QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

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

Purpose of this Form

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

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

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

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

Authority to Request this Information

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

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

The Investigative Process

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

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

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

Your Personal Interview

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

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

Instructions for Completing this Form

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

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

Final Determination on Your Eligibility

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

Penalties for Inaccurate or False Statements

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

Disclosure Information

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

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

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

Office of Personnel Management (OPM) Routine Uses

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

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

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

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- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
 - (1) OPM, or any component thereof; or
 - (2) Any employee of OPM in his or her official capacity; or
 - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.

- To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

Public Burden Information

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

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Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia American Samoa Baker Island Guam Howland Island Jarvis Island	AL AK AZ AR CO CT DE DC FL GA AS FQ GU HQ DQ	Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Johnson A Kingman Marshall I Micronesi States	Atoll Reef	HI ID IL IN IA KS KY LME MD JQ MH FM	Mid Mir Mis Mis Mo Ne Ne Ne Ne	ssachuse chigan nnesota sssissippi ssouri intana braska vada w Hamps w Jersey dway Isla vassa Isla rthern Ma lau	shire nds and	·lands	MA MI MNS MO MT NE NV NH NJ MQ BQ MP PW	P P C C C C F F F F F	New Mexic New York North Carc North Dake Dhio Oklahoma Dregon Pennsylva Rhode Isla South Carc Palmyra A Puerto Ric Virgin Islar States	olina ota nia nid olina toll	N N C C C F F F S	NM NY NC ND OH OK OR PA RI GC	Tenr Texa Utah Vern Virgi Was Wisc Wyo Wak APO APO	nont nia hingto t Virgin consin ming e Islan /FPO	n nia		SD TN TX UT VT VA WA WV WI WY WQ AA AE AP
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F Date of action (Mo	onth/Day/Ye	ar) G G	eographic l	ocation	ŀ	H Positi	ion code	е	I Pos	sition ti	itle				J SON	N (Sub	mitting (Office N	lumber)
K Location of Officia	al Personn	el Folder		Nor NPI		At So			Other	Othe	r address	s/Web ad	dress (of e-C)PF		Zip Co	de	
L SOI (Security Office	e Identifier)		tion of Secu	urity Fold	der	None NPI	e	At :	SOI ner	Othe	r address	3					Zip Co	de	
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From (Month/Day/	Year)	Est.	To (Month/	Day/Year	7)	Est. Perma	anent R	Reloca	ation	Rea	ison(s) fo	r tempora	ary dut	y ass	ignmen	t or P	CS		
Point of contact a	at location	Telep	hone numbe	er (Includ	le Ext.)	Addı	ress/Ur	nit/Du	ity loc	ation (Include Ci	ty or Post	Name)						
Commercial and Go	vernment I	Entity (CA	AGE) Code			Con	tract Nu	umbe	er										
Agency Special Inst	ructions for	r the Inve	stigative Se	rvice Pr	ovider.														

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

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject YES NO to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service. Section 1 - Full Name Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First name Middle name Suffix Section 2 - Date of Birth Section 3 - Place of Birth Provide your date of Provide your place of birth. County State birth. (Month/Day/Year) City Country (Required) Est. Section 4 - Social Security Number Provide your U.S. Social Security Number. Not applicable Section 5 - Other Names Used Have you used any other names? YES NO (If NO, proceed to Section 6) Complete the following if you have responded 'Yes' to having used other names. Provide your other name(s) used and the period of time you used it/them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(es)]. If you have only initials in your name(s), provide them and indicate "Initial only." If you do not have a middle name (s), indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix. #1 Last name First name Middle name Suffix From (Month/Year) Maiden name? Provide the reason(s) why the name changed To (Month/Year) Present ☐YES ☐ NO Est. Est. Suffix #2 Last name First name Middle name From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed Present YES NO Est. Est. #3 Last name Middle name Suffix First name From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed Present YES □ NO Est. Est. #4 Last name First name Middle name Suffix From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed Present YES NO Est. Est. Section 6 - Your Identifying Information Provide your identifying information. Height Weight (in pounds) Hair color Eve color Sex Female Male (inches) (feet)

Enter your Social Security Number before going to the next page

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Section 7 - Your Contact Information						
Provide your contact information. Email addresses	may be used a	s a contact m	ethod, and id	entify subje	ct in records.	
Home e-mail address			Work e-mail	address		
Provide three contact numbers. At least one teleph background investigation.	one number is	required. Addi	tional numbe	rs provided	may assist in the completion of yo	our
International or DSN phone number	 	nal or DSN pho	one number		International or DSN phone	number
Home telephone number Extension Day	Work telepho		Extension	Day	Mobile/Cell telephone number	
—				Night		Night
Section 8 - U.S. Passport Information						
Do you possess a U.S. passport (current or expire	4)2					
YES NO (If NO, proceed to Section 9)	-).					
Provide the following information for the most rece						
Passport number Issue da	te (Month/Day/Y	1 '	on date <i>(Mont</i>	_	The following link will provide U.S	S. State Department
		Est.		Est.	passport help. http://travel.state.	<u>gov/passport</u>
Provide the name in which passport was first issue	d.					
Last name	First name I			I N	⁄liddle name	Suffix I
Section 9 - Citizenship						
Select the box that reflects your current citizenship	status.					
I am a U.S. citizen or national by birth in the U (Proceed to Section 10)	J.S. or U.S. terr	itory/common	wealth.	lam	a derived U.S. citizen. (Complete 9	9.3)
I am a U.S. citizen or national by birth, born to (Complete 9.1)	U.S. parent(s)	, in a foreign c	country.	lam	not a U.S. citizen. (Complete 9.4)	
I am a naturalized U.S. citizen. (Complete 9.2)						
9.1 Complete the following if you answered tha	t you are a U.S .	citizen or na	tional by bir	th, born to	U.S. parent(s) in a foreign coun	try.
Provide type of documentation of U.S. citizen bo	rn abroad.					
☐ FS 240 ☐ DS 1350 ☐ FS 545	Other (Prov	vide explanatio	on) ▶			
Provide document number for U.S. citizen born	abroad.	Provide the d	ate the docur	ment was is	ssued. (Month/Day/Year)	
Provide the place of issuance. (Provide City and C	ountry if outside t	L	s otherwise pr	ovide City an		
City	State	Country	o, carorinoc, pr	orrac only an		
Provide the name in which document was issue	ld.					
Last name	First name			. 1	Middle name	Suffix
Provide your Certificate of Citizenship number.	Provide the d	ate the certific	ate was issue	ed. (Month/D	lay/Year)	
					Est.	
Provide the name in which the certificate was is:	sued.					
Last name	First name			1	Middle name	Suffix
	<u> </u>					
Were you born on a U.S. military installation?	Provide the n	ame of the ba	se.			
YES NO (If NO, proceed to Section 10)						
Enter your Social Security Number before g	oing to the n	ext page -				

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Section 9 - Citizenship - (Continued)										
9.2 Complete the following if you answered	d that you are a naturalized U.S. o	itizen.								
Provide the date of entry into the U.S.	Provide the location of entry into	the U.S.								
(Month/Day/Year)	City	State								
Provide country(ies) of prior citizenship.										
#1 Country		#2 Country								
Do/did you have a U.S. alien registration no	umber?									
	S. alien registration number on Ce JSCIS, CIS, or INS registration, I-5									
Provide your Certificate of Naturalization no	umber (N550 or N570). Provid	e the date the Certificat	te of Naturaliz	zation was issued. (Mon	th/Day/Year)					
Provide the name of the court that issued the		court that issued the Ce	ertificate of Na							
Certificate of Naturalization.	Street	City		State	Zip Code					
Provide the name in which the Certificate of	f Naturalization was issued.	'		'	•					
Last name	First name		Middle nam	е	Suffix					
Provide the basis of naturalization. Based on my own individual naturalizat	tion application				<u> </u>					
☐ Other (Provide explanation) ▶										
9.3 Complete the following if you answere	d that you are a derived U.S. citiz	en.								
Provide your alien registration number (on		Permanent Resident C		Provide your Certificate						
Citizenship — utilize USCIS, CIS or INS registration number) number (I-551) number (N560 or N561)										
Provide the name in which the document was issued. Last name First name Middle name Suffix										
Last Hame	I list liame			e						
Provide the date document was issued (M	· · · · · · · · · · · · · · · · · · ·	of derived citizenship.								
		of law through my U.S. e explanation) ▶	citizen paren	ţ						
	<u> </u>	o explanation, y								
9.4 Complete the following if you answereProvide your residence status.Provide	d that you are not a U.S. citizen . your date of entry in the U.S. <i>(Mor</i>	-44 (D - 1 A - 1 - 1)								
Provide your residence status. Provide	your date or entry in the O.S. (Mor	· · · ·	Est.							
Provide country(ies) of citizenship. #1 Country		#2 Country								
#1 Country		#2 Country								
Provide your place of entry in the U.S.	State	Provide your alien re		Provide document ex	•					
City	State	number (I-551, I-766	o)	date (I-766 ONLY) (Montn/Day/Year) ☐ Est.					
Provide type of document issued. (I-94, U.		2019, etc.)								
☐ I-94 ☐ U.S. Visa (red foil number) ☐	」I-20									
Other (Provide explanation) Provide document number.	Provide the date document was is	sued (Month/Day/Year)	Provide d	ocument expiration dat	Ce (Month/Day/Vear)					
r rovide document number.	Trovido trio dato document was is	Est.		ocament expiration dat	Est.					
Provide the name in which the document w										
Last name	First name	1	Middle nam	е	Suffix					

Enter your Social Security Number before going to the next page

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Form approved: OMB No. 3206 0005

Section 10 - Dual/Multiple Citizenship & Foreign P	assport Information				
10.1 Do you now or have you EVER held dual/multip	le citizenships?		YES	NO (If NO, pi	roceed to 10.2)
Complete the following if you answered 'Yes' to ha	ving EVER held dual/multiple	e citizenships.			
Entry #1					
Provide country of citizenship.		During what period of time (Provide the date range that was acquired through its te	at you held thi	s citizenship, begi	nning with the date it
How did you acquire this non-U.S. citizenship you n	ow have or previously had?	From Date (Month/Year)	Est.	To Date (Month/	Year) Present Est.
Have you taken any action to renounce your foreig	n citizenship?				
YES NO Provide explanation:					
Do you currently hold citizenship with this country?					
YES NO Provide explanation:					
Entry #2					
Provide country of citizenship. How did you acquire this non-U.S. citizenship you n	ow have at provincely had?	During what period of time (Provide the date range the was acquired through its te	at you held thi	s citizenship, begi Present," whichev	nning with the date it ver is appropriate.)
now did you acquire this non-o.s. ditzenship you h	ow have or previously had?	From Date (Month/Year)	Est.	To Date (Month/	Year) ☐ Present ☐ Est.
Have you taken any action to renounce your foreig	n citizenship?				
YES NO Provide explanation:					
Do you currently hold citizenship with this country?					
YES NO Provide explanation:					
10.2 Have you EVER been issued a passport (or idea	ntity card for travel) by a cou	ntry other than the U.S.?	YES	NO (If NO, pro	ceed to Section 11)
Complete the following if you answered 'Yes' to ha	ving been issued a passport	(or identity card for travel) I	by a country	other than the U.S	S.
Entry #1					
Provide the country in which the passport (or ident	ity card) was issued.	Provide the date the pass	sport (or iden	tity card) was iss	ued. <i>(Month/Day/Year)</i> Est.
Provide the place the passport (or identity card) was City	as issued.	Country			
Provide the name in which passport (or identity car					
Last name	First name	Middle n	ame		Suffix
Provide the passport (or identity card) number.		Provide the passport (or i	identity card)	expiration date. (Month/Day/Year)
Have you EVER used this passport (or identity car	d) for foreign travel?			<u></u>	
YES NO					
Provide the countries to which you traveled on this	s passport (or identity card) a	nd the dates involved with	each.		
Country	From d	ate (Month/Year)	To date (Mo	onth/Year)	
#1		Est.		E	st. Present
#2		Est.		E	st. Present
#3		Est.		E	st. Present
#4		Est.		E	st. Present
#5		Est.		E	st. Present
		Est.		E	st. Present
	I		1		

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR

ction 10 - Dual/Multiple Citizenship & Foreign Passp	oort Information - (Cor	ntinued)		
Complete the following if you answered 'Yes' to having	been issued a passpor	t (or identity card for travel)	by a country other than the	he U.S.
Entry #2				
Provide country in which the passport (or identity card)	was issued.	Provide the date the pas	sport (or identity card) wa	as issued. (Month/Day/Year
Provide the place the passport (or identity card) was iss City	sued.	Country		
Provide the name in which passport (or identity card) w Last name Firs	as issued. t name	Middle r	name	Suffix
Provide the passport (or identity card) number.		Provide the passport (or	identity card) expiration o	date. (Month/Day/Year)
Have you EVER used this passport (or identity card) fo YES NO Provide the countries to which you traveled on this pas		and the dates involved with	each.	
Country		date (Month/Year)	To date (Month/Year)	
#1		Est.		Est. Present
#2		Est.		Est. Present
#3		Est.		Est. Present
#4		Est.		Est. Present
#5		Est.		Est. Present
#6		Est.		Est. Present

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 11 - Where You Have Lived

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

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

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

Enter residence information.						
Entry #1						
Provide dates of residence.	ls/was	this residence:				
From Date (Month/Year) To Date (Month/Year)	Present Ov	vned by you	Rented or lease	ed by you		
Est.	Est. Mil	litary housing	Other (Provide	explanation)	>	
Provide the street address. (Provide City and Country in	outside the United States; of	therwise, provide City	, State and Zip Coo			
Street	City	State I	Zip Code	C	Country	
If you have indicated an APO/FPO address, comple	` '				,	
 (a) Provide physical location data with street addre if outside the United States; otherwise, provide City, S 				e port/fleet h	eadquarter. (Provide	e City and Country
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	С	Country	
,					,	
(b) Did you have an APO/FPO address while at thi	s location?					
YES Address	o location:	APO or FPO		APO/FPO	State Code	Zip Code
□ NO						
Provide the name of a neighbor, landlord (if rental),	or other person who kno	ows you at this add	dress	1	Provide date of	last contact
Last name First name		Middle name		Suffix	(Month/Year)	idot comact.
						Est.
Provide your relationship to this person (Check all t	hat apply).					
Neighbor Friend Landlord	Business associate	Other (Prov	vide explanation)	•		
Provide the following contact information for this pe	ereon		. ,	<u>'</u>		
I don't know	I don't know		ı 🗆	I don't know	V	
International or DSN phone number	International or DS	SN phone number			al or DSN phone nu	mber
Evening telephone number Extension	Daytime telephone nui	•			phone number	Extension
Provide e-mail address for this person.						
'			☐ I don't know			
Provide street address for this person (including ap	artment number) (Provide	e City and Country if		States: otherwi	se provide City State	and Zip Code)
Street	City	State	Zip Code		Country	aa <u>=</u> .,p
If you have indicated an APO/FPO address, comple	ete (a) If you have indica	ated an address o	utside of the Unit	ted States ic	complete (b)	
(a) Provide physical location data with street addre	` '				,	e City and Country
if outside the United States; otherwise, provide City, S						
Street Address/Unit/Duty Location	City or Post Name	State I	Zip Code I	l C	Country	
(b) Does the person who knew you have an APO/F	PO address?	APO or FPO		4 DO/EDO	04-4- 0-4-	75-0-1-
YES Address				APO/FPO	State Code	Zip Code
NO						

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived	I - (Continued)										
Enter residence information.											
Entry #2											
Provide dates of residence.			Is/was this res	idence:							
From Date (Month/Year) To D	Date (Month/Year)	Present	Owned by	you [Rente	ed or lease	d by you				
Est.		Est.	Military ho	using [Othe	r(Provide e	explanatio	n) >			
Provide the street address. (Provide	City and Country if	outside the United	States; otherwise,	provide Ci	<u> </u>	and Zip Cod	'e.)				
Street		City		State		Zip Code		Cou	ntry		
If you have indicated an APO/FPO	address, comple	ete (a). If you hav	e indicated an	address (outside	of the Unit	ed States	. com	polete (b).		
(a) Provide physical location data	′ '	` , ,						•	. ,	e City	and Country
if outside the United States; otherw		· ·	-	-	s.)			_			
Street Address/Unit/Duty Local	tion I	City or Post Nar	ne	State I	ı	Zip Code		Cou I	ntry		
(b) Did you have an APO/FPO add	dress while at this	s location?	450	FDO			4 DO/EE	20.04	-4- 0-4-	7:	S - 4 -
YES - Address			I APO	or FPO			APO/FF	O St	ate Code	Zip (Code
NO											
Provide the name of a neighbor, la	_:		-		dress.				Provide date of	f last o	contact.
Last name	First name		Middl I	e name			Suffix I		(Month/Year)		
											Est.
Provide your relationship to this pe	erson (Check all t	hat apply).									
Neighbor Friend	Landlord	Business asso	ciate C	ther (Pro	vide ex	planation)	•				
Provide the following contact inforr	mation for this pe	rson.									
I don't know	1	I don't know	w				I don't kn	ow			
International or DSN phone nu	mber	Internation	al or DSN phor	e numbe	r		Internation	nal o	r DSN phone nu	mber	
Evening telephone number	Extension	Daytime teleph	one number		Extens	sion Cel	l/mobile te	elepho	one number	ı	Extension
Provide e-mail address for this per	son.										
						don't know					
Provide street address for this pers	son (including ap	artment number)	. (Provide Citv an	d Country i	f outside	the United S	States: othe	rwise.	provide City. State	and Zi	p Code.)
Street	(···9p	City	(State		Zip Code		Cou			,,
		-							-		
If you have indicated an APO/FPO	addross comple	ato (a) If you have	o indicated an	addross	outeido	of the Unit	od Statos		nnloto (h)		
(a) Provide physical location data		` '							. , ,	e City	and Country
if outside the United States; otherw					s.)		-			,	
Street Address/Unit/Duty Local	tion	City or Post Nar	ne	State		Zip Code		Cou	ntry		
(b) Does the person who knew you	u have an APO/F	PO address?		I							
☐ YES → Address			APO	or FPO			APO/FF	PO Sta	ate Code	Zip (Code
NO											
			<u> </u>								-

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have L	ived - (Continued)									
Enter residence information.										,
Entry #3										
Provide dates of residence.			ls/was th	is reside	ence:					
From Date (Month/Year)	To Date (Month/Year)	Present	Own	ed by yo	ou R	ented or le	ased by you			
Est.		Est.	 Milita	ary hous	sing C	ther(Provi	de explanatio	n) •		
Provide the street address. (Pi	rovide City and Country if	outside the United	States; othe	erwise, pr	ovide City, S	tate and Zip	Code.)			
Street		City			State	Zip Co	de	Country		
If you have indicated an APO/	FPO address, comple	ete (a). If you ha	ve indicate	ed an ad	ddress outs	side of the	Jnited States	, complete (b).		
(a) Provide physical location of	data with street addre	ss, base, post, e	mbassy, ι	ınit, and	l country lo	cation or h	ome port/flee	t headquarter. <i>(P</i>	rovide Cit	ty and Country
if outside the United States; o				the Unite	_	7: 0		0		
Street Address/Unit/Duty I	_ocation 	City or Post Na	me	I	State	Zip Co I	de	Country		
(b) Did you have an APO/FPO		s location?		APO or	EDO		ADO/ED	O State Code	7ir	o Codo
YES - Address	•		ĺ	APO 01	FFO		AFO/FF	O State Code		o Code
NO										
Provide the name of a neighbor						SS.	C #	Provide da		st contact.
Last name	First name		1	Middle	name		Suffix I	(Month/Yea	1)	
										Est.
Provide your relationship to th	is person (Check all t	hat apply).								
Neighbor Friend	Landlord	Business asso	ociate	Oth	er (Provide	e explanati	on) ▶			
Provide the following contact i	nformation for this pe	rson.								
I don't know		I don't kno	w				I don't kn	ow		
International or DSN phor	ne number	Internation	nal or DSN	phone	number		Internation	nal or DSN phon	e numbe	er
Evening telephone number	Extension	Daytime telepl	hone numl	ber	Ex	tension	Cell/mobile te	elephone number		Extension
Provide e-mail address for this	s person.				•	•				
						l don't kn	ow			
Provide street address for this	person (including ap	artment number). (Provide 0	City and (Country if out	tside the Unit	ed States; other	wise, provide City,	State and	Zip Code.)
Street		City			State	Zip Co		Country		
If you have indicated an APO/	FPO address. comple	ete (a). If you ha	ve indicate	ed an ac	ddress outs	side of the	Jnited States	. complete (b).		
(a) Provide physical location of		` '						,	rovide Cit	ty and Country
if outside the United States; o				the Unite	,	- : 0		•		
Street Address/Unit/Duty I	_ocation I	City or Post Na	me	ı	State	Zip Co I	de	Country		
(b) Does the person who knew	•	PO address?		400						
☐ YES → Address	5		ĺ	APO or	FPO		APO/FF	O State Code	Zip I	o Code
□ NO										

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)									
Enter residence information.									
Entry #4									
Provide dates of residence.		Is/was this re	sidence:						
From Date (Month/Year) To Date (Month/Year)	Present	Owned b	y you 🛭	Rente	ed or leas	ed by you			
☐ Est.	Est.	Military h	-	_		explanatio	n) 🕨		
Provide the street address. (Provide City and Country if					<u> </u>		, ,		
Street	City		State	-	Zip Code	,	Cou	ntry	
	•				•			•	
If you have indicated an APO/FPO address, comple	oto (a) If you have	o indicated a	addross (outeido	of the Lin	ited States	Com	poloto (b)	
(a) Provide physical location data with street addre	` , ,						•	,	City and Cour
if outside the United States; otherwise, provide City, S						. о ролино		- quanton (, , o , , a ,	ony and oour
Street Address/Unit/Duty Location	City or Post Nan	ne	State		Zip Code		Cou	ntry	
(b) Did you have an APO/FPO address while at this	s location?								
☐ YES → Address		APC	or FPO			APO/FF	PO Sta	ate Code	Zip Code
□ NO									
Provide the name of a neighbor, landlord (if rental)	or other person w	ho knows yo	ı at this ad	dress.		-1		Provide date of	last contact.
Last name First name	•	•	dle name			Suffix		(Month/Year)	
									☐ Es
Provide your relationship to this person (Check all t	hat apply)								
Neighbor Friend Landlord	☐ Business asso	ciate	Other (Pro	vide ex	nlanation	١ .			
			- (·		,p.aa,				
Provide the following contact information for this pe		.,				ا ا طمعاد اد			
☐ I don't know☐ International or DSN phone number	☐ I don't knov	w al or DSN pho	no numbo			I don't kn		r DSN phone nui	mhor
Evening telephone number Extension	Daytime teleph	•	nie numbe	Extens		-		one number	Extension
Evening telephone number Extension	Daytime teleph	one number	ĺ	LXICIIS	Sion Ce	II/IIIODIIE te	siepiid	one number	
Provide e-mail address for this person.									
				I c	don't know	1			
Provide street address for this person (including ap	artment number).	. (Provide City a	nd Country i	f outside	the United	States; othe	rwise,	provide City, State	and Zip Code.)
Street	City		State		Zip Code		Cou	ntry	
If you have indicated an APO/FPO address, comple	ete (a). If you hav	e indicated a	n address o	outside	of the Un	ited States	, com	plete (b).	
(a) Provide physical location data with street addre					on or hom	e port/flee	t head	dquarter. <i>(Provide</i>	City and Cour
if outside the United States; otherwise, provide City, S					7: 0 !		0	t	
Street Address/Unit/Duty Location	City or Post Nan	ne	State	ı	Zip Code		Cou I	ntry	
(b) Does the person who knew you have an APO/F	PO address?		•						
☐ YES → Address		, APC	or FPO			APO/FF	PO Sta	ate Code	Zip Code
NO									
<u> </u>		'				•			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 12 - Where You Went to School	
Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.	
(a) Have you attended any schools in the last 10 years? (b) Have you received a degree or	liploma more than 10 years ago?
YES NO YES NO (If NO to 12(a) and 1	2(b), proceed to Section 13A)
Entry #1	
Provide the dates of attendance. Select the most appropriate code to describe y	our school.
From Date (Month/Year) To Date (Month/Year) Present High School	cational/Technical/Trade School
Est. College/University/Military College Co	rrespondence/Distance/Extension/Online School
Provide the name of the school.	
Provide the street address of the school. For correspondence/distance/extension/online schools, provide the assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City as provide City, State and Zip Code.)	
Street City State Zip Code	Country
For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, et completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who	c.). Do not list people for education periods
I don't know Last name First name	knew you write you received this education.
Provide current address for this person (including apartment number). (Provide City and Country if outside the United	
Street City State Zip Code	Country
Provide telephone number for this person.	for this person
Provide telephone number for this person. Telephone number Extension International or DSN phone number Provide email address	for this person.
Day Night	
Did you receive a degree/diploma?	
YES NO	
Provide type of degrees(s)/diploma(s) received and date(s) awarded.	
Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) Other degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Other degree	ploma Date awarded (Month/Year) Est.
Doctorate, Professional Degree (e.g. MD, DVM, 3D), Other)	(WOILIN Teal)
- Fatur #2	
Entry #2 Provide the dates of attendance. Select the most appropriate code to describe y	our school.
	cational/Technical/Trade School
	rrespondence/Distance/Extension/Online School
Provide the name of the school.	
Provide the street address of the school. For correspondence/distance/extension/online schools, provide the	
assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City as provide City, State and Zip Code.)	nd Country if outside the United States; otherwise,
Street City State Zip Code	Country
For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, et	
completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who I don't know Last name First name	knew you wrille you received this education.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Telephone number Extension International or DSN phone number Day Night Did you receive a degree/diploma? YES NO Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (High School Diploma Associate's Bachelor's Master's	F							
Street City State Zip Code Country		this person (including	onartment i	number) (Bravida City a	nd Carretor if arita	ide the United States.	othomuiae manide City State and	Zin Codo I
Telephone number		this person (including a	•	number). (<i>Provide City a</i>	-		• • • • • • • • • • • • • • • • • • • •	ZIP Code.)
Did you receive a degree/diploma? YES NO Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Other degree/diploma Date awarded (Month/Year) Entry #3 Provide the dates of attendance. From Date (Month/Year) Present High School Vocational/Technical/Trade School College/University/Military College Correspondence/Distance/Extension/Online S Provide the street address of the school. Provide the street address of the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide don't his person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	·	_ : .			Provide email	 address for this pe	erson.	on't know
Provide type of degrees(s)/diploma(s) received and date(s) awarded. Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) Centry #3 Provide the dates of attendance. From Date (Month/Year) To Date (Month/Year) Present Select the most appropriate code to describe your school. From Date (Month/Year) To Date (Month/Year) Present College/University/Military College Correspondence/Distance/Extension/Online Select the name of the school. Provide the name of the school. Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				•				
Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) Date awarded (Month/Year) Date awar		ploma?						
Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Provide type of degrees(s)/	diploma(s) received an	d date(s) a	warded.				
Provide the dates of attendance. From Date (Month/Year) To Date (Month/Year) Present Est. College/University/Military College Correspondence/Distance/Extension/Online S Provide the name of the school. Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)	, ,	•		r's, Master's,	Other de	egree/diploma	Date awarded (Month/Year)	Est.
Provide the dates of attendance. From Date (Month/Year) To Date (Month/Year) Present Est. College/University/Military College Correspondence/Distance/Extension/Online S Provide the name of the school. Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)								
Provide the dates of attendance. From Date (Month/Year) To Date (Month/Year) Present Est. College/University/Military College Correspondence/Distance/Extension/Online S Provide the name of the school. Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)								
From Date (Month/Year) To Date (Month/Year) Present High School Vocational/Technical/Trade School Sest. College/University/Military College Correspondence/Distance/Extension/Online Sequence Provide the name of the school. Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)	Entry #3							
Est. College/University/Military College Correspondence/Distance/Extension/Online S Provide the name of the school. Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education I don't know Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	Provide the dates of attenda	ance.		Select the most appro	priate code to	describe your school	ol.	
Provide the street address of the school. Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education I don't know Last name First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country Including apartment number).	From Date (Month/Year) T	o Date (Month/Year)	Present	High School		☐ Vocational/T	echnical/Trade School	
Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education I don't know Last name First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if outside the United States; otherwise, provide City, State and Zip Country if out	Est.		Est.	College/University	/Military Colleg	ge Corresponde	ence/Distance/Extension/Onl	ine Schoo
completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education Last name First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Co	assistance determining the provide City, State and Zip Code	school address, refer to	http://ope		earch.aspx (Pro	ovide City and Country	if outside the United States; other	
	completed more than 3 year	rs ago. For correspond		nce/extension/online so				
		this person (including a	·	number). (Provide City al			_	Zip Code.)
Provide telephone number for this person. Telephone number Extension Day Night Provide email address for this person. I don't know Day Provide email address for this person.	•	Extension Int		or DSN phone number		I address for this pe	Prson. I d	on't know
Did you receive a degree/diploma?	Did you receive a degree/di	ploma?						
YES NO Provide type of degrees(s)(diploms(s) received and date(s) awarded		diploma(a) received on	d data(a) a	worded				
Provide type of degrees(s)/diploma(s) received and date(s) awarded.								
Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other) Other degree/diploma Date awarded (Month/Year)				r's, Master's,	Other de	egree/diploma	Date awarded (Month/Year)	Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section	12 - Whara	Vou Went to	School -	(Continued)
Section	12 - Willere	Tou went to	- SCHOOL -	- Commune

7001011 12 1711010 100 171							
Entry #4							
Provide the dates of atten	dance.		Select the most appro	priate code to c	lescribe your school	l.	
From Date (Month/Year)	To Date (Month/Year)	Present	High School		☐ Vocational/Te	echnical/Trade School	
Est.		Est.	College/University	/Military Colleg	e Corresponder	nce/Distance/Extension/Onli	ine School
Provide the name of the s	chool.						
	e school address, refer					here the records are maintain outside the United States; otherward	
Street	ue.)	City		State	Zip Code	Country	
					2.p 0000		
For schools you attended	in the last 3 years list	a nerson wh	o knew you at the school	l (inetructor et	udent etc.) Do not	list people for education per	rinds
completed more than 3 year	ears ago. For correspor	idence/dista	nce/extension/online scl First name	nools, list some	one who knew you	while you received this educ	cation.
Provide current address f	or this person (including	apartment	I number). <i>(Provide Citv an</i>	nd Country if outsid	de the United States: ot	therwise, provide City, State and I	Zip Code.)
Street		City		State	Zip Code	Country	
Provide telephone number	Extension		I don't know	Provide email	address for this per	son. I do	on't know
		Day Nigl	ht ——————				
Did you receive a degree/	diploma?						
YES NO							
Provide type of degrees(s)/diploma(s) received a	and date(s) a	awarded.				
Degree/diploma (High So Doctorate, Professional I			or's, Master's,	Other de	egree/diploma	Date awarded (Month/Year)	Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

S	ection 13A - Employment Activities							
n d	ist all of your employment activities, including uner nust be accounted for without breaks. If the employ uty station. Provide separate entries for employme efore your 18th birthday unless to provide a minim	ment activity nt activities w	was military d vith the same e	uty, list se employer b	parate emplo	oyment activity	y periods to show each o	change of military
Е	ntry #1							
	Select your employment activity:							
	Active military duty station (Complete 13A.1, 13A.5 and 13A.6)		e Government				lon-government employr mployment) <i>(Complete 13</i>	
	National Guard/Reserve (Complete 13A.1, 13A.1 and 13A.6)	5 Self- 13A.	employment (Complete 1	3A.3, 13A.5 ai		other (<i>Provide explanation a</i> 3A.5 and 13A.6) ▼	and complete 13A.2,
	USPHS Commissioned Corps (Complete 13A.1 13A.5 and 13A.6)	, Une	employment (Co	•	•		· · · · · · · · · · · · · · · · · · ·	
	Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)		5 and 13A.6)	Complete	10A.2,			
	13A.1 Complete the following if employment type	is Active Duty	y, National Gua	ard/Reser	e, or USPH	S Commission	ned Corps.	
Ī	Provide dates of employment.		Select the er		status for	Provide you	ır assigned duty station o	during this period.
	From Date To Date (Month/Year) (Month/Year)	Present	│ ' │					
1	☐ Est.	Est.	Part-time			Provide you	ır most recent rank/posit	on title.
	Provide address of duty station. (Provide City and C	ountry if outside	the United State	es; otherwise	e, provide City,	, State and Zip C	Code.)	
	Street	City		Sta		Zip Code	Country	
	Telephone number Exter	nsion Inf	ternational or [OSN phon	e number			
		☐ Da	ay Night					
	If you have indicated an APO/FPO address, compared in the provide physical location data with street address.							Provide City and Country
	if outside the United States; otherwise, provide City,	State and Zip	Code for ports in				ontrileet fleadquarter. (F	TOVIDE CITY AND COUNTRY
	Street Address/Unit/Duty Location	City or Po	st Name	ı	State	Zip Code I	Country 	
	(h) De veu er did veu beve en ADO/EDO address	a vehila at thia	Jacotiana					
	(b) Do you or did you have an APO/FPO address YES Address	s wrille at trils	iocation?	APO or I	PO	,	APO/FPO State Code	Zip Code
	NO					20 00 6		
	Provide the name of your supervisor.			Provide t	ne rank/posi	ition title of yo	ur supervisor.	
	Provide the email address of your supervisor.	I don't know	Provide supe	rvisor's te	lephone nun	nber. Extens	ion International or	DSN phone number
							Day Night	
	Provide physical work location of your supervisor. Street	. (<i>Provide City a</i> City	and Country if ou	tside the Un Sta		<i>herwise, provide</i> Zip Code	City, State and Zip Code.) Country	
						_ip		
	If you have indicated an APO/FPO address; provi							
	port/fleet headquarter. (Provide physical location Street Address/Unit/Duty Location	data) <i>(Provide</i> City or Post		≀if outside ti Sta			ovide City, State and Zip Co Country	de.)
	Circle Address/Ciril/Duty Eccation	City of 1 osi	TName	J.a		Zip Code	Country	
L		ļ.		!	!		I	

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

otion 40 f	mlas:	Cuvities - (Cont	ınued	1)							
ction 13A - Em	ipioyment A			<u> </u>							
3A.2 Complete	the following	g if employment t	ype is	s other federa	al employment	, state	government, fe	deral contr	actor, no	n-government, or	other.
Provide dates o From Date	f employmer	nt. To Date			Select the em this position:	nployme	ent status for	Provide r	nost rece	ent position title.	
(Month/Year)		(Month/Year)		Present	Full-time			Provide t	he name	of your employer.	
	Est.			Est.	Part-time						
Provide the add	lress of emp	loyer. (Provide City	and C	Country if outsid	de the United Sta	tes; othe	rwise, provide Cit	y, State and			
Street				City			State Z	ip Code		Country	
Provide telepho	ne number	Extension		☐ Internat	tional or DSN p	hone n	umber		1		
same physica	al location (fonce	or example, if you	ı work	ked at XY Plu	umbing in Denv	ver, CO), during 3 sepa	rate period	ls of time	er on more than on e, you would enter wo previous period	information
Not	From date	(Month/Year)		To date (Me	onth/Year)		Posi	tion Title		Sup	pervisor
Applicable			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
	. —	rk address differe NO, proceed to (b)		an your empl	loyer's address	;?					
					ocated. (Provide					herwise, provide City,	State and Zip Code
Provide the Street	work addres	ss where you are/		City			State Z	ip Code		nerwise, provide City, Country	State and Zip Code.
Provide the Street Provide tele	work addres	es where you are/	were	City	☐ Internatio	nal or E	State Z	ip Code		_	
Provide the Street Provide tele (b) If you have (b.1) Provic Countr	work addres phone numb indicated an le physical lo	es where you are/	were	Extension omplete (b.1) t address, ba e, provide City,	☐ Internatio ☐ Day ☐). If you have interpreted in the proof of the	nal or [Night ndicate	OSN phone nund an address on the country	nber utside of the	ne United	Country	(b.2).
Provide the Street Provide tele (b) If you have (b.1) Provic Countr	work addres phone numb indicated an le physical lo	oer APO/FPO addrest ocation data with a United States; other	were	Extension omplete (b.1) t address, ba e, provide City,	☐ Internatio☐ Day☐ ☐ Day☐ ☐ If you have in the see, post, embarese, embar	nal or [Night ndicate	OSN phone numed an address on the country ports in the United	nber utside of the location of states.)	ne United	Country I States, complete port/fleet headquart	(b.2).
Provide the Street Provide tele (b) If you have (b.1) Provic Countr Street (b.2) Do yo	work addres phone numb indicated an le physical lo y if outside the Address/Un u or did you ES	oer APO/FPO addrest ocation data with a United States; other	were ess, co	Extension omplete (b.1) t address, ba c, provide City, City or F	Internatio Day	nal or E Night ndicate assy, ui ode for p	OSN phone numed an address on the country ports in the United	nber utside of the location of states.)	e United	Country I States, complete port/fleet headquart	(b.2).
Provide the Street Provide tele (b) If you have (b.1) Provic Countr Street (b.2) Do yo	work address sphone numb indicated an le physical lo y if outside the Address/Un u or did you ES O	os where you are/ oer APO/FPO addre ocation data with ocation dat	were ess, co	Extension omplete (b.1) t address, ba c, provide City, City or F	Internatio Day	nal or E Night ndicate assy, ui ode for p	OSN phone num d an address on the difference of the country ports in the United State	nber utside of tr location of states.) Zip Code	APO/F	States, complete sort/fleet headquart Country FPO State Code	(b.2) . ter. <i>(Provide City a</i>
Provide the Street Provide tele (b) If you have (b.1) Provic Countr Street (b.2) Do yo	work address sphone numb indicated an le physical lo y if outside the Address/Un u or did you ES O	os where you are/ oer APO/FPO addre ocation data with ocation dat	were ess, co	Extension omplete (b.1) t address, ba c, provide City, City or F	Internatio Day	nal or E Night ndicate assy, ui ode for p	OSN phone num d an address onit, and country ports in the United State or FPO	nber utside of tr location of states.) Zip Code	APO/F	States, complete sort/fleet headquart Country FPO State Code	(b.2) . ter. <i>(Provide City a</i>
Provide the Street Provide tele (b) If you have (b.1) Provice Countr Street (b.2) Do yo	work address phone numb indicated an le physical lo y if outside the Address/Un u or did you ES O ne of your su	os where you are/ oer APO/FPO addre ocation data with ocation dat	ess, co street erwise	Extension omplete (b.1) t address, ba c, provide City, City or F	Internatio Day If you have in use, post, embase, post, embastate and Zip Corpost Name	nal or E Night ndicate assy, ui ode for p	OSN phone num d an address onit, and country ports in the United State or FPO	utside of the location of states.) Zip Code	APO/F	Country I States, complete port/fleet headquart Country FPO State Code	(b.2). ter. (Provide City a Zip Code
Provide the Street Provide tele (b) If you have (b.1) Provide Countr Street (b.2) Do yo Y No Provide the nan	work address phone numb indicated an le physical lo y if outside the Address/Un u or did you ES O ne of your su ail address o	oer APO/FPO addrescation data with a United States; other wit/Duty Location have an APO/FP Address	were ess, co	Extension complete (b.1) t address, ba e, provide City, City or F	☐ Internatio ☐ Day ☐ Da	nal or E Night ndicate assy, ui ode for p APO c Provid rvisor's	DSN phone num d an address of onit, and country ports in the United State or FPO e the position to telephone num United States; off	utside of the location of states.) Zip Code	APO/F supervise	Country I States, complete cort/fleet headquart Country FPO State Code or. International or Day Night	(b.2). ter. (Provide City a Zip Code
Provide the Street Provide tele (b) If you have (b.1) Provide Countr Street (b.2) Do yo Y No Provide the nan Provide the email Provide physical Street If you have individe the Street Address of the Street Address	work address phone numb indicated an le physical lo y if outside the Address/Un u or did you ES O ne of your su ail address o al work locatio cated an APO ysical locatio United States ess/Unit/Dut	oer APO/FPO address out on of your supervisor on of your supervisor on of your supervisor on data with street; otherwise, provide	ess, costreet erwise O add	Extension complete (b.1) t address, base, provide City, City or fine city and city and city and city are city. City or fine city and city and city are city. City or Positive and Zip or City or Positive and Zip or City or Positive city.	Internatio Day If you have in ase, post, embasse, post, embasse, post Name Provide supe Provide supe and Country if out out have indicat ost, embassy, Code for ports in st Name	nal or E Night ndicate assy, ui ode for p APO of Provid rvisor's side the S ted an a unit, and the Unit	OSN phone num d an address of onit, and country ports in the United State or FPO e the position to telephone num United States; off or State address outside ad country located to the position of the po	utside of the location of states.) Zip Code ittle of your aber. Extended the location of states.	APO/F APO/F supervise	Country I States, complete cort/fleet headquart Country FPO State Code FOO To State Code To Day Night State and Zip Code.) Country	(b.2). ter. (Provide City a Zip Code DSN phone num

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities -	(Continued)					
13A.3 Complete the following if employ	ment type is self-emplo	yment				
Provide dates of employment.		Select the employme	ent status for	Provide most re	ecent position title.	
From Date To Da		this position:				
(Month/Year) (Month	(Year) Present	Full-time		Provide the nar	me of your employment	t.
☐ Est.	Est.	Part-time				
Provide address of this employment. (F	•	outside the United States;	otherwise, provid	de City, State and Zip	,	
Street	City 		State 	Zip Code	Country	
Provide telephone number. Exte	ension Internation	DON alternation				
r Tovide telephone number.		onal or DSN phone nui	nber			
(a) Is your physical work address differ		Night				
YES NO (If NO, proceed to (ent address:				
Provide the work address where yo	. ,,	pooted (Bravida City and	Country if outoi	do the United States	athamica provide City St	oto and Zin Cada)
Street	City	ocated. (Provide City and		Zip Code	Country	ate and zip Code.)
Provide the telephone number for t			ļ		1	
Telephone number	Extension Intern	ational or DSN phone	number			
	☐ Day	Night				
(b) If you have indicated an APO/FPO(b.1) Provide physical location data						
Country if outside the United State	es; otherwise, provide City,	State and Zip Code for p	orts in the Unite		port/floor floadquarter	. (I Tovide Oily and
Street Address/Unit/Duty Loca	ation City or l	Post Name	State I	Zip Code 	Country I	
(b.2) Do you or did you have an AF	PO/EDO address while o	at this location?				
YES Address	O/FFO address wrille a	APO c	r FPO	APC)/FPO State Code	Zip Code
□ NO						
Provide the name of someone that can		ment.		'		
Last name	First name					
Dravide the address of this verifier (Dr		taida tha 11aitad 0tataa a		Oit : 04-4 7: 0	ada)	
Provide the address of this verifier. (Pro Street	City	iside trie Oriited States, oti	_	Zip Code	Country	
Provide the telephone number for this p	person.		ļ.		<u>I</u>	
Telephone number Exte	<u> </u>	onal or DSN phone nu	mber			
	Day Day	Night				
If you have indicated an APO/FPO add						
(a) Provide physical location data with if outside the United States; otherwise,				ation or nome port	πeet neadquarter. (<i>Pro</i>	vide City and Country
Street Address/Unit/Duty Location	City or Po	ost Name	State	Zip Code	Country	
(b) Does your self-employment verifier Address	r have an APO/FPO add		or FPO	APO	D/FPO State Code	Zip Code
☐ YES → Address ☐ NO						
nter your Social Security Number b	before going to the	next page			•	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Co	ontinued)					
13A.4 Complete the following if employme	nt type is unemployment.					
Provide dates of unemployment.	, ,	Provide the name of		an verify your	unemployment	activities
From Date <i>(Month/Year)</i> To ☐ Est.	Date (Month/Year) Present Est.	and means of support	rt.	First nan	ne	
Provide address of this verifier. (Provide Cit		tes; otherwise, provide City	y. State and Zip Co	ode.)		
Street	City	State	Zip Code	Country		
Provide the telephone number for this personal Verifier telephone number Extension	on. International or DSN phone nu Day Night	umber				
If you have indicated an APO/FPO addres (a) Provide physical location data with str						City and Country
if outside the United States; otherwise, pro- Street Address/Unit/Duty Location	vide City, State and Zip Code for ports City or Post Name	s in the United States.) State	Zip Code	Country		
Street Address/Offit/Duty Eccation	City of 1 ost Name		Zip Code	Country		
(b) Does your unemployment verifier hav	e an APO/FPO address?	APO or FPO	,	APO/FPO Stat	te Code	Zip Code
13A.5 Complete the following if employment Fodoral Contractor N				ed Corps, Othe	r Federal emplo	oyment, State
Government, Federal Contractor, N Provide the reason for leaving the employ		en-Employment, or Othe	er.			
	•					
For this employment have any of the follo Fired, quit after being told you would be fi notice of unsatisfactory performance.	•	· · ·	ations of misco	nduct, left by r	nutual agreeme	nt following
YES NO (If NO, proceed to 13A.6)						
Select your type of incident:	Reason:			t departure da		
☐ Fired	Provide the reason for being fire	ea.	Provide the	date you were	e fired. (Month/Ye	ear)
Quit after being told you would be	Provide the reason for quitting.				after being told	you would be
fired			fired. (Month)	/Year)		Est.
Left by mutual agreement following	Provide the charges or allegation	ons of misconduct.		date you left f	ollowing charge	s or allegations
charges or allegations of misconduct				,	,	Est.
Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsat	isfactory performance.			y mutual agreei performance. <i>(M</i>	
notice of unsatisfactory performance					,	Est.
13A.6 Complete the following if employment, Federal Contractor, N				ed Corps, Othe	er Federal emplo	oyment, State
For this employment, in the last seven (7 in the workplace, such as a violation of se		ten warning, been offic	ially reprimande	ed, suspended	, or disciplined f	for misconduct
	carry policy.					
#1 Provide the reason(s) for being warne						
	d, reprimanded, suspended or di	sciplined.			Date: (Month/Ye	ear)
"" Trovide the reason(b) for being warne	d, reprimanded, suspended or di	sciplined.			Date: (Month/Ye	ear)
#2 Provide the reason(s) for being warne					Date: (Month/Ye	Est.
	d, reprimanded, suspended or di	sciplined.				Est.
#2 Provide the reason(s) for being warne	d, reprimanded, suspended or di d, reprimanded, suspended or di	sciplined. sciplined.			Date: (Month/Ye	Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

;	Section 13A - Employment Activities						
ı	Entry #2						
	Select your employment activity: Active military duty station (Complete 13A.1, 13A.5 and 13A.6) National Guard/Reserve (Complete 13A.1, 13A. and 13A.6) USPHS Commissioned Corps (Complete 13A. 13A.5 and 13A.6) Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	(Comp5 Self-ei .13A.6) 1, Unem Federa	elete 13A.2, 13A employment (Co	Complete 13A.3, 13A.	em Oth	n-government employm ployment) (Complete 13A ner (Provide explanation al A.5 and 13A.6) ▼	A.2, 13A.5 and 13A.6)
	13A.1 Complete the following if employment type	is Active Duty.	National Gua	ard/Reserve, or USF	PHS Commissione	ed Corps.	
Entry #2	Provide dates of employment. From Date To Date (Month/Year) (Month/Year)			nployment status for	Provide your	assigned duty station d	
ш	Est.	Est.	Part-time		Provide your	most recent rank/position	on title.
	Provide address of duty station. (Provide City and C Street	Country if outside the	he United States	s; otherwise, provide C State	Zip Code	de.) Country	
	Telephone number Exte	nsion Inter	_	OSN phone number	1		
	If you have indicated an APO/FPO address, com (a) Provide physical location data with street add if outside the United States; otherwise, provide City Street Address/Unit/Duty Location	dress, base, pos	st, embassy, ode for ports in	unit, and country lo			ovide City and Country
	(b) Do you or did you have an APO/FPO addres YES Address NO	s while at this lo		APO or FPO		PO/FPO State Code	Zip Code
	Provide the name of your supervisor. Provide the email address of your supervisor.] I don't know F		Provide the rank/portion			DSN phone number
	Trovide the email address of your supervisor.] I don't know i	i Tovide Supei	rvisor s telephone n	Literisio	Day Night	JSN priorie number
	Provide physical work location of your supervisor Street	r. (Provide City and City	d Country if outs	side the United States; State	otherwise, provide C Zip Code	Country	
	If you have indicated an APO/FPO address; provport/fleet headquarter. (Provide physical location Street Address/Unit/Duty Location		ity and Country				
Er	iter your Social Security Number before go	oing to the ne	ext page 💄			→ 「	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Se	ction 13A - Em	oloyment Acti	vities - (Conti	inued	1)							
1:	3A.2 Complete	the following if	employment t	ype is	s other feder	al employment	, state	government, fe	deral contra	actor, non-	government, or oth	er.
ı	Provide dates of From Date (Month/Year)	employment.	To Date (Month/Year)			this position:	ıploym	ent status for	Provide m	ost recen	t position title.	
,	Month, rear		(Month rear)		Present	Full-time			Provide th	ne name o	f your employer.	
-		Est.			Est.	Part-time						
	Provide the addi Street	ess of employe	er. (<i>Provide City</i>	and C	Country if outside City	de the United Sta			y, State and 2 Zip Code	_	ountry	
Ī	Provide telephor	ne number	Extension		☐ Internat	tional or DSN p	hone	number		'		
	same physica	I location (for e e most recent p	xample, if you	work	ced at XY Plu	umbing in Den	er, C0), during 3 sepa	rate period:	s of time, y	on more than one o you would enter info o previous periods o	ormation
	Not	From date (Mo	onth/Year)		To date (M	onth/Year)		Posi	tion Title		Super	visor
	Applicable			Est.			Est.					
				Est.			Est.					
				Est.			Est.					
				Est.			Est.					
	(a) Is/was your		address differe o, proceed to (b))		an your empl	loyer's address	?					
	Street		vileie you ale/	were	City			State Z	ip Code	_	wise, provide City, Sta puntry	te and zip code.)
	·	ohone number			Extension	Day	Night	DSN phone nun				
((b.1) Provide Country	e physical loca	tion data with s nited States; othe	street	t address, ba , provide City,	ase, post, emba	assy, u		location or distance of States.)		States, complete (b. t/fleet headquarter. Country	
			•					State	Zip Code		Country	
		:S 🖊	/e an APO/FP ddress	O add	dress while a	at this location?		or FPO		APO/FP	O State Code	Zip Code
Ī	Provide the nam	e of your supe	rvisor.				Provid	le the position t	itle of your s	supervisor		•
Ī	Provide the ema	il address of yo	our supervisor	. 🔲 I	l don't know	Provide supe	rvisor's	telephone num	nber. Exte	nsion	International or DS Day	SN phone numbe
	Provide physical Street	work location	of your superv	risor.	(Provide City a City	and Country if out		_	nerwise, provid Zip Code		te and Zip Code.) ountry	
_	if outside the Street Addre	sical location d United States; othess Sess/Unit/Duty L	ata with street herwise, provide ocation	addr City,	ess, base, p State and Zip City or Po	ost, embassy, <i>Code for ports in</i> st Name	unit, a the Un	nd country locat			, complete (b) . t headquarter. <i>(Prov</i> Country	ide City and Counti
	(b) Did/does yo	· ^ A -l -l	ave an APO/F	PO a	iddress while	e at this locatio		or FPO		APO/FP	O State Code	Zip Code
ıte	er your Social	Security Nu	mber before	ion e	na to the I	next page .						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 13A - Employment Activi	ities - (Continue	d)							
13A.3 Complete the following if e	mployment type	is self-emplo	yment						
	To Date (Month/Year)	Present	Select the empthis position:	oloyn	nent status for			nt position title.	
⊤ Est.	,	Est.	Full-time			Provide th	ne name	of your employment	
Provide address of this employm	nent (Provide City a			States	· otherwise provi	ide City State a	nd Zin Co	de)	
Street	ioni. (i rovide oily e	City	diside the effice e		State	Zip Code		Country	
Provide telephone number.	Extension		onal or DSN pho Night	ne nı	ımber				
(a) Is your physical work addres YES NO (If NO, proc	·	our employm	nent address?						
Provide the work address wh Street	nere you are/were	e physically lo	ocated. (Provide C	City ar	od Country if outs State	ide the United S Zip Code		erwise, provide City, Sta Country	ate and Zip Code.)
Provide the telephone number	er for this addres Extension		national or DSN p	hone	e number	l			
(b) If you have indicated an APC (b.1) Provide physical location Country if outside the United Street Address/Unit/Du	on data with stree ed States; otherwise	et address, ba e, provide City,	ase, post, embas	ssy, ι	ınit, and count	ry location or			,
(b.2) Do you or did you have	an APO/FPO ad dress	Idress while a		APO	or FPO	·	APO/F	PO State Code	Zip Code
Provide the name of someone th Last name	at can verify you First n		ment.						•
Provide the address of this verific Street	er. (Provide City an	d Country if out City	tside the United Sta	tes; c	therwise, provide State	e City, State and Zip Code		e.) Country	
Provide the telephone number for Telephone number	or this person. Extension		onal or DSN pho	ne nı	umber				
If you have indicated an APO/FF (a) Provide physical location dat if outside the United States; othe Street Address/Unit/Duty Local Control of the Indicate	ta with street add erwise, provide City, cation	ress, base, p , <i>State and Zip</i> City or Po	post, embassy, u Code for ports in to ost Name	nit, a	and country loc		e port/fle		vide City and Country
(b) Does your self-employment YES Address NO	verifier have an A	APO/FPO ad		APO	or FPO		APO/F	PO State Code	Zip Code

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 13A - Employment Activities - <i>(C</i>	Continued)				
	13A.4 Complete the following if employment	ent type is unemployment.				
Entry #2	·	D Date (Month/Year) Present	Provide the name of and means of suppor Last name		n verify your unemployme First name	nt activities
	Provide address of this verifier. (Provide Construction of the Con	Est. ity and Country if outside the United Sta City	tes; otherwise, provide City State	, State and Zip Code Zip Code	e.) Country	
	Provide the telephone number for this pers Verifier telephone number Extension	son. International or DSN phone nu Day Night	umber			
	If you have indicated an APO/FPO addre (a) Provide physical location data with st if outside the United States; otherwise, pro Street Address/Unit/Duty Location	treet address, base, post, embass	y, unit, and country loc			de City and Country
	(b) Does your unemployment verifier have Address NO NO	ve an APO/FPO address?	APO or FPO	AF	PO/FPO State Code	Zip Code
	13A.5 Complete the following if employm Government, Federal Contractor, Provide the reason for leaving the emplo	Non-government employment, Se			Corps, Other Federal em	ployment, State
Entry #2	Provide the reason for leaving the employ	ушені аспуну.				
Entr	For this employment have any of the followard fired, quit after being told you would be finotice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)	fired, left by mutual agreement foll		ations of miscond	luct, left by mutual agreer	nent following
	Select your type of incident:	Reason:		Employment of	departure date	
	Fired	Provide the reason for being fire	ed.	Provide the da	ate you were fired. (Month)	Year)
	Quit after being told you would be fired	Provide the reason for quitting.		Provide the da fired. (Month/Y	ate you quit after being tol ear)	d you would be
	Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegation	ons of misconduct.		ate you left following chard i. <i>(Month/Year)</i>	ges or allegations
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsati	isfactory performance.		ate you left by mutual agre satisfactory performance.	eement following
	13A.6 Complete the following if employm Government, Federal Contractor,				Corps, Other Federal em	ployment, State
Entry #2	For this employment, in the last seven (in the workplace, such as a violation of se	ecurity policy?	-	ially reprimanded	, suspended, or discipline	d for misconduct
	#1 Provide the reason(s) for being warne	ed, reprimanded, suspended or di	sciplined.		Date: (Month)	Year)
	#2 Provide the reason(s) for being warne		•		Date: (Month)	Year) Est.
	#3 Provide the reason(s) for being warne	ed, reprimanded, suspended or di	sciplined.		Date: (Month)	<i>Year)</i> Est.
	#4 Provide the reason(s) for being warne	ed, reprimanded, suspended or di	sciplined.		Date: (Month	/Year)
En	nter your Social Security Number be	fore going to the next page			-	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

,	Section 13A - Employment Activ	rities									
E	Entry #3										
	Select your employment activity Active military duty station (13A.5 and 13A.6) National Guard/Reserve (Co and 13A.6) USPHS Commissioned Cor	Complete 13A.1, omplete 13A.1, 13A	(Con A.5 Self 13A	te Government inplete 13A.2, 13 -employment (6) employment (C	A.5 and 1 Complete	3A.6) 13A.3, 13A.5	,	emplo Other	oyment) (Con	nplete 13A.2, lanation and c	(excluding self- 13A.5 and 13A.6) omplete 13A.2,
	13A.5 and 13A.6) Other Federal employment 13A.5 and 13A.6)		Fed	eral Contracto .5 and 13A.6)	r (Comple	ete 13A.2,					
	13A.1 Complete the following if	employment type	e is Active Dut	y, National Gu	ard/Rese	erve, or USPI	HS Con	nmissioned	Corps.		
2# km=	Provide dates of employment. From Date (Month/Year)	To Date (Month/Year)	Present	Select the er this position:		nt status for			signed duty		g this period.
	Est.		Est.	Part-time	•						
	Provide address of duty station. Street	(Provide City and	Country if outside City	e the United State	_	ise, provide Cit tate	y, State a Zip Cod		Country		
	Telephone number		D	ternational or I						40	
	If you have indicated an APO/FI (a) Provide physical location da if outside the United States; oth Street Address/Unit/Duty Lo	ata with street ac erwise, provide Cit	ldress, base, p	oost, embassy, <i>Code for ports i</i>	unit, an	d country loc		home port/	•	arter. (Provid	e City and Country
	(b) Do you or did you have an Address NO NO		ss while at this	s location?	APO o)/FPO State	Code	Zip Code
	Provide the name of your super	visor.			Provide	the rank/po	sition tit	le of your su	upervisor.		
	Provide the email address of yo	ur supervisor.	l don't know	Provide supe	ervisor's	telephone nu	ımber.	Extension	☐ Internat	ional or DSN	N phone number
	Provide physical work location of Street	of your supervisc	or. <i>(Provide City)</i> City	and Country if ou		<i>Jnited States; c</i> tate	otherwise Zip Co		State and Zip Country	Code.)	
	If you have indicated an APO/FI port/fleet headquarter. (Provide Street Address/Unit/Duty Locati	physical location	vide physical l n data) <i>(Provide</i> City or Pos	City and Country	y if outside	the United Sta	ess, bas ates; othe Zip Coo	rwise, provide	bassy, unit, a c City, State an Country	and country od Zip Code.)	location or home
	Choot Address of the Buty 2004.	O.I.		riumo	Ĭ		Zip Coc				

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

otion 424 F	mla	:uvities = /Cont	ınuec	1)								
ction 13A - Em	ipioyment Ac	,										
3A.2 Complete	the following	if employment t	ype is	s other federa	al employment	, state	government, fe	deral cont	ractor, no	on-government, or	other.	
Provide dates o From Date	f employment	To Date			Select the enthis position:	nployme	ent status for	Provide	most rece	ent position title.		
(Month/Year)		(Month/Year)		Present	Full-time			Provide	he name	of your employer	·.	
	Est.			Est.	Part-time							
Provide the add	ress of emplo	yer. (Provide City	and C	Country if outsid	de the United Sta	tes; othe	rwise, provide Cit	y, State and	Zip Code.,)		
Street				City		s	State Z	ip Code		Country		
Provide telepho	ne number	Extension		☐ Internat	tional or DSN p	hone n	umber					
same physica	al location (for ne most recen	example, if you	ı work	ked at XY Plu	umbing in Denv	ver, CO	, during 3 sepa	rate perio	ds of time	er on more than or e, you would enter two previous perio	r informatio	n
Not	From date (Month/Year)		To date (Me	onth/Year)	I	Posi	tion Title		Su	pervisor	
Applicable			Est.			Est.						
			Est.			Est.						
			Est.			Est.						
			Est.			Est.						
(a) Is/was your	. —	address differe		an your empl	oyer's address	?						
		., ,,,		physically lo	cated. (Provide	City and	Country if outside	e the United	States; otl	herwise, provide City,	State and Zi	ip Code.
Provide the Street	work address	where you are/		City			state Z	ip Code		herwise, provide City, Country	State and Z	ip Code.
Provide the Street Provide tele	work address	where you are/	were	City	☐ Internatio	nal or E	State Z	ip Code		Country		Zip Code.
Provide the Street Provide tele (b) If you have (b.1) Provide Country	phone number indicated an Ale physical locy of outside the	er APO/FPO addrection data with United States; other	were	Extension omplete (b.1) t address, ba e, provide City,	☐ Internatio☐ Day☐ ☐ Day☐ ☐ If you have in the see, post, embarese, embar	nal or [Night ndicate	OSN phone numed an address of onit, and country ports in the United	nber utside of the location of states.)	ne United	Country d States, complete	e (b.2).	
Provide the Street Provide tele (b) If you have (b.1) Provide Country Street	work address phone number indicated an alle physical local yif outside the Address/Unit	APO/FPO addrecation data with United States; other	were ess, co	Extension omplete (b.1) t address, ba c, provide City, City or F	Internatio Day	nal or E Night ndicate assy, ui	State Z DSN phone num d an address o nit, and country	nber utside of the	ne United	Country d States, complete	e (b.2).	
Provide the Street Provide tele (b) If you have (b.1) Provide Country Street	phone number indicated an indicated an indicated an indicated and indica	er APO/FPO addrection data with United States; other	were ess, co	Extension omplete (b.1) t address, ba c, provide City, City or F	Internatio Day	nal or E Night ndicate assy, ui ode for p	OSN phone numed an address of onit, and country ports in the United	nber utside of the location of states.)	ne Unitec r home p	Country d States, complete	e (b.2) . rter. <i>(Provide</i>	
Provide the Street Provide tele (b) If you have (b.1) Provide Country Street (b.2) Do yo	work address phone number indicated an indicated an indicated an indicated and indic	APO/FPO addrecation data with United States; other/Duty Location ave an APO/FP Address	were ess, co	Extension omplete (b.1) t address, ba c, provide City, City or F	Internatio Day	nal or E Night ndicate assy, ui ode for p	OSN phone num d an address o nit, and country oorts in the United State	nber utside of the location of states.) Zip Code	ne United r home p	Country d States, complete port/fleet headquare Country FPO State Code	e (b.2) . rter. <i>(Provide</i>	de City ai
Provide the Street Provide tele (b) If you have (b.1) Provide Country Street (b.2) Do yo	phone number indicated an indicated an indicated an indicated an indicated an indicated and indicate	APO/FPO addrecation data with United States; other/Duty Location ave an APO/FP Address	ess, co street erwise	Extension omplete (b.1) t address, ba c, provide City, City or F	Internatio Day If you have in use, post, embase, post, embastate and Zip Corpost Name	nal or E Night ndicate assy, ui ode for p	OSN phone num d an address o nit, and country ports in the United State	utside of the location of states.) Zip Code	APO/F	Country d States, complete port/fleet headquare Country FPO State Code	z (b.2). rter. (<i>Provide</i>	de City a
Provide the Street Provide tele (b) If you have (b.1) Provide Countr. Street (b.2) Do yo YI NO Provide the nan Provide the ema	work address phone number indicated an alle physical local yif outside the land Address/Unit u or did you he ES ne of your sup	APO/FPO addresation data with United States; other Duty Location ave an APO/FP Address pervisor.	were ess, co	Extension complete (b.1) t address, ba e, provide City, City or F	☐ Internatio ☐ Day ☐ Da	nal or E Night ndicate assy, ui ode for p APO c Provid rvisor's	OSN phone num d an address of onit, and country ports in the United State or FPO e the position to telephone num United States; off	utside of the location of states.) Zip Code	APO/F supervise	Country d States, complete bort/fleet headquare Country FPO State Code sor.	z (b.2). rter. (<i>Provide</i>	de City a
Provide the Street Provide tele (b) If you have (b.1) Provide Country Street (b.2) Do you Not	phone number indicated an alle physical location and or did you have all address of all work location united states; ess/Unit/Duty	APO/FPO address cation data with United States; oth /Duty Location ave an APO/FP Address Dervisor. your supervisor n of your supervisor data with street otherwise, provide	ess, costreeterwise O add	Extension complete (b.1) t address, base, provide City, City or fine city and city and city and city are city. City or fine city and city and city are city. City or Positive and Zip or City or Positive and Zip or City or Positive city.	Internatio Day If you have in ase, post, embasse, post, embasse, post Name Provide supe Provide supe and Country if out out have indicat ost, embassy, Code for ports in st Name	nal or E Night ndicate assy, ui ode for p APO of Provid rvisor's side the S ted an a unit, and the Unit	OSN phone num d an address o nit, and country oorts in the United State or FPO e the position t telephone num United States; off state address outside d country locat	utside of the location of States.) Zip Code	APO/F supervise ension	Country d States, complete cort/fleet headquare Country FPO State Code or. International or Day Nigh State and Zip Code.)	z (b.2). rter. (<i>Provide</i>	Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Conti	nued)						
13A.3 Complete the following if employment ty	pe is self-emplo	yment					
Provide dates of employment.		Select the employr	nent status for	Provide m	ost recen	t position title.	
From Date To Date		this position:					
(Month/Year) (Month/Year)	Present	Full-time		Provide th	ie name c	of your employmer	nt.
☐ Est.	Est.	Part-time					
Provide address of this employment. (Provide C	City and Country if	outside the United States	; otherwise, provi	de City, State a	nd Zip Cod	e.)	
Street	City		State	Zip Code	Co	ountry	
Provide telephone number. Extension	Internation	onal or DSN phone n	umber				
	Day	Night					
(a) Is your physical work address different that	n your employn	nent address?					
YES NO (If NO, proceed to (b))							
Provide the work address where you are/v	vere physically I	ocated. (Provide City a	nd Country if outs	ide the United S	States; othe	rwise, provide City, S	tate and Zip Code.)
Street	City		State	Zip Code	Co	ountry	
Provide the telephone number for this add							
Telephone number Extensi		national or DSN phon	e number				
	Day	Night					
(b) If you have indicated an APO/FPO addres (b.1) Provide physical location data with s							•
Country if outside the United States; other	wise, provide City	, State and Zip Code for			nome por	thoot houdquarte	1. (Frovide Oily and
Street Address/Unit/Duty Location	City or	Post Name	State I	Zip Code I	ı	Country	
(b.2) Do you or did you have an APO/FPC	address while		or FPO		APO/FP	O State Code	Zip Code
☐ YES → Address			0.110				
Provide the name of someone that can verify	vour self-employ	/ment					
-	st name	ymont.					
Provide the address of this verifier. (Provide Cit	y and Country if ou	tside the United States;	otherwise, provide	City, State and	Zip Code.))	
Street	City I		State I	Zip Code I	Co I	ountry	
Provide the telephone number for this person. Telephone number Extension	□ Interneti	anal or DSN phone p	umbor				
Telephone number Extension		onal or DSN phone n ີNight	ullibel				
If you have indicated an APO/FPO address, c (a) Provide physical location data with street	, ,						avida City and Countr
if outside the United States; otherwise, provide				ation of nome	port/fiee	t neauquarter. (Fri	ovide City and Country
Street Address/Unit/Duty Location	City or Po	ost Name	State	Zip Code	, Co	ountry	
(b) Does your self-employment verifier have a	an APO/FPO ad		or FPO		Λ DΩ/EE	O State Code	Zip Code
☐ YES → Address ☐ NO			01110			O State Code	Zip Code
iter your Social Security Number before	going to the	next page			→		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

S	Section 13A - Employment Activities - (Continued)									
Ī	13A.4 Complete the following if employme	nt type is unemploym	ent.							
ľ	Provide dates of unemployment.	3					can verify you	r unemployment	activities	
	From Date (Month/Year) To	Date (Month/Year)	Present Est.	and mea	ns of suppo e	rt.	First na	me		
	Provide address of this verifier. (Provide Cit	ty and Country if outside t		es; otherwise	e, provide City	/, State and Zip (Code.)			
	Street	City			State	Zip Code	Country			
	Provide the telephone number for this personal Verifier telephone number Extension [onInternational or DSDayNight	SN phone nu	mber						
	If you have indicated an APO/FPO addres (a) Provide physical location data with str								City and Country	
	if outside the United States; otherwise, pro-	vide City, State and Zip (Code for ports	in the Unite	d States.)	ation of nome	port/lieet fleat	iqualtel. (<i>Flovide</i>	City and Country	
	Street Address/Unit/Duty Location	City or Pos	st Name	;	State	Zip Code	Country			
	(b) Does your unemployment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO S				APO/FPO Sta	ite Code	Zip Code			
	13A.5 Complete the following if employm	• •	•				ed Corps, Oth	er Federal emplo	oyment, State	
ŀ	Government, Federal Contractor, No. 12 Provide the reason for leaving the employ		loyment, Sel	t-Employm	ent, or Othe	er.				
	Ş . ,	•								
	For this employment have any of the follo Fired, quit after being told you would be finotice of unsatisfactory performance.	•			-	ations of misc	onduct, left by	mutual agreeme	nt following	
	YES NO (If NO, proceed to 13A.6)									
	Select your type of incident:	Reason:					nt departure d			
	Fired	Provide the reason	for being fire	d.		Provide the	e date you wer	e fired. (Month/Ye	<i>ear)</i> ☐ Est.	
		Provide the reason	for quitting.			Provide the	e date you quit	uit after being told you would be		
	Quit after being told you would be fired				fired. (Month/Year)					
		Provide the charges or allegations of misconduct.			Provide the date you left following charges or allegation					
	 Left by mutual agreement following charges or allegations of misconduct 	I	J				luct. (Month/Yea			
		Duranida tha na sa sa /	-> f	-f4		Donalds He			Est.	
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsatis	stactory pe	normance.			by mutual agree performance. <i>(N</i>		
									Est.	
	13A.6 Complete the following if employment, Federal Contractor, N						ed Corps, Oth	er Federal emplo	oyment, State	
	For this employment, in the last seven (7 in the workplace, such as a violation of se		eived a writte	en warning	, been offic	ially reprimand	ded, suspende	d, or disciplined	for misconduct	
	YES NO	ecurity policy:								
		d renrimanded susn	ended or dis	ciplined				Date: (Month/Ye	ear)	
#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date. (Month 7 e	Est.			
	#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.					Date: (Month/Ye	ear)			
	#3 Provide the reason(s) for being warne	d, reprimanded, susp	ended or dis	ciplined.				Date: (Month/Ye	ear)	
	#4 Provide the reason(s) for being warne	d, reprimanded, susp	ended or dis	ciplined.				Date: (Month/Ye	ear) Est.	
1										

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5	ection 13A - Employment Activities									
E	stry #4									
	Select your employment activity: Active military duty station (Complete 13A.1, 13A.5 and 13A.6) National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)									
	13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.									
ntry #4	Provide dates of employment. From Date (Month/Year) Select the employment status for this position: From Date (Month/Year) Present Full-time Provide your assigned duty station during this period. Provide your assigned duty station during this period.									
П	Provide your most recent rank/position title. Est. Part-time									
	Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country									
	Telephone number Extension									
	If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country (b) Do you or did you have an APO/FPO address while at this location?									
	YES Address APO or FPO APO/FPO State Code Zip Code NO Provide the name of your supervisor. Provide the rank/position title of your supervisor.									
	Provide the email address of your supervisor.									
	Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country									
	If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country									
_										

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Ε	ection 13A - Em	oloyment Acti	vities - (Conti	inued	()									
1	3A.2 Complete	the following if	employment t	ype is	other feder	al employmen	t, stat	e government, f	edera	al contra	ctor, nor	n-governi	ment, or other	
	Provide dates of	employment.	To Date			this position:	nployi	nent status for	Pr	ovide m	ost rece	nt positio	n title.	
	(Month/Year)		(Month/Year)		Present	Full-time			Pr	ovide th	e name	of your e	mployer.	
	Provide the add	Est.	er (Provide City	and C	Est.			henvise provide C	ity St	ate and 7	in Code)			
Provide the address of employer. (Provide City and of Street Provide telephone number Extension					City	de the Office Sta	163, 01		Zip C			ountry		
					☐ Internat	☐ International or DSN phone number ☐ Day ☐ Night								
	same physica	l location (for e e most recent p	xample, if you	work	ed at XY Plu	Provide additional periods of activity if you worked for this employer on more than one at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter in above, and provide dates, position titles, and supervisors for the two previous periods					ıld enter infori	mation		
	Not	From date (M	onth/Year)		To date (M	onth/Year)		Pos	sition	Title			Supervis	sor
	Applicable			Est.			Est							
				Est.			Est							
				Est.			Est							
				Est.			Est							
	(a) Is/was your page 15 YES Provide the value 15 Street	NO (If NO), proceed to (b)))				nd Country if outsion	de the			erwise, pro Country	ovide City, State	and Zip Code.)
	(b) If you have i	e physical loca	tion data with s nited States; othe	street	address, ba , provide City,	Day). If you have ase, post, emb	Nigh ndica assy,		outsioutsion	de of the			eadquarter. (F	
	. , _ ,	:S	/e an APO/FP ddress	O add	l dress while a	at this location		or FPO			APO/F	PO State	Code	Zip Code
	Provide the nam		rvisor.				l Prov I	ide the position	title	of your s	l superviso	or.		
	Provide the ema	il address of yo	our supervisor		don't know	Provide supe	rvisoı	's telephone nui	mber	Exter	nsion [Interna	ational or DSN	phone number
	Provide physical Street	work location	of your superv	risor.	(Provide City a	and Country if ou	side th	e United States; of State		ise, provid Code		<i>ate and Zi_l</i> Country	p Code.)	
	Street Addre	sical location d United States; ot ess/Unit/Duty L	ata with street herwise, provide ocation	addr City,	ess, base, p State and Zip City or Po	ost, embassy, <i>Code for ports ir</i> st Name	unit, the U	and country loca	ation				uarter. (Provide	e City and Country
	(b) Did/does yo YES NO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ave an APO/F	PO a	ddress while	e at this location		or FPO			APO/F	PO State	: Code	Zip Code
nte	=		mber before	e goi	ng to the ı	next page	APC	or FPO			APO/F	PO State	Code	∠ıp Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 13A - Employment Activities - (Continued)										
13A.3 Complete the following if	employment type	is self-emplo	yment							
Provide dates of employment.			Select the em	ployme	ent status for	Provide r	de most recent position title.			
From Date (Month/Year)	To Date (Month/Year)		this position:							
,	I	Present	Full-time			Provide t	he name	e of your employmer	nt.	
EstEst.			Part-time							
Provide address of this employ Street	ment. (Provide City	and Country if o	outside the United S		otherwise, prov State	ide City, State a Zip Code		ode.) Country		
Street				١	olale	Zip Code		Country		
Provide telephone number.	Extension	Internation	onal or DSN pho	ne nur	mher					
·			Night	nio nai	11001					
(a) Is your physical work addre	(a) Is your physical work address different than your employment address?									
YES NO (If NO, proceed to (b))										
		e physically le	ocated. (Provide (Citv and	Country if outs	side the United	States: ot	herwise. provide Citv. S	tate and	Zip Code.)
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country									,,	
Provide the telephone num			" I DON							
Telephone number	Extension I		national or DSN	phone	number					
(h) If you have indicated on Al	DO/EDO addrasa	Day	Night Night	diaata	d on oddrooo	autaida af th	a I Inita	Ctatas assemblata (I	- 2)	
(b) If you have indicated an AF (b.1) Provide physical loca									-	ide City and
Country if outside the Ur Street Address/Unit/E			, State and Zip Co Post Name	de for p	orts in the Unit	,		Country		
Street Address/Unit/L	outy Location	City of	Post Name		State	Zip Code)	Country		
(b.2) Do you or did you have	ve an APO/FPO ao	ddress while a	at this location?							
	ddress			APO o	r FPO		APO/I	FPO State Code	Zip	Code
□ NO										
Provide the name of someone Last name	that can verify you First i		ment.							
Last name		lame								
Provide the address of this ver	ifier. (Provide Citv ar	nd Country if ou	tside the United Sta	ates: oth	nerwise, provide	e Citv. State an	nd Zip Cod			
Street	e (i remae eny ar	City		2100, 01.	State	Zip Code		Country		
Provide the telephone number	for this person.	_				•				
Telephone number	Extension I	= -	onal or DSN pho	ne nur	mber					
			Night							
If you have indicated an APO/F										
(a) Provide physical location of if outside the United States; of						cation or nom	ie port/ii	eet neadquarter. (Pr	oviae Ci	ty and Country
Street Address/Unit/Duty L	ocation	City or Po	ost Name		State	Zip Code	1	Country		
-										
(b) Does your self-employmer Address		APO/FPO ad		APO c	or FPO		ΔΡΩ/	FPO State Code	Zir	o Code
☐ YES → Address			1	711 0 0	,,,,,		" "	TTO Clate Code		Oode

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 13A - Employment Activities - (C	Continued)						
	13A.4 Complete the following if employment	ent type is unemployment.						
Entry #4	Provide dates of unemployment. From Date (Month/Year) To	D Date (Month/Year) Present	Provide the name of and means of suppo Last name		n verify your unemployn First name	ent activities		
	Provide address of this verifier. (Provide C. Street		ates; otherwise, provide City State	y, State and Zip Coo Zip Code	de.) Country			
	Provide the telephone number for this pers Verifier telephone number Extension	son. International or DSN phone n Day Night	umber					
	If you have indicated an APO/FPO addre (a) Provide physical location data with st if outside the United States; otherwise, pro Street Address/Unit/Duty Location		adquarter. (Provide City and Country					
	(b) Does your unemployment verifier have Address NO NO	PO/FPO State Code	Zip Code					
	13A.5 Complete the following if employm Government, Federal Contractor, Provide the reason for leaving the emplo	Non-government employment, Se			l Corps, Other Federal e	mployment, State		
Entry #4	Provide the reason for leaving the emplo	yment activity.						
Entr	For this employment have any of the folion Fired, quit after being told you would be notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)	fired, left by mutual agreement fol	· · · •	ations of miscond	duct, left by mutual agree	ement following		
	Select your type of incident:	Reason:		Employment	departure date			
	Fired	Provide the reason for being fir	red.	Provide the d	ate you were fired. (Moni	h/Year)		
	Quit after being told you would be fired	Provide the reason for quitting.		Provide the d fired. (Month/Y	ate you quit after being t /ear)	old you would be		
	Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegati	ons of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year)				
						ft by mutual agreement following ry performance. (Month/Year)		
	13A.6 Complete the following if employm Government, Federal Contractor,				l Corps, Other Federal e	mployment, State		
Entry #4	For this employment, in the last seven (in the workplace, such as a violation of se	ecurity policy?	•	ially reprimanded	d, suspended, or disciplir	ed for misconduct		
	#1 Provide the reason(s) for being warns	Date: (Mon	h/Year)					
	#2 Provide the reason(s) for being warns				Date: (Mon	th/Year)		
	#3 Provide the reason(s) for being warne	ed, reprimanded, suspended or d	isciplined.		Date: (Mon	th/Year) Est.		
	#4 Provide the reason(s) for being warne	ed, reprimanded, suspended or d	isciplined.		Date: (Mon	th/Year) Est.		
En	nter your Social Security Number be	fore going to the next page			_			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13B - Employment Activities - Former Federal Service									
Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?									
YES NO (If NO, proceed to Section 13C)									
Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated	previously.								
Entry #1									
Provide dates of federal civilian employment. Provide the name of the federal agency for which you are/were employed. Provide your position title provide the name of the federal agency for which you are/were employed.	۵.								
From Date (Month/Year) To Date (Month/Year) Present Which you are/were employed. Provide your position titl	J.								
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)									
Street City State Zip Code Country									
Entry #2									
Provide dates of federal civilian employment. Provide the name of the federal agency for which you are/were employed. Provide your position title provide the name of the federal agency for which you are/were employed.	_								
To Bate (minima var)	J.								
Est. Est. Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)									
Street City State Zip Code Country									
Entry #3									
Provide dates of federal civilian employment. Provide the name of the federal agency for									
From Date (Month/Year) To Date (Month/Year) Present which you are/were employed. Provide your position titled	€.								
Est. Est.									
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country									
Entry #4									
Provide dates of federal civilian employment. Provide the name of the federal agency for									
From Date (Month/Year) To Date (Month/Year) Present which you are/were employed. Provide your position titled	Э.								
Est. Est.									
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country									
Section 13C - Employment Record									
Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed?									
- Fired from a job? - Quit a job after being told you would be fired?									
- Have you left a job by mutual agreement following charges or allegations of misconduct?									
 Left a job by mutual agreement following notice of unsatisfactory performance? Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in 									
the workplace, such as violation of a security policy?									
YES (If YES, you will be required to add an additional employment in Section 13A)									
NO (If NO, proceed to Section 14)									
Enter your Social Security Number before going to the next page									

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

CFR Parts 731, 732, and 736	MATIONAL OL		0110			
Section 14 - Selective Service Record						
Were you born a male after December 31, 1959 YES NO (If NO, proceed to Section 15)	?					
Have you registered with the Selective Service	e System (SSS)?	The Selecti	ve Service website, www.	sss.gov, can help pro	ovide the	
Yes Provide registration nu	ımber:▶	registration	number for persons who mber is not your Social Se	have registered. Note		
No → Provide explanation: ▶						
☐ I don't know → Provide explanation: ▶						
Section 15 - Military History						
Have you EVER served in the U.S. Military?						
YES NO (If NO, proceed to Section 15.2)						
15.1 Complete the following if you responded	d 'Yes' to having served in th	ne U.S. Military.			_	
Entry #1	-					
Provide the branch of service you served in. Army Air National Guard	State of service, if National Guard	Officer or enlisted Not Applicable	Provide your service number.			
Army National Marine Corps	Provide your status	Officer	Provide your dates of s	ervice.		
☐ Navy ☐ Coast Guard	Active Duty Active Reserve	Enlisted	From Date (Month/Year)	To Date , (Month/Year)	Present	
Air Force	☐ Inactive Reserve			1	Est.	
Were you discharged from this instance of U. YES NO	S. military service, to include	e Reserves, or National C	Guard?			
Provide the type of discharge you received:				Provide the date of		
Honorable Under Other than Honorable Condition	Bad Conduct			discharge listed (Month/Year)		
☐ Dishonorable ☐ General	Other (provide ty	pe) ▶			Est.	
Provide the reason(s) for the discharge, if dis	charge is other than Honora	ble				
Entry #2						
Provide the branch of service you served in.	State of service, if National Guard	Officer or enlisted	Provide your service nu	ımber.		
Army Air National Guard	Tangina Gaara	Not Applicable				
Army National Marine Corps	Provide your status	Officer	Provide your dates of s	onico		
│	Active Duty	Enlisted	From Date	To Date		
Air Force	Active Reserve		(Month/Year)	(Month/Year)	Present Est.	
Were you discharged from this instance of U.		Reserves or National (
YES NO	o. minary service, to morade	Treserves, or realistic	suaru :			
Provide the type of discharge you received:	Dad Canduct			Provide the date of		
Honorable Under Other than Honorable Condition Dishonorable General		ne) k		discharge listed (Month/Year)	□ Eat	
- Gelietai	Other (provide ty	ρο , γ			Est.	
Provide the reason(s) for the discharge, if disc	charge is other than Honora	ble				

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 15 - Military History - (Continued)

Section 15 - Military History - (Continued)										
15.2 In the last seven (7) years, have you been subject to court martial or ot under the Uniform Code of Military Justice (UCMJ), such as Article 15, Court of Inquiry, etc?	Captain's Mast, Article 135									
Complete the following if you responded 'Yes' to In the last seven (7) years, h Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast,	nave you been subject to court martial or other disciplinary procedure under the Article 135 Court of Inquiry, etc.									
Entry #1										
Provide the date of the court martial or other disciplinary procedure. (Month/Year)										
	Est.									
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.									
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.									
Entry #2	1									
Provide the date of the court martial or other disciplinary procedure. (Month/Ye	ear)									
	Est.									
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.									
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.									
nter your Social Security Number before going to the next page										

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Parts 731, 732, and 736	NATIONAL SECURITI	FUSI	HOIN	3						
Section 15 - Military History - (Continued)										
	or military member in a foreign country's er defense force, or government agency?		ntelligen	ce, YE	S NO (If NO, p	proceed to	Section 16)			
Complete the following if you responded 'Ye security forces, militia, other defense force,		military m	nember	in a foreign cour	ntry's military, intell	igence, c	diplomatic,			
Entry #1										
During your foreign service, which organizate	ion were you serving under?	Pro	ovide the	e name of the fo	reign organization.					
Military (Specify Army, Navy, Air Force,	Marines, etc.) Security Forces									
Intelligence Service	Militia	Pro	ovide vo	ur period of serv	rice.					
Diplomatic Service	Other Defense Force			(Month/Year)	To Date (Month	n/Year) [Present			
☐ Other Government Agency, Specify ▶				Est	:.		Est.			
Provide the name of the country.	vide the name of the country. Provide the highest position/rank held.			Provide division/	department/office	in which	you served.			
Provide a description of the circumstances of your association with this organization. Provide a description of the reason for leaving this service.										
Do you maintain contact with current or form YES NO (If NO, proceed to Section 1)		ices from	your ser	vice in this orga	nization?					
Contact #1	-,									
Provide the contact's full name.										
Last name	First name		Midd	dle name		Suffix				
Provide the contact's address. (Provide City at	nd Country if outside the United States; otherwis	e, provide C	ovide City, State and Zip Code)							
Street	City Si	tate	Zip C	Code C	Country					
Provide the contact's official title.	Provide the frequency of contact.			e length of your (Month/Year)	association with the To Date (Monti		ct. Present Est.			
Contact #2	<u>'</u>	L			<u>'</u>					
Provide the contact's full name. Last name	First name		Midd	dle name		Suffix				
Provide the contact's address. (Provide City and Street		e, provide C tate	City, State Zip C	. ,	Country	•				
Provide the contact's official title.	Provide the frequency of contact.			e length of your (Month/Year)	association with the To Date (Month		ct. Present			
				Es	it.	[Est.			
	'	l			1					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 15 - Military History - (Continued)

Section 15 - Williary History - (Continued)								
Complete the following if you responded 'Ye security forces, militia, other defense force, or		or milita	ry memb	er in a foreign co	untry's military, int	elligence, diplomatic,		
Entry #2								
During your foreign service, which organization were you serving under? Provide the name of the foreign organization.								
Military (Specify Army, Navy, Air Force,	Marines, etc.) Security Forces							
Intelligence Service	Militia		Provide your period of service.					
Diplomatic Service		ate (Month/Year)	To Date (Mor	nth/Year) Present				
☐ Other Government Agency, Specify ▶				E	Est.	Est.		
Provide the name of the country.	Provide the highest position/rank held	d.		Provide divisio	on/department/offic	e in which you served.		
Provide a description of the circumstances of	f your association with this organization	on. Prov	ide a des	scription of the re	ason for leaving th	is service.		
Do you maintain contact with current or form YES NO (If NO, Proceed to Section 1)		tances fro	om your	service in this org	ganization?			
Contact #1								
Provide the contact's full name.	F: .		_			0.55		
Last name	First name		Middle name Suffix			Suffix		
Provide the contact's address. (Provide City an	nd Country if outside the United States; other	wise, prov	ide City, S	State and Zip Code)				
Street	City	State	Zi	ip Code	Country			
Provide the contact's official title.	Provide the frequency of contact			Provide the length of your association with the contact.				
			From L	Date (Month/Year)	To Date (Mo	onth/Year) Present Est.		
Contact #2								
Provide the contact's full name.	F					0. "		
Last name	First name		\	Middle name		Suffix		
Provide the contact's address. (Provide City an	nd Country if outside the United States; other	wise, prov	ide City, S	State and Zip Code)				
Street	City	State	Zi	ip Code	Country			
Provide the contact's official title.	Provide the frequency of contact		1		ur association with			
			From C	Date (Month/Year)	To Date (Mo	onth/Year) Present Est.		
					1			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5 CFR Parts 731, 732, and 736 Section 16 - People Who Know You Well Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least the last seven (7) years. Do not list your spouse, former spouse (s), other relatives, or anyone listed elsewhere on this form. Entry #1 Provide relationship to you. (Check all that apply) Provide dates known. Present Neighbor Work associate Other (Provide explanation) To Date (Month/Year) From Date (Month/Year) Est. Est. Friend Schoolmate Provide full name. Last name Middle name Suffix First name Provide e-mail address for this person. Provide rank/title I don't know Not applicable International or DSN Provide mobile/cell telephone International or DSN Provide telephone number for I don't know I don't know number for this person. phone number phone number this person. Extension Extension □Day Night Day Night Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Entry #2 Provide dates known. Provide relationship to you. (Check all that apply) Present Neighbor Work associate Other (Provide explanation) • From Date (Month/Year) To Date (Month/Year) Est. Est. Friend Schoolmate Provide full name. Last name First name Middle name Suffix Provide rank/title Provide e-mail address for this person. I don't know Not applicable International or DSN Provide mobile/cell telephone International or DSN Provide telephone number for I don't know I don't know phone number number for this person. this person. phone number **Extension** Extension □Day Night Day Night Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code Entry #3 Provide relationship to you. (Check all that apply) Provide dates known. Present Neighbor Work associate Other (Provide explanation) From Date (Month/Year) To Date (Month/Year) Est. Est. Friend Schoolmate Provide full name. Last name Suffix First name Middle name Provide e-mail address for this person. Provide rank/title I don't know Not applicable Provide mobile/cell telephone Provide telephone number for International or DSN International or DSN I don't know I don't know number for this person. phone number phone number this person. Extension Extension Day Night Day Night Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street State Zip Code Country Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 17 - Marital/Relationship Status	i .						
Provide your current marital/relationship st	atus with regard	to civil marriage, legal	ly recognized c	ivil union, oı	r legally recog	nized domestic par	tnership:
Never entered in a civil marriage, lega	, ,	vil union, or legally			Separated (Complete 17.1 and 17	.3)
recognized domestic partnership (Com	plete 17.3)				Annulled (Co	omplete 17.2 and 17.3)
Currently in a civil marriage, legally red	cognized civil un	ion, or legally			- ☐ Divorced/Dis	ssolved (Complete 1)	7.2 and 17.3)
recognized domestic partnership (Com					_	omplete 17.2 and 17.3	•
						Unipiete 17.2 and 17.5	"
17.1 Complete the following if you select							
partnership" or "Separated." Co					il marriage, le	gally recognized civ	il union, or legally
recognized domestic partnership,	or the person in	om whom you are curre	entry separated	•		Donalds det	- £ l. ()
Provide full name. Last name	First name		Middle name		Suffix	Provide date (Month/Day/Y	
Last hame						(Wonth Bay)	Est.
Provide place of birth.	Count			Ctata	Countr	nt (required)	
City	Count 	y		State 	Countr	y (required)	
							
If the person is foreign born, provide one Born Abroad to U.S. Parents:	e type of docum I Derived:	entation that he or she	possesses and I Not a U.S.		ent number.		
FS 240 or 545		istration (on Certificate	_	Cilizeri. Permanent F	Resident	U.S. Visa (red	foil number)
☐ DS 1350		ship—utilize USCIS,					,
	CIS or IN	S Registration number)	Author	Employment ization		Non-Immigran	of Eligibility for t-F1-Student
Naturalized:	Permaner	nt Resident Card (I-551)	rival-Depart	ture Record	· ·	ficate of Eligibility
Alien Registration (on Certificate of Naturalization—utilize USCIS.	Certificate	e of Citizenship (N560	1-94 7	пуаг-Берап	ure record		isitor-J1-Status
CIS or INS Registration number)	or N561)	or onzonomp (11000					
Permanent Resident Card (I-551)			U Other	Provide exp	olanation)		
Certificate of Naturalization							
(N550 or N570)							
Provide document number. Provide de	ocument expirat	ion date, if applicable.	 (Month/Day/Yea	r) Provide	U.S. Social S	Security Number.	
	·		☐ Est.	´		, r	Not applicable
Provide other names used (such as ma	iden name. nam	nes by other marriages.		. legally rec	oanized	<u> </u>	_ rtot applicable
civil unions, or legally recognized dome							Not applicable
#1 Last name		First name		. 1	Middle name		Suffix
Maiden name? From (Month/Yea	ar)	To (Month/Year)	Present				'
☐YES ☐ NO	Est.	Ī	Est.				
#2 Last name	<u> </u>	First name		ı	Middle name		Suffix
Maiden name? From (Month/Yea	ar)	To (Month/Year)	Present				
☐YES ☐ NO	Est.		☐ Est.				
#3 Last name		 First name			Middle name		Suffix
Maiden name? From (Month/Yea	ar)	To (Month/Year)	Drosent				L
YES NO	Est.		Present Est.				
			_ Lst.		Middle neme		Suffix
#4 Last name		First name			Middle name		
Maiden name? From (Month/Ye	1	To (Manth O(1 an) =	_				
	•	To (Month/Year)	Present				
	Est.	L	Est.				
Provide country(ies) of citizenship.	O	#0				entered into your c	
Country #1	Country I	#4		marnage,	GIVII UI IIOI I, OF	domestic partnersi	nip. (Month/Day/Year)
							Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

S. Office of Personnel Management CFR Parts 731, 732, and 736	NATIONAL SECURI	TY POSIT	IONS		
Section 17 - Marital/Relationship Status - <i>(Cont</i>	inued)				
17.1 Complete the following if you selected "cu partnership" or "Separated." Complete recognized domestic partnership, or the p	the following about the person wi	th whom you ar	e in a civil marriage,		
Provide location. (Provide City and Country if outside City	the United States; otherwise, provide C County	ity or County and State	State.) Country		
Provide current address. (Provide City and Country in Street	f outside the United States; otherwise, p	provide City, State State	and Zip Code) Zip Code	Use i	my current address
Provide telephone number. Extension	Day Use my current telepho	one number	Provide email add	ress.	
	Night International or DSN ph	none number			
Does the person have an APO/FPO address wit YES Address NO	APO or	FPO	APO/FP	O State Code	Zip Code
If you have indicated an APO/FPO address; profileet headquarter. (Provide City and Country if outside					cation or home port/
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
Are you separated? ☐ YES → Provide date of separation. (Month/Day/Year) ☐ NO ☐ Est.	If legally separated, provide the (Provide City and Country if outside to City			State and Zip Code) Country	Not Applicable

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital/Relationship Status	- (Continuea)					
17.2 Complete the following if you sele divorced/dissolved, annulled, or w		l", "annulled"	, or "widowed" . F	Provide inform	nation about a	any person from whom you are
Entry #1						
Provide the full name. Last name	First name		Middle name		Suffix	Provide the date of birth. (Month/Day/Year) Est.
Provide the place of birth. City		State	Zip Code	Countr	y (Required)	
Provide the country(ies) of citizenship.						
Country #1	Country #	2				
Provide telephone number. I dor know	i't	ŭ	, civil union, or do	omestic partne	ership was leç	gally recognized. (Month/Day/Year)
Provide the location. (Provide City and Cou City	ıntry if outside the United State	s; otherwise, pro State	vide City, State and C Country	Country.)		
Provide the status. Divorced/Dissolved Widow	ed Annulled	Provide the	date divorced/diss	solved, annull	ed or widowe	d. (Month/Day/Year)
Provide where the record of divorce/disc	solution or annulment is lo	cated. (Provide State	City and Country if o Zip Code	outside the Unite Countr		wise, provide City, State and Zip Code)
Is this person deceased?			· ·	· ·		
YES NO (If NO, complete (a))	I don't know					
(a) Provide last known address of the p United States; otherwise, provide City, Sta		divorced/disso	olved or annulled.	(Provide City ar	nd Country if ou	tside the I don't know
Street	City		State	Zip Code	Counti	ry
	1		'		'	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 17 - Marital/Relationship Status - (Continued)

Section 17 - Marital/Relationship Status	- (Continuea)					
17.2 Complete the following if you sele divorced/dissolved, annulled, or w		l", "annulled"	, or "widowed" . F	Provide inform	nation about a	any person from whom you are
Entry #2						
Provide the full name. Last name	First name		Middle name		Suffix	Provide the date of birth. (Month/Day/Year) Est.
Provide the place of birth. City		State	Zip Code	Countr	y (Required)	
Provide the country(ies) of citizenship.						
Country #1	Country #	2				
Provide telephone number. I dor know	i't	ŭ	, civil union, or do	omestic partne	ership was leg	gally recognized. (Month/Day/Year)
Provide the location. (Provide City and Co. City	ıntry if outside the United State	s; otherwise, pro State	vide City, State and (Country	Country.)		
Provide the status. Divorced/Dissolved Widow	ed Annulled	Provide the	date divorced, ani	nulled or wido	wed. (Month/L	Day/Year)
Provide where the record of divorce/disc	solution or annulment is lo	cated. (Provide State	City and Country if o Zip Code	outside the Unite Countr		wise, provide City, State and Zip Code)
Is this person deceased?			l	· ·		
YES NO (If NO, complete (a))	I don't know					
(a) Provide last known address of the p United States; otherwise, provide City, Sta		divorced/disso	olved or annulled.	(Provide City ar	nd Country if ou	tside the I don't know
Street	City		State	Zip Code	Count	ry
	1		'			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 17 - Marital/Relationship Status - (Continued)

Section 17 - Marital/Relationship Status							
partner, with whom you share bon person with whom you live for reas	son, other than a spouse or legally reds of affection, obligation, or other cosons of convenience (e.g. a roommat U.S., provide citizenship information	mmitment, as opposed to a e)? If so, complete the follow		D, proceed to Section 18)			
Complete the following if you presently	reside with a cohabitant.						
Entry #1							
Provide the cohabitant full name. Last name	First name	Middle name	Suffix Provide the d				
Provide the place of birth. City		State Countr	y (Required)				
Born Abroad to U.S. Parents: FS 240 or 545 DS 1350 Naturalized: Alien Registration (on Certificate	Derived: Alien Registration (on Certifica of Citizenship—utilize USCIS, CIS or INS Registration number.) Permanent Resident Card (I-5)	Not a U.S. Citizen: te	☐ I-551 Permanent Resident ☐ U.S. Visa (red foil number ☐ I-766 Employment ☐ I-20 Certificate of Eligibility				
of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551)	Certificate of Citizenship (N56 or N561)						
Certificate of Naturalization (N550 or N570)							
Provide document number. Provide d	ocument expiration date, if applicable	e. (Month/Day/Year) Provide	your cohabitant's U.S. Social	Security Number. Not applicable			
Provide other names used by your coh name was used).	abitant (such as maiden name, name	s by other marriages, etc., a	nd provide dates each	Not applicable			
#1 Last name	First name		Middle name	Suffix			
Maiden name? From (Month/Ye ☐ YES ☐ NO	ar) To (Month/Year) Est.	Present Est.					
#2 Last name	First name		Middle name	Suffix			
Maiden name? From (Month/Ye ☐ YES ☐ NO	ar) To (Month/Year) Est.	Present Est.					
#3 Last name	First name	!	Middle name	Suffix			
Maiden name? From (Month/Ye ☐ YES ☐ NO	ar) To (Month/Year) Est.	Present Est.		1			
#4 Last name	First name		Middle name	Suffix			
Maiden name? From (Month/Ye ☐ YES ☐ NO	ar) To (Month/Year) Est.	Present Est.					
Provide your cohabitant's country(ies) of Country #1			Provide date cohal person began. <i>(Moi</i>	oitation residing with onth/Day/Year)			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital/Relationship Status	s - (Continued)								
Complete the following if you presently	reside with a coh	abitant.							
Entry #2									
Provide the cohabitant full name. Last name	First name		Mic	ddle name	Suffix		Provide the date of Date (Month/Day/)		Est.
Provide the place of birth.			<u> </u>						
City			s	State C	Country (Require	ed)			
For your foreign born cohabitant, indicat	te one type of do	cumentation that he	or sh	he possesses and	the document	numb	er.		
Born Abroad to U.S. Parents:	Derived:		4.	Not a U.S. Citizer				. 9	
FS 240 or 545	1 🗀	stration (on Certifica ship—utilize USCIS,	te		nent Resident		U.S. Visa (red f		,
☐ DS 1350		Registration number	er)	I-766 Employ Authorization			I-20 Certificate Non-Immigrant		
Naturalized: ☐ Alien Registration (on Certificate	Permanen	t Resident Card (I-5	51)	I-94 Arrival-D	Departure Reco	ord	DS-2019 Certifi		
of Naturalization—utilize USCIS, CIS or INS Registration number)	Certificate or N561)	of Citizenship (N560)				of Exchange Vi		
Permanent Resident Card (I-551)				Other (Provid	de explanation)			
Certificate of Naturalization (N550 or N570)									
Provide document number. Provide de	ocument expirati	on date, if applicable	e. (N	Month/Day/Year) Pr	ovide your coh	abita	nt's U.S. Social Sec	urity Num	nber.
				_ Est.				Not appl	icable
Provide other names used by your cohaname was used).	abitant (such as	maiden name, name	s by	other marriages, e	tc., and provid	e date	es each	Not appl	icable
#1 Last name		First name			Middle na	ame		Suffix	
Maiden name? From (Month/Yea	ar)	To (Month/Year)		Present					
YES NO	Est.			Est.					
#2 Last name		First name			Middle na	ame		Suffix	
Maiden name? From (Month/Yea	ar)	To (Month/Year)	П	Present					
YES NO	Est.		<u></u> □	Est.					
#3 Last name		First name			Middle na	ame		Suffix	
Maiden name? From (Month/Yea	ar)	To (Month/Year)	П	Present					
YES NO	Est.		ш	Est.					
#4 Last name		First name			Middle na	ame		Suffix	
Maiden name? From (Month/Yea	ar)	To (Month/Year)		Dragant					
☐YES ☐ NO	☐ Est.		=	Present Est.					
Provide your cohabitant's country(ies) o			ш.			Pro	vide date cohabitati	on residin	g with
Country #1		Country #2					son began. <i>(Month/D</i>		-
		1				1			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives				
Select each type of relative applicable to you, regard	lless if they are living or de	eceased. (An opportunit	ty will be provided to list multiple relativ	es for each type.)
Check all that apply. Mother Foster parent		Cietar	Ulaif sisten	
	antad/factor)	Stanbrother	Half-sister	
Father Child (including ad	opted/loster)	Stepbrother	Father-in-law	
Stepmother Stepchild		Stepsister	☐ Mother-in-law	
Stepfather Brother		Half-brother	Guardian	
Entry #1				
Provide relative type.				
Provide your relative's full name.				
	First name		Middle name	Suffix
	relative's place of birth.			•
Date (Month/Day/Year) City		State 	Country (Required)	
Provide your relative's country(ies) of citizenship.			1	
Country #1	Country #2			
18.1 Complete the following if the relative listed is	vour Mother Father St	enmother Stenfather	Child (including adopted/foster) Str	enchild Brother
Sister, Stepbrother, Stepsister, Half-broth		opiniother, otopiction,	cima (morading adopted/rester), et	sporma, Broaner,
If mother , provide your mother's maiden name.	Same as listed	I don't know		
Last name	First name		Middle name I	Suffix
Last name				
Has this relative used any other names?				
YES NO				
Provide other names used and the period of time name, alias, or nickname).	that your relative used the	em (such as maiden, nar	me by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	ovide the reason(s) why the name chan	ged.
YES NO	Est.	Est.		
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present Pro	ovide the reason(s) why the name chan	ged.
YES NO E	Est.	Est.		
#3 Last name	First name		Middle name	Suffix I
Maiden name? From (Month/Year)	To (Month/Year)	i resent	ovide the reason(s) why the name chan	ged.
	Est.	Est.		
#4 Last name	First name I		Middle name I	Suffix I
Maidan and Conference (1000)	T- (44 (104)			
Maiden name? From (Month/Year)	To (Month/Year)	<u> </u>	ovide the reason(s) why the name chan	ged.
YES NO E	Est.	Est.		
Enter your Social Security Number before go	ing to the next page		——	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continue	ed)							
	s your relative deceased?						YES (If YES	proceed	d to 18.3) NO
Ī	-	ne relative listed is your Mother, Father, Ste	nmother	Stonfathor E	ostor n	aront Chil	•		
		r, Stepbrother, Stepsister, Half-brother, H							
¥		ddress. (Provide City and Country if outside the Un	ited States;						
Entry #1	Street	City		State	Zip Co	de	Country		
Œ	Does this relative have an APO/I	EPO address?							
		our relative's APO/FPO address.							
	NO Address		A	APO or FPO		APO/FPC	State Code		Zip Code
	I don't know								
	18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.								
Σ.		ocumentation and document number below:	_						
Entry #1	Born Abroad to U.S. Parents:	Naturalized: Alien Registration (on Certificate	Derived:	n Registration	(on Cert	ificate	Other (Pr	ovide e	xplanation)
Δī	☐ DS 1350	of Naturalization—utilize USCIS,	of C	itizenship—util	ize USC	IS,			
		CIS or INS Registration number)	_	or INS Registr		· 1			
		Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570)		nanent Reside ificate of Citize 561)		` ′			
	Provide document number.	Provide the name			the Cert	ificate of N	aturalization.		
	Provide the address of the court Street	that issued the Certificate of Naturalization.	City				State	Z	ip Code
Er	nter your Social Security Nun	nber before going to the next page				→			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Chil Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Child has a U.S. address and is not deceased.	
Provide type of documentation he or she possesses to support U.S. residence. Not a U.S. Citizen: I-551 Permanent Resident I-94 Arrival-Departure Record I-766 Employment Authorization U.S. Visa (red foil number) DS-2019 Certificate of Eligibility for Non-Immigrant-F1-Student DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status	ner (Provide explanation)
Provide document number	de approximate date of ontact. (Month/Year) Present
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)	
Provide approximate frequency of contact. ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶	
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if know Employer name	n).
Provide the address of current employer, or provide the address of their most recent employer if not currently employer (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	d.
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence processes and the service. Is this relative affiliated with a foreign government, military, foreign movement, or intelligence processes and the service processes are also as a service.	
18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Chil Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Child has a foreign address and is not deceased.	
Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.	nth/Year) Present Est.
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)	t rooms, etc)
Provide approximate frequency of contact. ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶	
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if know Employer name I don't know	
Provide the address of current employer, or provide the address of their most recent employer if not currently employed and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code C	d. (Provide City
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence YES NO I don't know	
Enter your Social Security Number before going to the next page	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 18 - Relatives -	(Continued ₎)							
Entry #2									
Provide relative type.									
Provide your relative's full Last name	name.		First na	ame				Middle name	Suffix
Lust Hamo								Wildele Harrie	
Provide your relative's date	te of birth.	Provide you	l ır relativ	e's place of birth.				<u> </u>	
Date (Month/Day/Year)		City		•		State		Country (Required)	
	Est.								
Provide your relative's co	untry(ies) of	citizenship.		Country #2					
Country #1				Country #2					
19.1 Complete the follow	wing if the	colative listed	is your I	Mother Eather Ste	nmothe	r Stonfath	hor (Child (including adopted/foster)	Stanchild Brother
Sister, Stepbroth					pinotne	ii, Stepiati	ilei, C	child (including adopted/loster)	, Stepchila, Brother,
If mother , provide your	mother's m	aiden name.		Same as listed		don't knov	N		
Last name			First na	ame			ı	Middle name	Suffix I
Has this relative used a	iny other nai	mes?							
YES NO									
Provide other names us name, alias, or nicknan		period of time	that yo	ur relative used ther	n (such	as maiden	, nam	ne by a former marriage, former	☐ Not applicable
#1 Last name	/-			First name				Middle name	Suffix
Maiden name?	From (Mon	th/Year)		To (Month/Year)	Pre	esent	Prov	vide the reason(s) why the name of	changed.
YES NO			Est.		Est	-			
#2 Last name				First name				Middle name	Suffix
Maiden name?	From (Mon	th/Year)		To (Month/Year)	☐ Pre	esent	Prov	vide the reason(s) why the name o	changed.
YES NO			Est.		Est				
#3 Last name				First name				Middle name	Suffix
11.11				<u> </u>					
Maiden name?	From <i>(Mon</i> i	th/Year)		To (Month/Year)	=	esent	Prov	vide the reason(s) why the name of	changed.
YES NO			Est.	<u> </u>	Est				
#4 Last name				First name				Middle name	Suffix
Maiden name?	From (Mon	th/Year)		To (Month/Year)		4	Drov	vide the reason(s) why the name o	changed
YES NO			Est.		Est	esent	110	vide the reason(s) why the hame t	manged.
						•			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 18 - Relatives - (Continued)
s your relative deceased? YES (If YES, proceed to 18.3) NO
18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.
Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
Does this relative have an APO/FPO address? YES Provide your relative's APO/FPO address. NO Address APO or FPO APO/FPO State Code Zip Code I don't know
18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased. OR Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.
Provide one type of citizenship documentation and document number below: Born Abroad to U.S. Parents: FS 240 or 545 DS 1350 Naturalized: Alien Registration (on Certificate of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization (N550 or N570) Derived: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) CIS or INS Registration number) Certificate of Citizenship (N560 or N561)
Provide document number. Provide the name of the court that issued the Certificate of Naturalization. Provide the address of the court that issued the Certificate of Naturalization. Street City State Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Go has a U.S. address and is not deceased.	
Provide type of documentation he or she possesses to support U.S. residence. Not a U.S. Citizen: I-551 Permanent Resident I-94 Arrival-Departure Record I-20 Certificate of Eligibility for Non-Immigrant-F1-Student Authorization DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status	er (Provide explanation)
· · · · · · · · · · · · · · · · · · ·	e approximate date of intact. (Month/Year) Present Est.
Provide methods of contact (Check all that apply). ☐ In person ☐ Telephone ☐ Written correspondence ☐ Other (Provide explanation) ▶	rooms, etc)
Provide approximate frequency of contact. ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶	
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known Employer name	a).
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	. I don't know
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence in YES Describe the relative's relationship with the foreign government, military, security, defense industry. NO I don't know 18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Grant Research (Stepsister).	try, foreign movement, or intelligence
has a foreign address and is not deceased. Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month) Est.	h/Year) Present Est.
Provide methods of contact (Check all that apply). ☐ In person ☐ Telephone ☐ Uther (Provide explanation) ▶ ☐ Uther (Provide explanation) ▶	
Provide approximate frequency of contact. ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶	
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known Employer name)).
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Co	. (Provide City I don't know
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence solves and the property of the relative's relationship with the foreign government, military, security, defense industry service.	
nter your Social Security Number before going to the next page	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 18 - Relatives - (Continued)				
Entry #3				
Provide relative type.				
Provide your relative's full name. Last name First na	ame		Middle name	Suffix
	5			
Provide your relative's date of birth. Provide your relative	e's place of birth.		<u> </u>	
Date (Month/Day/Year) City	·	State I	Country (Required)	
Provide your relative's country(ies) of citizenship. Country #1	Country #2			
Country #1				
18.1 Complete the following if the relative listed is your	 	ner Stenfather (Child (including adopted/foster). Ste	nchild Brother
Sister, Stepbrother, Stepsister, Half-brother, Ha		ior, Otopiatrior, v	onia (molaumy adopted/100ter), oto	pointa, Brother,
If mother , provide your mother's maiden name.	Same as listed	I don't know		
Last name First na	ame	1	Middle name	Suffix
Has this relative used any other names?				
YES NO	ur relative used them (such	h as maiden nam	as by a former marriage former	,
Provide other names used and the period of time that you name, alias, or nickname).	ii reiauve useu illeili (suci	ii as maiden, nan	ne by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year) P	resent Prov	vide the reason(s) why the name chang	ged.
YES NO Est.	Es	st.		
#2 Last name	First name		Middle name	Suffix I
Maiden name? From (Month/Year)	To (Month/Year)	Prov	vide the reason(s) why the name chang	l local
YES NO Est.	Pi		vide the reason(s) why the name chang	jeu.
#3 Last name	First name	SI.	Middle name	Suffix
"O Last Hamo				
Maiden name? From (Month/Year)	I To (Month/Year) □ ₽ı	resent Prov	l vide the reason(s) why the name chang	 ged.
☐YES ☐ NO ☐ Est.				
#4 Last name	First name	<u> </u>	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year) P	resent Prov	vide the reason(s) why the name chang	ged.
☐ YES ☐ NO ☐ Est.	Es	st.		
		· · · · · · · · · · · · · · · · · · ·		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 18 - Relatives - <i>(Continue</i>	nd)						
		eu)						
	ls your relative deceased?						YES (If YES, proce	eed to 18.3) NO
	18.2 Complete the following if the Stepchild, Brother, Sister	e relative listed is your <mark>Mother</mark> , <mark>Stepbrother, Stepsister, Ha</mark>						
Entry #3	Provide your relative's current ad Street	dress. (<i>Provide City and Country it</i> City	f outside the United States	otherwise, provid State	le City, State and Zip Code		ode) Country	
	Does this relative have an APO/F YES Provide you Address I don't know	FPO address? ur relative's APO/FPO address		APO or FPO	APO/	FPO :	State Code	Zip Code
	OR Complete the following if the	ister, Half-brother, Half-siste e relative listed is your Mother, Stepbrother, Stepsister, Hal	er and is a U.S. Citizen , Father, Stepmother,	foreign born a	nd is deceased oster parent, C	d. Child	(including adop	ted/foster),
Entry #3	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350		ertificate USCIS, number) rd (I-551) Derived Alie of C CIS Per	n Registration (itizenship—utili or INS Registra manent Reside tificate of Citize 1561)	ize USCIS, ation number) nt Card (I-551)		Other (Provide	explanation)
	Provide document number. Provide the address of the court (urt that issued t	the Certificate	of Nat		
	Street		City				State	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	
	ner, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), ther, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide type of documentation he or she possesses to support U.S. r Not a U.S. Citizen: I-551 Permanent Resident I-766 Employment Authorization Provide type of documentation he or she possesses to support U.S. r I-94 Arrival-Departure Record U.S. Visa (red foil number)	Status:
Provide document number Provide document expiration date. (Month/Day/Year)	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
Es	t. Est. Est.
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanat	☐ Electronic (Such as e-mail, texting, chat rooms, etc) ion) ▶
Provide approximate frequency of contact.	
☐ Daily ☐ Monthly	Annually
☐ Weekly ☐ Quarterly	☐ Other (Provide explanation)▶
Provide name of current employer, or provide the name of their most Employer name	
I d	on't know
Provide the address of current employer, or provide the address of the (Provide City and Country if outside the United States; otherwise, provide City, St. Street City	
Is this relative affiliated with a foreign government, military, security, or Describe the relative's relationship with the foreign NO I don't know	defense industry, foreign movement, or intelligence service? breign government, military, security, defense industry, foreign movement, or intelligence
	ner, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), ther, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
Provide approximate date of first contact. (Month/Year) Est	Provide approximate date of last contact. (Month/Year) Present Est.
Provide methods of contact (Check all that apply).	
☐ In person ☐ Telephone ☐ Written correspondence ☐ Other (Provide explanat	☐ Electronic (Such as e-mail, texting, chat rooms, etc) ion) ▶
Provide approximate frequency of contact.	
Daily Monthly	Annually
☐ Weekly ☐ Quarterly	☐ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most Employer name	recent employer if not currently employed (if known).
Provide the address of current employer, or provide the address of the and Country if outside the United States; otherwise, provide City, State and Zip C	eir most recent employer if not currently employed. (Provide City
Street City	State Zip Code Country
Is this relative affiliated with a foreign government, military, security, or Describe the relative's relationship with the foreign NO I don't know	defense industry, foreign movement, or intelligence service? reign government, military, security, defense industry, foreign movement, or intelligence
Enter your Social Security Number before going to the next p	page —

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 18 - Relatives - (Continued)				
Entry #4				
Provide relative type.				
Provide your relative's full name. Last name First n	ame		Middle name	Suffix
Provide your relative's date of birth. Date (Month/Day/Year) Est.	re's place of birth.	State	Country (Required)	
Provide your relative's country(ies) of citizenship. Country #1	Country #2			
18.1 Complete the following if the relative listed is your Sister, Stepbrother, Stepsister, Half-brother, Ha		er, Stepfather, (Child (including adopted/foster), Ste	epchild, Brother,
If mother , provide your mother's maiden name. Last name First n		I don't know	Middle name	Suffix
Has this relative used any other names? YES NO Provide other names used and the period of time that you name, alias, or nickname).	our relative used them (such	as maiden, nan	ne by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year) YES NO Est.	To (Month/Year) Pre		vide the reason(s) why the name chan	ged.
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year) YES NO Est.	To (Month/Year) Pre		l vide the reason(s) why the name chan	ged.
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year) ☐ YES ☐ NO ☐ ☐ Est.			vide the reason(s) why the name chan	ged.
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year) YES NO Est.	To (Month/Year) Pre		 vide the reason(s) why the name chan	ged.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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	Section 19 Polotives (Continue	· «/)							
	Section 18 - Relatives - (Continue	ea)							
1	s your relative deceased?							YES (If YES, proce	eed to 18.3) NO
	18.2 Complete the following if the Stepchild, Brother, Sister,								
Entry #4	Provide your relative's current add Street		Country if outside the Un City	ited States;	otherwise, provid State	le City, Sta Zip Cod		Code) Country	
	Does this relative have an APO/F YES Provide you Address I don't know	PO address? ur relative's APO/FPO	address.	,	APO or FPO		APO/FPO	State Code	Zip Code
	18.3 Complete the following if the Sister, Stepbrother, Stepsi OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S.	ister, Half-brother, He relative listed is your Stepbrother, Stepsi	alf-sister and is a U.S Mother, Father, Step ster, Half-brother, Ha	S. Citizen, omother,	foreign born a Stepfather, Fo	nd is dec	ceased.	(including adop	oted/foster),
Entry #4	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	Naturalized: Alien Registration of Naturalization CIS or INS Regi	on (on Certificate —utilize USCIS, stration number) dent Card (I-551)	of C CIS Perr	n Registration (itizenship—util or INS Registr nanent Reside ificate of Citize 561)	ize USCl ation nur nt Card (IS, mber) (I-551)	Other (Provide	explanation)
	Provide document number.		Provide the name	of the co	urt that issued	the Certi	ficate of Na	aturalization.	
	Provide the address of the court t Street	that issued the Certific	cate of Naturalization.	City				State	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
Provide type of documentation he or she possesses to support U.S. residence. Not a U.S. Citizen: I-551 Permanent Resident I-94 Arrival-Departure Record I-20 Certificate of Eligibility for Non-Immigrant-F1-Student Non-Immigrant-F1-Student DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
Provide document number
Provide methods of contact (Check all that apply). ☐ In person ☐ Telephone ☐ United correspondence ☐ Other (Provide explanation) ▶
Provide approximate frequency of contact. □ Daily □ Monthly □ Annually □ Weekly □ Quarterly □ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES
has a foreign address and is not deceased. Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)
Provide approximate frequency of contact. ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? PES NO I don't know
nter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Se	ction 18 - Relatives -	(Continued)								
En	try #5									
Pro	vide relative type.									
_										
	vide your relative's full	name.		First na	me				Middle name	Suffix
Luc	it name			i iiot iia	1110				Wildele Harrie	
— Pro	vide your relative's dat	e of hirth	Provide your	relative	's place of birth.					
	e (Month/Day/Year)	o or birtir.	City	Toldavo	o piaco el silar.		State		Country (Required)	
		Est.								
	vide your relative's coι	ıntry(ies) of	citizenship.						•	
Col	untry #1			ı	Country #2					
1	8.1 Complete the follo Sister, Stepbroth					pmothe	r, Stepfath	ner, (Child (including adopted/foster), S	Stepchild, Brother,
ŀ	f mother , provide your			Г	Same as listed		don't knov	v		
Ω	ast name			First na	_				Middle name	Suffix
TOE										
F	las this relative used a	ny other nar	nes?							
	☐ YES ☐ NO									
- 1 '		sed and the	period of time	that you	ır relative used ther	n (such	as maiden	, nan	ne by a former marriage, former	Not applicable
	name, alias, or nicknam					`				
7	#1 Last name			ı	First name				Middle name I	Suffix I
	Maiden name?	From (Mont	h/Year)		To (Month/Year)	Pre	sent	Prov	vide the reason(s) why the name cha	anged.
-	YES NO			Est.		Est	-			
7	#2 Last name				First name				Middle name	Suffix
	Maiden name?	From (Mont	h/Year)		To (Month/Year)	Pre	sent	Prov	vide the reason(s) why the name cha	anged.
	YES NO			Est.		Est	-			
1	#3 Last name				First name				Middle name	Suffix
	Maiden name?	From (Mont	h/Year)		To (Month/Year)	☐ Pre	sent	Prov	I vide the reason(s) why the name cha	anged.
	YES NO			Est.		Est				
	#4 Last name				First name				Middle name	Suffix
	Maiden name?	From (Mont	h/Year)		To (Month/Year)	☐ Pre	sent	Prov	vide the reason(s) why the name cha	anged.
	YES NO			Est.		Est				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

	Section 18 - Relatives - (Continue	ed)							
	ls your relative deceased?	,						YES (If YES, proce	eed to 18.3) NO
	18.2 Complete the following if the								
Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Provide your relative's current address. (Provide City and Country if outside the Usage City City						•	nd Zip Co		ot deceased.
ᇤ									
	Does this relative have an APO/I	FPO address? our relative's APO/FPO	addraga						
	YES → Provide yo NO Address I don't know	our relative's APO/FPO	address.	, 	PO or FPO	AP 	O/FPO S	State Code	Zip Code
	18.3 Complete the following if the Sister, Stepbrother, Steps							oted/foster), Ste	pchild, Brother,
	OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S.	e relative listed is your , Stepbrother, Stepsis	Mother, Father, Ste ster, Half-brother, H	pmother,	Stepfather, Fo	oster paren	, Child (
Entry #5	Provide one type of citizenship do Born Abroad to U.S. Parents: FS 240 or 545 DS 1350	Naturalized: Alien Registration of Naturalization CIS or INS Regis	n (on Certificate —utilize USCIS,	Derived: Alier of Ci CIS	n Registration (tizenship—util or INS Registr nanent Reside	lize USCIS, ration numbe	r)	Other (Provide	explanation)
		Certificate of Nat (N550 or N570)	curalization	Cert	ificate of Citize 561)	enship (N560			
	Provide document number.		Provide the name	e of the cou	ırt that issued	the Certifica	e of Nat	uralization.	
	Provide the address of the court Street	that issued the Certific	ate of Naturalization.	City				State	Zip Code
	<u> </u>								<u> </u>

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)					
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.					
Provide type of documentation he or she possesses to support U.S. residence. Not a U.S. Citizen: I-551 Permanent Resident I-94 Arrival-Departure Record I-766 Employment Authorization Status: Other (Provide explanation) Non-Immigrant-F1-Student DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status					
Provide document number					
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)					
Provide approximate frequency of contact. ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation)▶					
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know					
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country					
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES					
18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.					
Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est. Present Est.					
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)					
Provide approximate frequency of contact. ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶					
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know					
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country					
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES					
Enter your Social Security Number before going to the next page					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)						
Entry #6						
Provide relative type.						
Provide your relative's full name. Last name First n	ame		M	iddle name	Suffix	
Last name	ame		"	iddic flame		
Provide your relative's date of birth. Provide your relative	re's place of hirth					
Date (Month/Day/Year)	e a place of birth.	State	, C	ountry (Required)		
Est.						
Provide your relative's country(ies) of citizenship.			•			
Country #1	Country #2					
18.1 Complete the following if the relative listed is your Sister, Stepbrother, Stepsister, Half-brother, Ha		nother, Stepfath	er, Chi	ld (including adopted/foster), St	epchild, Brother,	
	Same as listed	I don't know	,			
Last name First n		radire know		iddle name	Suffix	
If mother, provide your mother's maiden name. Last name First n						
Has this relative used any other names?						
☐ YES ☐ NO						
Provide other names used and the period of time that yo	our relative used them	(such as maiden,	name l	by a former marriage, former	Not applicable	
name, alias, or nickname).						
#1 Last name	First name			Middle name	Suffix I	
Maiden name? From (Month/Year)	To (Month/Voor)		Provide	the reason(s) why the name char	ngod	
	To (Month/Year)	<u> </u>	FIOVICE	e the reason(s) why the name char	igeu.	
		Est.		Middle name	Suffix	
#2 Last name	First name			Middle name	Sullix	
Maiden name? From (Month/Year)	To (Month/Year)		Provide	the reason(s) why the name char	nged	
YES NO Est.		Present Est.			.904.	
#3 Last name	First name			Middle name	Suffix	
10 23000						
Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide	the reason(s) why the name char	nged.	
☐YES ☐ NO ☐ Est.	1 -	Est.				
#4 Last name	First name			Middle name	Suffix	
Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide	e the reason(s) why the name char	nged.	
☐ YES ☐ NO ☐ Est.		Est.				
·	<u> </u>					
Enter your Social Security Number before going to	the next page _					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)	
	Is your relative deceased?	YES (If YES, proceed to 18.3) NO
	18.2 Complete the following if the relative listed is your Mother, Father, Stepmot	
intry #6	Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Provide your relative's current address. (Provide City and Country if outside the United St. Street City Does this relative have an APO/EPO address?	
	Does this relative have an APO/FPO address? YES Provide your relative's APO/FPO address. NO Address I don't know	APO or FPO APO/FPO State Code Zip Code
	18.3 Complete the following if the relative listed is your Mother, Father, Stepmoth Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Cition OR Complete the following if the relative listed is your Mother, Father, Stepmoth Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sist foreign born and has a U.S. or APO/FPO address.	tizen, foreign born and is deceased. ther, Stepfather, Foster parent, Child (including adopted/foster),
Entry #6	DS 1350 of Naturalization—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Naturalization	rived: Alien Registration (on Certificate of Citizenship—utilize USCIS, CIS or INS Registration number) Permanent Resident Card (I-551) Certificate of Citizenship (N560 or N561)
	Provide document number. Provide the name of the	ne court that issued the Certificate of Naturalization.
	Provide the address of the court that issued the Certificate of Naturalization. Street City	y State Zip Code
Е	Enter your Social Security Number before going to the next page	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)
18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
Provide type of documentation he or she possesses to support U.S. residence. Not a U.S. Citizen: I-551 Permanent Resident I-94 Arrival-Departure Record I-20 Certificate of Eligibility for Non-Immigrant-F1-Student Authorization DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status
Provide document number
Provide methods of contact (Check all that apply). ☐ In person ☐ Telephone ☐ Unit the correspondence ☐ Other (Provide explanation) ▶
Provide approximate frequency of contact. □ Daily □ Monthly □ Annually □ Weekly □ Quarterly □ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES
has a foreign address and is not deceased. Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est. Provide approximate date of last contact. (Month/Year) Est.
Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)
Provide approximate frequency of contact. ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES NO I don't know
nter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts										
A foreign national is defined as any person whe	o is not a citizen or i	national of t	he U.S.							
Do you have, or have you had, close and/or continuing contact with a foreign national within the last seven (7) years with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, YES NO (If NO, proceed to Section 20A)										
influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18. Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.										
	s to flave, of flave i	ilau, ciose a	aria/or cc	militaring Co	Jillact With	a loreigii i	iational.		<u> </u>	
Entry #1	if Iron account							14 lon		
Provide the full name of the foreign national, Last name First n			Middle ı	name		Suffix		n't know tion if name	is unknown	
	amo		Wildalo I	idillo		Cumx			io di iidiowii	
Provide approximate data of first centest. (M	anth Maarl	Drovido	onnrovin	anto data a	of last contr	act (Manth)	\(\(\alpha\)			
Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.										
Provide methods of contact (Check all that a	pply).	•								
☐ In person	Telephone		Ele	ctronic (Su	ch as e-ma	ail, texting,	chat rooms	s, etc)		
Written correspondence	Other (Provide exp	lanation) 🕨								
Provide approximate frequency of contact.										
☐ Daily	Monthly		Anr	nually						
☐ Weekly	Quarterly		Oth	er (Provide	e explanati	ion) ▶				
Provide the nature of relationship (Check all Professional or Business	that apply).		F	Personal (S	Such as far	nily ties, fri	endship, af	fection, com	mon interests, etc)	
☐ Obligation (Provide explanation) ▶				Other (Prov	ide explan	ation) ▶				
Provide other names and/or nicknames, as	appropriate.									
Last name	First name				Middle na	me			Suffix	
Provide country(ies) of citizenship. Country #1	Cour	ntry #2								
Provide date of birth.	Provi	ide place of	birth.	I doı	n't know					
(Month/Day/Year)	City				Co I	ountry (If co	untry unknov	vn, requires ex	xplanation)	
Est.										
Provide current address. (Provide City and Co.	-	ed States; oth	nerwise, pi	rovide City, S	State and Zip	Code.)			I don't know	
Street	City I		ı	State	Zip Co I	de	Country I			
Does this person have an APO/FPO addres	s? Provide the forei	gn national'				4.5	0/500 0/		7: 0 1	
YES — Address			I I	PO or FPC)	AP 	O/FPO Sta	te Code	Zip Code	
NO I don't know										
Provide the name of the foreign national's cu Employer name	ırrent employer, or ı	provide the	name of	their most	recent em	ployer if no	ot currently	employed.		
Employor name				on't know						
Provide the address of the foreign national's	current employer	or provide th			most recer	nt employe	r if not curr	ently		
employed. (Provide City and Country if outside the		•				it employe	i ii iiot oaii	ortay	I don't know	
Street	City		ı	State	Zip Co	de	Country			
Is this foreign national affiliated with a foreig	•			•	ū					
☐YES — Describe the	contact's relationshi	ip with the f	oreign go	overnment	, military, s	ecurity, de	fense indus	stry, or intelli	gence service.	
☐ NO ☐ I don't know										
							, Γ		Ī	
nter your Social Security Number before	e going to the n	ext page					→			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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section 19 - Foreign Contacts - (Continued)									
Complete the following if you responded 'Yes	s' to have, or have had, close	and/or continuing c	ontact with a foreign i	national.					
Entry #2									
Provide the full name of the foreign national, Last name First na		Middle name	Suffix	I don't know Explanation if name	is unknown				
Provide approximate date of first contact. (Mo	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.								
In person									
Provide approximate frequency of contact.									
	Monthly Quarterly	Annually Other (Providence)	le explanation) ▶						
Provide the nature of relationship (Check all ☐ Professional or Business ☐ Obligation (Provide explanation) ▶		`	Such as family ties, frovide explanation) ▶	iendship, affection, com	mon interests, etc)				
Provide other names and/or nicknames, as a			N. C. I. II		0 "				
Last name	First name		Middle name		Suffix				
Provide country(ies) of citizenship. Country #1	Country #2								
Provide date of birth.	Provide place o City	f birth.	n't know Country (If co	ountry unknown, requires ex	xplanation)				
Provide current address. (Provide City and Cou	ntry if outside the United States; ot	herwise, provide City,	State and Zip Code.)		I don't know				
Street	City	State	Zip Code	Country					
Does this person have an APO/FPO address YES Address NO I don't know	? Provide the foreign nationa	l's APO/FPO addre APO or FF		PO/FPO State Code	Zip Code				
Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed. Employer name									
Provide the address of the foreign national's employed. (Provide City and Country if outside the Street				er if not currently Country	☐ I don't know				
Is this foreign national affiliated with a foreign YES Describe the o	n government, military, securit contact's relationship with the	-	-		gence service.				

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ection 19 - Foreign Contacts - (Continued)								
Complete the following if you responded 'Yes	' to have, or have had, close	e and/or continuing c	ontact with a foreign	national.				
Entry #3								
Provide the full name of the foreign national, i Last name First na		Middle name	□ I don't know ne Suffix Explanation if name is unknown					
Provide approximate date of first contact. (Mo	nth/Year) Provid	le approximate date d	of last contact. (Month	Year)				
	Est.			Est.				
Provide methods of contact (Check all that ap	• • /	□ Flacture is (0)		-11				
	⁻ elephone Other (Provide explanation)		ıch as e-mail, texting	, cnat rooms, etc)				
Provide approximate frequency of contact.	The (Frevious explanation)							
	Monthly	Annually						
	Quarterly		e explanation) ▶					
Provide the nature of relationship (Check all t								
Professional or Business		Personal (S	Such as family ties, fr	iendship, affection, com	mon interests, etc)			
Obligation (Provide explanation)		Other (Prov	vide explanation) ▶					
Provide other names and/or nicknames, as a	ppropriate.							
Last name	First name		Middle name		Suffix			
Provide country(ies) of citizenship. Country #1	Country #2							
Provide date of birth. I don't know	Provide place	of birth.	n't know					
(Month/Day/Year)	City	1 do	_	ountry unknown, requires ex	xplanation)			
Est.								
Provide current address. (Provide City and Cour Street	ntry if outside the United States; City	otherwise, provide City, S State	State and Zip Code.) Zip Code	Country	I don't know			
Does this person have an APO/FPO address YES Address NO I don't know	? Provide the foreign nation	al's APO/FPO addre APO or FF		PO/FPO State Code	Zip Code			
Provide the name of the foreign national's cur Employer name	rent employer, or provide th	ne name of their mos	t recent employer if n	ot currently employed.				
		I don't know						
Provide the address of the foreign national's of employed. (Provide City and Country if outside the				er if not currently	I don't know			
Street	City	State	Zip Code	Country				
Is this foreign national affiliated with a foreign	government, military, secu	rity, defense industry	, or intelligence servi	ce?				
☐YES — Describe the co	ontact's relationship with the	e foreign government	t, military, security, de	efense industry, or intelli	gence service.			
NO I don't know								

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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ection 19 - Foreign Contacts - (Continuea)								
Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.								
Entry #4								
Provide the full name of the foreign national	, if known.			I don't know				
Last name First r	name	Middle name	Suffix	Explanation if name	is unknown			
Provide approximate date of first contact. (A	fonth/Year) Provid	le approximate date d	of last contact. (Month)	Year)				
	Est.			Est.				
Provide methods of contact (Check all that	,							
In person	Telephone	Electronic (Su	uch as e-mail, texting,	chat rooms, etc)				
Written correspondence	Other (Provide explanation)	>						
Provide approximate frequency of contact.								
Daily	Monthly	Annually						
Weekly	Quarterly	Other (Provid	le explanation) ▶					
Provide the nature of relationship (Check al	I that apply).							
Professional or Business		`	•	endship, affection, com	imon interests, etc)			
☐ Obligation (Provide explanation) ▶		Other (Prov	vide explanation) ▶					
Provide other names and/or nicknames, as	appropriate.							
Last name	First name		Middle name		Suffix			
Provide country(ies) of citizenship.			I.					
Country #1	Country #2							
Provide date of birth. I don't know	Provide place	of birth.	n't know					
(Month/Day/Year)	City		Country (If co	untry unknown, requires e	xplanation)			
Est.								
Provide current address. (Provide City and Co	untry if outside the United States;	otherwise, provide City,	State and Zip Code.)		I don't know			
Street	City	State	Zip Code	Country	_			
Does this person have an APO/FPO addres	s? Provide the foreign nation	nal's APO/FPO addre	SS.	•				
YES — Address		APO or FP	PO AF	O/FPO State Code	Zip Code			
─ NO ☐ I don't know								
Provide the name of the foreign national's c	urrent employer, or provide th	ne name of their mos	t recent employer if no	ot currently employed.	•			
Employer name								
		I don't know						
Provide the address of the foreign national's				r if not currently	I don't know			
employed. (Provide City and Country if outside th Street	e United States; otherwise, provide City	e City, State and Zip Cod State	de.) Zip Code	Country				
Succe			Zip Code					
le this foreign national affiliated with a foreign	un government military seeu	rity defense industry	or intelligence convic	<u> </u>				
Is this foreign national affiliated with a foreign Describe the	contact's relationship with the	-	-		igence service			
	John Start Un		,,, 223am, de		J 2 22 20.			
NO I don't know								

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activities

20A.1 Have you, your spouse or legally recognize EVER had any foreign financial interests (s corporate entities, corporate interests or execonomic sectors) in which you or they hav companies or diversified mutual funds or dive	uch as stocks, property, investi change traded funds (ETFs) he e direct control or direct owner	ments, bank accou ld in specific geog ship? (Exclude fin	unts, ownership of graphical or ancial interests in	YES [NO (If NO, proceed	to 20A.2)
Complete the following if you responded 'Yes' having EVER had any foreign financial interest corporate entities, corporate interests or excha direct control or direct ownership (Exclude final U.S. exchange.)	s (such as stocks, property, inv nge traded funds (ETFs) held i	restments, bank a n specific geograp	ccounts, ownership phical or economic	o of corporate sectors) in wh	entities, ownership lich you or they have	of ∋
Entry #1						
Specify (Check all that apply): Yourself	Spouse or legally recogniz			Cohabitant	Dependent c	hildren
Provide the type of financial interest.	Provide the date	acquired. (Month/	Day/Year)Est.			
Provide how the financial interest was acquired (such as purchase, gift, etc.).	•				
Provide the cost (in U.S. dollars) at time of acquisition.	ownership was s I	ent value (in U.S. old, lost or otherw	dollars) or the valu	e at the time o	control or	
Provide the date control or ownership was reling	Est.	Drovido ovolonos	tion of how interest	t control or ow	nership was sold, lo	Est.
Date	Est.	otherwise dispos		CONTROL OF OW	nersnip was soid, io	St Of
Are there any co-owners of this foreign financial	Not Applicable interest?					
YES NO						
#1 Provide full name of co-owner. Last name	First name		Middle name		Suffix	<
Provide the co-owner's current address. (Pro Street	vide City and Country if outside the (City	Jnited States; otherw State	ise, provide City, State Zip Code	e and Zip Code.) Country		
Provide your co-owner's country(ies) of citize Country #1	nship. Country #2		Provide the natu	ıre of your rela	ationship with the co	-owner.
#2 Provide full name of co-owner. Last name	First name		Middle name		Suffix	ζ
Provide the co-owner's current address. (<i>Pro</i>	vide City and Country if outside the	Jnited States; otherw	rise, provide City, State	e and Zip Code.)		
Street	City	State	Zip Code	Country		
Provide your co-owner's country(ies) of citize Country #1	nship. Country #2		Provide the natu	ure of your rela	ationship with the co	-owner.
nter your Social Security Number before g	oing to the next page					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activities (Continued)

Complete the following if you responded 'Yes' to you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children having EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)										
Entry #2										
Specify (Check all that apply):	Spouse or legally recognized	civil union/dome	estic partner	Cohabitant Depend	dent children					
Provide the type of financial interest. Provide the date acquired. (Month/Day/Year)										
			Est.							
Provide how the financial interest was acquired (such as purchase, gift, etc.).									
Provide the cost (in U.S. dollars) at time of acquisition.	Provide the current ownership was solo	,	,	e at the time control or						
	Est.				Est.					
Provide the date control or ownership was relinq	• • •	•		control or ownership was	sold, lost or					
Date	Est.	otherwise dispos	ed of.							
	☐ Not Applicable									
Are there any co-owners of this foreign financial	interest?									
YES NO										
#1 Provide full name of co-owner.										
Last name	First name		Middle name		Suffix					
Provide the co-owner's current address. (Pro	vide City and Country if outside the Un	nited States; otherwi	se, provide City, State	e and Zip Code.)						
Street	City	State	Zip Code	Country						
Provide your co-owner's country(ies) of citize	•									
Country #1	Country #2		Provide the natu	re of your relationship with	the co-owner.					
#2 Provide full name of co-owner.			- 1							
Last name	First name		Middle name		Suffix					
Provide the co-owner's current address. (Pro	vide City and Country if outside the Un	nited States; otherwi	se, provide City, State	e and Zip Code.)						
Street	City	State	Zip Code	Country						
Provide your co-owner's country(ies) of citize	nship.		1							
Country #1	Country #2		Provide the natu	re of your relationship with	the co-owner.					
	1									

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Provide your relationship with the co-owner.

CFR Parts 731, 732, and 736	NATIO	NAL SECURII	Y PU511	IONS		
Section 20A - Foreign Activities - (Continu	ed)					
20A.2 Have you, your spouse or legally reco				pendent	YES NO (If NO, Pro	oceed to 20A.3)
Complete the following if you responded 'Y EVER had any foreign financial interests the			nized civil uni	on/domestic partner,	cohabitant, or dependent	children havin
Entry #1						·
Specify: (Check all that apply): Yourse	elf Spouse	or legally recognized of	ivil union/dom	nestic partner	Cohabitant Depend	dent children
	ide the name of t name	he individual who contr	ols this financ First name	cial interest on your b	ehalf. Provide this indi relationship to y	
Provide details regarding how the financial purchase, gift, etc.).	interest was acqu	•	ide the date thacquired. (Mo	nis financial interest	Provide the cost (in U.S at time of acquisition.	. dollars)
				Est.		Est.
Provide the current value (in U.S. dollars) of value at the time interest was sold, lost or otherwise disposed of.	so	ovide the date interest ld, lost, or other wise d (Month/Day/Year)	isposed		vide explanation if interes therwise disposed of.	t was sold, lost
	Est.			Not Applicable		
Are there any co-owners of this foreign fina	incial interest con	trolled on your behalf?				
YES NO						
#1 Provide the full name of co-owner.						
Last name	First na	me		Middle name	9	Suffix
Provide the co-owner's current address	. (Provide City and	Country if outside the Unit	ed States; other	wise, provide City, State	and Zip Code.)	
Street	City		State	Zip Code	Country	
Provide the co-owner's country(ies) of	citizenship.		1		<u> </u>	
Country #1	Country	<i>ı</i> #2		Provide your relat	tionship with the co-owner	·.
#2 Provide the full name of co-owner.						
Last name	First na	me		Middle name		Suffix
Provide the co-owner's current address	6. (Provide City and	Country if outside the Unit	ed States; other	wise, provide City, State	and Zip Code.)	
Street	City		State	Zip Code	Country	
Provide the co-owner's country(ies) of	I citizenship.		1	l	<u> </u>	

Country #2

Country #1

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activities - (Continued)

Section 20A - Foreign Activities - (Continued)					
Complete the following if you responded 'Yes' to EVER had any foreign financial interests that so		nized civil unior	n/domestic partner,	cohabitant, or dependent	children having
Entry #2					
Specify: (Check all that apply):	Spouse or legally recognized	civil union/dome	estic partner	Cohabitant Depend	dent children
Provide the type of financial Provide th Last name	e name of the individual who conf	rols this financia First name	al interest on your b	pehalf. Provide this indi relationship to y	
Provide details regarding how the financial interest purchase, gift, etc.).	•	vide the date this acquired. (Mont	s financial interest h/Day/Year) Est.	Provide the cost (in U.S at time of acquisition.	i. dollars)
Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of.	Provide the date interest sold, lost, or other wise of of. (Month/Day/Year) Est.	disposed	or o	vide explanation if interes otherwise disposed of.	t was sold, lost
And there are a surrous of this females financial			'''		
Are there any co-owners of this foreign financial	interest controlled on your benait	?			
YES NO					
#1 Provide the full name of co-owner.					
Last name	First name		Middle nam	е	Suffix
Provide the co-owner's current address. (Pro	ovide City and Country if outside the Uni	ited States; otherw	ise, provide City, State	and Zip Code.)	
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of citizer	nship.	<u> </u>		1	
Country #1	Country #2		Provide your rela	tionship with the co-owne	·.
#2 Provide the full name of co-owner.	-		!		
Last name	First name		Middle name)	Suffix
Provide the co-owner's current address. (Pro	ovide City and Country if outside the Uni	ited States; otherw	ise, provide City, State	and Zip Code.)	
Street	City	State	Zip Code	Country	
Provide the co-owner's country(ies) of citizer	nship.		1		
Country #1	Country #2		Provide your rela	tionship with the co-owne	·.
	l		I.		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activities - (Continued)

A.3 Have you, your spouse or legally reconcilidren EVER owned, or do you anti-	cipate owning, or	plan to purchase real	estat	e in a fore	eign	country?			Proceed to 20A.4)
Complete the following if you responded 'N EVER owned, or do you anticipate owning					on/c	domestic partner	, col	habitant, or dependei	nt children
Entry #1									
Specify (Check all that apply): Yours		e or legally recognized		union/dom	est	ic partner	Col	habitant Depe	ndent children
Provide the type of real estate property (such as home, business, etc.).	Provide the loca Street	ation/address of prope	rty.	City				Country	
Provide the date of purchase or to be acquired. (Month/Day/Year) Est.	Provide how the purchase, gift, e	e foreign real estate wa etc.).	as or i	s to be ac	cqui	red (such as		Provide the date sol applicable. (Month/Da	•
Provide the cost (in U.S. dollars) when solo	d or expected at t]Est.	Are/wer		ill there any co-c	owne	ers of this foreign real	
#1 Provide the full name of co-owner. Last name	First name	е		ļ		Middle name			Suffix
Provide the co-owner's current address Street	. (Provide City and City	Country if outside the Un	ited Sta			, provide City, State Code		Zip Code.) untry	
Provide the co-owner's country(ies) of a Country #1	citizenship. Country	y #2	1			Provide the natu	re o	f your relationship wi	th the co-owner.
#2 Provide the full name of co-owner. Last name	First nam	е			ı	Middle name			Suffix
Provide the co-owner's current address Street	. (Provide City and City	Country if outside the Un	ited St Sta			, provide City, State Code		Zip Code.) untry	
Provide the co-owner's country(ies) of a Country #1	citizenship. Country	y #2	'	,		Provide the natu	re o	f your relationship wit	th the co-owner.
er your Social Security Number befo	ore agina to th	ne next page					_		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activities - (Continued)

- Control 2011 1 Cholghi 7 Carvilloc (Continu	····						
Complete the following if you responded 'Y EVER owned, or do you anticipate owning,			on/domestic partner,	cohabitant, or dependent	children		
Entry #2							
Specify (Check all that apply): Yourse	elf Spouse or legally recognized	civil union/dom	estic partner (Cohabitant Dependent	dent children		
Provide the type of real estate property (such as home, business, etc.).	Provide the location/address of prope Street	rty. City		Country			
Provide the date of purchase or to be acquired. (Month/Day/Year)	Provide how the foreign real estate was purchase, gift, etc.).	rovide how the foreign real estate was or is to be acquired (such as urchase, gift, etc.). Provide the date sold, if applicable. (Month/Day/Year)					
					Est.		
Provide the cost (in U.S. dollars) when sold or expected at time of acquisition. Are/were/will there any co-owners of this foreign real estate? Set. YES NO							
#1 Provide the full name of co-owner. Last name	First name		Middle name		Suffix		
Provide the co-owner's current address	. (Provide City and Country if outside the Un	ited States; otherw	vise, provide City, State a	and Zip Code.)	•		
Street	City	State	Zip Code	Country			
Provide the co-owner's country(ies) of c	citizenship.	<u> </u>	<u>'</u>				
Country #1	Country #2		Provide the nature	e of your relationship with	the co-owner.		
#2 Provide the full name of co-owner.	<u>'</u>						
Last name	First name		Middle name		Suffix		
Provide the co-owner's current address	. (Provide City and Country if outside the Un	ited States; otherw	vise, provide City, State a	and Zip Code.)	•		
Street	City	State	Zip Code	Country			
Provide the co-owner's country(ies) of c Country #1	citizenship. Country #2		Provide the nature	e of your relationship with	the co-owner.		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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S. Office of Personnel Management CFR Parts 731, 732, and 736	NATIONAL SECURITY POSITIONS
Section 20A - Foreign Activities - (Continued)	
dependent children received in the last	or legally recognized civil union/domestic partner, cohabitant, or seven (7) years, or are eligible to receive in the future, any welfare, or other such benefit from a foreign country?
Complete the following if you responded 'Yes' dependent children received in the last seven such benefit from a foreign country.	that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other
Entry #1	
Specify (Check all that apply) Yourself	Spouse or legally recognized civil union/domestic partner Cohabitant Dependent children
Provide the type of benefit.	onal
benefit.	benefit (Complete (a)) ☐ Future benefit (Complete (b)) ☐ Continuing benefit (Complete (c)) complete (c)) (Provide explanation) ▶
(a) If you have indicated that you, your spouse benefit from a foreign country:	or legally recognized civil union/domestic partner, cohabitant, or dependent children received a onetime
	the name of the country Provide the total value (in U.S. Provide the reason this benefit dollars) of the benefit received. Was received.
Est.	Est.
way to this foreign country? YES If yes, provide exp	use or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any lanation.
(b) If you have indicated that you, your spouse benefit from a foreign country:	or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a
	rovide the frequency the benefit will be received. Annually
Provide the name of the country providing t	his benefit. Provide the value (in U.S. dollars) of the benefit to be received. Provide the reason this benefit will be received.
As a regult of this bonefit are you your spe	use or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any
way to this foreign country? YES If yes, provide exp	
□ NO	
(c) If have indicated that you, your spouse or least benefit from a foreign country:	egally recognized civil union/domestic partner, cohabitant, or dependent children receive a continuing or other
Provide the date the benefit began. (Month/I	Day/Year) Provide the date the benefit is expected to end. (Month/Day/Year) Est.
Provide the frequency that this benefit is re	ceived.
	onthly ☐ Other (Provide explanation) ▶ /eekly
Provide the name of the country providing	Provide the total value (in U.S. dollars) Provide the reason this benefit is
this benefit.	of benefit. being received.
	Est.
As a result of this benefit are you, your spo way to this foreign country?	use or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any
☐ YES If yes, provide exp	anation.

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activities - (Continued)

Section 20A - Poreign Activities - (Continued)
Complete the following if you responded 'Yes' that as a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.
Entry #2
Specify (Check all that apply)
Provide the type of benefit.
Dravida the frequency of the
benefit. Onetime benefit (Complete (a)) Under (Complete (c)) Other (Complete (c)) Other (Complete (c)) Future benefit (Complete (b)) Continuing benefit (Complete (c))
(a) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received a onetime benefit from a foreign country:
Provide the date the benefit
was received. (Month/Day/Year) providing the benefit. dollars) of the benefit received. was received.
□ Est. □ Est. □
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?
YES If yes, provide explanation.
(b) If you have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children expect to receive a benefit from a foreign country:
Provide the date the benefit will Provide the frequency the benefit will be received.
begin. (Month/Day/Year)
☐ Est. ☐ Quarterly ☐ Weekly
Provide the name of the country providing this benefit. Provide the value (in U.S. dollars) of the benefit to be received. Provide the name of the country providing this benefit. Provide the value (in U.S. dollars) of the benefit will be received.
□Est.
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?
YES If yes, provide explanation.
(c) If have indicated that you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children receive a continuing or other benefit from a foreign country:
Provide the date the benefit began. (Month/Day/Year) Provide the date the benefit is expected to end. (Month/Day/Year)
□ Est. □ Est.
Provide the frequency that this benefit is received.
☐ Annually ☐ Monthly ☐ Other (Provide explanation) ▶
☐ Quarterly ☐ Weekly
Provide the name of the country providing Provide the total value (in U.S. dollars) Provide the reason this benefit is
this benefit. of benefit. being received.
Est.
As a result of this benefit are you, your spouse or legally recognized civil union/domestic partner, your cohabitant, or dependant children obligated in any way to this foreign country?
YES If yes, provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20A - Foreign Activities - (Continued) 20A.5 Have you EVER provided financial support for any foreign national? YES NO (If NO, proceed to 20B) Complete the following if you responded 'Yes' to providing financial support for any foreign national. Entry #1 Provide the name of the foreign national you support or have supported financially. Suffix Last name First name Middle name Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the nature of your relationship with the foreign national listed above. Provide the amount (in U.S. dollars) of all financial support provided. ___ Est. Provide this foreign national's country(ies) of citizenship. Provide the frequency of your support. Country #1 Country #2 Entry #2 Provide the name of the foreign national you support or have supported financially. Last name First name Middle name Suffix Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Country Zip Code Provide the amount (in U.S. dollars) of all financial support provided. Provide the nature of your relationship with the foreign national listed above. Est. Provide this foreign national's country(ies) of citizenship. Provide the frequency of your support. Country #1 Country #2

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	s 731, 732, and 736	-					
Section	20B - Foreign Business, Professi	onal Activities, and Fo	oreign Gove	ernment Contac	ts		
20B.1	Have you in the last seven (7) yea foreign business or other foreign org (Answer "No" if all your advice or st	ganization that you hav	e not previo	usly listed as a fo	ormer employer?	YES NO (If NO	, proceed to 20B.2)
	plete the following if you responded "ess or other foreign organization that					dividual associated	with a foreign
Entry	/ #1						
Provi	de a description of advice/support pro	ovided. Provide the Last name	name of the	e individual to wh First i	om advice or support was p name	provided. Middle name	Suffix
	de the name of the foreign organizati ciated.	on or foreign business	with whom t	he individual is	Provide the country of orig	in for the organizat	ion or business.
	de the date(s) during which this advided to the date (Month/Year) ———————————————————————————————————	ce or support was provi Date (<i>Month/Year</i>)	ded.] Present] Est.	Describe what o	compensation, if any, was p	rovided for your se	rvice.
Entry	/ #2						
Provi	de a description of advice/support pro	ovided. Provide the Last name	name of the	e individual to wh First i	om advice or support was p name	orovided. Middle name	Suffix
	de the name of the foreign organizati sociated.	on or foreign business	with whom t	he individual	Provide the country of orig	in for the organizat	ion or business.
	de the date(s) during which this advided Date (Month/Year) To I	ce or support was provi Date <i>(Month/Year)</i>	ded.] Present] Est.	Describe what of	compensation, if any, was p	rovided for your se	rvice.
		<u></u>] =0				
	question, 'Immediate Family' means, children, step-children, and cohabita Have you, your spouse or legally re your immediate family in the last se	ant. cognized civil union/do	mestic partn	er, cohabitant, o	r any member of YF		If and step- proceed to 20B.3)
	even informally, by any foreign gove was authorized pursuant to official t	ernment official or agen	ıcy? (Answe				
imme	plete the following if you responded "diate family having in the last sever al or agency.						
Entry	/ #1						
	de the name of the government offici name	al. First name			Middle name	s	Suffix
Provi	de the name of the agency.			Provide the cou	ntry with which the governm	ent official or agen	cy is affiliated.
Provi	de the date of the request. (Month/Yea	r) Provide the	circumstan	ces of request.			
Entry	<i>t</i> #2	l					
Provi	de the name of the government offici						
Last	name	First name			Middle name	s 	Suffix
Provi	de the name of the agency.			Provide the cou	ntry with which the governm	ent official or agen	cy is affiliated.
Provi	de the date of the request. (Month/Yea	r) Provide the	circumstan	ces of request.			
		l					
nter yo	our Social Security Number bef	ore going to the ne	xt page				

Standard Form 86 Revised November 2016 U.S. Office of Personnel Management

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

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

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

NATIONAL SECURITY POSITIONS Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) Have you in the last seven (7) years been involved in any other type of business venture with a foreign YES NO (If NO, proceed to 20B.5) national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? Complete the following if you responded 'Yes' to having in the last seven (7) years been involved in any other type of business venture with a foreign national not described above. Entry #1 Provide the full name of this foreign national. Last name First name Middle name Suffix Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the citizenship(s) of this foreign national. Country #1 Country #2 Provide a description of the business venture. Provide your relationship to this foreign national. Provide the length of time you have been involved in the business venture. Provide the nature of association with Provide the position you held. this business venture. From Date (Month/Year) To Date (Month/Year) Present Est. Provide the financial support involved. Provide the service you provided. Provide a description of what compensation was provided for your service. Entry #2 Provide the full name of this foreign national. First name Suffix Last name Middle name Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the citizenship(s) of this foreign national. Country #1 Country #2 Provide a description of the business venture. Provide your relationship to this foreign national. Provide the length of time you have been involved in the business venture. Provide the nature of association with Provide the position you held. From Date (Month/Year) To Date (Month/Year) Present this business venture. Est. Est. Provide the financial support involved. Provide the service you provided. Provide a description of what compensation was provided for your service.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional	Activities, and Foreign Government Contacts - (Continued)
	ttended or participated in any conferences, trade shows, P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated in on official P (Do not include those you attended or participated those you attended or participated in other you attended or parti
Complete the following if you responded 'Yes' or meetings outside the U.S.	to in the last seven (7) years having attended or participated in any conferences, trade shows, seminars,
Entry #1	
Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) Est. Provide the purpose of the event. From Date (Month/Year) Est.
Provide the name of sponsoring organization.	Provide the city where the event was held. Provide the country where the event was held.
Was there any subsequent contact with any fo	reign nationals as a result of the event?
YES Provide explanation	Contact #1 explanation
NO for each contact.	Contact #2 explanation
	Contact #3 explanation
	Contact #4 explanation
Entry #2	
Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) Present Est. Provide the purpose of the event. Est.
Provide the name of sponsoring organization.	Provide the city where the event was held. Provide the country where the event was held.
Was there any subsequent contact with any fo	reign nationals as a result of the event?
YES Provide explanation	Contact #1 explanation
NO for each contact.	Contact #2 explanation
	Contact #3 explanation
	Contact #4 explanation

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

action 208 - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) or this question, "immediate Family" means your spouse, parents, site-parents, sitelings, half and slep- siblings, hilldern, step-children, and cohabilant. 88.6 - Have you or any member of your immediate family in the last seven (7) years had any contact with a foreign government, its calabilation of the parents whether inside or obtained in the contact of the parents of the pare						
Bill Have you or any member of your immediate family in the last even (7) years had any contact with a foreign government, its establishment (auch as embasey, consulate, apency, military service, intelligence or security YES NO (// NO. Proceed to year), or 10 in proposed they, whiche in side to disable the U.S. I. Scorement with each Chorgen Ironia on a U.S. passport, or as a U.S. military service, in the last of the contact of the proposed of Yes (2) you a ry member of your immediate family with a U.S. Government military duity). Complete the following (flyour appointed) Yes (2) you any member of your immediate family having in the last seven (7) years had any contact with a foreign government. Its establishment (such as embasey, consulate, agency, military service, intelligence or security service, etc.) or its representatives. Whether inside or outside the U.S. Entry #1 Provide the location of the contact. Provide City and Country # outside the Usine States of contact. Last name Frovide the date of contact. Provide the bype of establishment (such as embasey, consulate, agency, military service, etc.) involved. Country #1 Country #2 Entry #2 Provide the bype of establishment (such as embasey, consulate, agency, military service, etc.) involved. Country #1 Country #2 Entry #2 Provide the purpose of the subsequent contact (intelligence or security service, etc.) involved. Suffix Suffix Suffix Entry #2 Provide the purpose of the subsequent contact. Provide the purpose of	Section 20B - Fore	ign Business, Professional Ac	ctivities, and For	eign Government Contacts -	- (Continued)	
government, its establishment (such as embassy, consulate, agency, millary service, include the contact was for routine via applications and border crossings related to effort official U.S. Covernment travel, foreign travel on a U.S. passport, or as a U.S. millady service amomber in comprison with a U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. millady service amomber in comprison with a U.S. downment millary duty.) Complete the following if you responded Yee's to you or any mamber of your immediate family having in the last seven (7) years had any contact with a footber made or outside the U.S. Entry #1 Provide the individual involved in the contact. Estat name First name Middle name Middle name Suffix Suffix Suffix Provide the date of contact. (Provide City and Country if outside the United States; cheevise, provide City, State and 2tp Code) Country #2 Country #1 Provide the date of contact. Provide the foreign government(s) involved. Country #2 Frovide the lype of establishment (such as embassy, consultative, etc.) involved. Was there any subsequent contact inflitiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact. Provide tagency, millary service, intelligence or security service, dec.) involved. State Provide the name of the individual involved in the contact. Provide tagency millary service, intelligence or security service, dec.) involved. Country #1 Country #2 First name First name Middle name Suffix Provide the purpose of the subsequent contact. Provide tagency millary service, intelligence or security service, dec.) involved. Country #1 Country #2 First name Provide the foreign government(s) involved. Country #2 First name Provide the foreign organization? Provide the purpose of the subsequent contact. Provide tagency millary service, intelligence or security service, included. Provide the purpose of the subsequent contact. Provide tagency millary service, in	or this question, 'Ir	nmediate Family' means your sp	oouse, parents, st	ep-parents, siblings, half and s	step- siblings, children, step-	children, and cohabitant.
foreign government, it is establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether initials or outside the U.S. Entry # Provide the name of the individual involved in the contact. Last name	government service, etc. routine visa	, its establishment (such as emb) or its representatives, whether applications and border crossing	assy, consulate, a inside or outside gs related to eithe	agency, military service, intelliq the U.S.? (Answer 'No' if the c r official U.S. Government trav	gence or security YEs contact was for vel, foreign travel	
Provide the name of the individual involved in the contact. Last name Middle name Suffix	foreign governme	ent, its establishment (such as er				
Provide the location of the contact. (Provide City and Country # outside the United States; otherwise, provide City State and 2ip Code) State	Entry #1					
City Provide the date of contact. (Month/Year) Country #1 Country #2		e of the individual involved in the			Middle name	Suffix
Country #1 Country #2 Country #2 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, etc.) involved. Provide the names of the foreign representatives involved in contact. Provide the purpose/circumstances of contact. Provide the purpose/circumstances of contact. Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide the name of the individual involved in the contact. Provide the location of the contact. (Month/Day/Year) Provide the location of the contact. (Month/Pay) Provide the location of the contact. (Month/Pay) Provide the location of the contact. (Month/Pay) Provide the date of contact. Provide the foreign government(s) involved. Country #1 Country #2 Est. Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Provide the purpose of the subsequent contact Provide the foreign representatives involved in contact. (Month/Pay/Year) Provide the purpose/circumstances of contact. Provide the purpose of the subsequent contact Provide date of most recent contact Provide the purpose of the subsequent contact Provide date of most recent contact Provide plans for future contact Provide the purpose of the subsequent contact Provide date of most recent contact Provide plans for future contact Provide plans for future contact Provide the purpose of the subsequent contact Provide date of most recent contact Provide plans for future contact Provide plans fo		on of the contact. (Provide City and	•	· · · · · · · · · · · · · · · · · · ·	•	1
Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Provide the names of the foreign representatives involved in contact.		_		eign government(s) involved.	Country #2	
Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Dey/Year)	embassy, consula	of establishment (such as ate, agency, military service,			Provide the purpose/circ	umstances of contact.
Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Dey/Year)	Was there any su	ubsequent contact initiated by yo	l u. vour immediate	e family member, or a represe	 ntative of the foreign organiz	ation?
Entry #2 Provide the name of the individual involved in the contact. Last name First name First name Middle name Suffix Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Est. Provide the type of establishment (such as embassy, consulate, agency, millitary service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	_ `			Provide date of most recent		
Provide the name of the individual involved in the contact. Last name First name First name First name Middle name Suffix Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact	☐ NO					
Provide the name of the individual involved in the contact. Last name First name First name Middle name Suffix Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City State Zip Code Country Provide the date of contact. (Month/Year) Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact						
Provide the name of the individual involved in the contact. Last name First name Middle name Suffix						
Provide the name of the individual involved in the contact. Last name First name Middle name Suffix						
Last name First name	Entry #2					
City Provide the date of contact. (Month/Year) Provide the foreign government(s) involved. Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact		of the individual involved in the			Middle name	Suffix
(Month/Year) Country #1 Country #2 Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact		on of the contact. (Provide City and				
embassy, consulate, agency, military service, intelligence or security service, etc.) involved. Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization? Provide the purpose of the subsequent contact NO Provide the purpose of the subsequent contact Contact (Month/Day/Year) Provide plans for future contact Provide plans for future contact		_		ign government(s) involved.	Country #2	
Provide the purpose of the subsequent contact NO Provide the purpose of the subsequent contact Provide date of most recent contact (Month/Day/Year) Provide plans for future contact	embassy, consula	ate, agency, military service,		_	Provide the purpose/circ	umstances of contact.
NO Provide the purpose of the subsequent contact contact (Month/Day/Year) Provide plans for future contact	Was there any su	bsequent contact initiated by yo	u, your immediate	e family member, or a represe	ntative of the foreign organiz	ation?
		Provide the purpose of the sub	sequent contact		Provide plans for future cor	ntact
	☐ INO					
					. 1	

Standard Form 86 Revised November 2016 U.S. Office of Personnel Management

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

Entry #2									
Dravida the name of the anapagrad foreign	n nation	- I							
Provide the name of the sponsored foreig ∟ast name		aı. First naı	me				Middle name		Suffix
adt name	Ι΄	i iiot iidi							
Provide the date of birth for the sponsored	d foreign	nationa	ıl.						
Date (Month/Year)	t know								
Est.									
Provide the place of birth for the sponsore	od foroigu	n nation	al						
City	eu loreigi State			Country	u (Pegi	uired)			
Sity		ا	Zip Code		у (кеці	uireu)			
Provide the current street address of the s	sponsore	ed foreig	ın national. <i>(Pro</i>	vide City a	nd Cou	intry if outs	ide the United State	es; otherwise, provide City	, State and Zip Co
Street	. (City			State		Zip Code	Country	
						Duai dala 4	la a mana af Ala a		
Provide the country(ies) of citizenship for			oreign national.					organization through rranged, if applicable.	Not Applica
Country #1	Cour	ntry #2				willcii sp	onsorsiip was ai	rangeu, ii applicable.	
Provide the address of the organization th		hich sn	nneorehin was a	arranged	if ann	licable (F	Provide City and Co	untry if outside the	Nat Application
Inited States; otherwise, provide City, State an	nd Zip Cod	ilien spi le)	onsorsinp was a	arrangeu,	парр	ilicable. (r	Tovide City and Co	unity if outside the	Not Applica
Street	-	City			State)	Zip Code	Country	
		,					•	1	
Provide the dates of stay in the U.S. for the									
Provide the purpose of stay in the U.S. for	r the spo	nsored	foreign national	l. Pro	ovide t	he purpos	se of your sponso	orship for the sponsored	d foreign nation

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 20B - Foreign Business, Profession	nal Activities, and Foreign Gove	rnment Contacts - (Continued)
DB.8 Have you EVER held political office in		
<u> </u>		YES NO (If NO, proceed to 20B.9)
Complete the following if you responded 'Ye	s' to having EVER held political o	ffice in a foreign country.
Entry #1	Dravide the detection hald political	isol office.
Provide the position held.	Provide the dates you held polit From Date (Month/Year)	ical office. Provide the name of the country involved. To Date (Month/Year) Present
	Est.	Est.
D :1 11 () 5 11 () 12 11		
Provide the reason(s) for these activities.	I	Provide your current eligibility to hold political office in a foreign country.
Entry #2		
Provide the position held.	Provide the dates you held polit	
	1	To Date (Month/Year) Present
	Est.	Est.
Provide the reason(s) for these activities.		Provide your current eligibility to hold political office in a foreign country.
B.9 Have you EVER voted in the election	of a foreign country?	
That's you Live voted in the distillent		YES NO (If NO, Proceed to 20C)
Complete the following if you responded 'Ye	s' to having EVER voted in the el	ection of a foreign country.
Entry #1		
Provide the date you voted in the foreign ele	ection. (Month/Year)	Provide the name of the country involved.
	Est	i.
Provide the reason(s) for these activities.		Provide your current eligibility to vote in a foreign country.
` '		
Entry #2 Provide the date you voted in the foreign ele	notion (Month Mont)	Provide the name of the country involved.
Frovide the date you voted in the loreigh ele	Est	
Provide the reason(s) for these activities.		Provide your current eligibility to vote in a foreign country.
er your Social Security Number before	re going to the next page •	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel				
Have you traveled outside the U.S. in th	e last seven (7) years?		☐ YES ☐ NO	(If NO, proceed to Section 21)
Has your travel in the last seven (7) yea assignment on official government order Government business)?			YES (If YES, p	proceed to Section 21) NO
Complete the following if you respond Provide information about all such trip on official government orders.				
Entry #1				
Provide the country visited.	Provide the dates of your		Provide the total number of	days involved in the visit.
	From Date (Month/Year)	To Date (Month/Year) Present	1-5 11-20	More than 30
	Est.	Est.	☐ 6-10 ☐ 21-30	Many short trips
Provide the purpose of the travel to the	is country (Check all that ap	ply).		
Business/Professional conference	Education	Trade shows, conference	es, and seminars	Other
☐ Volunteer activities	Tourism	☐ Visit family or friends		
While traveling to, or in this country, we customs or security service officials with YES ———————————————————————————————————	hen entering or leaving this	ed, or otherwise detained (other than country?	n for normal customs require	ments) by the local
While traveling to or in this country, we	ere vou involved in anv enco	ounter with the police?		
YES — If yes, provide	•	·		
□ NO				
While traveling to or in this country, we intelligence, terrorist, security, or milita		contact with any person known or sus	spected of being involved or	associated with foreign
YES — If yes, provide	, ,			
NO I				
While traveling to, or in this country, w		nterintelligence or security issues no	t reported?	
While traveling to or in this country, we ☐ YES — If yes, provide ☐ NO	•	contact with anyone exhibiting excess	sive knowledge of or undue i	interest in you or your job?
While traveling to or in this country, we information? YES If yes, provide NO	ere you contacted by, or in c	contact with anyone attempting to obt	tain classified information or	unclassified, sensitive
While traveling to, or in this country, w	ere you threatened, coerced	d, or pressured in any way to cooper	ate with a foreign governmen	nt official or foreign
intelligence or security service?	·	. , , ,	0	, and the second
YES If yes, provide	e explanation.			

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel - (Continued)

Section 20C - Foreign Travel - (Continu	uea)				
	ed 'Yes' to having traveled outside the U. s made outside the United States includir	, ,	•		
Entry #2					
Provide the country visited.	Provide the dates of your travel to this of From Date (Month/Year) To Date (Month/Year) Est.	•	Provide the to	otal number of day	ys involved in the visit. More than 30 Many short trips
Provide the purpose of the travel to this			<u></u> □ 0-10		ivially short trips
Business/Professional conference		ade shows, conference	se and comina	ure \Box (Other
Volunteer activities		sit family or friends	os, and scimila		, the same and same a
While traveling to, or in this country, we customs or security service officials wh YES If yes, provide	,	se detained (other thar	n for normal cu	stoms requireme	nts) by the local
While traveling to or in this country, we YES If yes, provide NO	ere you involved in any encounter with the explanation.	police?			
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? YES If yes, provide explanation.					
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? YES If yes, provide explanation.					
While traveling to or in this country, we YES If yes, provide NO	ere you contacted by, or in contact with an explanation.	nyone exhibiting excess	sive knowledge	of or undue inte	rest in you or your job?
While traveling to or in this country, we information? YES ———— If yes, provide NO	ere you contacted by, or in contact with an explanation.	nyone attempting to ob	tain classified i	nformation or und	classified, sensitive
While traveling to, or in this country, we intelligence or security service? YES If yes, provide NO	ere you threatened, coerced, or pressure explanation.	d in any way to cooper	ate with a forei	gn government o	fficial or foreign

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel - (Continued)

Complete the following if you responde Provide information about all such trips on official government orders.					
Entry #3					
Provide the country visited.	Provide the dates of your travel to thi From Date (Month/Year) To Date (s country. 'Month/Year) Present Est.	Provide the tota 1-5 6-10	I number of day	s involved in the visit. More than 30 Many short trips
Provide the purpose of the travel to this					
Business/Professional conference		Trade shows, conference	es, and seminars	По	ther
Volunteer activities	Tourism	Visit family or friends			
While traveling to, or in this country, we customs or security service officials where the security service officials where the security service of the security security service of the security service of the security security security service of the security secu	en entering or leaving this country?	wise detained (other thar	n for normal custo	oms requiremer	nts) by the local
While traveling to or in this country, we YES If yes, provide NO	·	the police?			
While traveling to or in this country, we intelligence, terrorist, security, or milita YES If yes, provide NO	ry organizations?	any person known or sus	spected of being	involved or ass	ociated with foreign
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? YES If yes, provide explanation.					
While traveling to or in this country, we YES If yes, provide NO		anyone exhibiting excess	sive knowledge c	f or undue inter	est in you or your job?
While traveling to or in this country, we information? YES ———— If yes, provide NO		anyone attempting to obt	tain classified infe	ormation or unc	lassified, sensitive
While traveling to, or in this country, we intelligence or security service? YES If yes, provide NO	•	red in any way to cooper	ate with a foreigr	n government of	fficial or foreign
<u> </u>					

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 20C - Foreign Travel - (Continued)

- Control 200 Torongii Travor (00/	
	ded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business ips made outside the United States including personal trips made in conjunction with official U.S. Government business
Entry #4	
Provide the country visited.	Provide the dates of your travel to this country. From Date (Month/Year) To Date (Month/Year) Present Provide the total number of days involved in the visit. 1-5 11-20 More than 30
	☐ Est. ☐ 6-10 ☐ 21-30 ☐ Many short trips
Provide the purpose of the travel to	his country (Check all that apply).
Business/Professional conferer	ee Education Trade shows, conferences, and seminars Other
Volunteer activities	Tourism Visit family or friends
customs or security service officials	were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local when entering or leaving this country? de explanation.
□ NO	
While traveling to or in this country,	were you involved in any encounter with the police?
YES — If yes, prov	de explanation.
□ NO	
While traveling to or in this country, intelligence, terrorist, security, or m	were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign
	de explanation.
□ NO	·
While traveling to, or in this country	were you involved in any counterintelligence or security issues not reported?
YES — If yes, prov	de explanation.
□ NO	
While traveling to or in this country,	were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?
YES — If yes, prov	de explanation.
NO	
information?	were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive
YES — If yes, prov	de explanation.
While traveling to, or in this country intelligence or security service?	were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign
, ,	de explanation.
□ NO	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 21 - Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

sensiti facilitie	I health treatment and counseling, in and of ve position, suitability or fitness to obtain or es or information systems. Seeking or receiv ligibility.	retain Federal or contract employm	ent, or eligibility	for physical or logic	cal access to federally controlled
214	Has a court or administrative agency EVE	ER issued an order declaring you m	entally incompe	tent? YES	NO (If NO, proceed to Section 21B)
Cor	nplete the following if you responded 'Yes' to	o having a court or administrative a	gency EVER iss	suing an order decla	ring you mentally incompetent.
Ent	ry #1				
Pro	vide the date this occurred. (Month/Year)	Provide the name of the court or ad	ministrative age	ncy that declared yo	ou mentally incompetent.
1	vide the address of the court or administration				
Stre	et (City	State	Zip Code	Country
10/2	this watter are also the a bimb are assument	dusinistantiva susus 2			
vva	s this matter appealed to a higher court or a	aministrative agency?			
-	Appeal #1				
	Provide the name of the court or administra	tive agency.	Provide the fir	nal disposition.	
	Provide the address of the court or adminis	trative agency. (Provide City and Cou			
	Street	City	State I	Zip Code I	Country I
	Appeal #2				
	Provide the name of the court or administra	tive agency.	Provide the fir	nal disposition.	
	Provide the address of the court or adminis	trative agency. (Provide City and Cou	ntry if outside the	United States; otherwi	se, provide City, State and Zip Code)
	Street	City	State	Zip Code	Country

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

Section 21A - Psychological and Emotional ne	altii - (Continueu)			
Complete the following if you responded 'Yes'	to having a court or administrative a	gency EVER is	suing an order decla	aring you mentally incompetent.
Entry #2				
	Provide the name of the court or ad	ministrative age	ency that declared y	ou mentally incompetent.
Provide the address of the court or administrati	ve agency. (Provide City and Country City	if outside the Unit	ed States; otherwise, p Zip Code	provide City, State and Zip Code) Country
Was this matter appealed to a higher court or a	dministrative agency?			
YES NO				
Appeal #1				
Provide the name of the court or administra	ative agency.	Provide the fi	nal disposition.	
Provide the address of the court or adminis				
Street	City	State	Zip Code	Country
Appeal #2	•	•	•	
Provide the name of the court or administration	ative agency.	Provide the fi	nal disposition.	
Provide the address of the court or adminis	strative agency. (Provide City and Cou	untry if outside the	United States; otherw	ise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Entry #3		1	1	1
	Provide the name of the court or ad	ministrative age	ency that declared y	ou mentally incompetent.
Provide the address of the court or administrati	ve agency. (Provide City and Country	if outside the Unit	ed States; otherwise, p	provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Was this matter appealed to a higher court or a	dministrative agency?			L
YES NO	aniinionanvo agonoy.			
Appeal #1				
	ative against	Dravida tha fi	nal dianacitian	
Provide the name of the court or administration	alive agency.	Provide the ii	nal disposition.	
Provide the address of the court or adminis	strative agency. (Provide City and Cou	untry if outside the	United States; otherw	
Street	City	State	Zip Code	Country
Appeal #2			I	I
Provide the name of the court or administra	ative agency.	Provide the fi	nal disposition.	
. To the distributed of the court of duffillingth		. 101130 110 11	diopooition.	
Provide the address of the court or adminis	strative agency. (Provide City and Cou	ıntry if outside the	United States; otherw	ise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
				1

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5 CFR Parts 731, 732, and 736 Section 21B - Psychological and Emotional Health - (Continued) 21B Has a court or administrative agency EVER ordered you to consult with a mental health YES NO (If NO, proceed to Section 21C) professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.) Complete the following if you responded 'Yes' to having a court or administrative agency EVER ordered you to consult with a mental health professional. Entry #1 Provide the name of the court or administrative agency that ordered you to consult with a mental Provide the date this occurred. (Month/Year) health professional. Est. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide the final disposition. Was this matter appealed to a higher court or administrative agency? YES □ NO Appeal #1 Provide the name of the court or administrative agency. Provide the final disposition. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City Zip Code Country Appeal #2 Provide the name of the court or administrative agency. Provide the final disposition. Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

State

City

Zip Code

Country

Street

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

	1404 100	9	ave agency EVER	ordered you to cons	ult with a mental health profession
ry #2					
vide the date this occurred. nth/Year)		Provide the name of the court health professional.	or administrative a	gency that ordered y	ou to consult with a mental
vide the address of the court or a eet		ve agency. <i>(Provide City and Co</i> City	ountry if outside the Ur State	nited States; otherwise, Zip Code	provide City, State and Zip Code) Country
vide the final disposition.					
s this matter appealed to a higher	er court or a	dministrative agency?			
<u> </u>					
Appeal #1					
Provide the name of the court of	r administr	ative agency.	Provide the	final disposition.	
	t or admini				wise, provide City, State and Zip Code)
Street		City	State	Zip Code	Country
Appeal #2			<u>'</u>	'	•
Provide the name of the court of	r administr	ative agency.	Provide the	final disposition.	
Provide the address of the cour	t or admini	strative agency. (Provide City a	nd Country if outside to	he United States: other	wise, provide City, State and Zip Code)
Street		City	State	Zip Code	Country

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 21C - Psychological and Emotional Health - (Continued) 21C Have you EVER been hospitalized for a mental health condition? ☐ YES NO (If NO, proceed to Section 21D) Complete the following if you responded 'Yes' to having EVER been hospitalized for a mental health condition Entry #1 Was the admission voluntary or involuntary? Provide the dates of treatment. From Date To Date Voluntary Explanation > (Month/Year) (Month/Year) Present Est. Involuntary Explanation > Est. Provide the name of the facility where treatment was provided. Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Entry #2 Was the admission voluntary or involuntary? Provide the dates of treatment. From Date Voluntary Explanation > (Month/Year) (Month/Year) Present Est. Involuntary Explanation > Est. Provide the name of the facility where treatment was provided. Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street State City Zip Code Country Entry #3 Was the admission voluntary or involuntary? Provide the dates of treatment. From Date To Date Voluntary Explanation > (Month/Year) (Month/Year) Present Involuntary Est. Explanation > Est. Provide the name of the facility where treatment was provided. Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Entry #4 Was the admission voluntary or involuntary? Provide the dates of treatment. From Date To Date Voluntary Explanation > (Month/Year) (Month/Year) Present Involuntary Explanation > Est. Est. Provide the name of the facility where treatment was provided. Provide the address of the facility where treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved OMB No. 3206 0005

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

The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, is not a reason to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

21D Have you EVER been diagnosed by a physician or other health professional (for example, a ☐ YES NO (If NO, proceed to Section 21E) psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional. Entry #1 Identify the diagnosis or health condition. Provide the dates of diagnosis. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the name of the health care professional who diagnosed you, or is currently Provide the telephone number of the health care professional. treating you for such diagnosis, or with whom you have discussed such condition. Night Telephone number Extension Day International or DSN phone number Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Country Zip Code Provide the telephone number of the agency/organization/facility. Provide the name of any agency/organization/facility Same as Same as where counseling/treatment was provided. above above Telephone number Extension Day Night International or DSN phone number Same as Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the above United States; otherwise, provide City, State and Zip Code) Street State Zip Code Country Was the counseling/treatment effective in managing your symptoms? YES NO If no, provide explanation ▶ Entry #2 Identify the diagnosis or health condition. Provide the dates of diagnosis. From Date(Month/Year) To Date (Month/Year) Present Est. ☐ Est. Provide the name of the health care professional who diagnosed you, or is currently Provide the telephone number of the health care professional. treating you for such diagnosis, or with whom you have discussed such condition. Night Telephone number Extension Day International or DSN phone number Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Same as Provide the telephone number of the agency/organization/facility. Same as Provide the name of any agency/organization/facility where counseling/treatment was provided. above above Telephone number Extension Day Night International or DSN phone number Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the Same as above United States; otherwise, provide City, State and Zip Code) Street State Zip Code City Country Was the counseling/treatment effective in managing your symptoms? YES NO If no, provide explanation ▶ Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21D - Psychological and Emotional Health - (Continued)	
Complete the following if you responded 'Yes' to having EVER been diagnosed by a physician or other health professional.	
Entry #3	
Identify the diagnosis or health condition. Provide the dates of diagnosis.	esent
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. Provide the telephone number of the health care professional. Telephone number Extension Day Nig International or Display phone number	•
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country	I
Provide the name of any agency/organization/facility where counseling/treatment was provided. Same as where counseling/treatment was provided. Same as above Telephone number Extension Day Night above International or DSN phone number.	е
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)	
Street City State Zip Code Country	
Was the counseling/treatment effective in managing your symptoms?	
☐ YES ☐ NO If no, provide explanation ▶	
Entry #4	
Identify the diagnosis or health condition. Provide the dates of diagnosis. From Date(Month/Year) To Date (Month/Year) Est.	esent t.
Provide the name of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. Provide the telephone number of the health care professional. Telephone number	,
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country	
Provide the name of any agency/organization/facility where counseling/treatment was provided. Same as above Telephone number of the agency/organization/facility. Same as above Telephone number Extension Day Night International or DSN phone number of the agency/organization/facility.	e
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country	
Was the counseling/treatment effective in managing your symptoms?	
☐ YES ☐ NO If no, provide explanation ▶	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 21D - Psychological and Emotional Hea	alth - (Continue	d)				
n the last seven years, have there been any occas ltering or discontinuing, or failing to start a prescr	•		•			YES NO
21D.1 Are you currently in treatment?				YES	NO (If NO, procee	ed to Section 21E)
Complete the following if you responded 'Yes' to	currently being	in treatment.				
Entry #1						
Provide the name of the health care professional such treatment.	ll providing	Provide the tele Telephone num		of the health care p Extension	orofessional. Day Night International or D	SN phone numbe
Provide the address of the health care profession Street	nal. <i>(Provide Cit</i> y City	v and Country if outs	side the United Sta State	ates; otherwise, provid Zip Code	de City, State and Zip Coo Country	de)
Entry #2					<u>-</u> I	
Provide the name of the health care professional such treatment.	ll providing	Provide the tele		of the health care p Extension	orofessional. Day Night International or D	OSN phone numbe
Provide the address of the health care profession Street	nal. <i>(Provide Cit</i> y City	γ and Country if outs	side the United Sta State	ates; otherwise, provid Zip Code	de City, State and Zip Coo Country	ie)
Entry #3						
Provide the name of the health care professional such treatment.	l providing	Provide the tele Telephone num		of the health care p Extension	orofessional. Day Night International or D	OSN phone numbe
Provide the address of the health care profession Street	onal. <i>(Provide Cit</i> y City	v and Country if outs	side the United Sta State	ates; otherwise, provid Zip Code	de City, State and Zip Coo Country	te)
Entry #4				•		
Provide the name of the health care professional such treatment.	ll providing	Provide the tele Telephone num		of the health care p Extension	orofessional. Day Night International or D	OSN phone numbe
Provide the address of the health care profession Street	onal. <i>(Provide Cit</i> y City	γ and Country if outs	side the United Sta State	ates; otherwise, provid Zip Code	de City, State and Zip Coo Country	le)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 21E - Psychologic	al and Fmo	ntional Health	- (Cont	inued)							
, ,				,	II) If 'Vee'	van anlantad f	ior oithe	~ 21A 21B	210 05 21	D proceed to C	action O
omplete the following if you										D, proceed to S	ection 2
21E Do you have a mer trustworthiness even						rsely affects	your ju	dgment, reli	iability, or	YE	S _
(Note: If your judgn answer "no" even i counseling as a res violence, or marital	f you have a sult of servic	a mental healt ce as a first re	h or othe sponder,	r condition re service in a r	quiring treat military comb	ment. For ext bat environme	ample, ent, hav	if you are ir ing been se	n need of en exually assa	notional or ment ulted or a victim	tal health
Complete the following if	you respond	ded 'Yes' to ha	aving a n	nental health	condition tha	at adversely a	affects y	our judgme	ent, reliabilit	y, or trustworthin	ness.
Did you ever receive or a consultation or treatment							u may o	choose not	to answer th	nis question. Ho	wever, s
YES I decli	ne to answe	er (If I decline to	answer, p	proceed to Sect	tion 22)	,					
NO (If NO, provide exp	lanation and	proceed to Sect	tion 22).	•							
Entry #1											
If you responded 'Yes' to	having ever	r received or v	ou are c	urrently receiv	/ina counsel	ling or treatme	ent for t	hat condition	on.		
#1 Provide the dates of co		-		,		e telephone n				essional	
From Date (Month/Year	Ū	To Date (Mon	th/Year)	Present	Telephone	•		Extension	Day	Night	
	Est.			Est.					Interna	tional or DSN p	hone nu
Provide the name of the	ne health ca	re professiona	 al.				<u> </u>				
Provide the address o	f the health	care profession	nal /Pr	wide City and (Country if outs	ride the United S	States: c	therwise pro	wide City St	ate and Zin Code)	
Street	i uie rieaiui	care profession	City	ovide City and C	Journity II Outs	State		Code	Country	ale and zip code)	
Provide the name of a where counseling/trea			acility	Same as above	Provide the Telephone	e telephone n number		of the agen	Day	tion/facility. Night tional or DSN p	Sam abov
Provide the address o	f agency/ord	nanization/fac	ility wher	e counseling/	I treatment w	as provided /	(Provide	City and Cou			☐ Sam
the United States; otherw		City, State and Z	(ip Code)	9							abov
Street		ı	City		1	State	Zip C	Code	Country		
#2 Provide the dates of co	Ū		(1.07)			e telephone n					
From Date(Month/Year)	☐ Est.	To Date (Mon	tn/ Year)	☐ Present	Telephone	number	ĺ	Extension	∐ Day] Night tional or DSN p	hono nu
				Est.					Шппетта	lional of Doin p	none nu
Provide the name of the	ne health ca	re profession	al.								
Provide the address of	f the health	care profession	onal. <i>(Pr</i>	ovide City and 0	Country if outs	side the United S	States; c	therwise, pro	ovide City, Sta	ate and Zip Code)	
Street			City I			State I	Zip I	Code	Country		
Provide the name of a where counseling/trea			acility	Same as above	Provide the Telephone	e telephone n number		of the agen Extension	Day	tion/facility. Night tional or DSN p	Sam abov
											☐ Sam
Provide the address o	f agency/ord	ganization/fac	ility wher	e counseling/	treatment w	as provided. ((Provide	City and Cou	ıntry if outsid	9	
the United States; otherw			(ip Code	e counseling/	treatment w					9	abo
				e counseling/	treatment w	as provided. (State	(Provide Zip C		untry if outside Country I	9	
the United States; otherw			(ip Code	e counseling/	treatment w					9	
the United States; otherw	ise, provide C	Dity, State and Z	City			State				9	
the United States; otherw Street	ise, provide C	City, State and Z	City			State				9	
the United States; otherw Street Have you ever chosen no	ise, provide C	City, State and Z	City			State				9	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21E - Psychological and Emotional Health - (Continued)
Complete the following if you responded 'Yes' to having a mental health condition that adversely affects your judgment, reliability, or trustworthiness.
Entry #2
If you responded 'Yes' to having ever received or you are currently receiving counseling or treatment for that condition.
#1 Provide the dates of counseling or treatment From Date (Month/Year) To Date (Month/Year) Present Est. Provide the telephone number of the health care professional. Telephone number Extension Day Night International or DSN phone number
Provide the name of the health care professional.
Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
Provide the name of any agency/organization/facility where counseling/treatment was provided Same as where counseling/treatment was provided Same as above Frovide the telephone number of the agency/organization/facility. Same as above Same as above Same as above Same as above Telephone number Extension Day Night International or DSN phone number Same as above Same as
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
#2 Provide the dates of counseling or treatment From Date(Month/Year) To Date (Month/Year) Present Est. Provide the telephone number of the health care professional. Telephone number Extension Day Night International or DSN phone number
Provide the name of the health care professional.
Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
Provide the name of any agency/organization/facility where counseling/treatment was provided Same as above Provide the telephone number of the agency/organization/facility. Same as above Extension Day Night above International or DSN phone number.
Provide the address of agency/organization/facility where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
Have you ever chosen not to follow a prescribed course of treatment for any of these conditions? ☐ YES If YES, provide explanation▶ ☐ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record

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

- Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.)
 - In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
 - In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
 - In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).

itry #1						
ovide the date of offense. (Mor	nth/Year)	Provide a description	of the specific natu	e of the offense.		
		Est.				
) Did this offense involve any	of the followir	ng?				
☐ YES ☐ NO						
		nce (such as battery or assaul er, former spouse or legally re				
Involve firearms or explos	sives?					
Involve alcohol or drugs?	•					
Provide the location where the City		curred. (Provide City and Count County	ry if outside the United State	States; otherwise, pro Zip Code	ovide City, County, Country	. State and Zip Code)
YES NO (If NO, pro		agency that arrested/cited/su	immoned vou			
Provide the location of the law City	enforcement w enforceme			ted States; otherwise Zip Code	e, <i>provide City, Cou</i> Country	unty, State and Zip Code)
Provide the location of the laction	enforcement w enforceme	ent agency. (Provide City and Co County ed, convicted, currently await	ountry if outside the Uni State	Zip Code	Country	
Provide the name of the law Provide the location of the la City As a result of this offense we	enforcement w enforceme	ent agency. (Provide City and Co County ed, convicted, currently await the court.	ountry if outside the Uni State	Zip Code	Country	
Provide the name of the law Provide the location of the la City As a result of this offense we YES Provide (If YES, of the YES)	enforcement w enforceme ere you charg	ent agency. (Provide City and Co County led, convicted, currently await the court.)	ountry if outside the Uni State	Zip Code	Country	
Provide the name of the law Provide the location of the la City As a result of this offense we YES Provide (If YES, of the YES)	enforcement w enforceme ere you charg the name of complete (c.1)) explanation	ent agency. (Provide City and Co County led, convicted, currently await the court.	State State ing trial, and/or orde	Zip Code red to appear in co	Country purt in a criminal	proceeding against you
Provide the name of the law Provide the location of the la City As a result of this offense we (If YES, INO) Provide (c.1) Provide the location of City Provide all the charges brown	enforcement w enforceme ere you charge the name of complete (c.1)) explanation the court. (Pr	ent agency. (Provide City and Co County ed, convicted, currently await the court.	ountry if outside the United State the United States; other State outcome of each chi	Zip Code red to appear in co	Country Dourt in a criminal County, State and 2 Country Country	proceeding against you Zip Code) y, found not-guilty, charg
Provide the name of the law Provide the location of the la City As a result of this offense we (If YES, In NO) Provide (c.1) Provide the location of City Provide all the charges broadropped or "nolle pros," etc.	enforcement w enforceme ere you charge the name of complete (c.1)) explanation the court. (Pr	ent agency. (Provide City and Co County ed, convicted, currently await the court. rovide City and Country if outside County et you for this offense, and the	ountry if outside the United State the United States; other State outcome of each chi	Zip Code red to appear in co	Country Dourt in a criminal County, State and 2 Country Country	I proceeding against you Zip Code) y, found not-guilty, charg
Provide the name of the law Provide the location of the lacity As a result of this offense we lead of the location of the lacity Provide Prov	enforcement w enforceme ere you charge the name of complete (c.1)) explanation the court. (Pr	int agency. (Provide City and Co County ed, convicted, currently await the court. the court. covide City and Country if outside County you for this offense, and the e found guilty of or pleaded g	ountry if outside the United State the United States; other State outcome of each chi	Zip Code red to appear in co	Country Dourt in a criminal County, State and 2 Country Country	Proceeding against you Zip Code) y, found not-guilty, charg I charge and the lesser
Provide the name of the law Provide the location of the lacity As a result of this offense we lead of the location of the lacity Provide Prov	enforcement w enforceme ere you charge the name of complete (c.1)) explanation the court. (Pr	int agency. (Provide City and Co County ed, convicted, currently await the court. rovide City and Country if outside County you for this offense, and the e found guilty of or pleaded g	ountry if outside the United State the United States; other State outcome of each chi	Zip Code red to appear in co	Country Dourt in a criminal County, State and 2 Country Country	I proceeding against you Zip Code) y, found not-guilty, charg I charge and the lesser Date (Month/Year)
Provide the name of the law Provide the location of the lacity As a result of this offense we lead of the location of the lacity Provide Prov	enforcement w enforceme ere you charge the name of complete (c.1)) explanation the court. (Pr	int agency. (Provide City and Co County ed, convicted, currently await the court. rovide City and Country if outside County you for this offense, and the e found guilty of or pleaded g	ountry if outside the United State the United States; other State outcome of each chi	Zip Code red to appear in co	Country Dourt in a criminal County, State and 2 Country Country	proceeding against you Zip Code) y, found not-guilty, charg I charge and the lesser Date (Month/Year)

Enter your Social Security Number before going to the next page

Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the last seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) (d.1) Provide a description of the sentence. ☐ NO Were you sentenced to imprisonment for a term exceeding 1 year? ☐ YES YES NO Were you incarcerated as a result of that sentence for not less than 1 year? If the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Present Not Applicable actually were incarcerated. Est. Est. To Date (Month/Year) If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) Present Not Applicable probation or parole. Est. Est. (d.2)Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? □ NO YES

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the last seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? Entry #2 Provide a description of the specific nature of the offense. Provide the date of offense. (Month/Year) Est. (a) Did this offense involve any of the following? YES NO (Check all that apply.) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? Involve firearms or explosives? Involve alcohol or drugs? Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City Country County State Zip Code (b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official? YES NO (If NO, proceed to (c)) Provide the name of the law enforcement agency that arrested/cited/summoned you. Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Zip Code Country (c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you? Provide the name of the court. YES (If YES, complete (c.1)) Provide explanation > (c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City State Country County Zip Code Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense Felony/misdemeanor Charge Outcome Date (Month/Year) Est. Est. Est. Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following: - In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the last seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) (d.1) Provide a description of the sentence. ☐ NO Were you sentenced to imprisonment for a term exceeding 1 year? ☐ YES YES ☐ NO Were you incarcerated as a result of that sentence for not less than 1 year? If the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Present Not Applicable actually were incarcerated. Est. Est. If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) To Date (Month/Year) Present Not Applicable probation or parole. Est. Est. (d.2)Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? ☐ YES ☐ NO Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)

- 22.2 Other than those offenses already listed, have you EVER had the following happen to you?
 - Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
 - Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
 - Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

try #1						
ovide the date of offense	e. (Month/Year)	Provide a description Est.	of the specific natur	e of the offense.		
Did this offense involve	e any of the follow	ing?				
YES NO						
(Check all that apply).						
		ence (such as battery or assaul se or legally recognized civil ur				
Involve firearms or	explosives?					
Involve alcohol or o	drugs?					
Provide the name of th	e court.					
	the court. (Provide	City and Country if outside the Uni	ted States; otherwise,		ate and Zip Co	ode)
City		County	State I	Zip Code	Country I	
		st you for this offense, and the or you were found guilty of or ple				
Felony/misdemeanor		Charge		Outcome		Date (Month/Year)
Felony/misdemeanor		Charge		Outcome		Date (Month/Year)
Felony/misdemeanor		Charge		Outcome		-
Felony/misdemeanor		Charge		Outcome		
Felony/misdemeanor		Charge		Outcome		
Felony/misdemeanor Were you sentenced a	s a result of these	-		Outcome		
		-		Outcome		
Were you sentenced a		charges?		Outcome		
Were you sentenced a	lete (b.1))	charges?		Outcome		
Were you sentenced a YES (If YES, complete) (b.1) Provide a description of	lete (b.1))	charges?		Outcome		
Were you sentenced a YES (If YES, complete) (b.1) Provide a description of the complete was a description	of the sentence.	charges? NO (If NO, complete (b.2))	ear?	Outcome		
Were you sentenced a YES (If YES, complete) (b.1) Provide a description of the complete was a description	of the sentence. of imprisonment for as a result of that are donor imprisonment.	charges? NO (If NO, complete (b.2)) T a term exceeding 1 year?	_	Outcome From Date (Month/Y)	(ear) To □	YES NO
Were you sentenced a YES (If YES, complete) (b.1) Provide a description of the conviction resulted actually were incarcerated.	of the sentence. of imprisonment for as a result of that ed in imprisonmen ated.	charges? NO (If NO, complete (b.2)) T a term exceeding 1 year? It sentence for not less than 1 year.	Not Applicable		Est.	YES NO YES NO YES NO Date (Month/Year) Pre Est
Were you sentenced a YES (If YES, complete) (b.1) Provide a description of the conviction resulted actually were incarceral from the conviction resulted in the conviction resulted	of the sentence. of imprisonment for as a result of that ed in imprisonmen ated.	charges? NO (If NO, complete (b.2)) T a term exceeding 1 year? It sentence for not less than 1 year, you to provide the dates that you	Not Applicable	From Date (Month/Y	_ Est.	YES NO YES NO YES NO State (Month/Year) Pre

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ntry #2			
avida da al-4660			
ovide the date of offense. (Mo		ion of the specific nature of the offense.	
	Est.		
) Did this offense involve any	of the following?		
YES NO			
(Check all that apply).			
	former spouse or legally recognized civil	ault) against your child, dependent, cohabitant, spous I union/domestic partner, or someone with whom you	
Involve alcohol or drugs			
Provide the name of the cou	 ırt.		
Provide the location of the co	court. (Provide City and Country if outside the County	United States; otherwise, provide City, County, State and Zip State Zip Code Country	
		ne outcome of each charged offense (such as found g pleaded guilty to a lesser offense, list both the origina	
Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			Г
			L
Were you sentenced as a re	sult of these charges?		
YES (If YES, complete (b.	.1)) NO (If NO, complete (b.2))		
(b.1)			
Provide a description of the	sentence.		
Were you sentenced to impr	risonment for a term exceeding 1 year?		☐ YES ☐ NO
		1 year?	
Were you incarcerated as a	result of that sentence for not less than		YES NO
Were you incarcerated as a		Not Applicable From Date (Month/Year) T	YES NO
Were you incarcerated as a If the conviction resulted in in actually were incarcerated.	result of that sentence for not less than imprisonment, provide the dates that you	u	YES NO
Were you incarcerated as a If the conviction resulted in in actually were incarcerated.	result of that sentence for not less than	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T	YES NO To Date (Month/Year) F To Date (Month/Year) F
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole.	result of that sentence for not less than imprisonment, provide the dates that you	u	YES NO To Date (Month/Year) F To Date (Month/Year) F
Were you incarcerated as a If the conviction resulted in in actually were incarcerated. If conviction resulted in probaprobation or parole. (b.2)	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) I To Date (Month/Year) I
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) Fo Date (Month/Year)
Were you incarcerated as a If the conviction resulted in in actually were incarcerated. If conviction resulted in probaprobation or parole. (b.2)	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) I To Date (Month/Year) I
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) Fo Date (Month/Year)
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) Fo Date (Month/Year) F
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) F To Date (Month/Year) F
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) F To Date (Month/Year) F
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) F To Date (Month/Year) F
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) F To Date (Month/Year) F
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) F To Date (Month/Year) F
Were you incarcerated as a If the conviction resulted in it actually were incarcerated. If conviction resulted in probation or parole. (b.2) Are you currently on trial, aw	result of that sentence for not less than imprisonment, provide the dates that you pation or parole, provide the dates of evaluing a trial, or awaiting sentencing on or	Not Applicable From Date (Month/Year) T Est. Not Applicable From Date (Month/Year) T Est.	YES NO To Date (Month/Year) F To Date (Month/Year) F

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued)

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 23 - Illegal Use of Drugs and Drug Activity

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

Federal laws, even though permissible under state laws.			
23.1 In the last seven (7) years, have you illegally used any drugs or controlled substance includes injecting, snorting, inhaling, swallow consuming any drug or controlled substance.			NO (If NO, proceed to 23.2)
Complete the following if you answered 'Yes' to in the last seven (7) ye	ears having illegally us	ed a drug or controlled substance	e.
Entry #1			
Provide the type of drug or controlled substance.			
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, o	crystal meth, ecstasy, etc.)
THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants	s (Such as barbiturates, methaqu	alone, tranquilizers, etc.)
Ketamine (Such as special K, jet, etc.)	Narcotics (S	uch as opium, morphine, codeine	e, heroin, etc.)
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Su	ch as the clear, juice, etc.)	
☐ Inhalants (Such as toluene, amyl nitrate, etc.)	Other (Prov	vide explanation) ▶	
Provide an estimate of the month and year of first use. (Month/Year) Provide an estimate of the recent use. (Month/Year)		Provide nature of use, frequence	cy, and number of times used.
Est.	Est.		
Was your use while you were employed as a law enforcement officer, pr a position directly and immediately affecting the public safety?	osecutor, or courtroom	n official, or while in	YES NO
Was your use while possessing a security clearance?			☐ YES ☐ NO
Do you intend to use this drug or controlled substance in the future?			
Provide explanation of why you intend or do not intend to use this drug of	or controlled substance	e in the future.	
, ,,			
Entry #2			
Provide the type of drug or controlled substance.			
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, o	crystal meth, ecstasy, etc.)
THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants	(Such as barbiturates, methaqu	alone, tranquilizers, etc.)
Ketamine (Such as special K, jet, etc.)	☐ Narcotics (S	uch as opium, morphine, codeine	e, heroin, etc.)
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Su	ch as the clear, juice, etc.)	
☐ Inhalants (Such as toluene, amyl nitrate, etc.)	Other (Prov	ride explanation) ▶	
Provide an estimate of the month and year of first use. (Month/Year) Provide an estimate of the representation year of most recent use. (Month/Year)		Provide nature of use, frequence	cy, and number of times used.
☐ Est.	Est.		
Was your use while you were employed as a law enforcement officer, pr a position directly and immediately affecting the public safety?	osecutor, or courtroom	n official, or while in	YES NO
Was your use while possessing a security clearance?			YES NO
Do you intend to use this drug or controlled substance in the future?			YES NO
Provide explanation of why you intend or do not intend to use this drug of	or controlled substance	e in the future.	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

23.2	In the last seven (7) years, have you been involve trafficking, production, transfer, shipping, receiving					NO (If NO, proc	eed to 23.3)
	plete the following if you answered 'Yes' to in the la cking, production, transfer, shipping, receiving, hand				illegal purchase, manufact	ure, cultivation	,
Entr	y #1						
Prov	ide the type of drug or controlled substance.						
	Cocaine or crack cocaine (Such as rock, freebase, e	etc.)	Stimulants (Suc	h as an	nphetamines, speed, cryst	tal meth, ecstas	sy, etc.)
	ΓHC (Such as marijuana, weed, pot, hashish, etc.)		Depressants (S	uch as l	barbiturates, methaqualor	ne, tranquilizers	s, etc.)
	Ketamine (Such as special K, jet, etc.)		Narcotics (Such	n as opiu	um, morphine, codeine, he	eroin, etc.)	
	Hallucinogenic (Such as LSD, PCP, mushrooms, et	c.)	Steroids (Such a	as the c	clear, juice, etc.)		
	nhalants (Such as toluene, amyl nitrate, etc.)		Other (Provide	explan	ation) ▶		
		le an estimate of the montl st recent involvement. <i>(Mor</i>	•		Provide the nature and fr	equency of acti	ivity.
	Est.			Est.			
Prov	ide the reason(s) why you engaged in the activity.			!			
	your involvement while you were employed as a law ion directly and immediately affecting the public saf		secutor, or court	troom o	official, or while in a	YES	NO
Was	your involvement while possessing a security clear	ance?				YES	NO
Do y	ou intend to engage in this activity in the future?						
	YES — Provide explanation.						
	NO						
Entry	#2						
Provi	de the type of drug or controlled substance.						
	Cocaine or crack cocaine (Such as rock, freebase, e	etc.)	Stimulants (Such	h as am	nphetamines, speed, cryst	al meth, ecstas	y, etc.)
	HC (Such as marijuana, weed, pot, hashish, etc.)		Depressants (Sເ	uch as b	oarbiturates, methaqualon	e, tranquilizers	, etc.)
	(etamine (Such as special K, jet, etc.)	1	Narcotics (Such	as opiu	ım, morphine, codeine, he	roin, etc.)	
H	fallucinogenic (Such as LSD, PCP, mushrooms, etc	c.)	Steroids (Such a	as the cl	lear, juice, etc.)		
	nhalants (Such as toluene, amyl nitrate, etc.)		Other (Provide	explana	ation) 🕨		
		le an estimate of the montl st recent involvement. <i>(Mor</i>	•		Provide the nature and fr	equency of acti	ivity.
	Est.			Est.			
Provi	de the reason(s) why you engaged in the activity.			I.			
	your involvement while you were employed as a law on directly and immediately affecting the public safe		secutor, or court	room of	fficial, or while in a	YES	NO
Was	your involvement while possessing a security clears	ance?				YES	NO
Do y	ou intend to engage in this activity in the future?						
	Provide explanation.						
N	0						
	,						

Enter your Social Security Number before going to the next page

Standard Form 86 Revised November 2016 U.S. Office of Personnel Management

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 23 - Illegal Use of Drugs and Drug Activity - (Continued) Have you EVER illegally used or otherwise been illegally involved with a drug or controlled substance 23.3 YES NO (If NO, proceed to 23.4) while possessing a security clearance other than previously listed? Complete the following if you responded 'Yes' to having EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing a security clearance other than previously listed. Entry #1 Provide a description of your involvement. Provide the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Entry #2 Provide a description of your involvement. Provide the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this From Date (Month/Year) drug or controlled substance while possessing a security clearance. To Date (Month/Year) Present Est. Est. 23.4 Have you EVER illegally used or otherwise been involved with a drug or controlled substance while YES NO (If NO, proceed to 23.5) employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed? Complete the following if you responded 'Yes' to having EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed. Entry #1 Provide a description of the drugs or controlled substances used and your involvement. Provide the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Entry #2 Provide a description of the drugs or controlled substances used and your involvement. Provide the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity. From Date (Month/Year) To Date (Month/Year) Present Est. Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)	
dection 25 - inegal ose of brugs and brug Activity - (continued)	

Couldn't a megal ose of Brago and Brag Activity (Continued)	
23.5 In the last seven (7) years have you intentionally engaged in the modern whether or not the drugs were prescribed for you or someone else?	
Complete the following if you responded 'Yes' to in the last seven (7) year of whether the drugs were prescribed for you or someone else.	ars having intentionally engaged in the misuse of prescription drugs, regardless
Entry #1	
Provide the name of the prescription drug that you misused.	
Provide the dates of involvement in the above.	ovide the reason(s) for and circumstances of the misuse of the prescription drug.
	3. 13. 13. 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
From Date (Month/Year) To Date (Month/Year) Present	
Est.	
Was your involvement while you were employed as a law enforcement off position directly and immediately affecting the public safety?	icer, prosecutor, or courtroom official, or while in a
Was your involvement while possessing a security clearance?	YESNO
Entry #2	
Provide the name of the prescription drug that you misused.	
Provide the dates of involvement in the above.	ovide the reason(s) for and circumstances of the misuse of the prescription drug.
	ovide the reason(e) for and encontentione of the finesses of the process paint along.
From Date (Month/Year) To Date (Month/Year) Present	
☐ Est. ☐ Est.	
Was your involvement while you were employed as a law enforcement off position directly and immediately affecting the public safety?	icer, prosecutor, or courtroom official, or while in a
Was your involvement while possessing a security clearance?	☐ YES ☐ NO
inter your Social Security Number before going to the next page	
	r

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

Section	ii 23 - iilegai USe Oi Drugs aliu Drug Activit	y - (Continuea)			
23.6	Have you EVER been ordered, advised, or a illegal use of drugs or controlled substances		ng or treatment as a re	sult of your Y	YES NO (If NO, proceed to 23.7)
	plete the following if you responded 'Yes' to all use of drugs or controlled substances.	naving EVER been ord	dered, advised, or as	ked to seek counseling or	treatment as a result of your
Entr	y #1				
	e any of the following ordered, advised, or ask eck all that apply):	ed you to seek counseli	ing or treatment as a r	esult of your illegal use of d	lrugs or controlled substances?
	An employer, military commander, or employe	e assistance program	A court official	/ judge	
	A medical professional			n ordered, advised, or aske reatment by any of the abo	
	A mental health professional		ocurisoning of the	realinent by any or the abo	vo .
Prov	ide explanation 🕨				
Did y	you take action to receive counseling or treatm	nent?		YES (If YES, compl	lete (b)) NO (If NO, complete (a))
(a)	You have indicated that you did not receive tre	eatment.			
	Provide explanation.				
(b)	You have indicated that you did receive treatr	nent.			
	Provide the type of drug or controlled substar	ce for which you were	treated.		
	Cocaine or crack cocaine (Such as rock,	freebase, etc.)	Stimulants (Su	ch as amphetamines, spee	d, crystal meth, ecstasy, etc.)
	THC (Such as marijuana, weed, pot, has	nish, etc.)	Depressants (S	Such as barbiturates, metha	aqualone, tranquilizers, etc.)
	Ketamine (Such as special K, jet, etc.)		Narcotics (Suc	h as opium, morphine, code	eine, heroin, etc.)
	Hallucinogenic (Such as LSD, PCP, mus	nrooms, etc.)	Steroids (Such	as the clear, juice, etc.)	
	☐ Inhalants (Such as toluene, amyl nitrate,	etc.)	Other (Provide	e explanation) ▶	
	Provide the name of the treatment provider. Last name	First name			
	Provide the address for this treatment provide	I er. (<i>Provide Citv and Count</i> i	rv if outside the United Sta	tes: otherwise, provide City, Sta	te and Zip Code)
	Street	City	State	Zip Code Coun	• •
	Provide a telephone number for the treatment provider.		ational or DSN number	Provide the dates of trea From Date (Month/Year)	
		☐ Day	Night	Est.	Est.
	Did you successfully complete the treatment?	YES NO-	(Provide explanati	on)	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	gal use of drugs or controlled substances.					
	rry #2					
	<i>re</i> any of the following ordered, advised, or asked you to seek counseline eck all that apply):	ing or treatment as a result of your illegal use of drugs or controlled substances'				
An employer, military commander, or employee assistance program A court official / judge						
	A medical professional	I have not been ordered, advised, or asked to seek				
	A mental health professional	counseling or treatment by any of the above.				
Pro	vide explanation ▶					
Did	you take action to receive counseling or treatment?	YES (If YES, complete (b)) NO (If NO, complete				
(a)	You have indicated that you did not receive treatment.					
	Provide explanation.					
(b)						
	Provide the type of drug or controlled substance for which you were tr	reated.				
	Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)				
	THC (Such as marijuana, weed, pot, hashish, etc.)	Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)				
	Ketamine (Such as special K, jet, etc.)	Narcotics (Such as opium, morphine, codeine, heroin, etc.)				
	Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Such as the clear, juice, etc.)				
	Inhalants (Such as toluene, amyl nitrate, etc.)	☐ Other (Provide explanation) ▶				
	Provide the name of the treatment provider. Last name First name					
	Last Harrie					
	Provide the address for this treatment provider. (<i>Provide City and Country</i>	y if outside the United States; otherwise, provide City, State and Zip Code)				
	Street City	State Zip Code Country				
		ational or DSN Provide the dates of treatment.				
	· _ ·	rumber From Date (Month/Year) To Date (Month/Year) Pres				
	Day [Night Est Est.				
	Did you successfully complete the treatment? YES NO -	(Provide explanation)				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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

23.7		Have you EVER voluntarily sought cour controlled substance?	nseling or trea	atment as a result o	of your use of a	drug or	YES	NO (If NO, proceed	to Section 24)
		ete the following if you responded 'Yes illed substance?	' to having E	VER voluntarily s	sought counse	ling or treatment	as a resu	ılt of your use of a dru	g or
Е	ntry	#1							
Р	rovid	e the type of drug or controlled substand	ce for which y	ou were treated.					
	Co	ocaine or crack cocaine (Such as rock, f	reebase, etc.)	Depressar	nts (Such as barbi	turates, m	ethaqualone, tranquiliz	ers, etc.)
	TH	HC (Such as marijuana, weed, pot, hash	ish, etc.)		Hallucinog	enic (Such as LS	D, PCP, m	nushrooms, etc.)	
	Ke	etamine (Such as special K, jet, etc.)			Steroids (S	Such as the clear,	juice, etc.	.)	
	Na	arcotics (Such as opium, morphine, code	eine, heroin,	etc.)	Inhalants (Such as toluene,	amyl nitra	te, etc.)	
	St	imulants (Such as amphetamines, spee	d, crystal me	th, ecstasy, etc.)	Other (Pr	ovide explanation) ▶		
	rovid ast n	e the name of the treatment provider. ame	First name						
P	rovid	e the address for this treatment provide	r (Provide City	and Country if outside	e the United State	s: otherwise provide	City State	and Zin Code)	
	treet	e the address for this treatment provide	City	and Country in Outside	State	Zip Code	_	ountry	
Ŭ			J,						
_		t-l				Duna da a da a alada	6 4		
		e a telephone number for the ent provider.	Extension	International o		Provide the date From Date (Mont		nent. To Date <i>(Month/Year)</i>	Present
u	catin	ent provider.	l	phone number		Trom Date (mon			
_				DayNigh	ıı.		Est.		Est.
D	id yo	u successfully complete the treatment?	YES	□ NO → (Prov	vide explanation	n)			
E	ntry	#2							
Ρ	rovid	e the type of drug or controlled substan	ce for which y	ou were treated.					
	Co	ocaine or crack cocaine (Such as rock, f	reebase, etc.)	Depressar	nts (Such as barbi	turates, m	ethaqualone, tranquiliz	ers, etc.)
	TH	HC (Such as marijuana, weed, pot, hash	ish, etc.)		Hallucinog	enic (Such as LS	D, PCP, m	nushrooms, etc.)	
	Ke	etamine (Such as special K, jet, etc.)			Steroids (S	Such as the clear,	juice, etc.	.)	
	Na	arcotics (Such as opium, morphine, code	eine, heroin,	etc.)	Inhalants (Such as toluene,	amyl nitra	te, etc.)	
	St	imulants (Such as amphetamines, spee	d, crystal me	th, ecstasy, etc.)	Other (Pr	ovide explanation) ▶		
		e the name of the treatment provider.							
La	ast n	ame	First name						
P	rovid	e the address for this treatment provide	r. (Provide City	and Country if outside	e the United State	s; otherwise, provide	City, State	and Zip Code)	
S	treet		City		State	Zip Code	, Co	ountry	
- Р	rovid	e a telephone number for the	Extension	International of	or DSN phone	Provide the date	s of treatn	nent.	
		ent provider.		number	DOIT PHONE	From Date (Mon		To Date (Month/Year)	Present
				☐ Day ☐ Nigh	ıt		Est.		Est.
- D	id vo	u successfully complete the treatment?	L	□ NO → (Prov	vide explanation	n)		1	
	, -	,			Sapianallo	···,			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 24 - Use of Alcohol

Complete the following if you responded 'Yes' to your alcohol use having relationships, your finances, or resulted in intervention by law enforcement	g had a negative impact on your work performance, your professional or personal ent/public safety personnel.
Entry #1	
Provide the month/year when this negative impact occurred. From Date (Month/Year)	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Preserved
Est.	☐ Est. ☐ Est.
Provide circumstances.	Provide negative impact.
Entry #2	
Provide the month/year when this negative impact occurred. From Date (Month/Year) Est.	Provide dates of involvement or use. From Date (Month/Year) Est. Provide dates of involvement or use. To Date (Month/Year) Prese
Provide circumstances.	Provide negative impact.
Entry #3	
Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year)	From Date (Month/Year) To Date (Month/Year) Prese
Est.	☐ Est. ☐ Est.
Entry #4	
Provide the month/year when this negative impact occurred. From Date (Month/Year) Est.	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Prese
Provide circumstances.	Provide negative impact.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 24 - Use of Alcohol - (Continued) 24.2 Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of YES NO (If NO, proceed to 24.3) Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol. Entry #1 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply) An employer, military commander, or employee assistance program A court official / judge A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. A mental health professional Other (Provide explanation) > NO (If NO, complete (a)) Did you take action to receive counseling or treatment? YES (If YES, complete (b)) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. You responded 'Yes' to having taken action to seek counseling or treatment. (b) Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide telephone number. Extension International or DSN phone number Day Night Did you successfully complete the treatment program? YES NO → (Provide explanation) ▶ Entry #2 Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply): An employer, military commander, or employee assistance program A court official / judge A medical professional I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. A mental health professional Other (Provide explanation) > Did you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a)) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. Provide explanation. (b) You responded 'Yes' to having taken action to seek counseling or treatment. Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present □ Fst Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City Zip Code Country Provide telephone number. **Extension** International or DSN phone number Day Night Did you successfully complete the treatment program? \square YES \square NO \longrightarrow (Provide explanation) \blacktriangleright

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 24 - Use of Alcohol - (Continued) 24.3 Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol? YES NO (If NO, proceed to 24.4) Complete the following if you responded 'Yes' to voluntarily seeking counseling or treatment. Entry #1 Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Country State Zip Code City Provide telephone number. Extension International or DSN phone number Day Night ☐ YES Did you successfully complete the treatment program? NO → (Provide explanation) ▶ Entry #2 Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present Est. Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street State Zip Code Country City Provide telephone number. Extension International or DSN phone number Day Night Did you successfully complete the treatment program? YES NO → (Provide explanation) ▶

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 24 - Use of Alcohol - (Continued)

24.4	Have you EVER received cou you have already listed on the		treatment as	a result of your use o	f alcohol in ad	dition to what	YES	NO (If NO, proceed to Section 25)	
Com	Complete the following if you responded 'Yes' to having EVER received counseling or treatment as a result of your use of alcohol.								
Entry	y #1								
	Provide the name of individual counselor or treatment provider. Name								
Provi	de the full address of the coun	seling/treat	ment provide	er (Provide City and Cour	ntry if outside the	United States: other	vise provide Cit	v State and Zin Code)	
Stree		-	City	n. (i rovido oity diid oodi	State	Zip Code	Country	y, State and Elp Sous)	
Olice			Oity			Zip Code			
Provi Nam	de the name of agency/organi. e	zation wher	e counseling	/treatment was provid	ed.	·			
Provi	de the address of agency/orga	anization wh	ere counseli	ng/treatment was prov	/ided. (Provide	City and Country if ou	tside the United	States:	
	vise, provide City, State and Zip Cod			3	,	, , , , , , , , , , , , , , , , , , , ,		Same as above	
Stree	et		City		State	Zip Code	Country		
						'			
·	de the determinant								
	ide the dates of counseling or to Date (Month/Year)		anth (/aar)						
FIOII	Date (Month/Year)	To Date (Mo	onin/Year)	Present					
	Est.			Est.					
Did y	ou successfully complete your	counseling	or treatmen	 t?		YES (Provide	explanation)	NO (Provide explanation)	
Expla	anation								
Lybic	anadon								
Entry	v #2								
	ide the name of individual cour	neelor or tra	atment provi	dor					
Nam		iseloi oi tie	attrient provi	uei.					
INGIII	C								
Provi	de the full address of the coun	seling/treati	ment provide	er. (Provide Citv and Cour	ntrv if outside the	United States: other	vise, provide Cit	v. State and Zip Code)	
Stree		3	City	(,	State	Zip Code	Country	,,,	
01.00	^		Oity				I		
Provi	ide the name of agency/organi	zation where	e counseling	/treatment was provid	ed.		•		
Nam				,					
Provi	de the address of agency/orga	anization wh	ere counseli	ng/treatment was prov	ided. (Provide	City and Country if ou	tside the United	States; Same as above	
otherv	vise, provide City, State and Zip Coo	de)							
Stree	et		City		State	Zip Code	Country		
		- 1			1		1		
	ide the dates of counseling or t								
From	Date (Month/Year)	To Date (Mo	onth/Year)	Present					
	☐ Est.			Est.					
Did	ou successfully complete your	ooupooling	or trootmon						
		couriseiling	or treatmen	<u> </u>		YES (Provide	explanation)	NO (Provide explanation)	
Expla	anation								

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 25 - Investigations and Clearance Record Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you YES NO (If NO, proceed to 25.2) a security clearance eligibility/access? Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access. Entry #1 Provide the investigating agency: U.S. Department of Defense U.S. Department of Homeland Security U.S. Department of State Foreign government (Provide name of government) > U.S. Office of Personnel Management I don't know Federal Bureau of Investigation Other (Provide explanation) ▶ ☐ U.S. Department of Treasury (Provide name of bureau) ▶ Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. Provide the date clearance eligibility/access was granted. (Month/Year) I don't know Date the investigation was completed (Month/Year) I don't know Est. Est. Provide the level of clearance eligibility/access granted: None Confidential Secret I don't know Top Secret Issued by foreign country Sensitive Compartmented Information (SCI) Other (Provide explanation) Entry #2 Provide the investigating agency: U.S. Department of Defense U.S. Department of Homeland Security U.S. Department of State Foreign government (Provide name of government) U.S. Office of Personnel Management I don't know Federal Bureau of Investigation Other (Provide explanation) > U.S. Department of Treasury (Provide name of bureau) > Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency. Provide the date clearance eligibility/access was granted. (Month/Year) Date the investigation was completed (Month/Year) I don't know I don't know Est. Est. Provide the level of clearance eligibility/access granted: None Confidential Secret I don't know Top Secret Issued by foreign country Sensitive Compartmented Information (SCI) Other (Provide explanation)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

5 CFR Parts 731, 732, and 736	ľ	IATIONAL SECURITY POST	IIONS					
Section 25 - Investigations and Clearance	Record	- (Continued)						
		gibility/access authorization denied, suspend e or administrative termination of a security o						
Complete the following if you responded 'Yo	es' to ha	ving EVER had a security clearance eligibilit	ty/access authorization denied, suspended, or revoked.					
Entry #1	Entry #1							
Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)	Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.					
Entry #2								
Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)	Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.					
25.3 Have you EVER been debarred from	n governi	nent employment?	YES NO (If NO, proceed to Section 26)					
Complete the following if you responded 'Ye	es' to ha	ving EVER been debarred from government	t employment.					
Entry #1								
Provide the name of the government agency taking debarment action.	Provid (Month)	_	Provide an explanation of the circumstances of the debarment.					
		Est.						
Entry #2	1		I =					
Provide the name of the government agency taking debarment action.	(Month)	e the date the debarment occurred. Year)	Provide an explanation of the circumstances of the debarment.					
		Est.						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record	
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in the last seven (7) years have you f	led a petition under any chapter of the	ne bankruptcy o	code?		YES	NO (If NO, pro	ceed to 26
Complete the following if you responded 'Yes	to in the last seven (7) years havi	ng filed a petiti	on under a	ny chapte	er of the ba	nkruptcy code.	
Entry #1							
Select the applicable bankruptcy petition type		Provide the b	ankruptcy	court doc	ket/accoun	t number.	
	napter 12 Chapter 13						
Provide the date bankruptcy was	Provide the date of bankruptcy					mount (in U.S.	
filed. (Month/Year)	discharge. (Month/Year)	Not Applicable dollars			involved in the bankruptcy.		
Est.		Est.			Est		
Provide the name debt is recorded under.						0 55	
Last name	First name I		Middle na	ame		Suffix I	
Provide the name of the court involved.							
Tortue the hame of the court involved.							
Provide the address of the court involved. (Pi		d States; otherwis	se, provide C	ity, State a			
Street	City	State I	Zip Code		Country		
(a) If Chapter 13 previously selected: Provide the name of the trustee for this ba	ankruptcy.		•				
Provide the address of the trustee for the						, State and Zip Code))
Street	City	State 	Zip Code		Country		
Were you discharged of all debts claimed in t	he bankruptcy?		YES (Provide ex	planation)	NO (Provide	explana:
Provide Explanation.					,		,
Entm. #2							
Entry #2 Select the applicable bankruptcy petition type		Provide the b	ankruntov i	court doc	ket/account	t number	
	napter 12 Chapter 13		annapioy .	oouit doo	no gaoodan	t Hallibot.	
Provide the date bankruptcy was	Provide the date of bankruptcy			Provide	the total a	mount (in U.S.	
filed. (Month/Year)	discharge. (Month/Year)		plicable			the bankruptcy.	
□ Est.		Est.					□ E
Provide the name debt is recorded under.							
Last name	First name		Middle na	ame		Suffix	
Provide the name of the court involved.							
Provide the name of the court involved.							
Provide the address of the court involved. (Pr	rovide City and Country if outside the Unite	d States; otherwis	se, provide C	ity, State a	nd Zip Code)		
Street	City	State	Zip Code		Country		
(a) If Chapter 13 previously selected:	<u> </u>	I			I		
Provide the name of the trustee for this ba	ankruptcy.						
Provide the address of the trustee for the Street	nis bankruptcy. (Provide City and Coun City	try if outside the U	Inited States Zip Code		, provide City Country	, State and Zip Code))
Were you discharged of all debts claimed in t	he bankruptcy?	1	U VES ∕	Drovida a	nlanation)	NO (Bravida	evnless
Provide Explanation.			☐ 1E9 (Provide ex	piariation)	NO (Provide	expianai
т точіць Ехріанаціон.							
					_		
er your Social Security Number before	going to the next page				•		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Contin	ued)							
26.4 In the last seven (7) years have	6.4 In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?							
Complete the following if you responde provided by your employer.	ed 'Yes' to hav	ving been counseled,	warned,	or disciplined f	for violating the terr	ns of agreem	ent for a tra	avel or credit card
Entry #1								
Provide the name of the agency or com	npany.							
Provide the address of the agency or c Street	ompany. <i>(Pro</i> v Ci		utside the	United States; oth State	herwise, provide City, S Zip Code	State and Zip Co Country	ode)	
Provide the date of your counseling, wa	arning, or disc	ciplinary action. <i>(Mor</i> [nth/Year) Est.	Provide the re	eason(s) for the cou	ınseling, warn	ning, or disc	ciplinary action.
Provide the amount (in U.S. dollars) of violation.		rovide a description o ction(s) provide expla		ion(s) you have	e taken to rectify th	s situation. If	you have r	not taken any
Entry #2								
Provide the name of the agency or com	npany.							
Provide the address of the agency or c	ompany. (Prov	vide City and Country if o	utside the				ode)	
Street	Ci I	ity	ı	State	Zip Code I	Country		
Provide the date of your counseling, wa		[Est.		eason(s) for the cou			
Provide the amount (in U.S. dollars) of violation.	Provide the amount (in U.S. dollars) of violation. Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.							
26.5 Are you currently utilizing, or see resolve your financial difficulties? Complete the following if you responde	?					YES [O, proceed to 26.6)
resolve your financial difficulties.	ed 163 to bei	ing currently utilizing,	OI SEEKII	ig assistance ii	Tom, a credit couns	elling service	or other sir	Tilial resource to
Entry #1								
Provide explanation.			Provide	e the name of t	he credit counselin			
Provide the telephone number of the cr Telephone number	redit counselir Extension	ng organization.	DSN pho	ne number	Provide the loca City	tion of the cre	edit counse	ling organization. State
		Day Night						
As a result of this counseling, provide a provide explanation.	a description o	of any action(s) you h	ave taker	n to resolve you	ur financial difficulti	es. If you hav	e not taker	n any action(s),
Entry #2								
Provide explanation.			Provide	e the name of t	he credit counselin	g organizatior	n or resour	ce.
Provide the telephone number of the cr Telephone number	redit counselir Extension	ng organization. International or Day Night		ne number	Provide the loca City	tion of the cre		ling organization. State
As a result of this counseling, provide a provide explanation.	a description o	of any action(s) you h	ave taker	n to resolve you	ur financial difficulti	es. If you hav	e not taker	n any action(s),
_								
nter vour Social Security Number b	oetore anina	a to the next nade	·					I

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 26 - Financial Record - (Continued)

Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below)

- In the last seven (7) years, you have been delinquent on alimony or child support payments.

- In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner

- In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or quarantor)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 26 - Financial Record - (Continued)

Section 26 - Financial Record - (Continued)
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #2
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply)
In the last seven (7) years, you have been delinquent on alimony or child support payments.
In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year) Est. Provide date the financial issue was resolved. (Month/Year) Not Resolved Est.
Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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YES NO (If NO, proceed to Section 27)

Section 26 - Financial Record - (Continued)

- 26.7 Other than previously listed, have any of the following happened?
 - In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you had bills or debts turned over to a collection agency?
 (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the last seven (7) years, you were evicted for non-payment?
 - In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
 - In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

which you are the sole debtor, as well as	those for which you are a cosigner or guarantor)	•
Complete the following if you answered 'Yes' to having ex	perienced one or more of the previously stated fir	nancial issues.
Entry #1		
Provide the name of agency/organization/individual to which	ch debt is/was owed.	
Did/does this financial issue include any of the following? (Check all that apply)	YES NO (If NO, proceed to Section 27)
In the last seven (7) years, you had any possessions which you were the sole debtor, as well as those for whether the sole debtor is the sole debtor.		ed or foreclosed? (Include financial obligations for
In the last seven (7) years, you defaulted on any type which you were a cosigner or guarantor).	of loan? (Include financial obligations for which y	ou were the sole debtor, as well as those for
In the last seven (7) years, you had bills or debts turn as well as those for which you were a cosigner or guard		obligations for which you were the sole debtor,
In the last seven (7) years, you had any account or cr obligations for which you were the sole debtor, as well		
In the last seven (7) years, you were evicted for non-	payment?	
In the last seven (7) years, you had wages, benefits,	or assets garnished or attached for any reason?	
In the last seven (7) years, you were over 120 days define the sole debtor, as well as those for which you were a		clude financial obligations for which you were
You are currently over 120 days delinquent on any debare a cosigner or guarantor).	ot? (Include financial obligations for which you are	the sole debtor, as well as those for which you
Provide the associated loan/account number(s) involved.	Identify/describe the type of property involved (i	f any).
Provide the amount (in U.S. dollars) of the financial issue.	Provide the reason(s) for the financial issue.	Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year)	Provide date the financial issue was	resolved. (Month/Year) Not Resolved Est.
Provide a description of any action(s) you have taken to sataken any action(s), provide explanation.	atisfy this debt (such as withholdings, frequency a	nd amount of payments, etc.). If you have not

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)		
Complete the following if you answered 'Yes' to having exp	perienced one or more of the previously stated file	nancial issues.
Entry #2		
Provide the name of agency/organization/individual to which	ch debt is/was owed.	
Did/does this financial issue include any of the following? (Check all that apply)	YES NO (If NO, proceed to Section 27)
In the last seven (7) years, you had any possessions which you were the sole debtor, as well as those for wh		ed or foreclosed? (Include financial obligations for
In the last seven (7) years, you defaulted on any type which you were a cosigner or guarantor).	of loan? (Include financial obligations for which y	you were the sole debtor, as well as those for
In the last seven (7) years, you had bills or debts turned as well as those for which you were a cosigner or guara		obligations for which you were the sole debtor,
In the last seven (7) years, you had any account or croobligations for which you were the sole debtor, as well a		
In the last seven (7) years, you were evicted for non-p	payment?	
In the last seven (7) years, you had wages, benefits, o	or assets garnished or attached for any reason?	
In the last seven (7) years, you were over 120 days do the sole debtor, as well as those for which you were a contract the sole debtor.		nclude financial obligations for which you were
You are currently over 120 days delinquent on any deb are a cosigner or guarantor).	t? (Include financial obligations for which you are	e the sole debtor, as well as those for which you
Provide the associated loan/account number(s) involved.	Identify/describe the type of property involved (i	if any).
Provide the amount (in U.S. dollars) of the financial issue.	Provide the reason(s) for the financial issue.	Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year)	Provide date the financial issue was	resolved. (Month/Year) Not Resolved Est.
Provide a description of any action(s) you have taken to sa taken any action(s), provide explanation.	tisfy this debt (such as withholdings, frequency a	and amount of payments, etc.). If you have not

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 27 - Use of Information Technology Systems

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

evidence against you in a subsequent criminal progovernment. The following questions ask about you hardware, software, firmware, and data used for the	ceeding. As to this particular secti ur use of information technology s	ion, this applies systems. Inform	whether or not you ation technology sys	are currently employed by the Federal stems include all related computer
27.1 In the last seven (7) years have you illeg access any information technology system		on accessed or	attempted to	YES NO (If NO, proceed to 27.2)
Complete the following if you responded 'Yes' to any information technology system.	having in the last seven (7) yea	ars illegally or w	vithout proper author	ization entered or attempted to enter into
Entry #1				
Provide the date of the incident. (Month/Year) Est.	Provide a description of the nat	ure of the incide	ent or offense.	
Provide the location where the incident took place	Ce. (Provide City and Country if outside	the United States	; otherwise, provide City	v. State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrativ	re, criminal or other) taken as a re	sult of this incid	lent.	
Entry #2				
Provide the date of the incident. (Month/Year) Est.	Provide a description of the nat	ure of the incide	ent or offense.	
Provide the location where the incident took place	ce. (Provide City and Country if outside	the United States,	; otherwise, provide City	, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrativ	e, criminal or other) taken as a re	sult of this incid	lent.	
27.2 In the last seven (7) years have you illeg denied others access to information residi above?				YES NO (If NO, proceed to 27.3)
Complete the following if you responded 'Yes' to denied others access to information residing on				modified, destroyed, manipulated, or
Entry #1				
Provide the date of the incident. (Month/Year) Est.	Provide a description of the nat	ure of the incide	ent or offense.	
Provide the location where the incident took place Street	Ce. (Provide City and Country if outside City	the United States, State	; otherwise, provide City Zip Code	r, State and Zip Code) Country
Provide a description of the action (administrativ	e, criminal or other) taken as a re	sult of this incid	lent.	
Entry #2				
Provide the date of the incident. (Month/Year) Est.	Provide a description of the nat	ure of the incide	ent or offense.	
Provide the location where the incident took place	ce. (Provide City and Country if outside	the United States	; otherwise, provide City	r, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrativ	re, criminal or other) taken as a re	sult of this incid	lent.	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Parts 731, 732, and 736	NATIONAL SECURI	11 70311	IONS	
Section 27 - Use of Information Technology Sys	tems - (Continued)			
27.3 In the last seven (7) years have you intro connection with any information technolog by rules, procedures, guidelines, or regula	y system without authorization, w	hen specifically		YES NO (If NO, proceed to Section 28)
Complete the following if you responded 'Yes' to connection with any information technology syste attempted any of the above.				
Entry #1				
Provide the date of the incident. <i>(Month/Year)</i> Est.	Provide a description of the natu	re of the incide	ent or offense.	
Provide the location where the incident took place	e. (Provide City and Country if outside	the United States	; otherwise, provide Cit	y, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrative	e, criminal or other) taken as a re	sult of this incid	lent.	
Entry #2				
Provide the date of the incident. <i>(Month/Year)</i> Est.	Provide a description of the natu	re of the incide	ent or offense.	
Provide the location where the incident took place	e. (Provide City and Country if outside	the United States	; otherwise, provide Cit	y, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrative	e, criminal or other) taken as a re	sult of this incid	lent.	1

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 28 - Involvement in Non-Criminal Court Actions In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on YES NO (If NO, proceed to Section 29) this form? Complete the following if you responded 'Yes' to having been a party to any public record civil court action(s) not listed elsewhere on this form in the last ten (10) years. Entry #1 Provide the date of the civil action. (Month/Year) Provide the court name. Est. Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) State City Zip Code Country Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action. Entry #2 Provide the court name. Provide the date of the civil action. (Month/Year) Est. Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Country Zip Code Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

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Section 29 - Association Record

The following pertain to your associations. You are required to adverse employment, security, or credentialing decision. For dangerous to human life and appear to be intended to intimid coercion or to affect the conduct of a government by mass decision.	the purpose of this quadrate or coerce a civiliar	estion, terrorism population to in	is defined as any cr fluence the policy of	riminal acts	that involve violence or are
29.1 Are you now or have you EVER been a member of a awareness of the organization's dedication to that en				YES	NO (If NO, proceed to 29.2)
Complete the following if you responded 'YES' to being or the organization's dedication to that end, or with the specif			anization dedicated	to terrorism	, either with an awareness of
Entry #1					
Provide the full name of the organization.					
Provide the address/location of the organization. (Provide C Street City	ity and Country if outside to	he United States; of State	therwise, provide City, S Zip Code	State and Zip Country	Code)
Provide the dates of your involvement with the organization From Date (Month/Year) Est.	n. Provide all] Present] Est.	positions held in	n the organization, if	f any.	No positions held
Provide all contributions made to the organization, if any.	ons made Provide a organization		e nature of and reas	ons for you	r involvement with the
Entry #2	I				
Provide the full name of the organization.					
Provide the address/legation of the organization (Provide C	hits and Country if autoida t	ha United States: a	thomaine provide City	State and Zin	Code
Provide the address/location of the organization. (Provide C Street City	ity and Country if outside the	State	Zip Code	Country	Code)
Provide the dates of your involvement with the organization From Date (Month/Year) To Date (Month/Year) Est.	n. Provide all Present Est.	positions held ir	I n the organization, if	f any.	No positions held
	<u> </u>			6	
Provide all contributions made to the organization, if any.	ons made Provide a organization		e nature of and reas	ons for you	r involvement with the

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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CFR Part	is 731, 732, and 736			
Section	n 29 - Association Record - (Continued)			
29.2	Have you EVER knowingly engaged in any acts of terrorism?		YES NO (If NO, pi	roceed to 29.3)
Com	plete the following if you responded 'Yes' to EVER having knowingly engaged in a	ny acts of terrorism.		
Entry	<i>y</i> #1			
	ribe the nature and reasons for the activity.	Provide the dates for any such as From Date (Month/Year) Est.	ctivities. To Date (Month/Year)	Present Est.
Entry				
Desc	ribe the nature and reasons for the activity.	Provide the dates for any such a From Date (Month/Year)	ctivities. To Date (Month/Year)	Present Est.
29.3	Have you EVER advocated any acts of terrorism or activities designed to overthroforce?	ow the U.S. Government by	YES NO (Pr	oceed to 29.4)
Com force	plete the following if you responded 'Yes' to having EVER advocated any acts of te	errorism or activities designed to ov	verthrow the U.S. Gove	ernment by
Entry	<i>t</i> #1			
·	de the reason(s) for advocating acts of terrorism.	Provide the dates of advocating a From Date (Month/Year)	acts of terrorism. To Date (Month/Year)	Present Est.
Entry	<i>y</i> #2			
<u> </u>	de the reason(s) for advocating acts of terrorism.	Provide the dates of advocating a From Date (Month/Year)	acts of terrorism. To Date <i>(Month/Year)</i>	Present Est.

Enter your Social Security Number before going to the next page

Provide all contributions made to the

organization, if any.

QUESTIONNAIRE FOR

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NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 29 - Association Record - (Continued) 29.4 Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow YES NO (If NO, proceed to 29.5) the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? Complete the following if you responded 'Yes' to having EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities. Entry #1 Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) State Zip Code Country Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide all contributions made to the Provide a description of the nature of and reasons for your involvement with the No contributions made organization, if any. organization. Entry #2 Provide the full name of the organization. Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held From Date (Month/Year) To Date (Month/Year) Present Est. Est.

organization.

No contributions made

Provide a description of the nature of and reasons for your involvement with the

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - (Continued)

Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?							
Complete the following if you restorce or violence to discourage of such action.							
Entry #1							
Provide the full name of the orga	nization.						
Provide the address/location of t	he organization. (Provid	le City and Cour	ntry if outside th	e United States; ot	herwise, provide City,	State and Zip	Code)
Street	City	•	•	State	Zip Code	Country	,
Provide the dates of your involve	ment with the organiza	ation	Provide all I	ositions held in	<u>l</u> the organization, i	f any	No positions held
From Date <i>(Month/Year)</i>	To Date (Month/Year)				tile organization, i	i arry.	No positions neid
	Bate (Months Four)	Present					
Est.		Est.					
Provide all contributions (in U.S. made to the organization, if any.	dollars)	utions made	Provide a d organization		nature of and reas	sons for you	ur involvement with the
Entry #2 Provide the full name of the orga	nization						
Flovide the full flame of the orga	ilization.						
Provide the address/location of t	-	e City and Cour	ntry if outside th		herwise, provide City,		Code)
Street	City			State	Zip Code	Country	
Provide the dates of your involve	ment with the organiza	ation.	Provide all	oositions held in	the organization, i	f any.	No positions held
From Date (Month/Year)	To Date (Month/Year)	Present			,	,	.
Est.		Est.					
Provide all contributions (in U.S.	dellara) 🗆		Drovido o d	accription of the	noture of and room	ana far va	ur involvement with the
made to the organization, if any.	dollars) No contrib	utions made	organization		riature or and reas	solis for you	ur involvement with the
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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CFR Parts 731, 732, and 736	POSITIONS		
Section 29 - Association Record - (Continued)			
29.6 Have you EVER knowingly engaged in activities designed to overthrow the U.S.	Government by force?	YES NO (If NO, pro	oceed to 29.7)
Complete the following if you responded 'Yes' to having EVER knowingly engaged in	activities designed to overthrow the	U.S. Government by fo	rce.
Entry #1			
Describe the nature and reasons for the activity.	Provide the dates of such activiti		
	From Date (Month/Year)	To Date (Month/Year)	Present
	Est.		Est.
Entry #2	Durani da Abra datas af annab a Atraiti		
Describe the nature and reasons for the activity.	Provide the dates of such activiti From Date (Month/Year)	To Date (Month/Year)	□ D=====4
	Est.		Present Est.
29.7 Have you EVER associated with anyone involved in activities to further terrorism		YES NO	
Complete the following if you responded 'Yes' to having EVER associated with anyone			
	o involved in activities to farther tens	onam.	
Entry #1 Provide explanation.			
. To the output teach			
Entry #2			
Provide explanation.			

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

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continuation Space	
Use the space below to continue answers or a blank sheet(s) of paper. Include your name and SSN at the top of each banswer, identify the number of the item and attempt to maintain sequential order and question format.	olank sheet(s). Before each
After completing this form and any attachments, you should review your answers to all questions to make sure the for and then sign and date the following certification and the attached release(s). Certification My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and beliefurther affirm that, to the best of my knowledge, I have not included any classified information herein. I have carefully read the from this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment understand that intentionally withholding, misrepresenting, falsifying, or including classified information may have a negative effective complete.	ef and are made in good faith. I oregoing instructions to nt or both (18 U.S.C. 1001). I
employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and deba	arment from Federal service.
Signature (Sign in ink)	Date signed (mm/dd/yyyy)
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Enter your Social Security Number before going to the next page	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

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

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

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

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

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

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

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

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

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink)		Full name (Type or print le	gibly)		Date signed (mm/dd/yyyy)		
Other names used				Date of birth	Social Security Number		
Current street address Apt. #	City (Country)		address Apt. # City (Country) Sta		State	ZIP Code	Telephone number
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Enter your Social Security Number before going to the next page	———	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Date signed (mm/dd/yyyy)

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

If you answered "Yes" to Section 21 of the Standard Form 86 (SF-86), carefully read this authorization to release information about you, then sign and date it in ink.

This is an authorization for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility. Your signature will allow the practitioner(s) to answer only those questions identified below.

Authorization

Signature (Sign in ink)

I am seeking assignment to or retention in a national security sensitive position. As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e., continuous evaluation) of eligibility for access to classified information or eligibility to hold a national security sensitive position to request, and my health practitioner(s) to provide, the information requested below, relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to my health care provider/entity. Revocation of this authorization is not effective until received by my health care provider/entity. I understand that I may revoke this authorization, except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this authorization for use by the Federal Government only for purposes provided in the Standard Form 86 will no longer be covered by the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

Full name (Type or print legibly)

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Other names used				Social Security Number	
		•			
Current street address Apt. #	City (Country)	State	ZIP Code	Telephone number	
For Use By Practitioner(s) Only					
Does the person under investigation have a condition that could impair his or her judgment, reliability, or trustworthiness?					
☐ YES ☐ NO					
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.					
What is the prognosis?					
D-t					
Dates of treatment?					
Signature (Sign in ink)	Practitioner name			Date signed (mm/dd/yyyy)	
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Enter your Social Security Number before going	to the next page				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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UNITED STATES OF AMERICA

FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

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

Purpose

The Federal government requires information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position to request, and any consumer reporting agency to provide, such reports for purposes described above.

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

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

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

Enter your Social Security Number before going to the next page	
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