# **General Electronic Form Notes/Notices (all Sections)**

This document is for reference only and is not a form for completion. Individuals will be invited into the applicable eApplication system to complete the form. The questions/content captured in this document are intended to display what data will be captured from the individual and the additional questions (Branch questions) to be presented based on the individual responses to previous questions during data capture.

Question numbering and "electronic form navigation notes" have been made throughout this form to help facilitate review and navigation. These items are subject to change based on the data collection or processing systems this form may be implemented in.

Additionally numbering and electronic form notes are not to be considered part of the content of the form. Only the section numbers are applicable as the official numbering for this form.

Screens may vary based on html style formatting, java scripting, data capture formatting, system functionality, validation, and navigation.

Systems that are used for the collection of the "Questionnaire for Non-Sensitive Positions (SF 85)" data for investigative purposes are subject to OMB review and approval.

#### Form approved: OMB No. 3206-0261

## Office of Personnel Management

# Questionnaire for Non-Sensitive Positions, SF 85

#### **Questionnaire for Non-Sensitive Positions**

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

All questions on this form must be answered completely and truthfully in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. If you are a current civilian employee of the federal government: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 17 and 20, 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 and reinvestigations of persons under consideration for, or retention of, nonsensitive low risk positions as defined in 5 CFR 731. It is also used for determining fitness of individuals under consideration for, or retention in positions in the excepted service when the duties to be performed are equivalent to a low risk position. This form may also be used by agencies in determining whether a subject should be issued a Federal credential for access to federally controlled facilities and information systems . For applicants, this form is to be used only after a conditional offer of employment has been made, unless OPM has provided for an exception. This form is not to be used for National Security sensitive positions.

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 position or your ability to obtain or retain Federal or contract employment, 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 positions, physical and /or logical access required to perform duties, 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, or prosecution.

This form may become a permanent document that may be used as the basis for future investigations, determinations of 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 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

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 13764, 13741, 10577, 13467, and 13488, as amended; sections 3301, 3302, 7301, and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 6, 731, and 736 of title 5, Code of Federal Regulations (CFR), Homeland Security Presidential Directive (HSPD) 12, and Federal information processing standards.

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

### The Investigative Process

Background investigations for non-sensitive positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and will not present an unacceptable risk,. The information that you provide on this form and your Declaration for Federal Employment (OF 306) may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file and a credit report is required by the agency requesting your investigation, then we may not be able to complete your investigation, which can adversely affect your eligibility for positions, physical and /or logical access required to perform duties, or your ability to obtain Federal or contract employment. To avoid such delays, you must request that the consumer resorting agencies lift the fearer in these instrusores. that the consumer reporting agencies lift the freeze in these instances

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable or trustworthy, or poses an unacceptable risk to the life, safety, or health of employees, contractors, vendors or visitors to a Federal facility; the Government's physical assets or information systems; personal property; records, or, the privacy of the individuals whose data the Government holds in its systems. After an eligibility determination is made, you may also be subject to reinvestigations to ensure your continuing suitability for employment.

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

### Your Personal Interview

Some investigations may include an interview with you as needed as 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. If contacted, it is imperative that the interview be conducted as soon as possible after contact is made by the investigator. 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

### Instructions for Completing this Form

- 1. Follow the instructions provided to you, by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- 2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
- 3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown
- 4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
- 5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes. 6. For telephone numbers in the U.S., ensure that the area code is included.
- 7. All dates provided in this form must be in Month/Day/Year or Month/Year format. The month and day should be entered as a two character numbers (i.e., 01 for January and 29 for 29th day of the month). The year should be entered as a four character number (i.e., 1978 or 2001). If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Estimated." box

# Final Determination on Your Eligibility

Final determination on your eligibility for a position and/or physical or logical access to federal facilities and information is the responsibility of the Office of Personnel-Management or the Federal agency that requested your investigation. You may be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, and sexual orientation, when making determinations of eligibility for non-sensitive positions, physical and/or logical access required to perform duties

# 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, 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 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 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. You will not receive prior notice of such disclosures under a routine use. The Defense Counterintelligence and Security Agency, the Government's primary investigative service provider, has established its routine uses in the Federal Register at the following address: Federal Register. If another agency is conducting your investigation, it will inform you of its routine uses.

### **Public Burden Information**

Public burden reporting for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Attn: Forms

Manager, OMB Number 3206-0261 1900 E Street, NW, Washington, DC 20415. The OMB clearance number, 3206-0261, is currently valid. OPM may not collect this information,

Manager, OMB Number 3206-0261 1900 E Street, NW, Washington, DC 20415. The OMB clearance number, 3206-0261, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

-----End of Instructions Pages -----

Persons Completing This Form Should Begin 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 to the		
penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), or removal and debarment from Federal	YES	NO
Service.		

# Agency Use Block "AUB"

Investigating agency user or	nly Codes: (FI	PC CODES)	Case Nur	nber:	
For Competitive Service i	nitial appointments only: As a reminde	r, agencies are resp	onsible for review	ing information <b>j</b>	provided on the
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In this situation the discre	pant documents must be forwarded wit	h the questionnair	e to OPM for Actio	on.	
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A – Type of Investigation	B – Extra coverage / advanced results	C –Risk level			
D – Nature of action code	E – Date of action	F – Geographic lo	cation	G – Position cod	le
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M-IPAC $N-TAS$	O – Obligating document number	P - BETC	Q – Accounting d	ata and /or Agency	y case number
R – Investigative requirement	nt Initial Reinvestigation S - Requ	esting Official: Nan	ne, Title, Signature,	Email Address, To	elephone, Date
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U – Applicant Affiliation	FED CIV CON MIL Other	•			
V – Deployment/PCS (if Im	minent):				
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For Reference Only													
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U.S Citizen	Provide your Certificate of N	Vaturalization nu	ımber (N550	or N570	)).	Certificate	of Natural	ization Nu	imber (Free Text)
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	Provide your country (ies) or multiple	f citizenship. Al	low	Provid	le your place of	of entry in the	U.S.	City (Free	e Text) State
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Citizenship	Provide document expiration	date (I-766 ON	ILY).	Date_	Est	imated			
Not a U.S.	Provide type of document iss	sued. (I-94, U.S.	. Visa-red	I-94, U	J.S. Visa (red	foil number),	I-20, DS	2019,	Explanation
citizen	foil number, I-20, DS-2019,	etc.)			(Provide expl				
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Section 10 -	- Dual/Multiple Citiz	enship							
Do you now or h	ave you EVER held dual/mult	tiple citizenship	s?						YES NO
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Allowed)	If Present/Current Summary of dual/multiple ci	Provide expla		A 11	14: 1				
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Section 11 -	- Where You Have L	ived							
for without break	here you have lived beginning as. Indicate the actual physical lly located there. If you split y	location of you	r residence, 1	not a Pos	st Office box of	or a permanen	nt residence	e when you	ı
residence before	your 18th birthday unless to p not serve as your permanent or	rovide a minim	um of 2 years						
	in the last 3 years, provide a pes completely outside this 3-ye								

From Date (Estimated )

Is/was this residence:  $\square$  Owned by you  $\square$  Rented or leased by you  $\square$  Military housing  $\square$  Other (Provide explanation) Explanation (Free Text)

To Date

(Estimated /Present)

Enter residence information. (Multiple Entries Allowed)

Provide dates of residence.

Froncise   Country   Formation   Check how indicated and APOFPO address; provide physical location data with steers address, base, post, embassy, unit, and country   Froncise calculation   Provide physical location data with steers address, base, post, embassy, unit, and country   Froncise calculation   Provide physical location data with steers address, base, post, embassy, unit, and country   Froncise calculation   Provide physical location data with steers address, base, post, embassy, unit, and country   Froncise calculation   Provide physical address of the Child States, or Country   Grant Provide physical address of the Child States, or Florida   Provide physical address of the Child States, or Florida   Provide physical address of the Child States, or Florida   Provide physical address of the Child States, or Florida   Provide physical address of the Child States, or Florida   Provide physical physi	Provide the st	street address and City  Street address and City												
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Provide State for ports in United States, or Country Lections   City or Post Name   Provide State for ports in United States, or Country Lections   State and Zap Code or Country	Branch	You have	indicated an A	PO/FPO	address; pi	rovide j	hysical loca	tion data	a with s	street address,	base, post,	embass	y, unit	t, and country
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Provide state for ports in United States, or Country Coation.   State and Zip Code or Country For Branch APOFFO Dotted you have an APOFFO address while at this location?   Yes   No Address   APOFFO APOFFO APOFFO APOFFO APOFFO ADDRESS   APO or FO   APOFFO State Code   Zip Code   Provide the full name:   name	Location	Street Ad	dress/Unit/Dut	y Location	n:		•				City or P	ost Nan	ne	
Provide   Andrews   Andr		Provide S	tate for ports in	n United S	States, or C	ountry	location.				State and	Zip Co	de or	Country
Branch   Pervoide APOTPO Joudress:   Address   APO FPO   APOTPO State Code   Zg Code	Branch													•
Branch   Pervoide APOTPO Joudress:   Address   APO FPO   APOTPO State Code   Zg Code	APO/FPO	Do/did yo	ou have an APC	O/FPO ado	dress while	at this	location?							Yes No
Provide the fault name. Last price. Market. States and provide the fault name. Last provide provide your relationship to this person (select all that apply). □ Neighbor □ Friend □ Landlord □ Business associate □ Dischart provide the following contact information for this person: □ Dobert (Provide caphantion). Explanation (Prec Text)  Provide the following contact information for this person: □ Dobert (Provide advisine phone number for this person: □ DSN phone number of the person who knew you will be don't last provide distinct and the fault of the provide distinct and distinct and provide d	Address	Branch	You have indic	ated that	you have o	r had a	nd APO/FP	) while	at this l	location.				
Provide the full name:   nam		Provide A	APO/FPO addre	ess:				Address	s A	PO or FPO	APO/FPO	) State	Code	Zip Code
Provide the full name:   nam		Provide the	he name of a ne	eighbor, la	andlord (if	rental),	or other per	son who	knows	s you at this ad	ldress.			
Provide cell-mobile phone number for this person:  Provide country of country for this person:  Provide country of country for this person:  Provide Country for this person (including apartment number)  Provide Country for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide Country for this person (including apartment number)  Provide Country for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide State address for this person (including apartment number)  Provide Country food Address for this pers		D	C.11	Last	First	Midd	lle Suffix	Prov	ide dat	e of last contac	ct:	Dat	e MN	I-YYYY Estimated
Provide certain phone number for this person:  Provide evening phone number for this person:  Provide evening phone number for this person:  Provide evening phone number for this person:  Dask phone number for this person:  Check box if international or DSN phone number for this person:  Dask phone number for this person:  Linow  Number/Extension Time Day Night Both Check box if International or DSN phone number for this person:  Check box if International or DSN phone number for this person:  Check box if International or DSN phone number for this person:  Provide cell/mobile phone number for this person:  Provide street address for this person (including apartment number).  Branch  Branch  Branch  Address for person including apartment number.  Provide street address for this person:  Street address  Street address  Street address  Street address  Street address  City  Vou have midcated an APOFPO address provide physical location data with street address, base, post, embassy, unit, and street address and address		Provide ti	ne full name:	name:	name:	name	<b>:</b> :							_
Provide the following contact information for this person:   Provide evening phone number for this person:   Number/Extension   Check box if International or DSN phone number   I don't		Provide y	our relationshi	p to this p	erson (sele	ect all tl	nat apply)	□ Ne	eighbor	r □ Friend □	Landlord [	Busin	ess as	sociate
Provide evening phone number for this person:   Number/Extension   Check box if International or DSN phone number   Lofort   Lo								□ Ot	her (Pr	ovide explanat	tion) Expla	nation (	Free '	Text)
Person Who   Revery you   Cif address   Provide cell/mobile phone number for this person:														
If International or DSN phone number   DSN phone   D		Provide e	vening phone i	number fo	r this			ytime phone nu	ımber for th	is perso	n:			
DSN phone number   Idon't		person:												
Person Who   Rice you				Check box if International or DSN phone number I don'tknow										
Provide cell/mobile phone number for this person:    Provide cell/mobile phone number for this person:				if International or DSN phone number I don't know  bille phone number for this person:  Check box if International or DSN phone number I don't know  Mumber/Extension Check box if International or DSN phone number I don't know  Address for this person:  Email (Free Text) Street address										1
Person Who Knew you   Knew   Kn	Branch			number _I don't know  nobile phone number for this person:  Check box if Int number _I don't kn  l address for this person:  address for this person (including apartment  Street address  Street address										
Provide cell/mobile phone number for this person:				I don't know										know
Check box if International or DSN phone   mumber   Idon't know		D :1	11/ 1:1 1	_ I don't know    nobile phone number for this person:								Nicht	Doth	
Franch   Provide command address for this person:   State   State   Zip Code   Country	Knew you	Provide c	ell/mobile pho	Check box if Int number _I don't kn address for this person: Email (Free Text)										<u>l</u>
Provide camal address for this person:   Email (Free Text)   J don't know	CC 11										nai oi DSN	phone		
Brack   Provide street address for this person (including apartment   Street address   City   City	(	Provide e	mail address f	or this no	rcon.						t know			
Provide Country if outside the United States; otherwise,   State   Zip Code   Country						ling and	rtment							
Provide Country if outside the United States, otherwise, provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data with street address, base, post, embassy, unit, and country location data with street address, base, post, embassy, unit, and country location data with street address, base, post, embassy, unit, and country location data with street address, base, post, embassy, unit, and country location data with street address, post, embassy, unit, and country location data with street address. Provide Address?    Provide base provide State and Zip Code   Top	idst 5 years)		treet address re	r uns pers	son (merae	ing ape	irtinont	Bucc	i addir	033	City			
Provide State and Zip Code   Provide Provide Provide Provide Provide Provide State and Zip Code   Provide State and Zip Code or Country location or home port/fleet headquarter. Provide physical location data:   City or Post Name   Provide State International Provide International Provi			Country if outsi	de the Un	ited States	: otherv	vise.	State	<u>,                                      </u>	Zip Code	Country			
Branch Physical Location   Provide State for ports in United States, or Country location.   City or Post Name					iii a a iii a	, 011101	. 150,			Zip code	Country			
Country   Cotation or home port/fleet headquarter. Provide physical location data:					an APO/F	PO add	ress; provid	physica	al locat	ion data with s	treet addres	s, base.	post,	embassy, unit, and
Location   Street Address United States, or Country location.   State and Zip Code or Country														• • •
Provide State for ports in United States, or Country Jocation.   State and Zip Code or Country   You have indicated an address outside of the U.S.   Provide Address   Provi			Street Add	lress/Unit	Duty Loca	ation:								
APO/FPO   Address   Provide APO/FPO address?   APO or FPO   APO/FPO State Code   Zip Code		Location	Provide St	tate for po	rts in Unit	ed State	es, or Count	y locatio	on.		State and	Zip Co	de or	Country
Branch   Tyes   Provide APO/FPO address:   Address   APO or FPO   APO/FPO State Code   Zip Code		Branch	You have	indicated	an address	s outsic	le of the U.S							
Do you have an additional residence to report?   YES (Yes adds another entry)   NO (Required to validate)														
Section 12 - Where You Went to School					rovide APO	O/FPO	address:							
Branch   Fyes to Attending Schools   Fyes to Attending Schools   George   For education periods completed more than 3 years ago. For correspondence/distance/extension/online schools   Provide the name of person who knows/knew you at school: □ I don't know   Last First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide country if outside the United States; otherwise, provide State and Zip   Code   Country   Provide country if outside the United States; otherwise, provide State and Zip   State   Zip Code   Country   Code   Provide telephone number for this person: □ I don't know   Last   First   Initial Only □   Last   The provide country if outside the United States; otherwise, provide State and Zip   State   Zip Code   Country   Code   Provide telephone number for this person: □ I don't know   Email (Free Text)   Did you receive a degree/diploma   Provide type of degrees(s)/diploma(s) received and date(s) awarded:   Provide type of degrees(s)/diploma   Provide type of degrees(ploma   Provide type of degrees(s)/diploma   Provide type of deg	Do you have a	ın additional r	esidence to rep	ort?				YES (Y	es add	ls another entry	y) 1	NO (Re	quirec	l to validate)
Branch   Fyes to Attending Schools   Fyes to Attending Schools   George   For education periods completed more than 3 years ago. For correspondence/distance/extension/online schools   Provide the name of person who knows/knew you at school: □ I don't know   Last First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide the name of person who knows/knew you at school: □ I don't know   Last   First   Initial Only □ Provide country if outside the United States; otherwise, provide State and Zip   Code   Country   Provide country if outside the United States; otherwise, provide State and Zip   State   Zip Code   Country   Code   Provide telephone number for this person: □ I don't know   Last   First   Initial Only □   Last   The provide country if outside the United States; otherwise, provide State and Zip   State   Zip Code   Country   Code   Provide telephone number for this person: □ I don't know   Email (Free Text)   Did you receive a degree/diploma   Provide type of degrees(s)/diploma(s) received and date(s) awarded:   Provide type of degrees(s)/diploma   Provide type of degrees(ploma   Provide type of degrees(s)/diploma   Provide type of deg	Section 12	2 – Where	You Wen	t to Sc	hool									
Have you attended any schools in the last 5 years?   YES   NO						ide a m	inimum of t	vo vears	educa	tion history. (N	Multiple En	tries A1	lowed	l)
Have you received a degree or diploma more than 5 years ago?										,	<u> </u>			/
Branch   If Yes to Attending Schools   Degree   Provide telephone number for this person.   Did you received a degree/diploma?   Provide telephone number for this person.   Did you receive a degree/diploma?   Provide telephone number of received and date(s) awarded:   Provide tegree (e.g. MD, DI/M, JD) • Other Degree (Free Text)   Other Degree (Free Text)   Provide telephone   Provide type of degree (e.g. MD, DI/M, JD) • Other Degree (Free Text)   Other Degree (Free Text)   Provide read the school   Did you received tins   Provide type of degree (e.g. MD, DI/M, JD) • Other Degree (Free Text)   Other Degree (Instructor, Student, etc.)   Dotor IIst people for education periods completed more than 3 years ago. For correspondence/distance/extension/ online schools, list someone who knew you while you received this education provide the name of person who knows/knew you at school:   I don't know   Last   First   Initial Only   No. First Name   Provide Country if outside the United States; otherwise, provide State and Zip   State   Zip Code   Country   Code   Provide Country   Did you receive date   Provide telephone number for this person.   I don't know   Email (Free Text)   Did you receive a degree/diploma?   YES   NO   Provide type of degrees(s)/diploma(s) received and date(s) awarded:   Provide Degree   Professional Degree (e.g. MD, DI/M, JD) • Other   Other Degree (Free Text)   Date   Professional Degree (e.g. MD, DI/M, JD) • Other   Other Degree (Free Text)   Date   Professional Degree (e.g. MD, DI/M, JD) • Other   Other Degree (Free Text)   Date   Professional Degree (e.g. MD, DI/M, JD) • Other   Other Degree (Free Text)   Date   Professional Degree (e.g. MD, DI/M, JD) • Other Degree (Free Text)   Date   Professional Degree (e.g. MD, DI/M, JD) • Other Degree (Free Text)   Date   Professional Degree (e.g. MD, DI/M, JD) • Other Degree (Free Text)   Date   Professional Degree (e.g. MD, DI/M, JD) • Other Degree (Free Text)   Date   Professional Degree (e.g. MD, DI/M, JD) • Other Degree (Free Text)   Date   Prof	Ť				na more th	an 5 ye	ears ago?							YES NO
Branch  If Yes to Attending Schools  Branch  If Yes to Attending Degree  Branch  If Yes to Attending Schools  Accreditation Records  Provide the street address for this person: □ I don't know  Provide the provide the United States; otherwise, provide State and Zip Code  Provide the name of the school. For correspondence/distance/ Extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to Accreditation Records  Provide Country if outside the United States; otherwise, provide State and Zip Code  For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/ online schools, list someone who knew you while you received this education  Provide the name of person who knows/knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/ online schools, list someone who knew you will eyou received this education  Provide the name of person who knows/knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/ online schools, list someone who knew you will eyou received this education  Provide the name of person who knows/knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/ online schools, list and provide the United States; otherwise, provide State and Zip  Provide telephone number for this person: □ I don't know    Provide telephone number for this person: □ I don't know   Provide telephone number for this person: □ I don't know   Provide telephone number for		,	Provide the d	lates of att	tendance.		Fi	om Date	E (Estin	nated)	To Date	Estima	ted/P1	resent)
Provide the name of the school:   Provide the street address of the school. For correspondence/distance/ extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to   Accreditation Records   Provide Country if outside the United States; otherwise,   State   Zip Code   Country			Select the mo	ost approp	riate box to	o descr	ibe your sch	ool. 🗆	High S	School   Co	llege/Unive	rsity/M	ilitary	College
Branch  If Yes to Attending Schools  Branch  If Yes to Attending Degree  Branch  If Yes to Attending Schools  Branch  If Yes to Attending Degree  Branch  If Yes to Attending Degree  Accevity and Degree  Provide the street address of the school. For correspondence/distance/ extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to Accreditation Records  Provide Country if outside the United States; otherwise, State Zip Code Country  Provide the name of person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/ online schools, list someone who knew you while you received this education  Provide the name of person who knows/knew you at school: I don't know Last First Initial Only In			□ Vocational	/Technica	ıl/Trade Sc	hool	□ Correspo	ndence/	Distanc	ce/Extension/O	Inline School	ol		
Branch  If Yes to Attending Schools  Broyling Degree  Branch  If Yes to Receiving Degree  Branch  If Yes to Receiving Schools  Branch  If Yes to Receiving Degree    Did you receive a degree/diploma?											Name (Fi	ree Tex	t)	
Branch  If Yes to Attending Schools  Brovide Country if outside the United States; otherwise, Degree  Branch  If Yes to Attending Degree  Branch  If Yes to Attending Schools  Attending Schools  Attending Schools  Branch  If Yes to Attending Schools  Attending School Schools  Attending School School Attending Apartment number).  Attending Schools  Attending School School Attending Apartment number).  Attending School Attending Apartment number).  Attending School Attending Apartment number).  Attending Apartment number.  Atte											Street ad	dress	Ci	ty
Branch  If Yes to Attending Schools  Branch  If Yes to Attending School Diploma  If Yes to Receiving Degree  If Yes to Receiving Degree In Professional Degree (e.g. MD, DVM, JD) • Other  If Yes to Month / Year Date														
Branch  If Yes to Attending Schools  Branch  If Yes to Attending Degree  Branch  If Yes to Attending Schools  Branch  If Yes to Attending Degree  Brovide Country if outside the United States; otherwise, provide State and Zip State  Initial Only □  Provide Country if outside the United States; otherwise, provide State and Zip State  Initial Only □  Provide Country  Iname:  No First Name □  Provide Country if outside the United States; otherwise, provide State and Zip State  Initial Only □  Provide Country  Iname:  No First Name □  Iname:  No First Name □  Provide Country  Iname:  No First Name □  Iname:  No First Name □  Provide Country  Iname:  No First Name □  Iname:  Iname:  Iname:						nining	the school a	idress, re	eter to					
Branch  If Yes to Attending Schools  Begree  Branch  If Yes to Attending Schools  Branch  If Yes to Receiving Degree  Provide State and Zip Corecived in Schools I I don't know  Provide State Initial Only Inname:  No First Name Inname:  No History  Frovide Country Inname:  Indon't know  Provide telephone number for this person:  I don't know  Provide email address for this person:  I don't know  Branch  If Yes to High School Diploma  If Yes to Associate's * Bachelor's * Master's * Doctorate  Provide State and Zip City  Attending No High School Diploma  Other Degree (Free Text)  Month / Year Date						itad St	ataa. atlaamir		C4-4-		7: C- 1-		C	
Branch  If Yes to Attending Schools  Provide the name of person who knews you at school: □ I don't know						iitea St	ates; otherw	se,	State		Zip Code	;	Col	ınıry
Branch  If Yes to Attending Schools  Provide the name of person who knows/knew you at school: □ I don't know			For schools x	ou attend	ed in the la	et 3 ve	are list a ne	eon who	knew	you at the sch	ool (instruc	tor stu	lent e	etc.) Do not list
Branch   If Yes to Attending Schools   If Yes to Attending Schools   If Yes to Attending Degree   Schools   If Yes to Attending Schools   If Yes to Receiving Degree   Schools   If Yes to Attending Schools   If Yes to Receiving Degree   Schools   If Yes to Attending Schools   If Yes to Receiving Degree   School Vivia   Initial Only														
Provide the name of person who knows/knew you at school: □ I don't know   Last   name:   name:   name:   No First Name □	Branch								0. 101	correspondent	ee, aistairee,	CALCIISI	011	inic senoois, nst
If Yes to Attending Schools    If Yes to Attending Schools   Receiving Degree   Provide current address for this person (including apartment number).   Street   City	Drunen	Branch							□ I do	n't know	Last	First		Initial Only □
Receiving Degree  Receiving De	If Yes to	YOYY		1			,				name:	name	:	
Degree Provide Country if outside the United States; otherwise, provide State and Zip  Code  Provide telephone number for this person.  Number/Extension Time Day Night Both Check box if International or DSN phone number I don't know  Provide email address for this person: □ I don't know Did you receive a degree/diploma?  Provide type of degrees(s)/diploma(s) received and date(s) awarded:  Provide type of degrees(s)/diploma(s) received and date(s) awarded:  Degree/diploma  • Associate's • Bachelor's • Master's • Doctorate Receiving Degree • Professional Degree (e.g. MD, DVM, JD) • Other    VES   NO	Attending		Provide curre	ent addres	s for this p	erson (	including ap	artment	numbe	r).	Street			City
Provide telephone number for this person.    Number/Extension   Time   Day   Night	Schools	_	Provide Cour	ntry if out	side the U1	nited St	ates; otherw	ise, prov	ide Sta	ate and Zip	State	Zip	Code	Country
BothCheck box if International or DSN phone numberI don't know  Provide email address for this person: □ I don't know  Provide email address for this person: □ I don't know  Did you receive a degree/diploma?  Provide type of degrees(s)/diploma(s) received and date(s) awarded:    Provide type of degrees(s)/diploma(s) received and date(s) awarded:   Degree/diploma		Degree												
Check box if International or DSN phone number			Provide telep	hone num	nber for thi	s perso	n.					Extensi	on	Time Day Night
Provide email address for this person: □ I don't know   Email (Free Text)														
Provide email address for this person: □ I don't know   Email (Free Text)													ntern	ational or DSN
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Did you receive a degree/diploma?  Provide type of degrees(s)/diploma(s) received and date(s) awarded:  Branch If Yes to Receiving Degree  Did you receive a degree/diploma?  Provide type of degrees(s)/diploma(s) received and date(s) awarded:  Other degree/diploma Other Degree (Free Text)  Month / Year Date			Provide email address for this person:   I don't know											
Provide type of degrees(s)/diploma(s) received and date(s) awarded:   Degree/diploma									Eman (F	ice Tex	_	VES NO		
Branch If Yes to Receiving Degree  Degree/diploma  • High School Diploma • Associate's • Bachelor's • Master's • Doctorate • Professional Degree (e.g. MD, DVM, JD) • Other  Other Degree/diploma Other Degree (Free Text)  Month / Year Date			Dia you rece				orees(s)/d:-	loma(a)	receive	ed and data(a)	awardad.			IES NO
If Yes to Receiving Degree  • Associate's • Bachelor's • Master's • Doctorate • Professional Degree (e.g. MD, DVM, JD) • Other  Other Degree (Free Text)  Month / Year Date											/ 1:	1		
Receiving Degree   • Professional Degree (e.g. MD, DVM, JD) • Other   Month / Year   Date			Rranch		Degree/di							Ŭ 1		
							Rachelor's							
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	Do	you have additional ed	lucation to enter (include	educati	on with	in the las	st 5	YES (Yes a	ndds	NO (Re	quired to	
			or diplomas more than 5 y					nother ent		validate		
			- Employment &									
period must be military duty st addresses. Do n (Multiple Entrice	accounted for with ation. Provide sep not list employment es Allowed)	hout breaks. If the empoarate entries for emplo at before your 18th birt	loyment and self-employed oloyment activity was mil- oyment activities with the hday unless to provide a	itary du same e minimu	employe mploye m of 2	separate r but hav years em	employme ving differe ployment	nt activity ent physica history.	periods t l			
Select your emp  ☐ Other Federa  ☐ Federal Conti	l employment	□ State Government	ty station   National Gu (Non-Federal employmen mployment (excluding se	nt)		Self-em		ioned Corp  Unemp  Other (	loyment	wnlanati	on)	
	ractor planation (Free Te		le dates of employment.			) Estimate	d)	To Date				
	Active Duty	, National Guard/Rese	rve, or USPHS Commiss									
			his position:   Full-time  Outy station (Free Text)			most re	cent	Rank/po	cition (Fi	ee Tevt)		
	station durin	ng this period.	outy station (Tice Text)		position		CCIII	rana po	Sition (1)	ice Text)		
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	<b>Branch</b> Physical		an APO/FPO address; pro- cation or home port/fleet h					either street ysical locat City or I	ion data:		st, embassy,	
Branch	Location		ts in the United States, or	countr	y location	on.		State	Zip Code	C	ountry	
If Employment Type is Active	APO/FPO	address while at this								YES	NO	
Duty, National Guard/Reserve,		Branch If Yes name of your supervis	Provide APO/FPO add	ress:	Addres		PO/FPO e (Free Te	APO/FP	O State	Zip Co	ode	
or USPHS	Provide the	rank/position title of y						Free Text)				
Commissioned Corps	1 TO VIGE the		supervisor.   I don't know	il (Free Te								
Corps	Provide Cou	physical work location antry if outside the Uni	ted States; otherwise,		Street a	idaress		City Zip Code Country				
	provide Stat	te and Zip Code				_						
	Provide sup	ervisor telephone num	ber			r/Extens k box if		Time Day Night Both national or DSN phone number				
	Branch Physical	base, post, embassy, supervisor:	unit, and country location		perviso	r; provid	e physical	location de Provide ph	or DSN phone number cation data with either street address, ovide physical location data of your			
	Location	Street Address/Unit/	Duty Location: ts in the United States, or	countr	v locatio	n .		City or I State and			intm:	
	Branch	You have indicated	an address outside of the				your supe			YES	NO	
	APO/FPO Address	APO/FPO address w	while at this location?  Provide APO/FPO add:	<b>*****</b>	A d duas	a   A	PO/FPO	A DO/ED	O Stata	Zim Co	do	
		l .	Government, Federal Cor					APO/FP ment, or O		Zip Co	ae	
		st recent position title.	,				1 -	Position	(Free Te	xt)		
		mployment status for the name of your employe	his position:   Full-time	□ Part	t-time			Employe	er name (	Free Tex	t)	
	Provide the	address of employer			Street a	ddress		City		TICC TCA	<u>()</u>	
		untry if outside the Unite and Zip Code	ted States; otherwise,		State			Zip Cod	e	Country	•	
Branch		phone number						Number Both	Extension	n Tim	e Day Night	
If Employment	:							Check	ımber		nal or DSN	
Type is Other			h this Employer - Provide									
Federal employment,			location (for example, if your concerning the most received)									
State	_		eriods of employment as		below).					Allowed)	,	
Government, Federal	Dates of em Position title	1 7	From Date (Estimated) Position (Free Text)	)		Superv	_	ed/Present) Sur		Free Tex	t)	
Contractor, Nor	n- Is/was your		different than your emple							YES	NO	
government employment, or	r Branch		dress where you are/were outside the United States;			State		Street A		City Country		
Other	Physical	provide State and Zi	p Code	other wi	150			_				
	Location	Provide the telephon				Chec		nternationa		phone n		
	Branch		an APO/FPO address; pro cation or home port/fleet h						address,	base, po	st, embassy,	
	Physical Location	Street Address/Unit/	Duty Location:				1,51041 100	City or I	ost Nam			
			ts in the United States, or an address outside of the				d; d 1	State A I	Zip Coo		ountry NO	
	Branch APO/FPO	address while at this		Omited !	states. I	o you o	ı uıa you l	nave an Al	U/FPU	YES	NO	

		D 1 CYY	D :1 1 DO EDO 11		LDO EDO	LDC/EDC		7: 0	1			
	Address	Branch if Yes	Provide APO/FPO address	: Address	APO/FPO	APO/FPO		Zip C				
	Provide the	name of your superviso	or.			Superviso	or name	(Free Te	ext)			
	Provide the	position title of your su	pervisor.			Superviso	or positi	on (Free	Text)			
			supervisor.   I don't know			Superviso		\				
		physical work location		Street addre	aa .	City	or Ciman	(1100 1	,,,,,			
					33	,	- 1	C				
		intry if outside the Unit	ted States; otherwise,	State		Zip Code		Countr	y			
	provide Stat	e and Zip Code	1.			NT 1 /		TD:	D 37.1.			
	Provide the	telephone number for t	this supervisor.			Number/l	Extensio	n I in	ne Day Night			
						Both						
								nternatio	onal or DSN			
						phone nu						
			n APO/FPO address for you									
	Branch	base, post, embassy,	unit, and country location or	home port/fleet	headquarter.	Provide phy	sical lo	cation da	ata of your			
	Physical	supervisor:										
	Location	Street Address/Unit/				City or Po	ost Nam	e:				
		Provide state for por	ts in the United States, or co	untry location.		State and	Zip Coo	de or Co	untry			
	Branch	You have indicated a	an address outside of the Uni	ted States. Did/d	loes your supe	rvisor have	an	YES	NO			
	APO/FPO	APO/FPO address w	hile at this location?									
	Address	Branch if Yes	Provide APO/FPO address	: Address	APO/FPO	APO/FPO	) State	Zip C	ode			
	Self-Employ			<b>_</b>		·						
		st recent position title.				Position (	Free Te	xt)				
		nployment status for the	nis position:     Full-time	□ Part_time		1 obtton (	1100 10	AL)				
		name of your employm		1 art-time		Employm	ont non	(Eraa	Toyt)			
				Street addre			iciit iiaii	ic (Picc	TCAt)			
		address of employmen			55	City		Ct				
		intry if outside the Unit	ted States; otherwise,	State		Zip Code		Countr	y			
		e and Zip Code				NI1/I	74i-	T:	D Ni . L4			
	Provide tele	phone number				Number/l Both	Extensio	1111	ne Day Night			
							har if L		mal on DCN			
						phone nu		nemanc	onal or DSN			
	In rroum mbres	i aal rramb addmaaa diffa	want than yayu amalayus ant	a d duaga?		phone nu	moei	YES	NO			
	is your pilys		erent than your employment		Street address	. 1	City	TES	NO			
		located.	dress where you are/were phy	ysically	Street address	,	City					
			utside the United States; oth	amirina meninda S	State and 7in	State	Zip		Country			
	Branch	Code	utside the Office States, oth	ciwisc, provide i	state and Zip	State	Code		Jountry			
	Physical	Provide telephone nu	ımhar		Number/Extension Time Day Ni							
	Location	Trovide telephone ne	imber			Both	LACTISIC	1111	ic Day Night			
						box if I	nternatio	nal or DSN				
		Check box if International or DSN phone number										
		You have indicated a	an APO/FPO address; provid	e physical locati	on data with e	th either street address, base, post, embassy,						
	Branch		ation or home port/fleet head				,	/1	, ,,			
	Physical	Street Address/Unit/		1	1 /	City or Po	ost Nam	e:				
Branch	Location	Provide state for por	ts in the United States, or co	untry location.		State	Zip C	ode (	Country			
ICE 1	Branch		nn address outside of the Uni		ou or did vou l	nave an APO		YES	NO			
If Employment	APO/FPO	address while at this		,	, ,							
Type is Self-	Address	Branch if Yes	Provide APO/FPO address	: Address	APO/FPO	APO/FPO	) State	Zip C	ode			
Employment	Provide the		can verify your self-employs		Last	ı		First				
		address of this verifier.	7 7 1 7	Street addre		City						
		intry if outside the Uni		State		Zip Code		Countr	V			
		e and Zip Code	,			1			,			
	Provide the	telephone number for t	his person	Number/Ex	tension Tim	e Day Nig	ht Both					
	1	•	*									
	1			Check bo	x if Internation	nal or DSN	phone n	umber				
	D	You have indicated a	an APO/FPO address for you						with either			
	Branch		an APO/FPO address for you post, embassy, unit, and cou	r self-employme	ent verifier; pro	ovide physic	cal locat	ion data				
	Verifier	street address, base, j data for this person	post, embassy, unit, and cou	r self-employme	ent verifier; pro	ovide physic t headquarte	cal locat er. Pro	ion data vide phy				
	Verifier Physical	street address, base, j data for this person Street Address/Unit/l	post, embassy, unit, and court Duty Location:	r self-employme ntry location or l	ent verifier; pro	ovide physic	cal locater. Propost Nam	ion data vide phy e:				
	Verifier	street address, base, j data for this person Street Address/Unit/l Provide state for port	post, embassy, unit, and cour Duty Location: ts in the United States, or co	r self-employmentry location or l	ent verifier; pro nome port/fleet	City or Po	er. Propost Nam	ion data vide phy e:	country			
	Verifier Physical Location Branch	street address, base, j data for this person Street Address/Unit/I Provide state for port You have indicated a	Duty Location: ts in the United States, or count address outside of the United States.	r self-employmentry location or l	ent verifier; pro nome port/fleet	City or Po	er. Propost Nam	ion data vide phy e:	rsical location			
	Verifier Physical Location  Branch Verifier	street address, base, j data for this person Street Address/Unit/l Provide state for port	Duty Location: ts in the United States, or count address outside of the United States?	er self-employmentry location or huntry location.  ted States. Does	ent verifier; pro nome port/fleet	City or Po State	er. Propost Nam	e: Ode YES	Country NO			
	Verifier Physical Location  Branch Verifier APO/FPO	street address, base, data for this person Street Address/Unit/l Provide state for por You have indicated a have an APO/FPO ad	Duty Location: ts in the United States, or count address outside of the United States?  Provide APO/FPO address	er self-employmentry location or huntry location.  ted States. Does	ent verifier; pro nome port/fleet	City or Po State loyment ve	ost Nam Zip Corifier	ion data vide phy e:	Country NO			
	Verifier Physical Location  Branch Verifier APO/FPO Address	street address, base, j data for this person Street Address/Unit/ Provide state for port You have indicated a have an APO/FPO ac Branch if Yes	Duty Location: ts in the United States, or count address outside of the United States?	er self-employmentry location or huntry location.  ted States. Does	ent verifier; pro nome port/fleet	City or Po State	ost Nam Zip Corifier	e: Ode YES	Country NO			
	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym	street address, base, j data for this person Street Address/Unit/I Provide state for port You have indicated a have an APO/FPO ad Branch if Yes	Duty Location: ts in the United States, or commanderess outside of the United States?  Provide APO/FPO address APO/FPO State	ar self-employmentry location or huntry location. ted States. Does	ent verifier; pronome port/fleet	City or Po State loyment ve Address Zip Code	cal locater. Propost Nam Zip Carifier	e: Ode YES APO/	Country NO FPO			
	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym	street address, base, j data for this person Street Address/Unit/I Provide state for port You have indicated a have an APO/FPO ad Branch if Yes	Duty Location: ts in the United States, or count address outside of the United States?  Provide APO/FPO address	ar self-employmentry location or huntry location. ted States. Does	ent verifier; pronome port/fleet	City or Po State loyment ve Address Zip Code	cal locater. Provost Name Zip Corifier	e: ode YES APO/	Country NO			
	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the	street address, base, data for this person Street Address/Unit/ Provide state for port You have indicated a have an APO/FPO ac Branch if Yes ent name of someone who	Duty Location: ts in the United States, or commanderess outside of the United States? Provide APO/FPO address APO/FPO State can verify your unemploym	antry location or huntry location.  ted States. Does for this person:	ent verifier; pronome port/fleet	City or Po State loyment ve Address Zip Code	cal locater. Propost Nam Zip Carifier	e: ode YES APO/	Country NO FPO			
	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the	street address, base, j data for this person Street Address/Unit/l Provide state for port You have indicated a have an APO/FPO ac Branch if Yes	Duty Location: ts in the United States, or coin address outside of the Uniddress? Provide APO/FPO address APO/FPO State  can verify your unemploym	antry location or landry location.  Ited States. Does  If or this person:  ent activities and  Street address	ent verifier; pronome port/fleet	City or Po State loyment ve Address Zip Code	ost Nam Zip Corifier  Las	e: ode   C   YES   APO/	Country NO FPO			
	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the Provide Cou	street address, base, j data for this person Street Address/Unit/ Provide state for por You have indicated a have an APO/FPO ad Branch if Yes  mame of someone who address of this verifier. Intry if outside the Unit	Duty Location: ts in the United States, or coin address outside of the Uniddress? Provide APO/FPO address APO/FPO State  can verify your unemploym	antry location or huntry location.  ted States. Does for this person:	ent verifier; pronome port/fleet	City or Po State loyment ve Address Zip Code	ost Nam Zip Corifier  Las	e: ode YES APO/	Country NO FPO			
Branch	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the Provide Couprovide Stat	street address, base, j data for this person Street Address/Unit/l Provide state for port You have indicated a have an APO/FPO ac Branch if Yes  mame of someone who address of this verifier. Intry if outside the Unite and Zip Code	Duty Location: ts in the United States, or coin address outside of the Uniddress? Provide APO/FPO address APO/FPO State  can verify your unemploym ted States; otherwise,	untry location or land location or land location or land location. It describes a for this person:  Street address State	your self-emp	City or Po State loyment ve Address Zip Code port City Zip Code	er. Properties Name Zip Corifier  Las name	e: ode C YES APO/	Country NO FPPO First name:			
If Employment	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the Provide Couprovide Stat	street address, base, j data for this person Street Address/Unit/ Provide state for por You have indicated a have an APO/FPO ad Branch if Yes  mame of someone who address of this verifier. Intry if outside the Unit	Duty Location: ts in the United States, or coin address outside of the Uniddress? Provide APO/FPO address APO/FPO State  can verify your unemploym ted States; otherwise,	antry location or lantry location or lantry location.  In the states of this person:  In the	your self-emp	City or Postate loyment ve  Address Zip Code  City  City  Vip Code	er. Properties Name Zip Corifier  Las name	e: ode C YES APO/	Country NO FPPO First name:			
If Employment Type is	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the Provide Couprovide Stat	street address, base, j data for this person Street Address/Unit/I Provide state for port You have indicated a have an APO/FPO ac Branch if Yes ent name of someone who address of this verifier. untry if outside the Unit e and Zip Code telephone number for t	Duty Location: ts in the United States, or commanders outside of the United States. Provide APO/FPO address APO/FPO State  can verify your unemploymeted States; otherwise, his person	antry location or landry location or landry location.  Ited States. Does  If or this person:  Entry location.  Entry location	your self-emp  I means of sup  sion Time Da  r DSN phone 1	City or Po State loyment ve Address Zip Code port City Zip Code y Night Bou	ost Nam Zip Criffer  Las nar	e: ode C YES APO/	Country NO First name:			
If Employment	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the Provide Couprovide Stat	street address, base, j data for this person Street Address/Unit/I Provide state for port You have indicated a have an APO/FPO ac Branch if Yes ent name of someone who address of this verifier. untry if outside the Unit e and Zip Code telephone number for t You have indicated a	Duty Location: ts in the United States, or commanders outside of the United States. Provide APO/FPO address APO/FPO State  can verify your unemploymeted States; otherwise, his person an APO/FPO address for your APO/FPO address for your applications.	antry location or landry location or landry location.  Ited States. Does  If or this person:  Entry location.  Street address  State  Number/Exten  International or unemployment	your self-emp  I means of sup  sion Time Da r DSN phone r t verifier; prov	City or Po State loyment ve Address Zip Code port City Zip Code y Night Bounder ide physica	ost Nam Zip Corifier  Las nar Llocatio	e: code   C   YES   APO/ ct   APO/ ct   Country eck box n data wide phy	Country NO First name:			
If Employment Type is	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the Provide Couprovide Stat Provide the	street address, base, j data for this person Street Address/Unit/I Provide state for port You have indicated a have an APO/FPO ac Branch if Yes  Branch of Someone who address of this verifier. Intry if outside the Unit e and Zip Code telephone number for t  You have indicated a street address, base,	Duty Location: ts in the United States, or commanders outside of the United States. Provide APO/FPO address APO/FPO State  can verify your unemploymeted States; otherwise, his person	antry location or landry location or landry location.  Ited States. Does  If or this person:  Entry location.  Street address  State  Number/Exten  International or unemployment	your self-emp  I means of sup  sion Time Da r DSN phone r t verifier; prov	City or Po State loyment ve Address Zip Code port City Zip Code y Night Bounder ide physica	ost Nam Zip Corifier  Las nar Llocatio	e: code   C   YES   APO/ ct   APO/ ct   Country eck box n data wide phy	Country NO First name:			
If Employment Type is	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the Provide Couprovide Stat Provide the Branch	street address, base, j data for this person Street Address/Unit/ Provide state for port You have indicated a have an APO/FPO ac  Branch if Yes  ent name of someone who address of this verifier. Intry if outside the Unit e and Zip Code telephone number for t  You have indicated a street address, base, data for this person:	Duty Location: ts in the United States, or coun address outside of the United States? Provide APO/FPO address APO/FPO State  can verify your unemploymeted States; otherwise, his person an APO/FPO address for your post, embassy, unit, and cour	antry location or landry location or landry location.  The states of this person:  The states of this person:  The states of this person:  Street address of the states of	your self-emp  I means of sup  sion Time Da r DSN phone r t verifier; prov	City or Po State loyment ve Address Zip Code port City Zip Code y Night Bot number ide physica t headquarte	ost Nam Zip Corifier  Las nar th _Che	e: ode C YES APO/	Country NO First name:			
If Employment Type is	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the Provide Couprovide Stat Provide the  Branch Verifier	street address, base, j data for this person Street Address/Unit/ Provide state for port You have indicated a have an APO/FPO ac  Branch if Yes  mame of someone who address of this verifier. Intry if outside the Unit e and Zip Code telephone number for t  You have indicated a street address, base, data for this person: Street Address/Unit/	Duty Location: ts in the United States, or coun address outside of the United States? Provide APO/FPO address APO/FPO State  can verify your unemploymeted States; otherwise, his person an APO/FPO address for your post, embassy, unit, and country Location:	untry location or launtry location or launtry location.  ted States. Does  for this person:  ent activities and  Street address State  Number/Exten International our unemploymentry location or launtry locat	your self-emp  I means of sup  sion Time Da r DSN phone r t verifier; prov	City or Po State loyment ve  Address Zip Code  Oity Zip Code  y Night Bot number ide physica t headquarte City or Po City or Po City or Po	ost Nam Zip Corifier  Las nar th _Ch I locationer. Provost Nam	e: ode C YES APO/ ttnne: Country eck box n data wide phy	First name:  y  if  with either resical location			
If Employment Type is	Verifier Physical Location  Branch Verifier APO/FPO Address Unemploym Provide the Provide Couprovide Stat Provide the  Branch Verifier Physical	street address, base, j data for this person Street Address/Unit/ Provide state for port You have indicated a have an APO/FPO ac  Branch if Yes  ent name of someone who address of this verifier. Intry if outside the Unit e and Zip Code telephone number for t  You have indicated a street address, base, data for this person: Street Address/Unit/ Provide state for port	Duty Location: ts in the United States, or coun address outside of the United States? Provide APO/FPO address APO/FPO State  can verify your unemploymeted States; otherwise, his person an APO/FPO address for your post, embassy, unit, and cour	antry location or land location or land location or land location. It describes a location of land location. It describes a location of land location or land location or land location.	your self-emp  I means of sup  sion Time Da r DSN phone r t verifier; prov	City or Po State loyment ve  Address Zip Code  City Zip Code  V Night Bot  number ide physica t headquarte  City or Po State	ost Nam Zip Corifier  Las nar Llocatio	e: ode C YES APO/ ttnne: Country eck box n data wide phy	Country NO First name:			

	Verifier	hav	e an APO/FPO a	ıddress?						
	APO/FP	o D	1 '037	Provid	le APO/FPO address for this person:		Addres	S	AP	O/FPO
	Address	Bra	anch if Yes	APO/I	FPO State		Zip Co	de		
	Provide	the reason	n for leaving the				Reason		Tevt)	
						(5)		(ITCC	YE	S NO
					wing happened to you in the last five				I E	S NO
					be fired • Left by mutual agreeme					
	allegatio	ons of mis	sconduct • Left b	y mutua	agreement following notice of unsat	istactory p	ertormance			
Branch										
Dranch					ent: • Fired • Quit after being told					
TCT 1					nent following charges or allegations					
If Employmer			<ul> <li>Left by mutu</li> </ul>	ıal agreer	nent following notice of unsatisfacto		ance			
Type is Active			Branch		Provide the reason for being fired.			Re	ason (Fre	e Text)
Duty, Nationa			If Fired		Provide the date you were fired.			Da	te (Estim	ated)
Guard/Reserv					Provide the reason for quitting.			Re	ason (Fre	e Text)
USPHS	Agreeme		Branch		Provide the date you quit after bein	ng told you	would	Da	te (Estim	ated)
Commissione			If Quit		be fired.				(	/
Corps, Other	Unsatisf				Provide the charges or allegations	of miscond	net	Ch	arges (Fr	ee Text)
Federal	Perform	ance	Branch		Provide the date you left following			Da	te (Estim	ated)
employment,			If Left after Cl	harges	allegations of misconduct.	charges of		Da	ic (Lstiii	aicu)
State	(Multipl	le	D		Provide the reason(s) for unsatisfa	ataur, u aufa		Da	ason (Fre	a Taut)
Government,	Entries		Branch	.C						
Federal	Allowed	i)	If Left Unsatis	stactory	Provide the date you left by mutua		t following	Da	te (Estim	atea)
Contractor, N	on-		performance	<u> </u>	a notice of unsatisfactory performa		TIEG OIL		1 N/O (P)	
government					rs do you have another reason for lea	avıng	YES (Yes			equired to
employment,			to report for th				another er	itry)	valida	
Self-					ears have you received a written war			_	YE	S NO
Employment,					misconduct in the workplace, such a		n of security	policy	<i>i</i> ?	
Unemployme	nt, Branch				led, suspended, or disciplined for mis					
or Other	If Discip	olined,	Provide the	month a	nd year you were warned, reprimand	ed, suspend	led or	Da	te/ Estim	ated □
	Warned,		disciplined.							
	Reprima	anded, or	Provide the	reason(s	) for being warned, reprimanded, sus	pended or	disciplined	Rea	ason (Fre	e Text)
	Suspend	led			r instance of discipline or a warning		YES (Yes			equired to
	(Multipl	le Entries	to provide?		1		another er	ntrv)	valida	
	Allowed	i)	1					37		,
Do you have a	an additional em	nploymen	t activity to enter	r?	YES (Yes a	dds another	r entry) N	O (Rec	uired to	validate)
Section 13	3b – Emplo	vment	Record							
				five (5) y	ears at employment activities that yo	ou have not	previously l	listed? (	(If Yes, y	ou will be
			ent in Section 13				ng told you			
					allegations of misconduct?					
	/ mutual agreem	ient follov	wing notice of un	satisfact						
<ul> <li>Received a v</li> </ul>					ory performance?	in the work	place, such	as viola	ation of a	security policy?
• Received a v						in the work	place, such	as viola		
	written warning,	, been offi	icially reprimand		ory performance?	in the work	place, such	as viola	ation of a	
Section 14	written warning, $4 - Selectiv$	e Serv	icially reprimand		ory performance?	in the work	place, such	as viola		
Section 14	written warning,  4 – Selectiv n a male after D	e Serv	icially reprimand  ice Record 31, 1959?		ory performance?	in the work	rplace, such	as viola		
Section 14	4 – Selectiv n a male after D Selective S	e Serve ecember	ice Record 31, 1959? egistration	led, suspe	ory performance? ended, or disciplined for misconduct	in the work	place, such	as viola	YE	S NO
Section 14	4 – Selectiv n a male after D Selective S	e Serve ecember ervice Registered	ice Record 31, 1959? egistration with the Selectiv	ve Servic	ory performance? ended, or disciplined for misconduct e System (SSS)?		I don't know	w	YES YES	S NO
Section 14 Were you bor	4 – Selectiv n a male after D Selective S Have you r	e Serve ecember ervice Registered	ice Record 31, 1959? egistration with the Selectiv	ve Servic	ory performance? ended, or disciplined for misconduct e System (SSS)?		I don't know	w	YES YES	NO NO
Section 14	4 – Selectiv n a male after D Selective S Have you r Branch	e Serve ecember ervice Registered	ice Record 31, 1959? egistration with the Selective	ve Service	erded, or disciplined for misconduct erded or disciplined for misc	ion number	I don't knov	w	YES YES	NO NO
Section 14 Were you bor	4 – Selectiv n a male after D Selective S Have you r Branch If Yes	e Serve ecember ervice Registered	ice Record 31, 1959? egistration with the Selective registered. No	ve Service Service vote: Selec	ory performance? ended, or disciplined for misconduct ended, or disciplined for misconduct e System (SSS)? website can help provide the registrat tive Service Number is not your Soc	ion number	I don't knov	w s who h	YES YES ave	NO NO
Section 14 Were you bor  Branch If Yes to Born	4 - Selectiv n a male after D Selective S Have you r Branch If Yes	e Serve ecember ervice Registered	ice Record 31, 1959? egistration with the Selective registered. No Provide registr	ve Service vote: Selection nur	e System (SSS)?  website can help provide the registrat tive Service Number is not your Socmber:	ion numbe	I don't knov r for persons 'Number Registration	w s who h	YES YES ave	NO NO
Section 14 Were you bor  Branch If Yes to Borr Male After	4 - Selectiv n a male after D Selective S Have you r Branch If Yes Branch	e Serve ecember ervice Registered	ice Record 31, 1959? egistration with the Selective registered. No Provide registr You responded	ve Service vote: Selection nuited 'No' to '	ory performance? ended, or disciplined for misconduct ended, or disciplined for misconduct e System (SSS)? website can help provide the registrat tive Service Number is not your Soc	ion numbe	I don't knov r for persons Number Registration ttem (SSS)	w s who h	YES YES ave er (Free 7	NO NO
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Branch If Yes to Borr Male After 12/31/1959  Section 13 Have you EV  Branch If Yes to Serving in the U.S. Military (Multiple Entries	A - Selective S  A a male after D  Selective S  Have you r  Branch  If Yes  Branch  If No  Branch  If I Don't k  S - Military  ER served in the  You responde  Provide the browide your of the browide	E Serv December Decem	ice Record  31, 1959? egistration with the Selective registered. No Provide registr  You responded Provide explar  O having served in the first of the first o	ve Service vote: Selectration number of U.S. o	e System (SSS)?  website can help provide the registrat tive Service Number is not your Socmber: having registered with the Selective Service Number is not your Socmber: having registered with the Selective Service Number is not your Socmber: having registered with the Selective Service Number is not your Socmber: having registered with the Selective Service in Active Data in Active Duty      State of service, if   National Guard     Provide your status     Active Duty     Active Reserve     Inactive Reserve     From Date (Estimated)     Initiary service     Initiary service     Honorable     Dishor     Other (provide type)     Sted above     It is the reason(s) for the discharge.	Officer o  Not Ap  Officer o  Not Ap  Officer o  Not Ap  Officer  To Date (  or Nationa  to, to include  norable   I	I don't knowr for persons Number Registration tem (SSS) Explanation ervice Syster Explanation  r enlisted: oplicable d (Estimated/F all Guard? e Reserves Under Other Discharge ex	Provide (Free Number of than Hardanatiated)	YES  YES  ave er (Free Text)  Text)  YES  de your set Text  Our (Free text)  YES  Onorable on (Free text)	NO NO NO S NO Fext)  S NO Text)  S NO Conditions
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Branch If Yes to Borr Male After 12/31/1959  Section 13 Have you EV  Branch If Yes to Serving in the U.S. Military (Multiple Entries	A - Selective Name and a fler D Selective S Have you r Branch If Yes  Branch If No Branch If I Don't k  S - Military ER served in the You responde Provide the br Navy  Army  Army  Army  Army  Army Were you disc  Branch If Yes to Discharged  Branch If Di Do you have a	Know  Y Histo e U.S. Mid 'Yes' to ranch of s rmy Natic Air For arine Corporation of the Provice	ice Record  31, 1959? egistration with the Selective registered. No Provide registr You responded Provide explar Ory ilitary? o having served if the service you serve on al Guard for all Air Nationary ps and Coast Guard ervice rom this instance responded 'Yes' to the type of discernal and Guard. In the type of discernal and Bad Coast Guard In the type o	ve Service vote: Selectration number of U.S. to obeing conduct etype: charge list Provice to report	e System (SSS)?  website can help provide the registrat tive Service Number is not your Socmber: having registered with the Selective Service Number is not your Socmber: having registered with the Selective Service Number is not your Socmber: having registered with the Selective Service Number is not your Socmber: having registered with the Selective Service in Active Data in Active Duty      State of service, if   National Guard     Provide your status     Active Duty     Active Reserve     Inactive Reserve     From Date (Estimated)     Initiary service     Initiary service     Honorable     Dishor     Other (provide type)     Sted above     It is the reason(s) for the discharge.	Officer o  Not Ap  Officer  Enliste  To Date (  or Nationa  to include  norable   U	I don't knowr for persons Number Registration tem (SSS) Explanation ervice Syster Explanation  r enlisted: pplicable d Guard? e Reserves Under Other Discharge ex Date (Estima Reason(s) (F	Provide (Free Number of than Head) and the second of the s	YES  YES  ave er (Free Text)  Text)  YES  de your set (Free Text)  Per (Free Text)  YES  NO (Ree Text)	NO NO NO NO Text)  S NO Text)  S NO Conditions Text)  quired to

	Article 135 Co	urt of Inquiry, etc?										
		You responded 'Yes' to having bee										
		Military Justice (UCMJ), such as A			ourt of Inquir	,	2					
		Provide the date of the court martia					stimated)					
		Provide a description of the Unifor	m Code of Military	Justice (UCMJ) offe	ense(s) for wh	ich you	Description (Free					
	Branch	were charged.					Text)					
		Provide the name of the disciplinar	y procedure, such a	s Court Martial, Arti	cle 15, Captai	in's mast,						
	If Yes to	Article 135 Court of Inquiry, etc.					(Free Text)					
	Military	Provide the description of the milit				d (title of						
	Discipline	court or convening authority, addre					(Free Text)					
		Provide the description of the final			such as found	guilty,	Description					
			d not guilty, fine, reduction in rank, imprisonment, etc. (Free Text)									
		In the last 5 years do you have an		YES (Yes adds and	other entry)	NO (Re	quired to validate)					
** ***	ED 1	instance of military discipline to re		1 . 411 41 41 4		0	ATEG NO					
		ivilian or military member in a foreig	n country's military	, intelligence, diploi	natic, security	forces,	YES NO					
militia, otner c		government agency?	11.4	1	, , .1.		11: 1: 1: 4:					
		I 'Yes' to having <b>EVER</b> served as a commiltia, other defense force, or govern		nember in a foreign	country's mili	itary, inte	ingence, diplomatic,					
Branch		reign service, which organization we		r - Military (Army	Novy Air E	orca Mai	rings atc.) Specify					
		Service   Diplomatic Service   Secu										
If Yes to	Specify	service a Dipionatic service a secu	inty roices in winner	a Bother Defense i	orees, speen	y 🗆 Ouik	a Government Agency,					
Serving in a		me of the foreign organization.			Name (Free	Text)						
Foreign		eriod of service	From Date (Estim	ated)	To Date (Est	imated/P	resent)					
Military		me of the country	Provide your high	est position/rank	Position held	l (Free Te	ext)					
(Multiple		-	held				•					
Entries		vision/department/office in which you			Division (Fre							
Allowed)		cription of the circumstances of your		s organization.	Description	(Free Tex	t)					
Tillo wea)	Provide a desc	eription of the reason for leaving this	service.		Description	(Free Tex	t)					
	Do you have as	o you have an additional foreign military service to report?  YES (Yes adds NO (Required to										
					another entry	y)	validate)					

# Section 16 - 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.

Have any of the following happened? (If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- In the last five (5) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.)
- In the last five (5) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the last five (5) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the last five (5) years have you been or are you currently on probation or parole?

Are you currently on trial or awaiting a trial on criminal charges?

YES NO

	Provide the date of	of offense. Dat	te (Estim	ated)	Provide a description	n of the	Description	on (Free Te	ext)				
					specific nature of the	e offense.							
	Provide the locati				Street address and ci			Zip Code o		,			
					e a ticket to appear as	a result of this of	ffense by an	y police	YES	NO			
	officer, sheriff, m												
	Branch	Arresting/citin						<u> </u>					
	If Yes to Being				ement agency that arre				(free Te	,			
	Arrested/Cited/ Summoned	Provide the loc		the law	Street address and ci	ty, County	State and	Zip Code o	or Count	ry			
		enforcement ag		1 ' , 1	4 22 4	. 1 1/ 1	1.4	. ,	VEC	NO			
Branch	in a criminal proc			a, convicted	, currently awaiting tr	ial, and/or ordere	d to appear	in court	YES	NO			
If Yes to the	Branch - If No			"Ag o rogul	of this offense were	zou abarrad aan	vioted our	ontly oxyoit	in a trial	and/ar			
Above	to Charged or		ou responded 'No' to "As a result of this offense were you charged, convicted, currently awaiting trial, and/or dered to appear in court in a criminal proceeding against you?"										
Happening	Convicted	Provide Explai		uit iii a Ciiiii	mai proceeding again.	st you.	Explanati	on (Free Te	ext)				
Trappening	Convictor	Court informat					Explanati	ion (Free Fr	DAC)				
(Multiple		Provide the nat		e court.			Name of	court (Free	Text)				
Entries		Provide the loc			Street address and	l city		Zip Code o		ry			
Allowed)		Provide all the	charges	brought aga	inst you for this offen	se, and the outco		1		,			
		guilty, found n	ot-guilty	, charge dro	pped or "nolle pros,"	etc). If you were	found guilty	y of or plea	ded guil	ty to a lesser			
	Branch				ginal charge and the le	sser offense.							
		Felony/Misder	neanor		fisdemeanor, Other (Free Text)	Charge Date (Month/Y		Charge (l	ree Tex	t)			
	If Yes to	Outcome		Date									
	Charged or					(Est.)							
	Convicted	Were you sent			nis offense?				YES	NO			
		Branch		ction detail									
		If Yes to			ion of the sentence.			D ( (E	1				
		Being			esulted in imprisonme			m Date (Es					
		Sentenced	tnat yo	ou actually v	vere incarcerated. (N	ioi Applicable 🗆	) 101	Date (Estin	nated/Pre	esent)			

If conviction resulted in probation or parole, provide the

From Date (Estimated)

		Branch	dates of probat	tion or parole. (N	ot Applicab	ole 🗆 )	To Da	ite (Estii	mated/Pr	esent)
		If No to		ntly on trial, awai	ting a trial,	or awaiting ser	ntencing on c	riminal	YES	NO
		Being	charges for thi							
		Sentenced	Provide Explai				ation (Free T	ext)		
	Do you have any In the last five						YES (Yes add	ls	NO (Requir	·ed
	court in a crimina						another e		to valid	
		the fine was less						• /		,
		(5) years have yo		by any police off	icer, sheriff,	, marshal or				
		law enforcement (5) years have yo		with convicted o	f or conton	and for a arima				
	in any court? (Inc									
	local, military, or					orar, state,				
	• In the last five				obation or p	parole?				
T- 41	Are you current     a domestic violent				-49				YES	NO
is there currently		Yes' to currently l				or restraining of	rder issued ac	rainst vo		INO
Branch	1 ou responded	res to currently i	naving a domesti	e violence protec	tive order o	n restraining of	idei issued ag	gainst yo	ru.	
If Yes to	Provide explanat	ion:			Explanati	ion (Free Text)				
Domestic Violence		the order was issu			Date (Est					
(Multiple	Provide the name					court (Free Te	,			
Entries		ion of the court or	<u> </u>			dress and city	State and		de or Co	untry
Allowed)	Do you have ano restraining order				YES (Ves add)	s another entry	I -	NO Require	ed to vali	date)
04. 45					( 1 cs add:	s anomor entry	,   (	require	a to vall	()
Section 17 -	- Illegal Use o	of Drugs and	Drug Activ	vity	. 1 .	1.6	4 41.	. ,.	'11.1	- 1
evidence against	ference to this sect you in a subsequer	nt criminal procee	ding. This partic	ular section appl	es whether	or not you are	currently emp	ployed b	y the Fe	deral
	e following question			gs or controlled si	ibstances or	r drug or contro	olled substance	ce activi	ty not in	accordance
	s, even if permissi have you illegally			ances? Use of a	rug or conti	rolled substance	e includes in	iectina	YES	NO
	g, swallowing, exp						c merades m	jeeting,	1123	NO
	You answered 'Y									L
Branch	Provide the type	of drug or control	led substance.	I	xplanation	if other (Free 7	Γext)			
If Yes to		ck cocaine (Such				as amphetamin				
Illegally Using		marijuana, weed, h as special K, jet				n as barbiturate s opium, morp				, etc.)
Drugs or		e (Such as LSD, P				the clear, juice		, neroin	, etc.)	
Controlled		h as toluene, amyl			(Provide ex		,, 0.0.)			
Substances	Provide an estim		Date (Estimated	,		stimate of the		e (Estim	nated)	
(Multiple	month and year o		1 1 0			nost recent use				
Entries	Do you have an a	f use, frequency, a				e (Free Text) YES		NO		
Allowed)	substance to ente		c(s) of filegal use	or a drug or con		Yes adds anotl	ner entry)		ired to v	alidate)
In the last year,	have you been inv		ıl purchase, manı	ufacture, cultivat					YES	NO
receiving, handli	ing or sale of any d	rug or controlled	substance?							
		es' to in the last					ture, cultivati	on, traff	ficking, p	roduction,
		g, receiving, handle of drug or control		irug or controlled	substance.					
		ck cocaine (Such		e. etc.)   Stimul	ants (Such a	as amphetamin	es, speed erv	stal met	th, ecstas	v. etc.)
		marijuana, weed,				n as barbiturate				
		h as special K, jet				s opium, morp		, heroin	, etc.)	
Dh		(Such as LSD, P	,	,		the clear, juice				
Branch If Yes to	Provide an estim	h as toluene, amyl	Date			planation free e of the month		e (Estim	natad)	
Illegal Drug	and year of first i		(Estimated)			t involvement.	anu Dal	c (Esum	iaicu)	
Activity		f and frequency of			of activity (		<u> </u>			
0.6.1.1.1	Provide the reason	on(s) why you eng	gaged in the activ	ity. Reason	(s) (Free Te	ext)				
(Multiple Entries		additional instance					YES		NO	
Allowed)	manufacture, cul			ansfer, shipping,	receiving, h	nandling or sale				ired to
ŕ	_	rolled substance to					another e	• /	valida	<u>)</u>
	have you intention		e misuse of preso	cription drugs, re	gardless of	whether or not	the drugs we	re	YES	NO
1 ,	ou or someone else			4:11	. 1 : 41 1			11		41 41 1
Branch If Yes to		Yes' to <b>in the last</b> for you or someon		entionally engage	ed in the mi	suse of prescri	ption drugs, r	egardles	ss of whe	ther the drugs
Misuse of		of the prescription		misused		[	rug names (F	ree Tev	t)	
Prescription		of involvement is		From Date (Es	timated)		o Date (Estin			
Drugs	Provide the reason	on(s) for and circu	mstances of the	misuse of the pre	scription dr		easons (Free			
O. 6-12: 1	Do you have an a			lly engaging in the	ne misuse	YES	,	NO		_
(Multiple Entries	of prescription di	rugs <b>in the last</b> ye	ear to enter?			(Yes adds an	other entry)	(Requ	iired to v	alidate)
Allowed)										
	have you been orde	ered, advised, or a	sked to seek cou	nseling or treatm	ent as a resi	ult of your illes	gal use of dru	gs or	YES	NO
controlled substa				-		, ,		-		

Branch	use of drugs or co			been ordered, advised, or	asked to seek counser	inig or u	catificiti as	a resum o	n your megar
If Yes to				sked you to seek counseli	ing or treatment as a re	sult of y	our illegal ı	ise of dru	igs or
Being Ordered	controlled substan			,	8	,	8		8
Treatment for	□ An employer, m	nilitary commai	nder, or employ	ee assistance program	□ A medical profess	ional			
the Misuse of	☐ A mental health				☐ A court official / j				
Drugs				eek counseling or treatme					
(M-14:1-	Provide explanation		nation (Free Te		on to receive counselin			YES	NO
(Multiple Entries	Branch If No	You have ind	icated that you	did not receive treatment.	. Provide explanation.	1	Explanation	(Free Te	ext)
Allowed)	to Action Taken	D	£ 1	4 11 - 4 1 - 4	1. 1. 1				
7 mowed)				ontrolled substance for w Such as rock, freebase, e					
				etamines, speed, crystal n					
				weed, pot, hashish, etc.)	nem, cestasy, etc.)				
				iturates, methaqualone, tr	anguilizers, etc.)				
			Such as special		1 / /				
				morphine, codeine, hero	in, etc.)				
				SD, PCP, mushrooms, et	c.)				
	Branch		uch as the clear						
	If Yes to Action			, amyl nitrate, etc.)					
	Taken		vide explanation		· · · · · · ·	Lar	(T )	To: /	`
		Explanation (	Free Text)	Provide the name of provider. (Last name		Name	(Last name	, First na	ime)
		Provide the a	ddress for this t		eet address and city	State	and Zip Coo	le or Cou	intry
				for the treatment provider			er/Ext. Exte		
		1101100 00101	.p.i.o.i.e ii.aiii.e ei	ioi ane areamient provides			Both Che		
							ational _		
			ates of treatmer		te From (Estimated)	Date '	Γο (Estimate	ed/Preser	nt)
		Did you succ		te the treatment?				YES	NO
		Branch If No		indicated that you did no		Expla	nation (Free	Text)	
		to Successful	complete	the treatment. Provide exp	planation.				
	D1	Treatment	1	44 -4-4-414	YES		NO		
				dered, advised, or asked or treatment to enter?	(Yes adds anot	ther entr		ired to va	alidate)
In the last year				nt as a result of your use				YES	NO NO
	Voluntary treatme		8						
			olled substance	for which you were treat	ed.				
	□ Cocaine or crac	k cocaine (Suc	h as rock, freeb	ase, etc.) 🗆 Stimulants (S					
Branch	☐ THC (Such as n				(Such as barbiturates,				, etc.)
If Yes to	□ Ketamine (Such				such as opium, morphi		ine, heroin,	etc.)	
Voluntarily	□ Hallucinogenic				ich as the clear, juice,				
Seeking	□ Inhalants (Such			t name, First name)	ide explanation free te		(Free Text)		
Treatment for	Provide the address			Street address and c	ity		and Zip Coo		intry
the Misuse of	Provide a telephor				ity		er/Extensio		
Drugs	Tro vide a tereprior		no troutinont pro			Both	Check bo		
(Multiple	Provide the dates	of treatment.		Date From (Estimate	ed)	Date 7	Γο (Estimate	ed/Preser	nt)
Entries	Did you successfu	ally complete th	e treatment?					YES	NO
Allowed)	Branch If No to			t you did not successfully	complete the	Expla	nation (Free	Text)	
,	Successful Treatm		nt. Provide expl		Lyma		1.70		
	Do you have anot				YES		NO .	1. 11.1	1.4.
	last year?	uit of your use	of a drug or con	trolled substance in the	(Yes adds another en	ntry)	(Require	ı to vanc	iate)
	last year:						1		
Section 19	- Investigation	ns and Cla	orongo Dog	ord					
				gated your background a	nd/or granted vou a sec	purity old	anrance	YES	NO
eligibility/access		gii governineni	) E V EK ilivesti	gated your background as	nd/or granted you a sec	curity Cit	carance	IES	NO
gj		I 'Yes' to the U	S. Government	(or a foreign governmen	t) having investigated	your bac	kground an	d/or havi	ng granted
	you a security of								
	Provide the inv	estigating agen	cy:	☐ U.S. Department of I			U.S. Depa		
				☐ U.S. Office of Person				ireau of	Investigation
	Evalanati	nome of	amont or	☐ U.S. Department of ☐ U.S. Department of	• \	e of bure	eau)		
	Explanation or		HIICHT OF				_ 1 1?	. 1	
						rnmenti			
Branch If Yes to Having	bureau. (Free T	ext)		☐ Other (Provide expla	(Provide name of gove nation)	ernment)	⊔ I don	Know	

Date the investigation was completed. □ I don't know Date (Estimated) Ever Been Was a clearance eligibility/access granted? Investigated Yes No Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. If yes, to having clearance Name (Free Text) (Multiple Entries Allowed) eligibility/access granted (Multiple Entries Allowed) Provide the date clearance eligibility/access was granted. 

□ I don't Date (Estimated) know

		Provide the level	□ None □ Confidenti	al □ Secret	□ Top Secret				
		of clearance	☐ Sensitive Compartment	ed Information (SCI)		$\Box$ L	□ I don't		
		eligibility/access	know	()	- (				
		granted.	☐ Issued by foreign count	ME T	□ Other (Pro	vida avala	nation)		
				ıy	□ Other (F10	vide expia	nation)		
		Explanation							
		(Free Text)	<u> </u>						
	Do you have another inv	0	YES (Yes adds		NO (Requ		lidate)		
In the last five (5	5) years have you had a securi	ity clearance eligibilit	ty/access authorization denie	d, suspended, or revo	oked? (Note: An	YES	NO		
	owngrade or administrative te				`				
	Vou responded 'Ves' to	having a security cle	arance eligibility/access auth	orization denied sus	nandad or ravol	red within	the last five		
		maving a security cies	arance engionity/access auti	orization defiled, sus	pended, or revor	cea within	the last live		
Branch	(5) years.								
If Yes to Denied			access authorization was de	nied, suspended or re		e (Estimate	ed)		
	Provide the name of the				Name (Fr	ee Text)			
(Multiple Entries	e Entries Provide an explanation of the circumstances of the denial, suspension or revocation action.			Explanati	Explanation (Free Text)				
Allowed)				NO					
<i>'</i>	clearance eligibility/access authorization to enter? (Yes adds another entry			ry) (Required					
In the last five (5	the last five (5) years have you been debarred from government employment?					YES NO			
				. 1		ILS	NO		
Branch			ving been debarred from gov	ernment employmen					
If Yes to	Provide the name of the	government agency t	aking debarment action.		Agency n				
Debarment	Provide the date the deba	Provide the date the debarment occurred.			Date (Esti	mated)			
(Multiple Entries	Provide an explanation of	of the circumstances of	of the debarment		Circumsta	nces (Free	e text)		
Allowed)	Do you have another Go			s adds another entry)		· ·			
	,	verimient debarment	to enter:	s adds another entry	110 (Regi	incu to vu	iluate)		
Section 19 -	- Financial Record								
	(5) years have you failed to fi	le or nav Fadaral etc	te or other tovas when some	red by law or ordina	nce?	YES	NO		
in the last live (							INO		
			pay Federal, state, or other ta	xes when required by	iaw or ordinanc	c.			
Rranch	Did you fail to file, pay as r								
Branch	Provide the year you failed	to file or pay your Fe	ederal, state or other taxes.	Est.					
	Provide the reason(s) for yo	our failure to file or pa	ay required taxes.		Reasons	(Free Text	<u>:)</u>		
If Yes to			ch you failed to file or pay to	axes		(Free Text	/		
Failing to			y (such as property, income,		Tax Type	\	/		
File/Pay Taxes				saics, cic.).	Amount				
	Provide the amount (in U.S		.   Estimated				.)		
(Multiple	Provide date satisfied. □ No				Date (Esti				
Entries			taken to satisfy this debt (suc		Description	on (Free Te	ext)		
Allowed)	frequency and amount of pa	ayments, etc.). If you	have not taken any action(s)	provide explanation					
		. (1 1 (6 (5)		V VIII 6	NO				
, i	Are there any other instance	es in the last five (5)	years where you failed to	YES	NO				
items identified b	tly delinquent on any Federal	other taxes when req g happened to you? (	uired by law or ordinance? You will be asked to provide	(Yes adds anoth details about each fi	er entry) (Rec	_	ains to the		
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Member of a	Provide the address/location of the organization.  Street address and City  State and Zip Code			de or Country				
Terrorist	Provide the dates of your involvement with the organization.	From Dat	From Date (Estimated)		To Date (Estimated/Present)			
Organization	Provide all positions held in the organization, if any.   No positions held			Positions (Free Text)			ŕ	
,	Provide all contributions made to the organization, if any. □ No contributions made				Contr	ibutions	(Free Tex	it)
(Multiple Entries					vement (	Free Text	)	
Allowed)					YES		NO	
					(Yes adds (Required			red to
					another entry) validate)			e)
Have you EVER kn	nowingly engaged in any acts of terrorism?					YES NO		
Branch If Yes	You responded 'Yes' to EVER having knowingly engaged in any acts of terrorism.							
Engaging in	Describe the nature and reasons for the activity. Nature and reasons (Free Text)							
Terrorism	Provide the dates for any such activities From Date (Estimated) To Date (Estimated/Present)					ent)		
(Multiple Entries	Do you have any other instances of knowingly engaging in acts of YES NO							
Allowed)	terrorism to report? (Yes adds another entry) (Required to valida							
Have you EVER ad	lyocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?							
Branch	You responded 'Yes' to having EVER advocated any acts of	errorism or a	ctivities des	signed to	overthrov	v the U.S	. Govern	ment by
If Yes to	force.							
Advocating		Reasons (Fre			T	(F) :	1/2	
0.4.1.1.1.1.1.1	Provide the dates of advocating acts of terrorism	From Date (1					ated/Pres	
(Multiple Entries	Do you have any other instances of advocating acts of terroris		S	,	Yes adds		(Require	ed to
Allowed)	designed to overthrow the U.S. Government by force to report		.1	another		vai	idate)	NO
	een a member of an organization dedicated to the use of violence					+1a a	YES	NO
specific intent to fur	hich engaged in activities to that end with an awareness of the o	rganization	s dedication	to that ei	na or with	tne		
specific intent to ful	You responded 'Yes' to having <b>EVER</b> been a member of an	argonization	dadianted to	the use	of violen	on for	oo to oxion	throw tho
Duanah	United States Government, and which engaged in activities to							
Branch	with the specific intent to further such activities.	that end with	i an awaren	C33 O1 till	organiza	tion s ac	aication	to that end of
If Yes to being	Provide the full name of the organization.	Organizat	ion name (F	ree Text)				
Member of	Provide the address/location of the organization.		ress and Cit			Zip Co	de or Cou	ntry
Organization	Provide the dates of your involvement with the organization	From Date	e (Estimated	1)			ed/Presen	
Using Violence		No positions	held		Positi	ons (Free	e Text)	
to Overthrow the	Provide all contributions made to the organization, if any.   No contributions made  Contributions (Free Text)					it)		
	Provide a description of the nature of and reasons for your involvement with the organization.  Description (Free Text)							
U.S. Govt.	Provide a description of the nature of and reasons for your inv	olvement wit	h the organi	zation.	Descr	iption (F	`	
U.S. Govt.	Provide a description of the nature of and reasons for your inv Do you have any other instances of being a member of an org				Descr YES	iption (F	`	
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	Do you have any other instances of being a member of an org of violence or force to overthrow the United States Governma activities to that end with an awareness of the organization's	anization ded ent, which en	icated to the	e use	YES	ls	ree Text) NO	red to
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# **Additional Comments**

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

#### Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my employment prospects, or job status, or my removal and debarment from Federal service.

Signature (Sign in ink)	Date (mm/dd/yyyy)

Standard Form 85 Revised U.S. Office of Personnel Management 5 CFR Parts 731 and 736 OMB No. 3206-0261

# Questionnaire For Non-Sensitive Positions United States of America Authorization For Release of Information

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

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities, conduct, and character from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability or eligibility for a non-sensitive position and/or for physical or logical access to federal facilities and information systems.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific release may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, 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 suitability or eligibility for appointment to, or retention in, a non-sensitive position, in accordance with 5 U.S.C. 9101 or my eligibility for logical or physical access. 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 85, 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 suitability-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 is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full name (Type or print legibly)		rint legibly)	Date signed (mm/dd/yyyy)	
Other names used			Date of birth	Social Security Number	
Current street address Apt. #	City (Country)	State	ZIP Code	Telephone number	

Standard Form 85 Revised U.S. Office of Personnel Management 5 CFR Parts 731 and 736 OMB No. 3206-0261

# SF 85 Questionnaire For Non-Sensitive Positions United States of America Fair Credit Reporting Disclosure and Authorization

### **Disclosure**

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

# **Purpose**

Depending on circumstances within your background, the Federal government may require information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) for positions designated as low risk, non-sensitive, and for physical and logical access. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

# **Authorization**

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) for positions designated as low risk, non-sensitive, and for physical and logical access to request, and any consumer reporting agency to provide, such reports for the purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a non-sensitive position. To avoid such delays, you should expeditiously respond to any request made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a non-sensitive position.

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