Month/Year) Present From Date (Month/Year) Est. Est. 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? Provide explanation YES Contact #1 for each contact. Contact #2 □ NO Contact #3 Contact #4 Entry #2 Provide the name and description of event. Provide the dates for the event. Provide the purpose of the event. From Date (Month/Year) To Date (Month/Year) Present Est. Est. 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? Provide explanation ☐ YES Contact #1 for each contact. Contact #2 □ NO Contact #3

Contact #4

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

JFR Parts 731, 732, an	10 736							
Section 20B - Fore	ign Business, Professional Ac	tivities, and For	reign Government Contacts -	- (Continued)				
For this question, 'In	nmediate Family' means your sp	ouse, parents, st	tep-parents, siblings, half and s	step-siblings, children, step-children, and	d cohabitant.			
foreign gov or security contact was	Have you or any member of your immediate family in the past 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 or foreign travel on a U.S. passport.)							
	nt, its establishment (such as en			aving in the past seven (7) years had a elligence or security service, etc.) or its r				
Entry #1								
Provide the name Last name	of the individual involved in the	contact. First name		Middle name	Suffix			
Provide the location City	on of the contact. (Provide City and	Country if outside State	the United States; otherwise, provide Zip Code	e City, State and Zip Code.) Country				
Provide the date ( (Month/Year)	_ 1	Provide the fore Country #1	eign government(s) involved.	Country #2				
embassy, consula	Est. of establishment (such as ate, agency, military service, curity service, etc.) involved.		mes of the foreign s involved in contact.	Provide the purpose/circumstances	of contact.			
Was there any su	bsequent contact initiated by you	u, your immediat	e family member, or a represer	ntative of the foreign organization?				
□YES →	Provide the purpose of the subs	sequent contact	Provide date of most recent contact (Month/Day/Year)	Provide plans for future contact				
∐ NO								
Entry #2								
Provide the name Last name	of the individual involved in the	contact. First name		Middle name	Suffix			
Provide the location City	on of the contact. (Provide City and	Country if outside State	the United States; otherwise, provide Zip Code	e City, State and Zip Code.) Country				
Provide the date ( (Month/Year)	of contact.	Provide the fore Country #1	eign government(s) involved.	Country #2				
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.				of contact.				
Was there any su	bsequent contact initiated by you	u, your immediat	e family member, or a represer	ntative of the foreign organization?				
□YES →	Provide the purpose of the subs	sequent contact	Provide date of most recent contact (Month/Day/Year)	Provide plans for future contact				
☐ NO								
nter vour Social S	Security Number before go	ina to the nex	t page					

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5 CFR Parts 731, 732, and 736 Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) Have you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, YES NO (If NO, proceed to 20B.8) for work, or for permanent residence? Complete the following if you responded 'Yes' to in the past seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence. Entry #1 Provide the name of the sponsored foreign national. Last name First name Middle name Suffix Provide the date of birth for the sponsored foreign national. Date (Month/Year) I don't know Est. Provide the place of birth for the sponsored foreign national. City State Zip Code Country (Required) Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide the name of the organization through Provide the country(ies) of citizenship for the sponsored foreign national. Not Applicable which sponsorship was arranged, if applicable. Country #1 Country #2 Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the Not Applicable United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide the dates of stay in the U.S. for the sponsored foreign national. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the address of the sponsored foreign national while residing in the U.S. Street State Zip Code Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of your sponsorship for the sponsored foreign national.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

vork, or for permanent residence.			d any foreign nation		,
Entry #2					
Provide the name of the sponsored foreign natio ast name	nal. First name		Middle name		Suffix
Provide the date of birth for the sponsored foreig	n national				
Date (Month/Year) I don't know	ii iialionai.				
Est.					
Provide the place of birth for the sponsored forei					
City Sta	te Zip Code	Country (Required)			
Provide the current street address of the sponso	red foreign national. (Provid	de City and Country if ou	utside the United State	es; otherwise, provide	City, State and Zip Cod
Street	City	State	Zip Code	Country	
Provide the country(ies) of citizenship for the spo	nsored foreign national.	Provide	e the name of the o	rganization through	Not Applicab
	untry #2			ranged, if applicable	
Provide the address of the organization through		ranged, if applicable.	(Provide City and Co.	untry if outside the	Not Applicab
<i>Inited States; otherwise, provide City, State and Zip Co</i> Street	City	State I	Zip Code	Country I	
Provide the address of the sponsored foreign na Street  Provide the purpose of stay in the U.S. for the sp	City	State	Zip Code	orship for the sponso	ored foreign nationa

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	CFR Parts 731, 732, and 736						
	sional Activities, and Foreign Government Contacts - (Continued)						
20B.8 Have you EVER held political office							
Complete the following if you responded	'Yes' to having EVER held political office in a foreign country.						
Entry #1	Devide the determinated with a life of the countries and						
Provide the position held.	Provide the dates you held political office. Provide the name of the country involved. From Date (Month/Year) To Date (Month/Year) Present						
	Est.   Est.						
Provide the reason(s) for these activities							
Trovide the reason(s) for these activities	Trovide your earrest engionity to floid political office in a foreign country.						
F-4 #2							
Entry #2 Provide the position held.	Provide the dates you held political office. Provide the name of the country involved.						
	From Date (Month/Year) To Date (Month/Year) Present						
	☐ Est. ☐ Est.						
Provide the reason(s) for these activities	s. Provide your current eligibility to hold political office in a foreign country.						
20B.9 Have you EVER voted in the elec	tion of a foreign country?						
	'Yes' to having EVER voted in the election of a foreign country.						
Entry #1	Decide the growth of the second of the secon						
Provide the date you voted in the foreign							
	Est.						
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							
	Est.						
Provide the reason(s) for these activities	Provide your current eligibility to vote in a foreign country.						

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel		
Have you traveled outside the U.S. in the	last seven (7) years?	YES NO (If NO, proceed to Section 21)
Has your travel in the last seven (7) year in conjunction with the official U.S. Govern	<b>rs</b> been <b>solely</b> for U.S. Government business (i.e., no personal tonment business)?	trips YES (If YES, proceed to Section 21) NO
	d 'Yes' to having traveled outside the U.S. in the last seven (7) such trips made outside the United States including personal tri	
Entry #1		
Provide the country visited.	Provide the dates of your travel to this country.  From Date (Month/Year)  Est.  Present  Est.	Provide the total number of days involved in the visit.  1-5
Provide the purpose of the travel to this		
app Business/Professional conference  Volunteer activities	Education Trade shows, conferences  Tourism Visit family or friends	s, and seminars Other
While traveling to, or in this country, we customs or security service officials wh	ere you questioned, searched, or otherwise detained (other than en entering or leaving this country?	for normal customs requirements) by the local
While traveling to or in this country, were YES If yes, provide NO	re you involved in any encounter with the police? explanation.	
While traveling to or in this country, we intelligence, terrorist, security, or militar  YES If yes, provide NO	, •	pected of being involved or associated with foreign
While traveling to, or in this country, we	ere you involved in any counterintelligence or security issues not explanation.	reported?
While traveling to or in this country, were YES If yes, provide NO	re you contacted by, or in contact with anyone exhibiting excessi explanation.	ive knowledge of or undue interest in you or your job?
While traveling to or in this country, were information?  YES If yes, provide NO	re you contacted by, or in contact with anyone attempting to obta explanation.	ain classified information or unclassified, sensitive
While traveling to, or in this country, we intelligence or security service?	ere you threatened, coerced, or pressured in any way to coopera	ite with a foreign government official or foreign
☐ YES ☐ If yes, provide	explanation.	

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 20C - Foreign Travel - (Continued)

	ed 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Govern ll such trips made outside the United States including personal trips made in conjunction with official	nment			
Entry #2					
Provide the country visited.		ed in the visit.  ore than 30  only short trips			
Provide the purpose of the travel to this	is country (Check all that				
app 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.					
While traveling to or in this country, we	ere you involved in any encounter with the police?				
YES — If yes, provide	·				
□ NO					
While traveling to or in this country, we intelligence, terrorist, security, or milita	ere you contacted by, or in contact with any person known or suspected of being involved or associated v ary organizations?	vith foreign			
☐ YES — If yes, provide	e explanation.				
NO					
While traveling to, or in this country, we	vere you involved in any counterintelligence or security issues not reported?				
YES — If yes, provide	e explanation.				
□NO					
While traveling to or in this country, we	ere you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in yo	u or your job?			
YES — If yes, provide					
□ NO	·				
While traveling to or in this country, we information?	ere you contacted by, or in contact with anyone attempting to obtain classified information or unclassified	, sensitive			
YES — If yes, provide	e explanation.				
□ NO					
While traveling to, or in this country, we intelligence or security service?	vere you threatened, coerced, or pressured in any way to cooperate with a foreign government official or f	oreign			
YES — If yes, provide	e explanation.				
□ NO					

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 20C - Foreign Travel - (Continued)

200 Total Turol (community)						
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.						
Entry #3						
Provide the country visited.	Provide the dates of your From Date (Month/Year)	travel to this country.  To Date (Month/Year) Present	Provide the tota	Il number of day	ys involved in the visit.  More than 30	
	Est.	Est.	<u> </u>	21-30	Many short trips	
Provide the purpose of the travel to this	country (Check all that					
apply) siness/Professional conference	Education	Trade shows, conference	es, 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.						
While traveling to or in this country, we	re you involved in any enco	ounter with the police?				
YES — If yes, provide	explanation.					
□ NO						
While traveling to or in this country, we intelligence, terrorist, security, or militar	,	ontact with any person known or sus	spected of being	involved or ass	sociated with foreign	
YES — If yes, provide	explanation.					
□NO						
While traveling to, or in this country, we	ere you involved in any cou	nterintelligence or security issues no	t reported?			
YES — If yes, provide	explanation.					
□NO						
While traveling to or in this country, we	re you contacted by, or in c	ontact with anyone exhibiting excess	sive knowledge o	of or undue inte	erest in you or your job?	
YES — If yes, provide	explanation.					
□ NO	•					
While traveling to or in this country, we information?	re you contacted by, or in c	ontact with anyone attempting to ob	tain classified inf	ormation or und	classified, sensitive	
YES — If yes, provide	explanation.					
□ NO						
While traveling to, or in this country, we intelligence or security service?	ere you threatened, coerced	d, or pressured in any way to cooper	ate with a foreigr	n government o	official or foreign	
YES If yes, provide	explanation.					
□ NO						

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### 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.							
Entry #4							
Provide the country visited.	Provide the dates of your to From Date (Month/Year)  Est.	ravel to this country.  To Date (Month/Year) Prese					
Provide the purpose of the travel to this	s country (Check all that		<u> </u>				
apple usiness/Professional conference	Education	Trade shows, confere	nces, and seminars	Other			
Volunteer activities	Tourism	☐ Visit family or friends					
customs or security service officials wh							
While traveling to or in this country, we	re you involved in any encou	unter with the police?					
YES — If yes, provide	explanation.						
□ NO							
While traveling to or in this country, we intelligence, terrorist, security, or milita		ontact with any person known or	suspected of being involved	or associated with foreign			
YES — If yes, provide	explanation.						
NO							
While traveling to, or in this country, we	ere you involved in any coun	terintelligence or security issues	not reported?				
YES — If yes, provide	explanation.						
□NO							
While traveling to or in this country, we	re you contacted by, or in co	ontact with anyone exhibiting exc	essive knowledge of or undi	ue interest in you or your job?			
☐ YES — If yes, provide	explanation.						
□ NO							
While traveling to or in this country, we information?	re you contacted by, or in co	ontact with anyone attempting to	obtain classified information	or unclassified, sensitive			
YES — If yes, provide	explanation.						
NO							
While traveling to, or in this country, we intelligence or security service?	ere you threatened, coerced,	, or pressured in any way to coo	perate with a foreign governi	ment official or foreign			
YES — If yes, provide	explanation.						
□ NO							

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 21 - Psychological and Emotional Health

Mental health counseling in and of itself <u>is not a reason</u> to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

21.1 In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered:  - strictly marital, family, grief not related to violence by you; or - strictly related to adjustments from service in a military combat environment						
Complete the following if you responded 'Yes' to havin hospitalized for such a condition.	g consulted with a health care p	rofessiona	al regarding a menta	l or emotional heal	th condition or were	
Entry #1						
Provide the dates of counseling or treatment.	Provide the name of the health	n Pr	rovide the telephone	number of the hea	alth care professional.	
Ğ	care professional.		International or DS		Day Night	
From Date To Date		_		on priorie number	<del>_</del>	
(Month/Year) (Month/Year) Present		16	elephone number		Extension	
Est.						
Provide the address of the health care professional. (F	Provide City and Country if outside th	e United St	tates; otherwise, provide	e City, State and Zip	Code)	
Street City	Sta	te	Zip Code	Country		
Provide the name of agency/organization/facility where	acupacling/treatment was provi	idad				
Provide the name of agency/organization/facility where	counseling/treatment was provi	iueu.	Come es	ahaya		
			Same as	above		
Provide the address of agency/organization/facility prov State and Zip Code)	vider. (Provide City and Country if o	outside the	United States; otherwis	e, provide City,	Same as above	
Street City	Stat	te	Zip Code	Country		
Were you <b>EVER</b> admitted as an inpatient to the agency	/organization where counseling	/treatment	It was provided?			
			·			
YES NO						
You responded 'YES' to having been admitted as an in	patient to the agency/organization	on where	counseling/treatmen	t was provided, wa	as the admission	
voluntary or involuntary?						
U Voluntary Involuntary Expl	anation ▶					
Entry #2						
Provide the dates of counseling or treatment.	Provide the name of the health	n Pr	rovide the telephone	number of the hea	alth care professional.	
_	care professional.		International or DS	SN nhone number	Day Night	
From Date To Date		_	<del></del>	or priorie number		
(Month/Year) (Month/Year) Present		16	elephone number		Extension	
Est.						
Provide the address of the health care professional. (F	Provide City and Country if outside th	e United St	tates; otherwise, provide	e City, State and Zip	Code)	
Street City	Sta	te	Zip Code	Country		
Describe the recess of a series of a serie		: al = al				
Provide the name of agency/organization/facility where	counseling/treatment was provi	idea.		- h		
			Same as	above		
Provide the address of agency/organization/facility prov State and Zip Code)	vider. (Provide City and Country if o	outside the	United States; otherwis	e, provide City,	Same as above	
Street City	Star	te	Zip Code	Country		
Were you <b>EVER</b> admitted as an inpatient to the agence	//organization where counseling	ı/treatment	l was provided?			
			•			
☐ YES ☐ NO						
You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary?						
☐ Voluntary ☐ Involuntary Expl	anation >					

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

-	oyonological ana zinotional no	unin (Gominaca)			
.2 H	Has a court or administrative agency E	/ER declared you mentally incompete	ent?	YES	NO (If NO, proceed to Section 22)
Comple	ete the following if you responded 'Yes'	to having a court or administrative a	gency EVER de	clare you mentally	ncompetent.
Entry #	<del>‡</del> 1				
Provide	e the date this occurred. (Month/Year)  Est.	Provide the name of the court or ad	ministrative age	ency that declared y	ou mentally incompetent.
Provide Street	e the address of the court or administra	tive agency. <i>(Provide City and Country)</i> City	f outside the Unite State	ed States; otherwise, p Zip Code	rovide City, State and Zip Code) Country
Was th	is matter appealed to a higher court?				
	opeal #1				
	ovide the name of the court.		Provide the fir	nal disposition.	
	ovide the address of the court. (Provide reet	City and Country if outside the United Sta City	tes; otherwise, pro State	ovide City, State and Z Zip Code	ip Code) Country
Ap	ppeal #2				
Pro	ovide the name of the court.		Provide the fir	nal disposition.	
	ovide the address of the court. (Provide reet	City and Country if outside the United Sta City	tes; otherwise, pro State	ovide City, State and Z Zip Code	ip Code) Country
Entry #	<b>#</b> 2				
	e the date this occurred. (Month/Year)  Est.	Provide the name of the court or ad	ministrative age	ency that declared y	ou mentally incompetent.
Provide Street	e the address of the court or administra	tive agency. (Provide City and Country of City	f outside the Unite State	ed States; otherwise, p Zip Code	rovide City, State and Zip Code) Country
Was th	is matter appealed to a higher court?  Solution NO (If NO, proceed to Section 2)	2)			
Ap	ppeal #1				
Pr	ovide the name of the court.		Provide the fir	nal disposition.	
	ovide the address of the court. (Provide reet	City and Country if outside the United State City	tes; otherwise, pro State	ovide City, State and Z Zip Code	ip Code) Country
Ap	ppeal #2	ļ.	1	ļ.	
	ovide the name of the court.		Provide the fir	nal disposition.	
	ovide the address of the court. (Provide reet	City and Country if outside the United Sta City	tes; otherwise, pro State	ovide City, State and Z Zip Code	ip Code) Country
		1	<u> </u>	<u> </u>	

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 22 - Police Record

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

- 22.1 Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that 

  YES NO (If NO, proceed to 22.2)

   In the past 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 past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?

	charges conviction - In the past seven	s or sentences in (7) years have yo	ou been charged, convicte any Federal, state, local, ou been or are you curren a trial on criminal charge	military, or non-U.tly on probation or	S. court, even if prev		
Est.	Entry #1						
YES   NO   (Check all that apply.)	Provide the date of offense. (Mon	· —		of the specific natu	re of the offense.		
Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, 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. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)  City  Only  State  Zip Code  Country  Country  State  Zip Code  Country  Founde City and Country if outside the United States; otherwise, provide City, Country, State and Zip Code)  City  Country  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 "notle 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)*Pear)		f the following?					
Involve alcohol or drugs?  Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, Country, State and Zip Code)  (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, Country, State and Zip Code)  City Country 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 (If YES, complete (c.1))  NO Provide the location of the court. Provide City and Country if outside the United States; otherwise, provide City, Country, State and Zip Code)  City County State Zip Code Country  (c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, Country, 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)	Domestic violence or a cr someone with whom you	share a child in c		against your child	, dependent, cohabi	tant, spouse, for	mer spouse, or
Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)  (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 (a))		sives?					
type of law enforcement official?    YES	Provide the location where th					_	tate 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 your provide the name of the court.  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)  E	type of law enforcement offici  YES NO (If NO, prod  Provide the name of the law e	al? need to (c)) enforcement agen	cy that arrested/cited/sun	nmoned you.			
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)  Element of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and 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)							y, State and Zip Gode)
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)	☐ YES → Provide  ☐ NO → Provide  (c.1) Provide the location of the location o	the name of the complete (c.1)) explanation	ourt.▶  City and Country if outside th	e United States; othe	rwise, provide City, Co	unty, State and Zip	
	dropped or "nolle pros," etc						
	Felony/misdemeanor	Ch	arge		Outcome		Date (Month/Year)
							Es
							Es
							 ∏Es
· · · · · · · · · · · · · · · · · · ·							Es

Provide explanation.

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 22 - Police Record - (Continued)

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

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the past 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 past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of 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 past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? Entry #2 Provide a description of the specific nature of the offense. Provide the date of offense. (Month/Year) Est. (a) Did this offense involve any of the following? YES NO (Check all that apply.) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, 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 Zip Code Country (c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you? Provide the name of the court. (If YES, complete (c.1)) Provide explanation > l NO (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) Est. ☐ Est. Est. Est.

Provide explanation.

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 22 - Police Record - (Continued)

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

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 22 - Police Record - (Continued)

22.2 Other than those offenses already listed, have you EVER had the following happen to you?

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, former spouse, or someone with whom you share a child in common?

try #1							
ovide the date of offense	_	Provide a description of st.	of the specific natur	re of the offense.			
Did this offense involve	any of the following?	•					
YES NO							
(Check all that apply).							
	or a crime of violence re a child in common?	(such as battery or assault)	against your child	, dependent, cohabi	ant, spouse, for	mer spouse, or so	omeone
Involve firearms or	explosives?						
Involve alcohol or d	rugs?						
Provide the name of the	court.						
		and Country if outside the Unite	ed States; otherwise, <sub>l</sub> State	provide City, County, S Zip Code	tate and Zip Code, Country	)	
City	Cou	inty	State	Zip Code			
Provide all the charge	e brought against you	u for this offense, and the o	utcome of each ch	argod offense (such	as found quilty	found not quilty	or
		were found guilty of or plea					
Felony/misdemeanor	C	Charge		Outcome		Date (Month/	Year)
							Es
							Es
							Es
							E
Were you sentenced as	a result of these char	ges?	1			1	
	te (b.1)) NO (lt	NO, complete (b.2))					
YES (If YES, comple							
(b.1)							
	the sentence.						
(b.1) Provide a description of							
(b.1)		rm exceeding 1 year?				YES N	10
(b.1) Provide a description of Were you sentenced to	imprisonment for a te	rm exceeding 1 year? tence for not less than 1 ye	ar?				10
(b.1) Provide a description of Were you sentenced to Were you incarcerated	imprisonment for a te as a result of that sent d in imprisonment, pro	tence for not less than 1 ye		From Date (Month/			IO ] Prese
(b.1) Provide a description of Were you sentenced to Were you incarcerated If the conviction resulted actually were incarcerate	imprisonment for a terms as a result of that sentence of the s	tence for not less than 1 ye	Not Applicable	[	Est.	YES N	IO Prese
(b.1) Provide a description of Were you sentenced to Were you incarcerated	imprisonment for a terms as a result of that sentence of the s	tence for not less than 1 ye	Not Applicable	From Date (Month/)  From Date (Month/)	Est. //ear) To Dat	YES N	IO Prese
(b.1) Provide a description of Were you sentenced to Were you incarcerated If the conviction resulted actually were incarcerate If conviction resulted in probation or parole.	imprisonment for a terms as a result of that sentence of the s	tence for not less than 1 ye	Not Applicable	[	Est.	YES N	IO Prese
(b.1) Provide a description of Were you sentenced to Were you incarcerated If the conviction resulted actually were incarcerate If conviction resulted in probation or parole. (b.2)	imprisonment for a te as a result of that sent d in imprisonment, pro ed. probation or parole, p	tence for not less than 1 ye vide the dates that you  rovide the dates of	Not Applicable  Not Applicable	From Date (Month/	Est. //ear) To Dat	YES N te (Month/Year)	Prese Est.  Prese Est.  Est.
(b.1) Provide a description of Were you sentenced to Were you incarcerated If the conviction resulted actually were incarcerate If conviction resulted in probation or parole. (b.2)	imprisonment for a te as a result of that sent d in imprisonment, pro ed. probation or parole, p	tence for not less than 1 ye	Not Applicable  Not Applicable	From Date (Month/	Est. //ear) To Dat	YES N	Prese Est.  Prese Est.  Est.

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

041	22	Dallas	D	(Continued)

ection 22 - Police Record	- (Continued)						
Entry #2							
Provide the date of offense	e. (Month/Year)	Provide a description  Est.	n of the specific natur	e of the offense.			
(a) Did this offense involve	any of the follow	ring?					
YES NO							
(Check all that apply).							
Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?							
Involve firearms or							
Involve alcohol or o							
Provide the name of th	e court.						
Provide the location of	the court (Provide	e City and Country if outside the Ur	nited States: otherwise i	provide City County S	tate and 7in Code	.)	
City	and dourt. (Frovide	County	State	Zip Code	Country	,	
		st you for this offense, and the f you were found guilty of or pl					
Felony/misdemeanor		Charge		Outcome		Date (Month/Year)	
						Est.	
						Est.	
						Est.	
						Est.	
(b) Were you sentenced a	s a result of these	e charges?	L				
YES (If YES, compl	ete (b.1))	NO (If NO, complete (b.2))					
(b.1)							
Provide a description of	f the sentence.						
Were you sentenced to	imprisonment fo	r a term exceeding 1 year?				YES NO	
Were you incarcerated	as a result of tha	t sentence for not less than 1	year?			YES NO	
		nt, provide the dates that you	Not Applicable	From Date (Month/)	Year) To Dat	te (Month/Year) Present	
actually were incarcera	ited.			[	Est.	Est.	
	probation or pare	ole, provide the dates of	Not Applicable	From Date (Month/	Year) To Dat	te (Month/Year) Present	
probation or parole.				[	Est.	Est.	
(b.2)					<u>'</u>		
Are you currently on tri	al, awaiting a tria	l, or awaiting sentencing on cri	iminal charges for this	s offense?		YES NO	
Provide explanation.							

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)	

22.3	Is there currently a domestic violence p	rotective order o	r restraining order iss	ued against you?	YES	NO (If NO, proceed to Section 23)
Cor	mplete the following if you responded 'Yes'	to currently hav	ring a domestic violen	ce protective order or	restraining orde	er issued against you?
Ent	ry #1					
Pro	vide explanation.					
Pro	vide the date the order was issued. (Month)	∕Year) ☐ Est.	Provide the name o	f the court or agency t	that issued the	order.
Pro	vide the location of the court or agency that	at issued the ord State	er: ( <i>Provide City and Co</i> Zip Code	untry if outside the United Country	d States; otherwis	e, provide City, State and Zip Code)
Ent	try #2					
Pro	vide explanation.					
Pro	vide the date the order was issued. (Month	Year)	Provide the name o	f the court or agency t	that issued the	order.
Pro	vide the location of the court or agency that	at issued the ord State	er: (Provide City and Co Zip Code	untry if outside the United Country	d States; otherwis	e, provide City, State and Zip Code)
Ent	try #3	1				
Pro	vide explanation.					
Pro	vide the date the order was issued. (Month	∕Year) ☐ Est.	Provide the name o	f the court or agency t	that issued the	order.
Pro	vide the location of the court or agency tha	at issued the ord	er: (Provide City and Co	untry if outside the United	d States; otherwis	e, provide City, State and Zip Code)
City	1	State	Zip Code	Country		
Ent	try #4	•	•	•		
Pro	vide explanation.					
Pro	vide the date the order was issued. (Month	∕Year) ☐ Est.	Provide the name o	f the court or agency t	that issued the	order.
Pro	vide the location of the court or agency that	at issued the ord State	er: ( <i>Provide City and Co</i> Zip Code	untry if outside the United Country	d States; otherwis	e, provide City, State and Zip Code)

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

#### Section 23 - Illegal Use of Drugs and Drug Activity

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

23.1 In the last seven (7) years, have you illegally used any drugs or concontrolled substance includes injecting, snorting, inhaling, swallowing consuming any drug or controlled substance.		O (If NO, proceed to 23.2)				
Complete the following if you answered 'Yes' to in the last seven (7) years	having illegally used a drug or controlled substance.					
Entry #1						
Provide the type of drug or controlled substance.						
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Depressants (Such as barbiturates, methaqualone,	tranquilizers, etc.)				
THC (Such as marijuana, weed, pot, hashish, etc.)						
Ketamine (Such as special K, jet, etc.)	☐ Ketamine (Such as special K, jet, etc.) ☐ Steroids (Such as the clear, juice, etc.)					
☐ Narcotics (Such as opium, morphine, codeine, heroin, etc.)	Inhalants (Such as toluene, amyl nitrate, etc.)					
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	☐ Other (Provide explanation) ▶					
Provide an estimate of the month and year of first use. (Month/Year)  Provide an estimate of the month year of most recent use. (Month/Year)	7 1 27	number of times used.				
☐ Est.	Est.					
Was your use while you were employed as a law enforcement officer, prose a position directly and immediately affecting the public safety?	ecutor, or courtroom official, or while in	YES NO				
Was your use while possessing a security clearance?		YES NO				
Do you intend to use this drug or controlled substance in the future?		YES NO				
Provide explanation of why you intend or do not intend to use this drug or co	ontrolled substance in the future.					
Entry #2						
Provide the type of drug or controlled substance.						
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Depressants (Such as barbiturates, methaqualone,	tranquilizers, etc.)				
THC (Such as marijuana, weed, pot, hashish, etc.)	Hallucinogenic (Such as LSD, PCP, mushrooms, et	C.)				
Ketamine (Such as special K, jet, etc.)	Steroids (Such as the clear, juice, etc.)					
Narcotics (Such as opium, morphine, codeine, heroin, etc.)	Inhalants (Such as toluene, amyl nitrate, etc.)					
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	Other (Provide explanation)					
Provide an estimate of the month and year of first use. (Month/Year)  Provide an estimate of the month year of most recent use. (Month/Year)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	number of times used.				
☐ Est.	Est.					
Was your use while you were employed as a law enforcement officer, prose a position directly and immediately affecting the public safety?	ecutor, or courtroom official, or while in	YES NO				
Was your use while possessing a security clearance?		YES NO				
Do you intend to use this drug or controlled substance in the future?		YES NO				
Provide explanation of why you intend or do not intend to use this drug or co	ontrolled substance in the future.					

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

	<b>In the last seven (7) years,</b> have you been involved in the illegal purc trafficking, production, transfer, shipping, receiving, handling or sale of		
	olete the following if you answered 'Yes' to in the last seven (7) years king, production, transfer, shipping, receiving, handling or sale of a drug		illegal purchase, manufacture, cultivation,
Entry	#1		
Provid	de the type of drug or controlled substance.		
Co	ocaine or crack cocaine (Such as rock, freebase, etc.)	Depressants (Such as	barbiturates, methaqualone, tranquilizers, etc.)
TH	HC (Such as marijuana, weed, pot, hashish, etc.)	Hallucinogenic (Such a	as LSD, PCP, mushrooms, etc.)
Ke	etamine (Such as special K, jet, etc.)	Steroids (Such as the	clear, juice, etc.)
☐ Na	arcotics (Such as opium, morphine, codeine, heroin, etc.)	Inhalants (Such as tolu	uene, amyl nitrate, etc.)
St	timulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	Other (Provide explan	nation) •
	de an estimate of the month and Provide an estimate of the of first involvement. (Month/Year) Provide an estimate of the of most recent involvement		Provide the nature and frequency of activity.
	☐ Est.	Est.	
Provid	de the reason(s) why you engaged in the activity		
	your involvement while you were employed as a law enforcement office on directly and immediately affecting the public safety?	r, prosecutor, or courtroom	official, or while in a YES NO
Was y	your involvement while possessing a security clearance?		☐ YES ☐ NO
	eu intend to engage in this activity in the future?  ES Provide explanation.		
Entry #	#2		
Provide	e the type of drug or controlled substance.		
	e the type of drug or controlled substance. ocaine or crack cocaine (Such as rock, freebase, etc.)	Depressants (Such as	barbiturates, methaqualone, tranquilizers, etc.)
Co			barbiturates, methaqualone, tranquilizers, etc.) as LSD, PCP, mushrooms, etc.)
☐ Co	ocaine or crack cocaine (Such as rock, freebase, etc.)		is LSD, PCP, mushrooms, etc.)
☐ Co	ocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)	Hallucinogenic (Such a	s LSD, PCP, mushrooms, etc.)
☐ Co	ocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)	Hallucinogenic (Such a	clear, juice, etc.) sene, amyl nitrate, etc.)
Co	ocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)	Hallucinogenic (Such as the of the control of the c	clear, juice, etc.) sene, amyl nitrate, etc.)
Co	cocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)  imulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  e an estimate of the month and  Provide an estimate of the	Hallucinogenic (Such as the of the control of the c	is LSD, PCP, mushrooms, etc.) clear, juice, etc.) iene, amyl nitrate, etc.) ation) •
Co	cocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)  etamine (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  e an estimate of the month and  f first involvement. (Month/Year)  Provide an estimate of the of most recent involvement	Hallucinogenic (Such as the of Steroids (Such as the of Inhalants (Such as toluted Dother (Provide explanation) and year (Month/Year)	is LSD, PCP, mushrooms, etc.) clear, juice, etc.) iene, amyl nitrate, etc.) ation) •
Co	cocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)  imulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  e an estimate of the month and first involvement. (Month/Year)  Provide an estimate of the of most recent involvement  Est.	Hallucinogenic (Such as the of Steroids (Such as the of Inhalants (Such as toluted Dother (Provide explantment) and year (Month/Year)	ss LSD, PCP, mushrooms, etc.) clear, juice, etc.) eene, amyl nitrate, etc.) ation)   Provide the nature and frequency of activity.
Co	cocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)  imulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  e an estimate of the month and f first involvement. (Month/Year)  Est.  e the reason(s) why you engaged in the activity  our involvement while you were employed as a law enforcement officer	Hallucinogenic (Such as the of Steroids (Such as the of Inhalants (Such as toluted Dother (Provide explantment) and year (Month/Year)	clear, juice, etc.) ene, amyl nitrate, etc.) ation)   Provide the nature and frequency of activity.
Co	cocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)  imulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  e an estimate of the month and  f first involvement. (Month/Year)  Est.  e the reason(s) why you engaged in the activity  our involvement while you were employed as a law enforcement officer on directly and immediately affecting the public safety?	Hallucinogenic (Such as the of Steroids (Such as the of Inhalants (Such as toluted Dother (Provide explantment) and year (Month/Year)	s LSD, PCP, mushrooms, etc.) clear, juice, etc.) ene, amyl nitrate, etc.) ation)   Provide the nature and frequency of activity.  official, or while in aYESNO
Co	cocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)  imulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  e an estimate of the month and  f first involvement. (Month/Year)  Est.  e the reason(s) why you engaged in the activity  our involvement while you were employed as a law enforcement officer on directly and immediately affecting the public safety?  our involvement while possessing a security clearance?  u intend to engage in this activity in the future?	Hallucinogenic (Such as the of Steroids (Such as the of Inhalants (Such as toluted Dother (Provide explantment) and year (Month/Year)	s LSD, PCP, mushrooms, etc.) clear, juice, etc.) ene, amyl nitrate, etc.) ation)   Provide the nature and frequency of activity.  official, or while in aYESNO
Co TH Ke Na Sti Provide year of  Was yo position Was you Do you	cocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)  imulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  e an estimate of the month and f first involvement. (Month/Year)  Est.  e the reason(s) why you engaged in the activity  our involvement while you were employed as a law enforcement officer on directly and immediately affecting the public safety?  our involvement while possessing a security clearance?  u intend to engage in this activity in the future?  ES  Provide explanation.	Hallucinogenic (Such as the of Steroids (Such as the of Inhalants (Such as toluted Dother (Provide explantment) and year (Month/Year)	s LSD, PCP, mushrooms, etc.) clear, juice, etc.) ene, amyl nitrate, etc.) ation)   Provide the nature and frequency of activity.  official, or while in aYESNO
Color The Kee Na Na Still Provide year of Was yo position Was yo Do you YE	cocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)  imulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  e an estimate of the month and f first involvement. (Month/Year)  Est.  e the reason(s) why you engaged in the activity  our involvement while you were employed as a law enforcement officer on directly and immediately affecting the public safety?  our involvement while possessing a security clearance?  u intend to engage in this activity in the future?  ES  Provide explanation.	Hallucinogenic (Such as the of Steroids (Such as the of Inhalants (Such as toluted Dother (Provide explantment) and year (Month/Year)	s LSD, PCP, mushrooms, etc.) clear, juice, etc.) ene, amyl nitrate, etc.) ation)   Provide the nature and frequency of activity.  official, or while in aYESNO
Color The Kee Na Na Still Provide year of Was yo position Was yo Do you YE	cocaine or crack cocaine (Such as rock, freebase, etc.)  HC (Such as marijuana, weed, pot, hashish, etc.)  etamine (Such as special K, jet, etc.)  arcotics (Such as opium, morphine, codeine, heroin, etc.)  imulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  e an estimate of the month and f first involvement. (Month/Year)  Est.  e the reason(s) why you engaged in the activity  our involvement while you were employed as a law enforcement officer on directly and immediately affecting the public safety?  our involvement while possessing a security clearance?  u intend to engage in this activity in the future?  ES  Provide explanation.	Hallucinogenic (Such as the of Steroids (Such as the of Inhalants (Such as toluted Dother (Provide explantment) and year (Month/Year)	s LSD, PCP, mushrooms, etc.) clear, juice, etc.) ene, amyl nitrate, etc.) ation)   Provide the nature and frequency of activity.  official, or while in aYESNO

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

CFR Parts 731, 732, and 736	SECURITY POSITIONS				
Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)					
23.3 Have you <b>EVER</b> illegally used or otherwise been involved with possessing a security clearance other than previously listed?	a drug or controlled substance while YES NO (If NO, proceed to 23.4)				
Complete the following if you responded 'Yes' to having <b>EVER</b> illegall possessing a security clearance, other than previously listed.	y used or otherwise been involved with a drug or controlled substance while				
Entry #1					
Provide a description of your involvement.					
Provide the dates of involvement/use.	Provide an estimate of the number of times you used and/or were involved with this				
From Date (Month/Year) To Date (Month/Year) Present	drug or controlled substance while possessing a security clearance.				
☐ Est. ☐ Est.					
Entry #2					
Provide a description of your involvement.					
Provide the dates of involvement/use.	Provide an estimate of the number of times you used and/or were involved with this				
From Date (Month/Year) To Date (Month/Year) Present	drug or controlled substance while possessing a security clearance.				
Est. Est.					
23.4 Have you EVER illegally used or otherwise been involved with employed as a law enforcement officer, prosecutor, or courtroo immediately affecting the public safety other than previously lis	m official; or while in a position directly and				
	y used, or otherwise been involved with a drug or controlled substance while employed e in a position directly and immediately affecting the public safety other than previously				
Entry #1					
Provide a description of the drugs or controlled substances used and	your involvement.				
Provide the dates of involvement/use.	Provide an estimate of the number of times you used and/or were involved with this				
From Date (Month/Year) To Date (Month/Year) Present	drug or controlled substance while employed in this capacity.				
☐ Est. ☐ Est.					
Entry #2					
Provide a description of the drugs or controlled substances used and	your involvement.				
· · · · · · · · · · · · · · · · · · ·					
Provide the dates of involvement/use.	Provide an estimate of the number of times you used and/or were involved with this				
From Date (Month/Year) To Date (Month/Year) Proport	drug or controlled substance while employed in this capacity.				

Est.

Est.

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)							
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?							
Complete the following if you responded 'Yes' to <b>in the last seven (7) years</b> having intentionally engaged in the misuse of prescriptor of whether the drugs were prescribed for you or someone else.	iption drugs, regardless						
Entry #1							
Provide the name of the prescription drug that you misused.							
Provide the dates of involvement/use  From Date (Month/Year) To Date (Month/Year) Present  Provide the reason(s) for and circumstances of the misuse	e of the prescription drug.						
Est. Est.  Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a	☐ YES ☐ NO						
position directly and immediately affecting the public safety?  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/use  Provide the reason(s) for and circumstances of the misuse	e of the prescription drug.						
From Date (Month/Year) To Date (Month/Year) Present  Est.							
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						
Inter your Social Security Number before going to the next page							

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

23	3.6	Have you <b>EVER</b> been ordered, advised, or a illegal use of drugs or controlled substances		counseling or trea	atment as a res	sult of your	YES N	IO (If NO, proce	eed to 23.7)
		plete the following if you responded 'Yes' to hal use of drugs or controlled substances.	naving <b>EVE</b>	R been ordered, a	dvised, or ask	ed to seek counse	eling or treatmen	nt as a result	of your
	Entry	y #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):								ances?	
		An employer, military commander, or employe	e assistance	program A	court official /	judge			
		A medical professional				ordered, advised, o eatment by any of th			
		A mental health professional			ouriseiing or tre	eatment by any or t	ic above		
	Provi	de explanation 🕨							
	Did y	rou take action to receive counseling or treatm	nent?			YES (If YES	S, complete (b))	NO (If NO, c	omplete (a))
	(a) `	You have indicated that you did not receive tre	eatment.						
		Provide explanation.							
	(b) `	You have indicated that you did receive treatn	nent.						
		Provide the type of drug or controlled substan	nce for which	you were treated.					
		Cocaine or crack cocaine (Such as rock,	freebase, etc	:.)	Depressa	ants (Such as barbitu	urates, methaqua	alone, tranquil	izers, etc.)
		THC (Such as marijuana, weed, pot, hash	hish, etc.)		Hallucino	genic (Such as LSD	), PCP, mushrooi	ms, etc.)	
		☐ Ketamine (Such as special K, jet, etc.)			Steroids (	(Such as the clear, j	uice, etc.)		
		Narcotics (Such as opium, morphine, cod	leine, heroin,	etc.)	Inhalants	(Such as toluene, a	amyl nitrate, etc.)		
		Stimulants (Such as amphetamines, spee	ed, crystal me	eth, ecstasy, etc.)	Other (P	rovide explanation)	<b>&gt;</b>		
		Provide the name of the treatment provider. Last name	First name						
		Provide the address for this treatment provide	er. ( <i>Provide Cit</i>	y and Country if outsid	le the United Stat	es; otherwise, provide (	City, State and Zip C	Code)	
		Street	City		State	Zip Code	Country		
		Provide a telephone number for the	Extension	International o		Provide the dates		(144-04)	<b></b>
		treatment provider.	I	phone number  Day Nigh		From Date (Month)	Est.	(Month/Year)	Present
							LSt.	L	Est.
		Did you successfully complete the treatment?	YES	∐ NO → (Pro	vide explanation	on)			

#### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

	on 23 - Illegal Use of Drugs and Drug Activit	, ,					
	nplete the following if you responded 'Yes' to ligal use of drugs or controlled substances.	having <b>EVER</b> been ord	ered, advised, or ask	ked to seek counseling o	r treatment as a result of your		
Ent	ry #2						
	ve any of the following ordered, advised, or ask eck all that apply):	ed you to seek counselir	ng or treatment as a re	esult of your illegal use of	drugs or controlled substances?		
	An employer, military commander, or employe	e 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		counseling of the	earment by any or the abc	ve		
Pro	vide explanation •						
Did	you take action to receive counseling or treatm	nent?		YES (If YES, comp	olete (b)) NO (If NO, complete (a))		
(a)	You have indicated that you did not receive tro	eatment.					
	Provide explanation.						
(b) You have indicated that you did receive treatment.							
	Provide the type of drug or controlled substar	•	reated.				
Cocaine or crack cocaine (Such as rock, freebase, etc.)					, methaqualone, tranquilizers, etc.)		
THC (Such as marijuana, weed, pot, hashish, etc.)					, mushrooms, etc.)		
	Ketamine (Such as special K, jet, etc.)	Steroids (Such as the clear, juice, etc.)					
	Narcotics (Such as opium, morphine, codeine, heroin, etc.)		Inhalants (Such as toluene, amyl nitrate, etc.)				
	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy		sy, etc.) ☐ Other (Provide explanation) ▶				
	Provide the name of the treatment provider.						
	Last name	First name					
	Provide the address for this treatment provide	Cr. (Provide City and Country	, if outside the United Ste	too: otherwine provide City St	oto and Zin Cada)		
	Street	City	State	Zip Code Cou			
	Provide a telephone number for the	Extension  Interna	ational or DSN	Provide the dates of trea	atment.		
			number	From Date (Month/Year)	To Date (Month/Year) Present		
			Night	Est.	Est.		
	Did you successfully complete the treatment?	YES NO-	(Provide explanation	on)			

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

Have you <b>EVER</b> voluntarily sought counse controlled substance?	eling or treatment as a result	of your use of a	arug or YES	NO (If NO, proceed t	o Section 24)
plete the following if you responded 'Yes' to rolled substance?	to having <b>EVER</b> voluntarily s	sought counsel	ing or treatment as a resi	ult of your use of a drug	or
y #1					
de the type of drug or controlled substance	e for which you were treated.				
Cocaine or crack cocaine (Such as rock, fre	eebase, etc.)	Depressan	its (Such as barbiturates, n	nethaqualone, tranquilize	ers, etc.)
ΓHC (Such as marijuana, weed, pot, hashis	sh, etc.)	Hallucinog	enic (Such as LSD, PCP, r	mushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)		Steroids (S	Such as the clear, juice, etc	e.)	
Narcotics (Such as opium, morphine, codeir	ne, heroin, etc.)	Inhalants (	Such as toluene, amyl nitra	ate, etc.)	
Stimulants (Such as amphetamines, speed,	, crystal meth, ecstasy, etc.)	Other (Pro	ovide explanation) >		
de the name of the treatment provider. name	First name				
de the address for this treatment provider. (	(Provide City and Country if outsid City	e the United States State		and Zip Code) ountry	
de a telephone number for the Ement provider.	Extension	r	Provide the dates of treat From Date (Month/Year)	ment. To Date (Month/Year)	Present Est.
ou successfully complete the treatment?	☐ YES ☐ NO → (Pro	vide explanatior	1)		
y #2					
de the type of drug or controlled substance	e for which you were treated.				
Cocaine or crack cocaine (Such as rock, free	eebase, etc.)	Depressar	its (Such as barbiturates, n	nethaqualone, tranquilize	ers, etc.)
THC (Such as marijuana, weed, pot, hashisl	sh, etc.)	Hallucinog	enic (Such as LSD, PCP, r	mushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)		Steroids (S	Such as the clear, juice, etc	;.)	
Narcotics (Such as opium, morphine, codeir	ne, heroin, etc.)	Inhalants (	Such as toluene, amyl nitra	ate, etc.)	
Stimulants (Such as amphetamines, speed,	crystal meth, ecstasy, etc.)	Other (Pro	ovide explanation) >	·	
de the name of the treatment provider. name	First name				
de the address for this treatment provider.					
it C	City	State	Zip Code C	ountry	
ide a telephone number for the Ement provider.	Extension International of number	-	Provide the dates of treat From Date (Month/Year)	ment. To Date <i>(Month/Year)</i>	Present
	DayNigr	it	Est.		Est.
ou successfully complete the treatment?	☐ YES ☐ NO → (Pro	vide explanatior	1)		
ide a telephone number for the Ement provider.	Extension	State or DSN phone	Zip Code C Provide the dates of treat From Date (Month/Year) Est.	ountry ment.	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### CFR Parts 731, 732, and 736 NATIONAL SECURITY POSITION

Section 24 - Use of Alcohol	section 24 - Use of Alcohol						
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?							
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 dates of involvement or							
From Date (Month/Year)	To Date (Month/Year)	Present					
Est.		Est.					
Provide the month/year when this negative impact occurred.	Provide circumstances		Provide negative impact.				
From Date (Month/Year)							
Est.							
Entry #2			1				
Provide the dates of involvement or	use.						
From Date (Month/Year)	To Date (Month/Year)	Present					
Est.		Est.					
Provide the month/year when this negative impact occurred.	Provide circumstances		Provide negative impact.				
From Date (Month/Year)							
Est.							
Entry #3							
Provide the dates of involvement or	use.						
From Date (Month/Year)	To Date (Month/Year)	Present					
Est.		Est.					
Provide the month/year when this negative impact occurred.	Provide circumstances		Provide negative impact.				
From Date (Month/Year)							
Est.							
Entry #4							
Provide the dates of involvement or	use.						
From Date (Month/Year)	To Date (Month/Year)	Present					
Est.		Est.					
Provide the month/year when this negative impact occurred.	Provide circumstances		Provide negative impact.				
From Date (Month/Year)							
Est.							
ter your Social Security Numbe	er before going to th	e next page					

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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 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) 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 Other (Provide explanation) > NO (If NO, complete (a)) Did you take action to receive counseling or treatment? YES (If YES, complete (b)) 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. You responded 'Yes' to having taken action to seek counseling or treatment. (b) Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Zip Code City State Country Provide telephone number. Extension International or DSN phone number Day Night Did you successfully complete the treatment? ☐ 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): 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 Other (Provide explanation) > Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (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. You responded 'Yes' to having taken action to seek counseling or treatment. (b) Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present □ Fst Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City Zip Code Country Provide telephone number. Extension International or DSN phone number Day Night Did you successfully complete the treatment? ☐ YES NO → (Provide explanation) ▶

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5. T. T. d. t. 5. T. T. 5. E., d. 1. G. 5	5111 at 6151, 102, and 100						
Section 24 - Use of Alcohol - (Contin	Section 24 - Use of Alcohol - (Continued)						
24.3 Have you EVER voluntarily so	ought counseling or treatment as a	result of your use of alcol	hol?	YES NO (If NO, proceed to 24.4)			
Complete the following if you respon	nded 'Yes' to voluntarily seeking co	ounseling or treatment.					
Entry #1	Entry #1						
Provide the dates of counseling or tr From Date (Month/Year)	reatment. To Date (Month/Year) Present Est.	Provide the name of the	individual counselor	or treatment provider.			
Provide the full address of the couns	seling/treatment provider. (Provide (	City and Country if outside the	United States; otherwise	e, provide City, State and Zip Code)			
Street	City	State	Zip Code	Country			
Provide telephone number.  Extension							
Did you successfully complete the tr	Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶						
Entry #2							
	Provide the dates of counseling or treatment.  From Date (Month/Year)  To Date (Month/Year)  Present  Provide the name of the individual counselor or treatment provider.						
Est.	Est.						
Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)							
Street	City	State	Zip Code	Country			
Provide telephone number.	Extension [	International or DSN ph	none number				
Did you successfully complete the tr	reatment? YES NO	(Provide explanation)	•				

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 24 - Use of Alcohol - (Continued)

24.4	_	Have you <b>EVER</b> received co	uncelina o	r treatment as	a result of your use o	f alcohol in add	dition to what	7./50 🗆 .	10
<b></b>		you have already listed on the		i ilealinent as	s a result or your use o	i alconor ili au	union to what	YESN	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 the 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)								
			nseling/trea		er. (Provide City and Coul			_	, State and Zip Code)
S	treet	i.		City		State	Zip Code	Country	
	Provide the name of agency/organization where counseling/treatment was provided.  Name								
P	rovic	de the address of agency/org	anization w	here counsel	ing/treatment was prov	vided. (Provide	City and Country if out	side the United	States;
		ise, provide City, State and Zip Co				`	•		Same as above
S	treet	t		City		State	Zip Code	Country	
_ P	rovic	de the dates of counseling or	treatment						
		Date (Month/Year)		Month/Year)	□ Brocent				
·		` <u> </u>			Present				
_		Est.			Est.				
D	id yo	ou successfully complete you	ır counselin	g or treatmen	it?		YES (Provide e	explanation)	NO (Provide explanation)
Е	xpla	nation							
_	ntry								
		de the name of the individual	counselor	or treatment p	provider.				
N	lame								
P	rovic	de the full address of the cou	nseling/trea	tment provide	er. (Provide City and Cour	ntry if outside the	United States; otherw	ise, provide City	. State and Zip Code)
	treet		Ū	City	,	State	Zip Code	Country	,
						1		1	
_									
Ρ	rovic	de the name of agency/organ	ization whe	ere counseling	g/treatment was provid	ed.			
N	lame	<b>!</b>							
_	rovio	de the address of agency/org	anization w	thoro councol	ing/treatment was prov	ridad (Pravida	City and Country if out	raida tha Unitad	States:
		ise, provide City, State and Zip Co		mere counser	ing/treatment was pro-	vided. (Flovide	City and Country if out	side the Officed	States; Same as above
	treet		, , ,	City		State	Zip Code	Country	
Ŭ		•		I					
_									
		de the dates of counseling or							
F	rom	Date (Month/Year)	To Date (/	Month/Year)	Present				
		Est.			Est.				
D	id yc	ou successfully complete you	ır counselin	g or treatmen	nt?		YES (Provide e	explanation)	NO (Provide explanation)
F	Explanation								
_	<del></del>								
				<u> </u>					

Standard Form 86

Form approved:

evised December 2010 S. Office of Personnel Management CFR Parts 731, 732, and 736	NATIONAL SECURITY POSITIONS  OMB No. 3206 0005					
Section 25 - Investigations and Clearance Reco	rd					
25.1 Has the U.S. Government (or a foreign go a security clearance eligibility/access?	vernment) <b>EVER</b> investigated your background and/or granted you YES NO (If NO, proceed to 25.2)					
Complete the following if you responded 'Yes' t granted you a security clearance eligibility/acc	o the U.S. Government (or a foreign government) having investigated your background and/or having cess.					
Entry #1						
Provide the investigating agency:						
U.S. Department of Defense	U.S. Department of Homeland Security					
U.S. Department of State	☐ Foreign government (Provide name of government) ▶					
U.S. Office of Personnel Management	I don't know					
Federal Bureau of Investigation	☐ Other (Provide explanation) ▶					
U.S. Department of Treasury						
Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.						
Date the investigation was completed (Month/Yea	17) I don't know Provide the date clearance eligibility/access was granted. (Month/Year) I don't know					
	☐ Est. ☐ Est.					
Provide the level of clearance eligibility/access g	granted:					
None	□ Q					
Confidential						
Secret	I don't know					
☐ Top Secret	☐ Issued by foreign country					
Sensitive Compartmented Information (SCI)	☐ Other (Provide explanation) ▶					
Entry #2						
Provide the investigating agency:						
U.S. Department of Defense	U.S. Department of Homeland Security					
U.S. Department of State	☐ Foreign government (Provide name of government) ▶					
U.S. Office of Personnel Management	I don't know					
Federal Bureau of Investigation	☐ Other (Provide explanation)▶					
U.S. Department of Treasury						

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 26 - Financial Record

26.1 In the last seven (7) years have	you filed	a petition under any	chapter of th	ne bankruptcy	code?		YES	NO (If NO, pro	oceed to 26.2)
Complete the following if you responded	d 'Yes' to	in the last seven (7	<b>) years</b> havi	ng filed a petiti	on under a	ny chapte	er of the bar	kruptcy code.	
Entry #1									
Select the applicable bankruptcy petition  Chapter 7 Chapter 1	• •	Chapter 13	Provide the	e bankruptcy c	ourt docket	/account	number.		
Provide the date bankruptcy was filed. (Month/Year)	Est.	Provide the date of discharge. (Month/N			pplicable			nount (in U.S. the bankruptcy.	Est.
Provide the name debt is recorded under Last name	er.	First name			Middle na	ime		Suffix	
Provide the name of the court involved.					1				
Provide the address of the court involve Street	ed. <i>(Provid</i>	de City and Country if out City	tside the United	d States; otherwis State	se, provide C. Zip Code	ity, State aı	nd Zip Code) Country		
(a) If Chapter 13 previously selected Provide the name of the trustee for the		ruptcy.							
Provide the address of the trustee Street	for this	bankruptcy. (Provide City	City and Count	try if outside the U State	<i>Jnited States</i> Zip Code	; otherwise	, provide City, Country	State and Zip Code	)
Were you discharged of all debts claims Provide Explanation.	ed in the b	oankruptcy?			YES (	Provide ex	planation)	NO (Provide	explanation)
Entry #2									
Select the applicable bankruptcy petition  Chapter 7  Chapter 1		Chapter 13	Provide the	e bankruptcy c	ourt docket	t/account	number.		
Provide the date bankruptcy was filed. (Month/Year)	Est.	Provide the date of discharge. (Month/Y			pplicable			nount (in U.S. the bankruptcy.	Est.
Provide the name debt is recorded under Last name	er.	First name			Middle na	ıme		Suffix	
Provide the name of the court involved.									
Provide the address of the court involve Street	d. <i>(Provid</i>	de City and Country if out City	tside the United	d States; otherwis State	se, provide Ca Zip Code	ity, State ai	nd Zip Code) Country		
(a) If Chapter 13 previously selected									
Provide the name of the trustee for	this bankı	ruptcy.							
Provide the address of the trustee Street	for this	bankruptcy. <i>(Provide</i> City	City and Count	try if outside the L State	Jnited States Zip Code	; otherwise	, provide City, Country	State and Zip Code	)
Were you discharged of all debts claims Provide Explanation.	ed in the t	oankruptcy?			YES (	Provide ex	planation)	NO (Provide	explanation)

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)		
26.2 Have you EVER experienced financial problems due to gamb	oling?	YES NO (If NO, proceed to 26.3)
Complete the following if you responded 'Yes' to having EVER exp	erienced financial problems due to gambling.	
Entry #1		
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S.	dollars) of gambling losses incurred.
From Date (Month/Year)  To Date (Month/Year)  Present  Est.	1	
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify you a description of your actions. If you have no	ur financial problems due to gambling,provide of taken any action(s), provide explanation.
Entry #2		
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S.	dollars) of gambling losses incurred.
From Date (Month/Year)  To Date (Month/Year)  Present  Est.		3 · · · · · · · · · · · · · · · · · · ·
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify you a description of your actions. If you have no	ur financial problems due to gambling,provide t taken any action(s), provide explanation.
26.3 In the past seven (7) years have you failed to file or pay Fed law or ordinance?	deral, state, or other taxes when required by	YES NO (If NO, proceed to 26.4)
Complete the following if you responded 'Yes' to having failed to file	e or pay Federal, state, or other taxes when r	equired by law or ordinance.
Entry #1		
Did you fail to file, pay as required, or both?  Provide th  Both	ne year you failed to file or pay your Federal, s	state, or other taxes.
	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applicable Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and ar	mount of payments, etc.). If you have not
Entry #2		
	ne year you failed to file or pay your Federal, s	
File Pay Both		Est.
( ) )	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applicable Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and ar	mount of payments, etc.). If you have not
nter your Social Security Number before going to the next		

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Contin	ued)							
26.4 In the past seven (7) years hav agreement for a travel or credit of			discipline	ed for violating	the terms of	YES	NO (If N	O, proceed to 26.5)
Complete the following if you responde provided by your employer.	ed 'Yes' to h	aving been counseled,	warned,	or disciplined	for violating the ter	ms of agreen	nent for a tra	avel or credit card
Entry #1								
Provide the name of the agency or com	npany.							
Provide the address of the agency or c	ompany. (Pr	rovide City and Country if ou	utside the	United States; ot	herwise, provide City,	State and Zip C	ode)	
Street		City		State	Zip Code	Country		
Provide the date of your counseling, wa	arning, or dis	sciplinary action. (Month	n/Year)	Provide the re	eason(s) for the co	unseling, war	ning, or disc	ciplinary action
			Est.					
Provide the amount (in U.S. dollars)		Provide a description of		ion(s) you hav	e taken to rectify th	is situation. I	f you have r	not taken any
of violation.	; I	action(s) provide explar	nation.					
	Est.							
Entry #2	•							
Provide the name of the agency or com	npany.							
Provide the address of the agency or c	ompany. (Pr	ovide City and Country if o	utside the	United States: of	herwise, provide Citv.	State and Zip C	ode)	
Street		City		State	Zip Code	Country	,	
Provide the date of your counseling, wa	arning, or dis	sciplinary action. (Month	n/Year)	Provide the re	eason(s) for the co	_ı unseling, war	ning, or disc	ciplinary action
		·	Est.					
Provide the amount (in U.S. dollars)		Provide a description of	f any act	ion(s) you hav	e taken to rectify th	is situation. I	f you have r	not taken any
of violation.		action(s) provide explar		( / 3	•		,	,
	Est.							
<b>26.5</b> Are you currently utilizing, or see	king assista	unco from a crodit coun	eolina e	onvice or other	eimilar rosourco to			
resolve your financial difficulties?		ince nom, a creat coun	iscing s	CIVICE OF OTHER	Sirina resource te	☐ YES	□ NO (If N	O, proceed to 26.6)
Complete the following if you responde	ed 'Yes' to b	eing currently utilizing,	or seekir	ng assistance f	from, a credit coun	seling service	or other sir	milar resource to
resolve your financial difficulties.								
Entry #1								
Provide explanation.			Provide	e the name of t	the credit counselir	g organizatio	n or resour	ce.
Provide the telephone number of the cr		• •			Provide the loca	tion of the cr	edit counse	ling organization.
Telephone number	Extension	International or I	OSN pho	ne number	City		I	State
		Day Night						
As a result of this counseling, provide a provide explanation.	a description	of any action(s) you ha	ave take	n to resolve yo	ur financial difficult	ies. If you ha	ve not taker	any action(s),
provide explanation.								
Entry #2								
Provide explanation.			Provide	e the name of t	the credit counselir	g organizatio	n or resour	ce.
Provide the telephone number of the cr	redit counse	ling organization.			Provide the loca	tion of the cr	edit counse	ling organization.
Telephone number	Extension	International or I	OSN pho	ne number	City		ı	State
		Day Night						
As a result of this counseling, provide a	description	of any action(s) you ha	ave take	n to resolve yo	ur financial difficult	ies. If you ha	ve not taker	any action(s),
provide explanation.								
nter your Social Security Number b	nefore ani	ng to the next page				_		

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

Section 26 - Financial Record - (Continued) Other than previously listed, have any of the following happened to you? (You will be asked to provide 26.6 YES NO (If NO, Proceed to 26.7) details about each financial obligation that pertains to the items identified below) - In the past seven (7) years, you have been delinquent on alimony or child support payments.

- In the past 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

- In the past 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 'Y	'es' to having experienced one or mor	re of the previously stated financial issues.					
Entry #1							
Provide the name of agency/organization/individual to which debt is/was owed.							
Did/does this financial issue include any of the following? (Check all that apply)							
In the past seven (7) years, you have	e been delinquent on alimony or child	support payments.					
In the past seven (7) years, you had for which you were a cosigner or guar		ude financial obligations for which you were th	e sole debtor, as well as those				
In the past seven (7) years, you had you were the sole debtor, as well as the		r failing to pay taxes or other debts. (Include fir guarantor).	nancial obligations for which				
You are currently delinquent on any F cosigner or guarantor).	ederal debt. (Include financial obligation	ons for which you are the sole debtor, as well a	s those for which you are a				
Provide the associated loan/account num	ber(s) involved. Identify/describe the	e type of property involved (if any).					
Provide the amount (in U.S. dollars) of the	e financial issue. Provide the reason(	(s) for the financial issue. Provide the curre	nt status of the financial issue.				
Provide the date the financial issue began. (Month/Year)	Provide date the financial issue was resolved. (Month/Year)	Provide the name of the co Not Resolved Est.	urt involved.				
Provide the address of the court involved. Street	(Provide City and Country if outside the Unit City	ted States; otherwise, provide City, State and Zip Code State Zip Code Country	)				
Provide a description of any action(s) you taken any action(s), provide explanation.	have taken to satisfy this debt (such a	as withholdings, frequency and amount of payr	nents, etc.). If you have not				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

#### Section 26 - Financial Record - (Continued)

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 past seven (7) years, you have been delinquent on alimony or child support payments.					
In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, a for which you were a cosigner or guarantor).	is well as those				
In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligation you were the sole debtor, as well as those for which you were a cosigner or guarantor).	ons for which				
You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which cosigner or guarantor).	ch you are a				
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).					
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the	financial issue.				
Provide the date the financial issue began. (Month/Year)  Est.  Provide date the financial issue was resolved. (Month/Year)  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 y taken any action(s), provide explanation.	ou have not				

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

YES NO (If NO, proceed to Section 27)

### Section 26 - Financial Record - (Continued)

- 26.7 Other than previously listed, have any of the following happened?
  - In the past 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 past 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 quarantor)
  - In the past 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 past 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 past seven (7) years, you were evicted for non-payment?
  - In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
  - In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
  - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

which you are the sole debtor, as well as those for which you are a cosigner or guarantor)	
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.	
Entry #1	
Provide the name of agency/organization/individual to which debt is/was owed.	
Did/does this financial issue include any of the following? (Check all that apply)	27)
In the past 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)	s
In the past 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 past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debto as well as those for which you were a cosigner or guarantor)	or,
In the past 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 past seven (7) years, you were evicted for non-payment?	
In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?	
In the past seven (7) years, you have been 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)	u
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)	ou
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.	ue.
Provide the date the financial issue began. (Month/Year)  Provide date the financial issue was resolved. (Month/Year)  Est.  Provide date the financial issue was resolved. (Month/Year)  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 - <i>(Continued)</i>
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #2
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply)
In the past 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 past 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 past 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 past 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 past seven (7) years, you were evicted for non-payment?
In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year)  Provide date the financial issue was resolved. (Month/Year)  Description:  Not Resolved  Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

### **QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS**

Form approved: OMB No. 3206 0005

### Section 27 - Use of Information Technology Systems

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

we note, with reference to this section, evidence against you in a subsequent or government. The following questions as hardware, software, firmware, and data	riminal proceeding. As to this partic k about your use of information ted	cular section, this applie chnology systems. Inforr	s whether or not you mation technology s	u are currently employed by the Federal ystems include all related computer
27.1 In the last seven (7) years had access any information technol	ve you illegally or without proper at ogy system?	uthorization accessed or	r attempted to	YES NO (If NO, proceed to 27.2)
Complete the following if you respond any information technology system.	led 'Yes' to having in the last seve	en (7) years illegally or	without proper auth	orization entered or attempted to enter into
Entry #1				
Provide the date of the incident. (Mon	nth/Year) Provide a description o	of the nature of the incic	lent or offense.	
Provide the location where the incider	nt took place. (Provide City and Count	ry if outside the United State	es; otherwise, provide C	ity, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (ac	dministrative, criminal or other) take	en as a result of this inc	ident.	
Entry #2				
Provide the date of the incident. (Mor	nth/Year) Provide a description of Est.	of the nature of the incid	lent or offense.	
Provide the location where the incider	nt took place. (Provide City and Counti	ry if outside the United State	es; otherwise, provide C	ity, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (ac	dministrative, criminal or other) take	en as a result of this inc	ident.	
	ve you illegally or without authoriza ation residing on an information ted			YES NO (If NO, proceed to 27.3)
Complete the following if you respond denied others access to information re				n, modified, destroyed, manipulated, or
Entry #1				
Provide the date of the incident. (Mor	nth/Year) Provide a description of Est.	of the nature of the incic	lent or offense.	
Provide the location where the incider Street	nt took place. (Provide City and Count City	ry if outside the United State State	es; otherwise, provide C Zip Code	ity, State and Zip Code) Country
Provide a description of the action (ac	dministrative, criminal or other) take	en as a result of this inc	ident.	
Entry #2				
Provide the date of the incident. (Mon	nth/Year) Provide a description of Est.	of the nature of the incid	lent or offense.	
Provide the location where the incider	nt took place. (Provide City and Count	ry if outside the United State	es; otherwise, provide C	ity, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (ac	dministrative, criminal or other) take	en as a result of this inc	ident.	<u>'</u>

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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 YES NO (If NO, proceed to Section 28) connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? 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. 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. 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.

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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#### Section 28 - Involvement in Non-Criminal Court Actions 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) this form? 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. Entry #1 Provide the date of the civil action. (Month/Year) Provide the court name. Est. Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) State City Zip Code Country Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action. Entry #2 Provide the court name. Provide the date of the civil action. (Month/Year) Est. Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Country Zip Code Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### Section 29 - Association Record

adverse danger	owing pertain to your associ e employment, security, or c ous to human life and appea n, or to affect the conduct of	redentialing dec ir to be intended	ision. For the purpos to intimidate or coe	se of this que rce a civilian	estion, terrorism population to in	is defined as any confluence the policy of	riminal acts	that involve violence or are
29.1	Are you now or have you <b>E</b> awareness of the organiza						YES	NO (If NO, proceed to 29.2)
	plete the following if you resorganization's dedication to t					anization dedicated	to terrorism	, either with an awareness of
Entr	y #1							
Prov	ide the full name of the orga	nization.						
Prov	ide the address/location of thet	ne organization.	(Provide City and Cour City	ntry if outside th	ne United States; o State I	therwise, provide City, Zip Code	State and Zip Country I	Code)
	ide the dates of your involve n Date ( <i>Month/Year</i> ) Est.	ment with the or To Date <i>(Month</i>		Provide all	positions held in	n the organization, i	f any.	No positions held
1	Provide all contributions made to the organization, if any.  No contributions made organization.  Provide a description of the nature of and reasons for your involvement with the organization.						r involvement with the	
Entr	Entry #2							
	ide the full name of the orga	nization.						
Prov	ide the address/location of tl	ne organization	(Provide City and Cour	ntry if outside th	ne United States: o	therwise provide City	State and 7in	Code)
Stree		ic organization.	City	niy ii oatoide tii	State	Zip Code	Country	ooue)
	ide the dates of your involve n Date (Month/Year) Est.	ment with the or To Date (Month		Provide all	L positions held ir	l n the organization, i	f any.	No positions held
	ide all contributions made to nization, if any.	the No	contributions made	Provide a conganizatio		e nature of and reas	ons for you	r involvement with the

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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CFR Parts 731, 732, and 736			
Section 29 - Association Record - (Continued)			
29.2 Have you EVER knowingly engaged in any acts of terrorism?		YES NO (If NO, pro	oceed to 29.3)
Complete the following if you responded 'Yes' to EVER having knowingly engaged in a	ny acts of terrorism.		
Entry #1			
Describe the nature and reasons for the activity.	Provide the dates for any such a		
	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 a	ctivities.	
	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 overthroforce?		YES NO (Pro	ceed to 29.4)
Complete the following if you responded 'Yes' to having EVER advocated any acts of to	errorism or activities designed to over	verthrow the U.S. Gove	rnment by
force.			
Entry #1	T =		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating a		
	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 a	acts of terrorism	
The first transfer of	From Date (Month/Year)	To Date (Month/Year)	Present
	☐ Est.		
			Est.

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### S. Office of Personnel Management CFR Parts 731, 732, and 736 NATIONAL SECURITY POSITIONS

ection 29 - Association Record - (Continued)					
29.4 Have you EVER been a member of an organization dedicated the United States Government, and which engaged in activition organization's dedication to that end or with the specific inten	es to that end with an awareness of the				
	n a member of an organization dedicated to the use of violence or force to overthrow the end with an awareness of the organization's dedication to that end or with the specific				
Entry #1					
Provide the full name of the organization.					
Provide the address/location of the organization. (Provide City and Cou Street City	untry if outside the United States; otherwise, provide City, State and Zip Code)  State Zip Code Country				
Provide the dates of your involvement with the organization.  From Date (Month/Year)  Est.  To Date (Month/Year)  Est.	Provide all positions held in the organization, if any.   No positions held				
Provide all contributions made to the organization, if any.	Provide a description of the nature of and reasons for your involvement with the organization.				
Entry #2	·				
Provide the full name of the organization.					
Provide the address/location of the organization. (Provide City and Cot					
Street City	State Zip Code Country				
Provide the dates of your involvement with the organization.	Provide all positions held in the organization, if any. No positions held				
From Date (Month/Year)  To Date (Month/Year)  Present  Est.					
Provide all contributions made to the organization, if any.	Provide a description of the nature of and reasons for your involvement with the organization.				
	·				
nter your Social Security Number before going to the next	page				

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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### Section 29 - Association Record - (Continued)

.5 Have you EVER been a m or violence to discourage United States with the spe	others from exercisir	ng their rights un				YES	NO (If NO, proceed to 29.
Complete the following if you restorce or violence to discourage of such action.							
Entry #1							
Provide the full name of the orga	nization.						
Provide the address/location of t	he organization. (Pro	vide City and Cour	ntry if outside th	e United States; ot	therwise, provide City,	State and Zi	p Code)
Street	Cit		,	State	Zip Code	Country	,,
Dravida the datas of vour involve	mont with the organ	ization	Drovido all	accitions hold in	the ergonization	if any	□ No positions hold
Provide the dates of your involve	_		Provide all	positions neid in	the organization,	ır any.	No positions held
From Date (Month/Year)	To Date (Month/Yea I						
Est.		Est.					
Provide all contributions (in U.S. made to the organization, if any.	dollars)  No cont	ributions made	Provide a d organization		e nature of and reas	sons for yo	ur involvement with the
Entry #2 Provide the full name of the orga	anization						
Tovide the fall flame of the orge	anzadon.						
Provide the address/location of t	he organization. (Pro	vide City and Cour	ntry if outside th	e United States; ot	therwise, provide City,	State and Zi	p Code)
Street	Cit	y		State	Zip Code	Country	
Provide the dates of your involve	mont with the organ	ization	Drovido all	 	the ergenization	if any	□ No positions hold
· · · · · · · · · · · · · · · · · · ·	=		Provide all	oositions neid in	the organization,	ii ariy.	No positions held
From Date (Month/Year)	To Date (Month/Yea						
Est.		Est.					
Provide all contributions (in U.S.		ributions made	Provide a description of the nature of and reasons for your involvement with the				
made to the organization, if any.	_		organization.				
er your Social Security Nun	abor boforo going	s to the next r	200			. г	

### QUESTIONNAIRE FOR

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CFR Parts 731, 732, and 736	001110110	
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 a	ctivities designed to overthrow the	U.S. Government by force.
Entry #1		
Describe the nature and reasons for the activity.	Provide the dates of such activiti	
	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 activiti	
	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 terro	orism.
Entry #1		
Provide explanation.		
Entry #2		
Provide explanation.		

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continuation Space	
Use the Standard Form 86A (SF 86A) for additional answers for Sections 11, 12 and 13. Use the space below to continuous items. If additional space is required, use a blank sheet (s) of paper. Include your name and SSN at the top of each bla answer, identify the number of the item and attempt to maintain sequential order and question format.	
After completing this form and any attachments, you should review your answers to all questions to make sure the for and then sign and date the following certification and the attached release(s).	rm is complete and accurate,
Certification  My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belinhave carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on the fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying informate effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearament from Federal service.	his form can be punished by tion may have a negative
Signature (Sign in ink)	Date signed (mm/dd/yyyy)
Enter your Social Security Number before going to the next page	

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

## UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

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

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

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 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 remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (Sign in ink)		Full name (Type or print legibly)			Date signed (mm/dd/yyyy)
Other names used				Date of birth	Social Security Number
Current street address Apt. #	City (Country) State		State	Zip Code	Home telephone number
ourion direct address ript. II	Oity (OOC		Ciaio	2.p 0000	

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Date signed (mm/dd/yyyy)

### UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

### **Instructions for Completing this Release**

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

#### **Authorization**

Signature (Sign in ink)

Enter your Social Security Number before going to the next page

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. 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 release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

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.

Full name (Type or print legibly)

Other names used				Social Security Number	
Current street address Apt. #	City (Cou	intry)	State	Zip Code	Home telephone number
			<u> </u>		
For Use By Practitioner(s) Only					
Does the person under investigation safeguard classified national security.		n that could impair his	or her jud	lgment, reliabil	ity, or ability to properly
☐ YES ☐ NO					
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.					
What is the prognosis?					
Dates of treatment?					
Signature (Sign in ink)		Practitioner name			Date signed (mm/dd/yyyy)

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

### **UNITED STATES OF AMERICA**

### FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

#### **Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

#### **Purpose**

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. 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 the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: 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.

Your Social Security Number (SSN) is needed to identify your unique records. 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.

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

Enter your Social Security Number before going to the next page	
Litter your Jocial Jecurity Number before going to the next page	
	1