

Security Investigative Form Preparation Instructions

Obtain all the following forms from your Regional Security Officer or representative, servicing personnel office, or USGS contract sponsor and follow the processing instructions provided by them, in addition to those cited below. Attached is a copy of each form except for the Position Designation Record. Forms are subject to change.

Position Designation Record

When a Secret or DOE "L" security clearance is requested for an employee, a copy of the Position Designation Record must be submitted with the security forms package. The supervisor or program manager is responsible for completing the Position Designation Record. The Position Designation Record form and instructions for completing the form can be obtained from the Human Resources Office.

9-3056, USGS Personnel Security Action Request

This request form is to be filled out by the individual's supervisor of record or USGS contractor sponsor. Coordinate preparation of this form with your Regional Security Officer or servicing personnel office. Complete all entries. A check of the Official Personnel Folder for employees must be conducted to determine if an investigation has been completed within the past 5 years. Refer to the charts in the Security Investigative Form Requirements (Appendix B), which indicate the investigation required for each type of clearance or designation. Please ensure that an appropriate account number is used and that funds have been obligated. Your Regional Security Officer has the most recent billing information for each type of investigation. The justification for a security clearance must be unclassified, thorough, and concise.

SF-86 & SF-86A (Revised 9/95) - Questionnaire for National Security Positions

Carefully read the information provided in the SF-86 & SF-86A. Follow the instructions provided with the SF-86 and SF-86A fully. For Single Scope Background Investigations (SSBI's) only, the following questions on the SF-86 should be answered with a ten (10) year time frame for the investigative case to be consistent with requirements under E.O. 12968.

Question Number	Question
9	Where You Have Lived
10	Where You Went to School
11	Your Employment Activities
22	Your Employment Record
23 (e & f)	Your Police Record
29	Public Record Civil Court Actions

SF-86 & SF-86A - Questionnaire for National Security Positions - cont.

All entries on the SF-86 & SF-86A must be correct and complete. All information must be TYPED or LEGIBLY PRINTED (care should be taken that numbers and letters are clearly formed to avoid error). If hand-printed, blue or black ink must be used. All corrections to include items that have been corrected with correction fluid must be initialed.

All date information must have the beginning and ending MONTH and YEAR.

All 5-digit zip codes for each activity must be complete, accurate, and included; otherwise, the Office of Personnel Management cannot schedule the investigation.

For questions 5, 8d, 15, and 18, indicate "N/A" if not applicable.

If you answer yes to question 21, please complete the last page, "Authorization for Release of Medical Information."

All signatures on the SF-86 must be your FULL NAME. The Security Management Office must receive the SF-86 within 60 days of the date the form was signed. All information requested on the SF-86 and SF-86A is essential for the expeditious scheduling and processing of cases. Improper completion or omission can result in misscheduling and delaying the investigation. The Office of Personnel Management will return the case papers for improper completion. Your Regional Security Officer, representative, or your servicing personnel office will complete the "Agency Use Only" section of the SF-86.

SF-85P & SF-86A (Revised 9/95) - Questionnaire for Public Trust Positions

Carefully read the information provided in the SF-85P and SF-86A. Follow the instructions fully. All information requested on the SF-85P and SF-86A is essential for the expeditious scheduling and processing of cases. Improper completion or omission can result in misscheduling and delaying the investigation. The Office of Personnel Management will return the case papers for improper completion. Your Regional Security Officer will complete the "Agency Use Only" section of the SF-85P.

All entries on the SF-85P and SF-86A must be correct and complete. All information must be TYPED or LEGIBLY PRINTED (care should be taken that numbers and letters are clearly formed to avoid error). If hand-printed, blue or black ink must be used. All corrections to include items that have been corrected with correction fluid must be initialed.

All date information must have the beginning and ending MONTH and YEAR.

SF-85P and SF-86A –Questionnaire for Public Trust Positions – cont.

All 5-digit zip codes for each activity must be complete, accurate, and included; otherwise, the Office of Personnel Management cannot schedule the investigation.

For questions 5, 8d, and 19, indicate "N/A" if not applicable.

If any treatment or counseling is included under question 21b, please complete the last page, "Authorization for Release of Medical Information."

All signatures on the SF-85P must be your FULL NAME. The Security Management Office must receive the SF-85P within 60 days of the date the form was signed.

SF-87 or FD-258 - Fingerprint Chart

Fill in all spaces except as indicated below. Your full name must be TYPED or LEGIBLY PRINTED. Note the spaces that are marked "LEAVE BLANK" or are for "OPM USE ONLY." Do not fill in the block identified as "FBI NO. FBI." The blocks identified as "ALIASES" and "SCARS, MARKS, AND TATTOOS" must be filled in, if applicable. The Security Management Office must receive the SF-87 or FD-258 within 60 days of the date the form was completed.

FD-258 (contractor personnel only) - Reflect Contractor, U.S. Geological Survey, region sponsor, city, and state in the block "Reason Fingerprinted." Leave blank the blocks identified as "Your No. OCA," "FBI No. FBI," "Armed Forces No. MNU," and "Miscellaneous No. MNU."

For USGS personnel in the Washington, D.C., Metro area, fingerprints can be taken in Room 1B413 or 2B311, U.S. Geological Survey, National Center, Reston, Virginia. Contractor personnel in the Washington, D.C., Metro area, can also be fingerprinted in Room 1B413 or 2B311, U.S. Geological Survey, National Center, Reston, Virginia, by appointment only (703-648-7296 or 703- 648-7470). Contractor personnel and applicants outside the Washington, D.C., area can have their fingerprints taken within their organizational activity, at their local police station, or local office of the Federal Protective Service. Unclassifiable fingerprints will be returned by the Federal Bureau of Investigation one time for resubmission.

DOE F 5631.18 (11/94) - DOE Security Acknowledgement

Date and sign.

9-3058, USGS Contractor Computer/Information Technology (IT) Position Agreement

Prepare only if a contractor individual is in an IT/computer position. The supervisor or USGS sponsor must also sign and date.

Release to Obtain a Credit Report

Complete the "Release to Obtain a Credit Report" by providing social security number, signing, and dating. A copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" must be provided to you by your Regional Security Officer or representative, servicing personnel office, or USGS contract sponsor. You should retain this summary for your own records.

If you have any questions concerning the execution of these forms, please contact your Regional Security Officer, servicing personnel office, USGS contract sponsor, or contact the Security Management Office at (703) 648-4467.

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0007
NSN 7540-00-634-4036
86-111

Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 9 and the release on Page 10. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

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

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

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

The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

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

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

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

Organization of this Form

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

Instructions for Completing this Form

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

Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for a security clearance.

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

Disclosure of Information

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

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

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

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 86 (EG)
 Revised September 1995
 U.S. Office of Personnel Management
 5 CFR Parts 731, 732, and 736

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Form approved:
 OMB No. 3206-0007
 NSN 7540-00-634-4036
 86-111

Part 1	Investigating Agency Use Only	Codes	Case Number
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Agency Use Only (Complete items A through P using instructions provided by the Investigating agency).

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

Persons completing this form should begin with the questions below.

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

3 PLACE OF BIRTH - Use the two letter code for the State. City	County	State	Country (if not in the United States)	4 SOCIAL SECURITY
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5 OTHER NAMES USED
 Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.

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

6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male
7 TELEPHONE NUMBERS	Work (Include Area Code and extension) Day () Night ()		Home (Include Area Code) Day () Night ()		

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

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

Naturalization Certificate (Where were you naturalized?)
 Court City State Certificate Number Month/Day/Year Issued

Citizenship Certificate (Where was the certificate issued?)
 City State Certificate Number Month/Day/Year Issued

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States
 Give the date the form was prepared and give an explanation if needed.
 Month/Day/Year Explanation

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

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

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

Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
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9 WHERE YOU HAVE LIVED

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

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

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

10 WHERE YOU WENT TO SCHOOL

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

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

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

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

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

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

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

11 YOUR EMPLOYMENT ACTIVITIES

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

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

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

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

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

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

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

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
#5	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
#6	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		

12 PEOPLE WHO KNOW YOU WELL

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

#1	Name	Dates Known Month/Year To	Month/Year	Telephone Number Day Night ()
Home or Work Address		City (Country)		State ZIP Code
#2	Name	Dates Known Month/Year To	Month/Year	Telephone Number Day Night ()
Home or Work Address		City (Country)		State ZIP Code
#3	Name	Dates Known Month/Year To	Month/Year	Telephone Number Day Night ()
Home or Work Address		City (Country)		State ZIP Code

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

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

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

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

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

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

16 YOUR MILITARY HISTORY

a Have you served in the United States military?	Yes	No
b Have you served in the United States Merchant Marine?		

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

•Code. Use one of the codes listed below to identify your branch of service:
 1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

•O/E. Mark "O" block for Officer or "E" block for Enlisted.
 •Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.
 •Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status				Country
				O	E	Active	Active Reserve	
To								
To								

17 YOUR FOREIGN ACTIVITIES

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

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

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

18 FOREIGN COUNTRIES YOU HAVE VISITED

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

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#3	To		
#2	To			#4	To		

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

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

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Part 2 OFFICIAL
 USE
 ONLY

19 YOUR MILITARY RECORD Yes No

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year	Type of Discharge		

20 YOUR SELECTIVE SERVICE RECORD Yes No

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

b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number	Legal Exemption Explanation		

21 YOUR MEDICAL RECORD Yes No

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

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

22 YOUR EMPLOYMENT RECORD Yes No

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

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

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

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

23 YOUR POLICE RECORD Yes No

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

- a** Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
- b** Have you ever been charged with or convicted of a firearms or explosives offense?
- c** Are there currently any charges pending against you for any criminal offense?
- d** Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
- e** In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
- f** In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

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

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

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

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

	Yes	No
a Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
b Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?	<input type="checkbox"/>	<input type="checkbox"/>
c In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

25 YOUR USE OF ALCOHOL

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

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

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

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

26 YOUR INVESTIGATIONS RECORD

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

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

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

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

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

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

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

27 YOUR FINANCIAL RECORD

a In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

b In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?

c In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

d In the last 7 years, have you had any judgments against you that have not been paid?

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

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

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

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

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

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

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

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

Standard Form 86
 Revised September 1995
 U.S. Office of Personnel Management
 5 CFR Parts 731, 732, and 736

Form approved:
 OMB No. 3206-0007
 NSN 7540-00-634-4036
 86-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Instructions for Completing this Release

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

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

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

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

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

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

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

Questionnaire for Public Trust Positions

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

Purpose of this Form

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

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

Authority to Request this Information

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

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

The Investigative Process

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

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

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

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

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

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

Instructions for Completing this Form

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

Final Determination on Your Eligibility

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

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

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

Disclosure of Information

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

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

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

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85P (EG)
 Revised September 1995
 U.S. Office of Personnel Management
 5 CFR Parts 731, 732, and 736

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

Form approved:
 OMB No. 3206-0191
 NSN 7540-01-317-7372
 85-1602

OPM USE ONLY

Codes _____ Case Number _____

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

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

Persons completing this form should begin with the questions below.

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

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

5 OTHER NAMES USED

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

6 OTHER IDENTIFYING INFORMATION

Height (feet and inches) _____	Weight (pounds) _____	Hair Color _____	Eye Color _____	Sex (Mark one box)
				<input type="checkbox"/> Female <input type="checkbox"/> Male

7 TELEPHONE NUMBERS

Work (include Area Code and extension) Day _____ Night _____	Home (include Area Code) Day _____ Night _____
---	---

8 CITIZENSHIP

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

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

Naturalization Certificate (Where were you naturalized?)

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

Citizenship Certificate (Where was the certificate issued?)

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

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

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

U.S. Passport

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

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

Country _____

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

Place You Entered the United States:	City _____	State _____	Date You Entered U.S. Month _____ Day _____ Year _____	Alien Registration Number _____	Country(ies) of Citizenship _____
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Exception to SF85, SF85P, SF85P-S, SF86, and SF86A approved by GSA September, 1995.
 Designed using Perform Pro, WHS/DIOR, Sep 95

9 WHERE YOU HAVE LIVED

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

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

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

10 WHERE YOU WENT TO SCHOOL

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

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

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

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

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

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

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

11 YOUR EMPLOYMENT ACTIVITIES

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

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

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

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

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

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

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

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
#5	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
#6	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		

12	YOUR EMPLOYMENT RECORD	Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.			

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

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

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

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

16 YOUR MILITARY HISTORY	Yes	No
a Have you served in the United States military?		
b Have you served in the United States Merchant Marine?		

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

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

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

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

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

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

Month/Year	Month/Year	Code	Service/Certificate No.	O	E	Status				Country
						Active	Active Reserve	Inactive Reserve	National Guard (State)	
To										
To										

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

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

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

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

19 FOREIGN COUNTRIES YOU HAVE VISITED							
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)							
•Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other							
•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").							
•Do not repeat travel covered in items 9, 10, or 11.							

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

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

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

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

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

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

Certification That My Answers Are True

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

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

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

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

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

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

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

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

Standard Form 85P
 Revised September 1995
 U.S. Office of Personnel Management
 5 CFR Parts 731, 732, and 736

Form approved:
 OMB No. 3206-0191
 NSN 7540-01-317-7372
 85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Instructions for Completing this Release

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

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

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

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

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

What is the prognosis?

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

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

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

Standard Form 86A (EG)
 Revised September 1995
 U.S. Office of Personnel Management
 5 CFR Parts 731, 732, and 736

CONTINUATION SHEET FOR QUESTIONNAIRES
SF 86, SF 85P, AND SF 85

Form approved:
 OMB No. 3206-0007
 NSN 7540-01-268-4828
 86-203

For use with the SF 86, Questionnaire for National Security Positions;
 SF 85P, Questionnaire for Public Trust Positions; and
 SF 85, Questionnaire for Non-Sensitive Positions

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived," "Where You Went to School," and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

Your Name	Your Social Security Number
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WHERE YOU HAVE LIVED (Continued)

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

WHERE YOU WENT TO SCHOOL (Continued)

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

Exception to SF85, SF85P, SF85P-S, SF86, and SF86A approved by GSA September, 1995.
 Designed using Perform Pro, WHS/DIOR, Sep 95

YOUR EMPLOYMENT ACTIVITIES (Continued)						
Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					

Enter your Social Security Number before going to the next page

Appendix C

SF 87 (REV. 4-84) U.S. OFFICE OF PERSONNEL MANAGEMENT FPM CHAPTER 736		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME					FBI	LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED			O R I						OPM WASH., D.C. - USOPMOOOZ	
RESIDENCE OF PERSON FINGERPRINTED			SERIAL NO. (OPM USE ONLY) <u>OCA</u>					DATE OF BIRTH <u>DOB</u> MONTH DAY YE.		
DATE	SIGNATURE OF OFFICAL TAKING FINGERPRINTS		ALIASES <u>AKA</u>	SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH <u>POB</u>
TITLE AND ADDRESS			SCARS, MARKS, AND TATTOOS			LEAVE BLANK				
POSITION TO WHICH APPOINTED			FBI NO. <u>FBI</u>			CLASS. _____				
DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)			SOCIAL SECURITY NO. <u>SOC</u>			REF. _____				

1 R. THUMB		2 R. INDEX		3 R. MIDDLE		4 R. RING		5 R. LITTLE	
6 L. THUMB		7 L. INDEX		8 L. MIDDLE		9 L. RING		10 L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

INSTRUCTIONS FOR OBTAINING CLASSIFIABLE FINGERPRINTS ON STANDARD FORM 87, FINGERPRINT CHART

1. USE PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THE FOLLOWING: MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN BELOW:

(OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE)

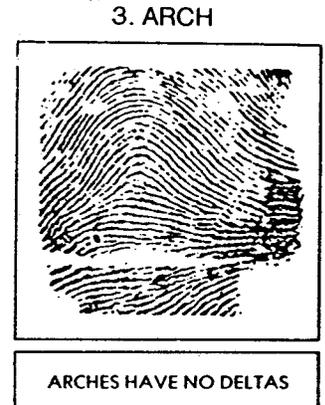
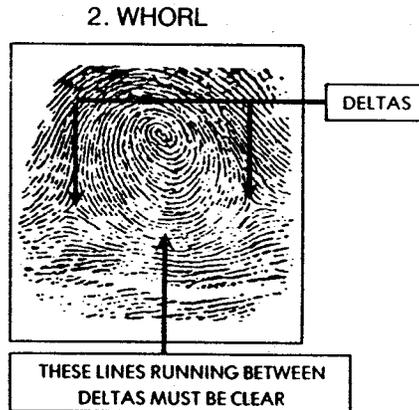
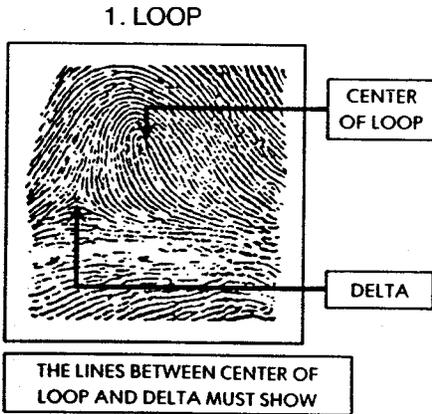
(A) A DELTA (Δ) IS THE POINT AT WHICH THE LINES FORMING THE LOOP OR WHORL PATTERN SPREAD AND BEGIN GOING IN DIFFERENT DIRECTIONS. ALL LOOP PRINTS HAVE ONE DELTA. WHORL PRINTS HAVE TWO.

(B) LOOP PRINTS CANNOT BE CLASSIFIED UNLESS THE CENTER OF THE LOOP AND DELTA, AND THE LINES BETWEEN THEM, ARE CLEAR.

(C) WHORL PRINTS CANNOT BE CLASSIFIED UNLESS THE TWO DELTAS, AND THE LINES CONNECTING THE DELTAS, ARE CLEAR.

(D) ARCH FINGERPRINTS CAN BE CLASSIFIED IF A SUFFICIENTLY CLEAR IMPRESSION IS OBTAINED TO PERMIT IDENTIFICATION OF THE PATTERN AS BEING AN ARCH.

9. IF, UPON EXAMINATION, IT APPEARS THAT ANY OF THE IMPRESSIONS CANNOT BE CLASSIFIED, NEW PRINTS SHOULD BE MADE. IF NOT MORE THAN THREE IMPRESSIONS ARE UNCLASSIFIABLE, NEW PRINTS OF THESE FINGERS MAY BE TAKEN AND PASTED OVER THE DEFECTIVE ONES. IF MORE THAN THREE ARE UNCLASSIFIABLE, MAKE A NEW CHART.



PRIVACY ACT STATEMENT

SOLICITATION OF THIS INFORMATION IS AUTHORIZED BY SECTIONS 1304 (LOYALTY INVESTIGATIONS) AND 3301 (CIVIL SERVICE) OF TITLE 5, U.S. CODE; EXECUTIVE ORDER 10450 (SECURITY REQUIREMENTS FOR GOVERNMENT EMPLOYMENT); OR PUBLIC LAW 82-298 (AUTHORITY FOR CONDUCTING CERTAIN PERSONNEL INVESTIGATIONS). THIS INFORMATION WILL BE USED TO SEARCH THE FEDERAL BUREAU OF INVESTIGATION'S FINGERPRINT FILES IN DETERMINING YOUR FITNESS FOR FEDERAL EMPLOYMENT OR A SECURITY CLEARANCE. IT MAY ALSO BE USED FOR SEARCHES OF OTHER LAW ENFORCEMENT AGENCIES MAINTAINING FINGERPRINT FILES FOR THE SAME PURPOSE.

SOLICITATION OF YOUR SOCIAL SECURITY NUMBER (SSN) IS AUTHORIZED BY EXECUTIVE ORDER 9397, WHICH REQUIRES FEDERAL AGENCIES TO USE THE SSN AS THE MEANS OF IDENTIFYING INDIVIDUALS IN FEDERAL PERSONNEL RECORD SYSTEMS. FURNISHING YOUR SSN OR ANY OF THE OTHER REQUESTED INFORMATION IS VOLUNTARY. HOWEVER, FAILURE TO FURNISH THE INFORMATION MAY RESULT IN YOUR NOT BEING CONSIDERED FURTHER FOR EMPLOYMENT OR A CLEARANCE, OR IN A DETERMINATION BASED ON AVAILABLE, PERHAPS INCOMPLETE, INFORMATION. A FALSE ANSWER TO ANY QUESTION ON THIS FORM IS PUNISHABLE BY LAW (TITLE 18, U.S. CODE, SECTION 1001).

PUBLIC BURDEN INFORMATION

PUBLIC BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO TAKE APPROXIMATELY FIVE (5) MINUTES PER RESPONSE. THIS INCLUDES TIME FOR COMPLETING THE FORM, REVIEWING THE INSTRUCTIONS, AND THE ACTUAL FINGERPRINTING OF THE INDIVIDUAL. SEND COMMENTS REGARDING THE BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO THE REPORTS AND FORMS MANAGEMENT OFFICER, U.S. OFFICE OF PERSONNEL MANAGEMENT, 1900 E STREET, N.W., ROOM 6410, WASHINGTON, DC 20415, AND TO THE OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (3206-0150), WASHINGTON, DC 20503.

THIS SPACE FOR FBI USE

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK						FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME					
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	O R I	USOPM000Z - FIPC BOYERS, PA				DATE OF BIRTH <u>DOB</u> Month Day Year	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP <u>CTZ</u>	SEX	RACE	HGT.	WGT.	EYES	HAIR	
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>	LEAVE BLANK						
REASON FINGERPRINTED		FBI NO. <u>FBI</u>	CLASS _____						
		ARMED FORCES NO. <u>MNU</u>	REF. _____						
		SOCIAL SECURITY NO. <u>SOC</u>							
		MISCELLANEOUS NO. <u>MNU</u>							

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

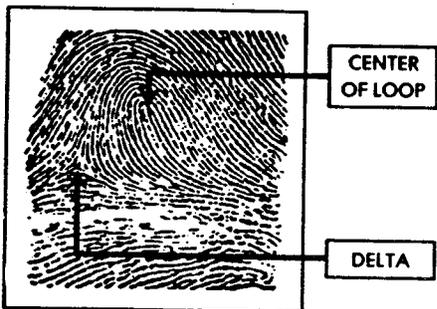
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20537**

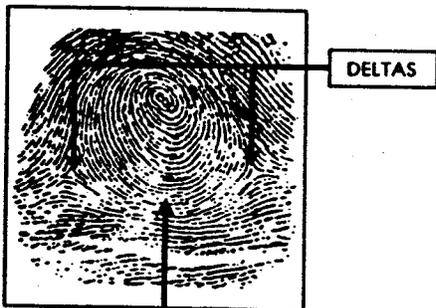
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-206 (REV. 12-29-62)

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.**
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

INSTRUCTIONS:

- *1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
 - **3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD; OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

DOE F 5631.18
(11-94)
All Other Editions Are Obsolete

BOTH SIDES OF THIS FORM MUST BE READ AND SIGNED

OMB Control No.
1910-1800

U.S. DEPARTMENT OF ENERGY

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422 - GTN, Paperwork Reduction Project (1910-1800), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

SECURITY ACKNOWLEDGEMENT

I, _____, make the following statements with the understanding and intent that my statements will be used by the U.S. Department of Energy (DOE) in meeting its obligation to determine my eligibility for access to Restricted Data, other classified information, and special nuclear material.

1. I understand that it is the policy of the DOE to control access to and dissemination of Restricted Data, other classified information, and special nuclear material.
2. I understand that, in carrying out the aforesaid policy, the DOE has issued and will issue and revise, as circumstances require, certain instructions and regulations pertaining to the access to, and control and dissemination of Restricted Data, other classified information, or special nuclear material.
3. I shall not reveal to any person any Restricted Data or other classified information, of which I gain knowledge as a result of my employment, assignment, or duties, except in accordance with official instructions and regulations of the DOE or except as may be hereafter authorized by officials empowered to grant such authority.
4. I understand that the provisions of the Atomic Energy Act of 1954 prescribe penalties for the disclosure of Restricted Data to unauthorized persons, and the provisions of U.S. Code, Title 18, "Crimes and Criminal Procedures," prescribe penalties for the disclosure to unauthorized persons of information respecting the national defense, and for loss, destruction or compromise of such information through gross negligence.
5. I understand that willful or gross carelessness in revealing or disclosing to any unauthorized person Restricted Data or other classified matter pertaining to the DOE or any other Government agency may constitute sufficient cause for termination of my association with classified programs.
6. I understand that I am to report to the DOE any proposed travel to a sensitive country. Procedures for reporting such travel are contained in DOE 1500.3, "Foreign Travel Authorization."
7. I understand that my use of alcohol habitually to excess, and/or my involvement with any illegal drug, could result in the loss of my DOE access authorization.
8. I understand that I am to provide to the DOE: within 5 working days, information concerning any legal action to effect a change in my name; and within 45 calendar days, a DOE F 5631.34, "Data Report on Spouse," in accordance with the provisions of Chapter V, DOE 5631.2C, "Personnel Security Program."
9. I understand that I am to notify the DOE directly within 5 working days of all arrests, charges (including charges that are dismissed), or detentions by Federal, State, or other law enforcement authorities, for any violation of any Federal law, State law, county or municipal law, regulation or ordinance, other than traffic violations for which a fine of \$250 or less was imposed, occurring during any period in which I may hold DOE access authorization and which occurred subsequent to the completion of the security forms which I executed on:

_____ Date

_____ Signature

_____ (Place at which Security Acknowledgement is Signed)

_____ (Name of Employer)

Privacy Act Statement and Clearance Criteria on Reverse

BOTH SIDES OF THIS FORM MUST BE READ AND SIGNED

BOTH SIDES OF THIS FORM MUST BE READ AND SIGNED**PRIVACY ACT STATEMENT**

Collection of information requested is authorized by the Atomic Energy Act of 1954, as amended, Executive Orders 10450, 10865, and 12356, and U.S. Department of Energy (DOE) 5631.2C. The name of the individual is used as an identifying factor to establish and maintain records of DOE personnel security actions in DOE System of Records DOE-42, "Central Personnel Clearance Index." This form will become part of the individual's DOE Personnel Security File (PSF), DOE System of Records DOE-43, "Personnel Security Clearance Files." Access to the PSF within the DOE and by other individuals is permitted as stipulated in DOE 5631.2C, "Personnel Security Program," and as listed as Routine Users in Appendix B to DOE System of Records DOE-43. Disclosure of the information requested on this form is voluntary; however, if the information is not provided, the request for your DOE access authorization (security clearance) will not be processed. If you possess a DOE access authorization and elect not to complete this form as required for reinvestigation purposes, your DOE access authorization may be administratively terminated. A copy of this form will be provided to you upon verbal or written request.

CLEARANCE CRITERIA STATEMENT

I understand that an initial investigation or reinvestigation will be conducted of me at the request of the DOE, the results of which will be used by the DOE to determine my initial or continuing eligibility for DOE access authorization (security clearance). Further, I understand that the following types of information, as listed under Title 10, Code of Federal Regulations, Part 710 (specifically Section 710.8), "Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material," may raise a doubt as to my eligibility for DOE access authorization.

Derogatory information shall include, but is not limited to, information that the individual has:

- (a) Committed, prepared, or attempted to commit, or aided, abetted, or conspired with another to commit any act of sabotage, espionage, treason, terrorism, or sedition.
- (b) Knowingly established or continued a sympathetic association with a saboteur, spy, traitor, terrorist, seditionist, anarchist, or revolutionist, espionage agent, or representative of a foreign nation whose interests are inimical to the interests of the United States, its territories or possessions, or with any person advocating the use of force or violence to overthrow the Government of the United States or any state or subdivision thereof by unconstitutional means.
- (c) Knowingly held membership in or had a knowing affiliation with, or has knowingly taken action which evidences a sympathetic association with the intent of furthering the aims of, or adhering to, and actively participating in, any foreign or domestic organization, association, movement, group, or combination of persons which advocates or practices the commission of acts of force or violence to prevent others from exercising their rights under the Constitution or Laws of the United States or any state or subdivision thereof by unlawful means.
- (d) Publicly or privately advocated, or participated in the activities of a group or organization, which has as its goal, revolution by force or violence to overthrow the Government of the United States by unconstitutional means with the knowledge that will further those goals.
- (e) Parent(s), brother(s), sister(s), spouse, or offspring residing in a nation whose interests may be inimical to the interests of the United States.
- (f) Deliberately misrepresented, falsified, or omitted significant information from a Personnel Security Questionnaire, a Questionnaire for Sensitive Positions, a personnel qualifications statement, a personnel security interview, written or oral statements made in response to official inquiry on a matter that is relevant to a determination regarding eligibility for DOE access authorization, or proceedings conducted pursuant to the DOE administrative review process under the provisions of Title 10, Code of Federal Regulations, Part 710.
- (g) Failed to protect classified matter, or safeguard special nuclear material; or violated or disregarded security or safeguards regulations to a degree which would be inconsistent with the national security; or disclosed classified information to a person unauthorized to receive such information.
- (h) An illness or mental condition of a nature which, in the opinion of a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist, causes, or may cause, a significant defect in judgment or reliability.
- (i) Refused to testify before a Congressional Committee, Federal or state court, or Federal administrative body, regarding charges relevant to eligibility for DOE, or another Federal agency's access authorization.
- (j) Been, or is, a user of alcohol habitually to excess, or has been diagnosed by a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist as alcohol dependent or as suffering from alcohol abuse.
- (k) Trafficked in, sold, transferred, possessed, used, or experimented with a drug or other substance listed in the Schedule of Controlled Substances established pursuant to Section 202 of the Controlled Substances act of 1970 (such as marijuana, cocaine, amphetamines, barbiturates, narcotics, etc.) except as prescribed or administered by a physician licensed to dispense drugs in the practice of medicine or as otherwise authorized by law.
- (l) Engaged in any unusual conduct or is subject to any circumstances which tend to show that the individual is not honest, reliable, or trustworthy; or which furnishes reason to believe that the individual may be subject to pressure, coercion, exploitation, or duress which may cause the individual to act contrary to the best interests of the national security. Such conduct or circumstances include, but are not limited to, criminal behavior, a pattern of financial irresponsibility, or violation of any commitment or promise upon which DOE previously relied to favorably resolve an issue of access authorization eligibility.

I herewith certify that I have read and understand the above.

(Signature)

(Date)

BOTH SIDES OF THIS FORM MUST BE READ AND SIGNED

Form 9-3058
(July 2003)

**U.S. DEPARTMENT OF THE INTERIOR
U. S. GEOLOGICAL SURVEY
CONTRACTOR COMPUTER/IT POSITION AGREEMENT**

NAME:	SOCIAL SECURITY NUMBER:
CONTRACT ORGANIZATION:	

I certify that I understand the responsibilities explained by the Contracting Officer Representative for the computer/Information Technology (IT) position to which I am assigned; and that I will perform my duties in a responsible manner, adhering to standards. The degree of public trust and authority of my position and the impact these areas have on the mission of the U.S. Government were explained to me.

I understand that my designated computer/IT position requires that I have special access to automated information, programs, or computer equipment. My access privileges must be safeguarded and must never be shared with other persons under any circumstances. Any compromise of my passwords, keys, cardkeys, etc., must be reported immediately to my supervisor and appropriate action taken to change the password or locks so that unauthorized persons will not be able to benefit from the compromise. I will take all reasonable measures to protect automated information of the U.S. Geological Survey from damage, destruction, and, where appropriate, from disclosure.

I also acknowledge, by my signature below, that I have been furnished a personal copy of Survey Manual Chapter 600.5, and that I will read and comply with these instructions.

SIGNATURE: (Individual)	DATE:
SIGNATURE: (USGS Contracting Officer Representative)	DATE:

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that Federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN is used to identify you precisely when it is necessary to 1) certify that you have met the qualifications for a public trust position or 2) determine that your certification has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations.

Release to Obtain a Credit Report

Fair Credit Reporting Act of 1970, as amended

Please take notice that one or more consumer credit reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. § 1681, et seq. Should a decision to take any adverse action against you be made, based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the agency's decision to take such adverse action.

Information provided by you on the form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the U.S. Department of the Interior, to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

(Print Name)

(SSN)

(Signature)

(Date)

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

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change

to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a Provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, D.C. 20580

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, D.C. 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, D.C. 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, D.C. 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, D.C. 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, D.C. 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, D.C. 20250 202-720-7051