

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

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

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

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

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

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

## Office of Personnel Management

### Questionnaire for Non-Sensitive Positions, SF 85

<p><b>Questionnaire for Non-Sensitive Positions</b> <i>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.</i></p> <p>All questions on this form must be answered <b>completely and truthfully</b> in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. <b>If you are a current civilian employee of the federal government:</b> failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 17 and 20, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.</p>
<p><b>Purpose of this Form</b> This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations of persons under consideration for, or retention of, non-sensitive low risk positions as defined in 5 CFR 731. It is also used for <b>determining fitness of individuals under consideration for, or retention in positions in the excepted service when the duties to be performed are equivalent to a low risk position.</b> This form may also be used by agencies in determining whether a subject should be issued a Federal credential for access to federally controlled facilities and information systems. For applicants, this form is to be used only after a conditional offer of employment has been made, unless OPM has provided for an exception. This form is not to be used for National Security sensitive positions.</p> <p>Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a position or your ability to obtain or retain Federal or contract employment, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for positions, physical and/or logical access required to perform duties, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, or prosecution.</p> <p>This form may become a permanent document that may be used as the basis for future investigations, determinations of suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous questionnaires.</p> <p>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.</p>
<p><b>Authority to Request this Information</b> Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 13764, 13741, 10577, 13467, and 13488, as amended; sections 3301, 3302, 7301, and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 6, 731, and 736 of title 5, Code of Federal Regulations (CFR), Homeland Security Presidential Directive (HSPD) 12, and Federal information processing standards.</p> <p>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.</p>
<p><b>The Investigative Process</b> Background investigations for non-sensitive positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and will not present an unacceptable risk. The information that you provide on this form and your Declaration for Federal Employment (OF 306) may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file and a credit report is required by the agency requesting your investigation, then we may not be able to complete your investigation, which can adversely affect your eligibility for positions, physical and/or logical access required to perform duties, or your ability to obtain Federal or contract employment. To avoid such delays, you must request that the consumer reporting agencies lift the freeze in these instances.</p> <p>In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable or trustworthy, or poses an unacceptable risk to the life, safety, or health of employees, contractors, vendors or visitors to a Federal facility; the Government's physical assets or information systems; personal property; records, or the privacy of the individuals whose data the Government holds in its systems. After an eligibility determination is made, you may also be subject to reinvestigations to ensure your continuing suitability for employment.</p> <p><b>The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.</b></p>
<p><b>Your Personal Interview</b> Some investigations may include an interview with you as needed as part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. If contacted, it is imperative that the interview be conducted as soon as possible after contact is made by the investigator. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.</p> <p>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.</p>
<p><b>Instructions for Completing this Form</b></p> <ol style="list-style-type: none"><li>1. Follow the instructions provided to you, by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. <b>You should retain a copy of the completed form for your records.</b></li><li>2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.</li><li>3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.</li><li>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.</li><li>5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.</li><li>6. For telephone numbers in the U.S., ensure that the area code is included.</li><li>7. All dates provided in this form must be in Month/Day/Year or Month/Year format. The month and day should be entered as a two character numbers (i.e., 01 for January and 29 for 29<sup>th</sup> day of the month). The year should be entered as a four character number (i.e., 1978 or 2001). If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Estimated." box.</li></ol>
<p><b>Final Determination on Your Eligibility</b> Final determination on your eligibility for a position and/or physical or logical access to federal facilities and information is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, and sexual orientation, when making determinations of eligibility for non-sensitive positions, physical and/or logical access required to perform duties.</p>
<p><b>Penalties for Inaccurate or False Statements</b> 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 <b>five (5)</b> years imprisonment. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.</p>

**Disclosure Information**

The information you provide is for the purpose of investigating you for a position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. **You will not receive prior notice of such disclosures under a routine use.** The Defense Counterintelligence and Security Agency, the Government's primary investigative service provider, has established its routine uses in the Federal Register at the following address: [Federal Register](#). If another agency is conducting your investigation, it will inform you of its routine uses.

**Public Burden Information**

Public burden reporting for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, **Attn: Forms Manager, OMB Number 3206-0261** 1900 E Street, NW, Washington, DC 20415. The OMB clearance number, 3206-0261, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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

<b>Persons Completing This Form Should Begin After Carefully Reading The Preceding Instructions.</b>		
I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), or removal and debarment from Federal Service.	YES	NO

**Agency Use Block "AUB"**

Investigating agency user only	Codes: (FIPC CODES)	Case Number:
<b>For Competitive Service initial appointments only: As a reminder, agencies are responsible for reviewing information provided on the OF 306, resume, and other documentation provided as part of the hiring process to identify possible discrepancies with information provided on the standard form questionnaire. Agencies must notify their Investigative Service Provider of any discrepancies that may exist between the forms, and request resolution of the conflict through the investigation process. In this situation the discrepant documents must be forwarded with the questionnaire to OPM for Action.</b>		
A – Type of Investigation	B – Extra coverage / advanced results	C – Risk level
D – Nature of action code	E – Date of action	F – Geographic location
H – Position title	I – SON (Submitting Office Number)	G – Position code
J – Location of Official Personnel Folder	None NPRC At SON e-OPF Other	Other address / web address of e-OPF
K – SOI (Security Office Identifier)		Zip Code
L – Location of Security Folder	None NPI At SOI Other	Other address
M – IPAC	N – TAS	O – Obligating document number
P – BETC	Q – Accounting data and /or Agency case number	
R – Investigative requirement	Initial Reinvestigation	S – Requesting Official: Name, Title, Signature, Email Address, Telephone, Date
T – Secondary Requesting Official: Name, Title, Email Address, Telephone Number		
U – Applicant Affiliation	FED CIV CON MIL Other	
V – Deployment/PCS (if Imminent):		
From Est.-To Dates, Est., Permanent Relocation, Reason(s) for temporary duty assignment or PCS, point of contact at location, Telephone number (Include Ext.), Address/Unit/Duty location (Include City or Post Name)		
Agency Special Instructions for the Investigative Service Provider:	Cage Code	Contracting Number

**For Reference Only**

**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.

Last	First	Middle	Suffix
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**Section 2 – Date of Birth**

Provide your date of birth. Date - - - Est.

**Section 3 – Place of Birth**

Provide your Place of birth. City County State Country

**Section 4 – SSN**

Provide your U.S. Social Security Number.  Not applicable - -

**Section 5 – Other Names Used**

Provide your other names used and the period of time you used them (for example: your maiden name, name(s) by a former marriage (s), former name(s), alias (es), or nickname(s)).

Have you used any other names? YES NO

**Branch** If Yes to "Other Names?" Provide your other name used and the period of time you used it [for example: your maiden name, name by a former marriage, former name, alias, or nickname]. 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" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Provide other name used.	Last	First	Middle	Suffix	Maiden name?	Yes	No
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Provide dates used.	From Date (Estimated)	To Date (Estimated/Present)
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Provide the reason(s) why the name changed.	Reason: (Free Text)
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Do you have additional names to enter?	Yes (Yes adds another entry)	No (Required to pass validation)
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**Section 6 – Your Identifying Information**

Provide your Identifying Information Height (feet) (inches) Weight (in pounds) Hair Color Eye Color Sex (M/F)

**Section 7 – Your Contact Information**

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

Provide your contact information. Email addresses may be used as a contact method, and identify subject in records.	Home email address	Email (Free Text)	Work email address	Email (Free Text)
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Home telephone number Extension Time Day Night Both __ Check box if International or DSN phone number	Work telephone number Extension Time Day Night Both __ Check box if International or DSN phone number	Mobile/Cell telephone number Extension Time Day Night Both __ Check box if International or DSN phone number
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**Section 8 – U.S. Passport Information**

Do you possess a U.S. passport (current or expired)? YES NO

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

Provide your U.S. passport number	Passport (Free Text)
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[Click here for U.S. State Department passport help.](#)

Provide the issue date of passport.	Date (Estimated)	Provide the expiration date of passport.	Date (Estimated)
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Provide the name in which passport was first issued.	Last name:	First name:	Middle name:	Suffix
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**Section 9 – Citizenship**

Select the box that reflects your current citizenship status and click Save.

Provide your current citizenship status:  I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.  
 I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.  I am a naturalized U.S. citizen.  I am a derived U.S. citizen.  I am not a U.S. citizen.

Provide your Mother's Maiden Name Last Name/First Name/ Middle Name/Suffix

**Branch** You answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country.

Provide type of documentation of U.S. citizen born abroad. FS 240, DS 1350, FS 545, Other (Provide explanation)	Explanation
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Provide document number for U.S. citizen born abroad:	Document Number (Free Text)
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Provide the date the document was issued.	Date - - - Estimated <input type="checkbox"/>
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Provide the place of issuance.	City	State	Country
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Provide the name in which document was issued.	Last name:	First name:	Middle name:	Suffix
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Provide your Certificate of Citizenship number.	Certificate Number (Free Text)
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Provide the date the certificate was issued.	Date - - - Estimated <input type="checkbox"/>
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Provide the name in which the certificate was issued.	Last name:	First name:	Middle name:	Suffix
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Were you born on a U.S. military installation? YES NO

**Branch** If Yes You answered that you were born on a U.S. military installation.

Provide the name of the base.	Name (Free Text)
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<b>Branch</b> Citizenship Naturalization U.S Citizen	You answered that you are a naturalized U.S. citizen.						
	Provide the date of entry into the U.S.			Date - - Estimated <input type="checkbox"/>			
	Provide the location of entry into the U.S.			City State			
	Provide country(ies) of prior citizenship.			Country (Allows for Multiples)			
	Do/did you have a U.S. alien registration number?				YES NO		
	<b>Branch</b> If Yes		Provide your U.S. alien registration number on Certificate of Naturalization-utilize USCIS, CIS, or INS registration number, I-551, I-766.		Alien Registration Number (Free Text)		
	Provide your Certificate of Naturalization number (N550 or N570).			Certificate of Naturalization Number (Free Text)			
	Provide the name of the court that issued the Certificate of Naturalization			Court (Free Text)			
	Provide the address of the court that issued the Certificate of Naturalization						
	Street		City	State	Zip		
	Provide the date the Certificate of Naturalization was issued.			Date - - Estimated <input type="checkbox"/>			
	Provide the name in which the Certificate of Naturalization was issued.			Last name:	First name:	Middle name:	Suffix

<b>Branch</b> Citizenship Derived	You answered that you are a derived U.S. citizen.				
	Provide your alien registration number (on Certificate of Citizenship — utilize USCIS, CIS or INS registration number)				Alien Registration Number (Free Text)
	Provide your Permanent Resident Card number (I-551) Permanent Resident Card number (I-551) (Free Text)				
	Provide your Certificate of Citizenship number (N560 or N561) Certificate of Citizenship number (N560 or N561) (Free Text)				
	Provide the name in which the document was issued. Last name: First name: Middle name: Suffix:				
	Provide the date document was issued Date - - Estimated				
	Provide the basis of derived citizenship. -By operation of law through my U.S. citizen parent .-Other (Provide explanation) Explanation				

<b>Branch</b> Citizenship Not a U.S. citizen	Not a U.S. Citizen				
	Provide your residence status.		Status (Free Text)	Provide your date of entry into the U.S. Date - - Estimated <input type="checkbox"/>	
	Provide your country (ies) of citizenship. Allow multiple			Provide your place of entry in the U.S. City (Free Text) State	
	Provide your alien registration number. (I-1551, I-766)			Registration Number (Free Text)	
	Provide document expiration date (I-766 ONLY).			Date - - Estimated <input type="checkbox"/>	
	Provide type of document issued. (I-94, U.S. Visa-red foil number, I-20, DS-2019, etc.)			I-94, U.S. Visa (red foil number), I-20, DS-2019, Other (Provide explanation) Explanation	
	Provide document number:			Document Number (Free Text)	
	Provide the name in which the document was issued.		Last name:	First name:	Middle name:

<b>Section 10 – Dual/Multiple Citizenship</b>					
Do you now or have you EVER held dual/multiple citizenships?				YES NO	
<b>Branch</b> Dual/Multiple Citizenship  (Multiple Entries Allowed)	You answered “Yes” to having EVER held dual/multiple citizenship				
	Provide country of citizenship		During what period of time did you hold citizenship with this country?		
	Provide the date range that you held this citizenship; beginning with the date it was acquired through its termination or “Present,” whichever is appropriate.			From Date (Estimated)	To Date (Estimated/Present)
	How did you acquire this non-U.S. citizenship you now have or previously had?			How (Free Text)	
	<b>Branch</b> Do you currently hold citizenship with this country?				YES NO
	If Present/Current Provide explanation:				
	Summary of dual/multiple citizenships you have listed: Allow multiple				
Select Country Value			Dates of Citizenship	Actions	
Do you have an additional citizenship to provide?			YES (Yes adds another entry)	NO (Required to validate)	

<b>Section 11 – Where You Have Lived</b>				
List the places where you have lived beginning with your present residence and working back 5 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. (Multiple Entries Allowed)				
Provide dates of residence.			From Date (Estimated )	To Date (Estimated /Present)
Is/was this residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other (Provide explanation)				Explanation (Free Text)

Provide the street address.					Street address and City						
Provide the country if outside the United States; otherwise provide State and Zip Code					State		Zip Code		Country		
<b>Branch</b> Physical Location	You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data:										
	Street Address/Unit/Duty Location:							City or Post Name			
	Provide State for ports in United States, or Country location.							State and Zip Code or Country			
<b>Branch</b> APO/FPO Address	You have indicated an address outside of the United States.										
	Do/did you have an APO/FPO address while at this location? <span style="float:right">Yes No</span>										
	<b>Branch</b> You have indicated that you have or had an APO/FPO while at this location.										
	Provide APO/FPO address:		Address		APO or FPO		APO/FPO State Code		Zip Code		
<b>Branch</b> Person Who Knew you  (if address dates within last 3 years)	Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.										
	Provide the full name: Last name: First name: Middle name: Suffix			Provide date of last contact:			Date MM-YYYY_ Estimated <input type="checkbox"/>				
	Provide your relationship to this person (select all that apply)					<input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Landlord <input type="checkbox"/> Business associate <input type="checkbox"/> Other (Provide explanation) Explanation (Free Text)					
	Provide the following contact information for this person :										
	Provide evening phone number for this person:				Number/Extension _ Check box if International or DSN phone number _ I don't know		Provide daytime phone number for this person:			Number/Extension _ Check box if International or DSN phone number _ I don't know	
	Provide cell/mobile phone number for this person:					Number/Extension Time Day Night Both _ Check box if International or DSN phone number _ I don't know					
	Provide e-mail address for this person:					Email (Free Text) I don't know					
	Provide street address for this person (including apartment number).					Street address		City			
	Provide Country if outside the United States; otherwise, provide State and Zip Code					State		Zip Code		Country	
	<b>Branch</b> Physical Location	You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data:									
		Street Address/Unit/Duty Location:							City or Post Name		
		Provide State for ports in United States, or Country location.							State and Zip Code or Country		
	<b>Branch</b> APO/FPO Address	You have indicated an address outside of the U.S.									
Does the person who knew you have an APO/FPO address? <span style="float:right">YES NO</span>											
<b>Branch</b> If Yes		Provide APO/FPO address:		Address		APO or FPO		APO/FPO State Code		Zip Code	
Do you have an additional residence to report?					YES (Yes adds another entry)			NO (Required to validate)			

### Section 12 – Where You Went to School

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

Have you attended any schools in the last 5 years? YES NO

<b>Branch</b> If Yes to Attending Schools	Have you received a degree or diploma more than 5 years ago? <span style="float:right">YES NO</span>										
	Provide the dates of attendance.			From Date (Estimated)			To Date (Estimated/Present)				
	Select the most appropriate box to describe your school. <input type="checkbox"/> High School <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School										
	Provide the name of the school:							Name (Free Text)			
	Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <a href="#">Accreditation Records</a>							Street address		City	
	Provide Country if outside the United States; otherwise, provide State and Zip Code					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										
	Provide the name of person who knows/knew you at school: <input type="checkbox"/> I don't know						Last name:	First name:	Initial Only <input type="checkbox"/>		No First Name <input type="checkbox"/>
	Provide current address for this person (including apartment number).							Street		City	
	Provide Country if outside the United States; otherwise, provide State and Zip Code					State		Zip Code		Country	
	Provide telephone number for this person.							Number/Extension		Time Day Night Both	_ Check box if International or DSN phone number _ I don't know
	Provide email address for this person: <input type="checkbox"/> I don't know							Email (Free Text)			
	Did you receive a degree/diploma? <span style="float:right">YES NO</span>										
	<b>Branch</b> If Yes to Receiving Degree	Provide type of degrees(s)/diploma(s) received and date(s) awarded:									
		Degree/diploma					Other degree/diploma				
• Associate's • Bachelor's • Master's • Doctorate • Professional Degree (e.g. MD, DVM, JD) • Other					Other Degree (Free Text)						
					Month / Year		Date _ - _ - _		Estimated <input type="checkbox"/>		



	Do you have additional education to enter (include education within the last 5 years, as well as degrees or diplomas more than 5 years ago)?	YES (Yes adds another entry)	NO (Required to validate)
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### Section 13a – Employment Activities – Employment & Unemployment Record

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 5 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history. (Multiple Entries Allowed)

Select your employment activity:  Active military duty station  National Guard/Reserve  USPHS Commissioned Corps  
 Other Federal employment  State Government (Non-Federal employment)  Self-employment  Unemployment  
 Federal Contractor  Non-government employment (excluding self-employment)  Other (Provide explanation)

Other Type Explanation (Free Text) Provide dates of employment. From Date (Estimated) To Date (Estimated/Present)

<b>Branch</b>  If Employment Type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps	Active Duty, National Guard/Reserve, or USPHS Commissioned Corps			
	Select the employment status for this position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
	Provide your assigned duty station during this period.	Duty station (Free Text)	Provide your most recent rank/position title.	Rank/position (Free Text)
	Provide address of duty station.		Street address	City
	Provide Country if outside the United States; otherwise, provide State and Zip Code.		State	Zip Code Country
	Telephone number		Number/Extension Time Day Night Both Check box if International or DSN phone number	
	<b>Branch Physical Location</b>	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:		
		Street Address/Unit/Duty Location:		City or Post Name:
	Provide state for ports in the United States, or country location.		State	Zip Code Country
	<b>Branch APO/FPO Address</b>	You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location?		
		<b>Branch</b> If Yes	Provide APO/FPO address:	Address APO/FPO APO/FPO State Zip Code
	Provide the name of your supervisor.		Supervisor name (Free Text)	
	Provide the rank/position title of your supervisor.		Supervisor rank/position (Free Text)	
	Provide the email address of your supervisor. <input type="checkbox"/> I don't know		Supervisor email (Free Text)	
	Provide the physical work location of your supervisor.		Street address	City
	Provide Country if outside the United States; otherwise, provide State and Zip Code		State	Zip Code Country
	Provide supervisor telephone number		Number/Extension Time Day Night Both Check box if International or DSN phone number	
	<b>Branch Physical Location</b>	You have indicated an APO/FPO address for your supervisor; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data of your supervisor:		
		Street Address/Unit/Duty Location:		City or Post Name:
	Provide state for ports in the United States, or country location.		State and Zip Code or Country	
<b>Branch APO/FPO Address</b>	You have indicated an address outside of the United States. Did/does your supervisor have an			
	<b>Branch</b> if Yes	Provide APO/FPO address:	Address APO/FPO APO/FPO State Zip Code	
<b>Branch</b>  If Employment Type is Other Federal employment, State Government, Federal Contractor, Non-government employment, or Other	Other Federal employment, State Government, Federal Contractor, Non-government employment, or Other			
	Provide most recent position title.			Position (Free Text)
	Select the employment status for this position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
	Provide the name of your employer			Employer name (Free Text)
	Provide the address of employer	Street address		City
	Provide Country if outside the United States; otherwise, provide State and Zip Code	State	Zip Code	Country
	Provide telephone number		Number/Extension Time Day Night Both Check box if International or DSN phone number	
	Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable <input type="checkbox"/> (Multiple Entries Allowed)			
	Dates of employment	From Date (Estimated)	To Date (Estimated/Present)	
	Position title	Position (Free Text)	Supervisor	Supervisor (Free Text)
	Is/was your physical work address different than your employer's address?			
	<b>Branch Physical Location</b>	Provide the work address where you are/were physically located.		Street Address City
		Provide Country if outside the United States; otherwise provide State and Zip Code		State Zip Code Country
		Provide the telephone number		Number/Extension Time Day Night Both Check box if International or DSN phone number
	<b>Branch Physical Location</b>	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:		
Street Address/Unit/Duty Location:		City or Post Name:		
Provide state for ports in the United States, or country location.		State	Zip Code Country	
<b>Branch APO/FPO Address</b>	You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location?			
	<b>Branch</b> if Yes	Provide APO/FPO address:	Address APO/FPO APO/FPO State Zip Code	



	<b>Address</b>	<b>Branch if Yes</b>	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Code		
	Provide the name of your supervisor.						Supervisor name (Free Text)		
	Provide the position title of your supervisor.						Supervisor position (Free Text)		
	Provide the email address of your supervisor. <input type="checkbox"/> I don't know						Supervisor email (Free Text)		
	Provide the physical work location of your supervisor.				Street address		City		
	Provide Country if outside the United States; otherwise, provide State and Zip Code				State		Zip Code	Country	
	Provide the telephone number for this supervisor.						Number/Extension Time Day Night Both _ Check box if International or DSN phone number		
	<b>Branch Physical Location</b>	You have indicated an APO/FPO address for your supervisor; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data of your supervisor:							
		Street Address/Unit/Duty Location:					City or Post Name:		
		Provide state for ports in the United States, or country location.					State	Zip Code	Country
<b>Branch APO/FPO Address</b>	You have indicated an address outside of the United States. Did/does your supervisor have an APO/FPO address while at this location?						YES	NO	
	<b>Branch if Yes</b>	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Code			
<b>Branch</b> If Employment Type is Self-Employment	<b>Self-Employment</b>								
	Provide most recent position title.						Position (Free Text)		
	Select the employment status for this position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time								
	Provide the name of your employment						Employment name (Free Text)		
	Provide the address of employment				Street address		City		
	Provide Country if outside the United States; otherwise, provide State and Zip Code				State		Zip Code	Country	
	Provide telephone number						Number/Extension Time Day Night Both _ Check box if International or DSN phone number		
	Is your physical work address different than your employment address?							YES	NO
	<b>Branch Physical Location</b>	Provide the work address where you are/were physically located.			Street address		City		
		Provide Country if outside the United States; otherwise, provide State and Zip Code			State	Zip Code	Country		
		Provide telephone number						Number/Extension Time Day Night Both _ Check box if International or DSN phone number	
	<b>Branch Physical Location</b>	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:							
		Street Address/Unit/Duty Location:					City or Post Name:		
		Provide state for ports in the United States, or country location.					State	Zip Code	Country
	<b>Branch APO/FPO Address</b>	You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location?						YES	NO
		<b>Branch if Yes</b>	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Code		
	Provide the name of someone that can verify your self-employment.				Last		First		
	Provide the address of this verifier.				Street address		City		
	Provide Country if outside the United States; otherwise, provide State and Zip Code				State		Zip Code	Country	
	Provide the telephone number for this person				Number/Extension Time Day Night Both _ Check box if International or DSN phone number				
	<b>Branch Verifier Physical Location</b>	You have indicated an APO/FPO address for your self-employment verifier; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data for this person:							
		Street Address/Unit/Duty Location:					City or Post Name:		
		Provide state for ports in the United States, or country location.					State	Zip Code	Country
	<b>Branch Verifier APO/FPO Address</b>	You have indicated an address outside of the United States. Does your self-employment verifier have an APO/FPO address?						YES	NO
		<b>Branch if Yes</b>	Provide APO/FPO address for this person:	Address		APO/FPO			
					APO/FPO State		Zip Code		
	<b>Branch</b> If Employment Type is Unemployment	<b>Unemployment</b>							
		Provide the name of someone who can verify your unemployment activities and means of support						Last name:	First name:
Provide the address of this verifier.				Street address		City			
Provide Country if outside the United States; otherwise, provide State and Zip Code				State		Zip Code	Country		
Provide the telephone number for this person				Number/Extension Time Day Night Both _ Check box if International or DSN phone number					
<b>Branch Verifier Physical Location</b>		You have indicated an APO/FPO address for your unemployment verifier; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data for this person:							
		Street Address/Unit/Duty Location:					City or Post Name:		
		Provide state for ports in the United States, or country location.					State	Zip Code	Country
<b>Branch</b>		You have indicated an address outside of the United States. Does your unemployment verifier						YES	NO

	Verifier APO/FPO Address	have an APO/FPO address?				
	<b>Branch</b> if Yes	Provide APO/FPO address for this person:	Address	APO/FPO		
		APO/FPO State	Zip Code			
<b>Branch</b>  If Employment Type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, Unemployment, or Other	Provide the reason for leaving the employment activity.			Reason (Free Text)		
	For this employment have any of the following happened to you <b>in the last five (5) years</b> ? • Fired • Quit after being told you would be fired • Left by mutual agreement following charges or allegations of misconduct • Left by mutual agreement following notice of unsatisfactory performance			YES	NO	
	<b>Branch</b>  If Fired, Quit, Left by Mutual Agreement, or Left After Unsatisfactory Performance  (Multiple Entries Allowed)	Select the type of incident: • Fired • Quit after being told you would be fired • Left by mutual agreement following charges or allegations of misconduct • Left by mutual agreement following notice of unsatisfactory performance				
		<b>Branch</b> If Fired	Provide the reason for being fired.	Reason (Free Text)		
			Provide the date you were fired.	Date (Estimated)		
		<b>Branch</b> If Quit	Provide the reason for quitting.	Reason (Free Text)		
			Provide the date you quit after being told you would be fired.	Date (Estimated)		
		<b>Branch</b> If Left after Charges	Provide the charges or allegations of misconduct.	Charges (Free Text)		
			Provide the date you left following charges or allegations of misconduct.	Date (Estimated)		
		<b>Branch</b> If Left Unsatisfactory performance	Provide the reason(s) for unsatisfactory performance.	Reason (Free Text)		
			Provide the date you left by mutual agreement following a notice of unsatisfactory performance.	Date (Estimated)		
			<b>In the last five (5) years</b> do you have another reason for leaving to report for this employment?	YES (Yes adds another entry)	NO (Required to validate)	
	For this employment, <b>in the last five (5) years</b> have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?			YES	NO	
	<b>Branch</b> If Disciplined, Warned, Reprimanded, or Suspended (Multiple Entries Allowed)	Officially reprimanded, suspended, or disciplined for misconduct.				
		Provide the month and year you were warned, reprimanded, suspended or disciplined.		Date/ Estimated <input type="checkbox"/>		
Provide the reason(s) for being warned, reprimanded, suspended or disciplined		Reason (Free Text)				
	Do you have another instance of discipline or a warning to provide?	YES (Yes adds another entry)	NO (Required to validate)			
Do you have an additional employment activity to enter?		YES (Yes adds another entry)	NO (Required to validate)			

### Section 13b – Employment Record

Have any of the following happened to you <b>in the last five (5) years</b> at employment activities that you have not previously listed? (If Yes, you will be required to add an additional employment in Section 13a) • 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	NO
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### Section 14 – Selective Service Record

Were you born a male after December 31, 1959?		YES	NO
<b>Branch</b>  If Yes to Born Male After 12/31/1959	Selective Service Registration		
	Have you registered with the Selective Service System (SSS)?		I don't know YES NO
	<b>Branch</b> If Yes	The <a href="#">Selective Service website</a> can help provide the registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number	
		Provide registration number:	Registration number (Free Text)
	<b>Branch</b> If No	You responded 'No' to having registered with the Selective Service System (SSS)	
	Provide explanation	Explanation (Free Text)	
<b>Branch</b> If I Don't Know	You responded 'I don't know' to having registered with the Selective Service System (SSS)		
	Provide explanation	Explanation (Free Text)	

### Section 15 – Military History

Have you <b>EVER</b> served in the U.S. Military?		YES	NO	
<b>Branch</b>  If Yes to Serving in the U.S. Military  (Multiple Entries Allowed)	You responded 'Yes' to having served in the U.S. Military:			
	Provide the branch of service you served in: <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Air National Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard	State of service, if National Guard	Officer or enlisted: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Provide your service number (Free Text)
		Provide your status <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve		Number (Free Text)
	Provide your dates of service		From Date (Estimated)	To Date (Estimated/Present)
	Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?			YES NO
	<b>Branch</b> If Yes to Discharged	You responded 'Yes' to being discharged from U.S. military service, to include Reserves or National Guard.		
		Provide the type of discharge you received: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> General <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Other (provide type)		
		Provide other discharge type:		Discharge explanation (Free Text)
		Provide the date of discharge listed above		Date (Estimated)
	<b>Branch</b> If Discharge Not Honorable	Provide the reason(s) for the discharge.		Reason(s) (Free Text)
Do you have additional military service to report?		YES (Yes adds another entry)	NO (Required to validate)	
<b>In the last 5 years</b> , have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's mast,		YES	NO	

		Article 135 Court of Inquiry, etc?						
<b>Branch</b>  If Yes to Military Discipline	You responded 'Yes' to having been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's mast, Article 135 Court of Inquiry, etc in the last 5 years.							
	Provide the date of the court martial or other disciplinary procedure.					Date (Estimated)		
	Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.					Description (Free Text)		
	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.					Name (Free Text)		
	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).					Description (Free Text)		
	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.					Description (Free Text)		
	In the last 5 years do you have an additional instance of military discipline to report?			YES (Yes adds another entry)		NO (Required to validate)		
Have you <b>EVER</b> served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?						YES	NO	
<b>Branch</b>  If Yes to Serving in a Foreign Military  (Multiple Entries Allowed)	You responded 'Yes' to having <b>EVER</b> served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.							
	During your foreign service, which organization were you serving under: <input type="checkbox"/> Military (Army, Navy, Air Force, Marines, etc.), Specify <input type="checkbox"/> Intelligence Service <input type="checkbox"/> Diplomatic Service <input type="checkbox"/> Security Forces <input type="checkbox"/> Militia <input type="checkbox"/> Other Defense Forces, Specify <input type="checkbox"/> Other Government Agency, Specify							
	Provide the name of the foreign organization.					Name (Free Text)		
	Provide your period of service			From Date (Estimated)		To Date (Estimated/Present)		
	Provide the name of the country			Provide your highest position/rank held		Position held (Free Text)		
	Provide the division/department/office in which you served.					Division (Free Text)		
	Provide a description of the circumstances of your association with this organization.					Description (Free Text)		
	Provide a description of the reason for leaving this service.					Description (Free Text)		
Do you have an additional foreign military service to report?					YES (Yes adds another entry)		NO (Required to validate)	

### Section 16 – Police Record

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

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

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

YES	NO
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<b>Branch</b>  If Yes to the Above Happening  (Multiple Entries Allowed)	Provide the date of offense.			Date (Estimated)		Provide a description of the specific nature of the offense.		Description (Free Text)		
	Provide the location where the offense occurred.			Street address and city		State and Zip Code or Country				
	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		
	<b>Branch</b> If Yes to Being Arrested/Cited/Summoned	Arresting/citing/summoning agency								
		Provide the name of the law enforcement agency that arrested/cited/summoned you.					Name (free Text)			
		Provide the location of the law enforcement agency.		Street address and city, County			State and Zip Code or Country			
	As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?						YES	NO		
	<b>Branch</b> - If No to Charged or Convicted	You responded 'No' to "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 Explanation					Explanation (Free Text)			
	<b>Branch</b> If Yes to Charged or Convicted	Court information								
		Provide the name of the court.					Name of court (Free Text)			
		Provide the location of the court.			Street address and city		State and Zip Code or Country			
		Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.								
		Felony/Misdemeanor		Felony, Misdemeanor, Other		Charge		Charge (Free Text)		
		Outcome		Outcome (Free Text)			Date (Month/Year)		Date (Est.)	
Were you sentenced as a result of this offense?						YES	NO			
<b>Branch</b> If Yes to Being Sentenced		Conviction detail								
	Provide a description of the sentence.									
	If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. (Not Applicable <input type="checkbox"/> )					From Date (Estimated)				
						To Date (Estimated/Present)				
					From Date (Estimated)					

			dates of probation or parole. (Not Applicable <input type="checkbox"/> )	To Date (Estimated/Present)		
	<b>Branch</b> If No to Being Sentenced	Trial detail				
		Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?		YES	NO	
		Provide Explanation		Explanation (Free Text)		
	Do you have any other offenses where any of the following has happened to you? <ul style="list-style-type: none"> <li>• <b>In the last five (5) years</b> have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not include citations involving traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)</li> <li>• <b>In the last five (5) years</b> have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?</li> <li>• <b>In the last five (5) years</b> have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions, or sentences in a Federal, state, local, military, or non-U.S. court even if previously listed on this form.)</li> <li>• <b>In the last five (5) years</b> have you been or are you currently on probation or parole?</li> <li>• <b>Are you currently on trial or awaiting a trial on criminal charges?</b></li> </ul>			YES (Yes adds another entry)	NO (Required to validate)	
	Is there currently a domestic violence protective order or restraining order issued against you?				YES	NO
<b>Branch</b> If Yes to Domestic Violence Entries (Multiple Allowed)	You responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you.					
	Provide explanation:		Explanation (Free Text)			
	Provide the date the order was issued.		Date (Estimated)			
	Provide the name of the court or agency that issued the order.		Name of court (Free Text)			
	Provide the location of the court or agency that issued the order.		Street address and city	State and Zip Code or Country		
	Do you have another domestic violence protective order or restraining order currently issued against you to report?		YES (Yes adds another entry)	NO (Required to validate)		
<b>Section 17 – Illegal Use of Drugs and Drug Activity</b>						
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. This particular section 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 not in accordance with Federal laws, even if permissible under state laws.						
	<b>In the last year</b> have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.				YES	NO
<b>Branch</b> If Yes to Illegally Using Drugs or Controlled Substances (Multiple Entries Allowed)	You answered 'Yes' to <b>in the last year</b> having illegally used a drug or controlled substance.					
	Provide the type of drug or controlled substance.		Explanation if other (Free Text)			
	<input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)		<input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)			
	<input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)		<input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)			
	<input type="checkbox"/> Ketamine (Such as special K, jet, etc.)		<input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)			
	<input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)		<input type="checkbox"/> Steroids (Such as the clear, juice, etc.)			
	<input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)		<input type="checkbox"/> Other (Provide explanation):			
	Provide an estimate of the month and year of first use.	Date (Estimated)	Provide an estimate of the month and year of most recent use.	Date (Estimated)		
	Provide nature of use, frequency, and number of times used.		Nature of use (Free Text)			
	Do you have an additional instance(s) of illegal use of a drug or controlled substance to enter?		YES (Yes adds another entry)	NO (Required to validate)		
	<b>In the last year</b> , have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?				YES	NO
<b>Branch</b> If Yes to Illegal Drug Activity (Multiple Entries Allowed)	You answered 'Yes' to <b>in the last year</b> having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.					
	Provide the type of drug or controlled substance.					
	<input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)		<input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)			
	<input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)		<input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)			
	<input type="checkbox"/> Ketamine (Such as special K, jet, etc.)		<input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)			
	<input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)		<input type="checkbox"/> Steroids (Such as the clear, juice, etc.)			
	<input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)		<input type="checkbox"/> Other (Provide explanation free text):			
		Provide an estimate of the month and year of first involvement.	Date (Estimated)	Provide an estimate of the month and year of most recent involvement.	Date (Estimated)	
	Provide nature of and frequency of activity.		Nature of activity (Free Text)			
	Provide the reason(s) why you engaged in the activity.		Reason(s) (Free Text)			
	Do you have an additional instance(s) of having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance to enter?		YES (Yes adds another entry)	NO (Required to validate)		
	<b>In the last year</b> have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?				YES	NO
<b>Branch</b> If Yes to Misuse of Prescription Drugs (Multiple Entries Allowed)	You responded 'Yes' to <b>in the last year</b> having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.					
	Provide the name of the prescription drug that you misused.		Drug names (Free Text)			
	Provide the dates of involvement in the above.		From Date (Estimated)	To Date (Estimated/Present)		
	Provide the reason(s) for and circumstances of the misuse of the prescription drug.		Reasons (Free Text)			
		Do you have an additional instance(s) of intentionally engaging in the misuse of prescription drugs <b>in the last year</b> to enter?		YES (Yes adds another entry)	NO (Required to validate)	
	<b>In the last year</b> have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?				YES	NO



<b>Branch</b> If Yes to Being Ordered Treatment for the Misuse of Drugs  (Multiple Entries Allowed)	You responded 'Yes' to having in the last year, been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances			
	Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Select all that apply)			
	<input type="checkbox"/> An employer, military commander, or employee assistance program		<input type="checkbox"/> A medical professional	
	<input type="checkbox"/> A mental health professional		<input type="checkbox"/> A court official / judge	
	<input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.			
	Provide explanation	Explanation (Free Text)	Did you take action to receive counseling or treatment?	YES NO
	<b>Branch</b> If No to Action Taken	You have indicated that you did not receive treatment. Provide explanation.		Explanation (Free Text)
	<b>Branch</b> If Yes to Action Taken	Provide the type of drug or controlled substance for which you were treated.		
		<input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)		
		<input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)		
<input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)				
<input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)				
<input type="checkbox"/> Ketamine (Such as special K, jet, etc.)				
<input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)				
<input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)				
<input type="checkbox"/> Steroids (Such as the clear, juice, etc.)				
<input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)				
<input type="checkbox"/> Other (Provide explanation):				
Explanation (Free Text)	Provide the name of the treatment provider. (Last name, First name)	Name (Last name, First name)		
Provide the address for this treatment provider.	Street address and city	State and Zip Code or Country		
Provide a telephone number for the treatment provider.		Number/Ext. Extension	Time Day Night Both _Check box if International	
Provide the dates of treatment.	Date From (Estimated)	Date To (Estimated/Present)		
Did you successfully complete the treatment?			YES NO	
<b>Branch</b> If No to Successful Treatment	You have indicated that you did not successfully complete the treatment. Provide explanation.		Explanation (Free Text)	
Do you have another instance of having been ordered, advised, or asked to seek drug or controlled substance counseling or treatment to enter?	YES (Yes adds another entry)	NO (Required to validate)		
<b>In the last year</b>	have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?		YES NO	
<b>Branch</b> If Yes to Voluntarily Seeking Treatment for the Misuse of Drugs  (Multiple Entries Allowed)	Voluntary treatment detail			
	Provide the type of drug or controlled substance for which you were treated.			
	<input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)			
	<input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)			
	<input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.)			
	<input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)			
	<input type="checkbox"/> Ketamine (Such as special K, jet, etc.)			
	<input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)			
	<input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)			
	<input type="checkbox"/> Steroids (Such as the clear, juice, etc.)			
<input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.)				
<input type="checkbox"/> Other (Provide explanation free text)				
Provide the name of the treatment provider. (Last name, First name)		Name (Free Text)		
Provide the address for this treatment provider.	Street address and city	State and Zip Code or Country		
Provide a telephone number for the treatment provider.		Number/Extension	Time Day Night Both Check box if International	
Provide the dates of treatment.	Date From (Estimated)	Date To (Estimated/Present)		
Did you successfully complete the treatment?			YES NO	
<b>Branch</b> If No to Successful Treatment	You have indicated that you did not successfully complete the treatment. Provide explanation.		Explanation (Free Text)	
Do you have another instance of voluntarily seeking counseling or treatment as a result of your use of a drug or controlled substance in the last year?	YES (Yes adds another entry)	NO (Required to validate)		

<b>Section 18 – Investigations and Clearance Record</b>			
Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access?			YES NO
<b>Branch</b> If Yes to Having Ever Been Investigated  (Multiple Entries Allowed)	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.		
	Provide the investigating agency:	<input type="checkbox"/> U.S. Department of Defense	
	Explanation or name of government or bureau. (Free Text)	<input type="checkbox"/> U.S. Department of State	
		<input type="checkbox"/> U.S. Office of Personnel Management	
		<input type="checkbox"/> U.S. Department of Treasury (Provide name of bureau)	
		<input type="checkbox"/> U.S. Department of Homeland Security	
		<input type="checkbox"/> Foreign government (Provide name of government)	
		<input type="checkbox"/> I don't know	
Date the investigation was completed.		<input type="checkbox"/> I don't know	Date (Estimated)
Was a clearance eligibility/access granted? Yes No			
If yes, to having clearance eligibility/access granted (Multiple Entries Allowed)	Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.		Name (Free Text)
	Provide the date clearance eligibility/access was granted. <input type="checkbox"/> I don't know		Date (Estimated)

	Provide the level of clearance eligibility/access granted.	<input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Sensitive Compartmented Information (SCI) <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> I don't know <input type="checkbox"/> Issued by foreign country <input type="checkbox"/> Other (Provide explanation)
	Explanation (Free Text)	
Do you have another investigation to enter?		YES (Yes adds another entry)    NO (Required to validate)
In the last five (5) years have you had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)		
<b>Branch</b>	You responded 'Yes' to having a security clearance eligibility/access authorization denied, suspended, or revoked within the last five (5) years.	
If Yes to Denied	Provide the date security clearance eligibility/access authorization was denied, suspended or revoked.	Date (Estimated)
(Multiple Entries Allowed)	Provide the name of the agency that took the action.	Name (Free Text)
	Provide an explanation of the circumstances of the denial, suspension or revocation action.	Explanation (Free Text)
	Do you have another denied, revoked or suspended security clearance eligibility/access authorization to enter?	YES (Yes adds another entry)    NO (Required to validate)
In the last five (5) years have you been debarred from government employment?		YES    NO
<b>Branch</b>	You responded 'Yes' to in the last 5 years having been debarred from government employment.	
If Yes to Debarment	Provide the name of the government agency taking debarment action.	Agency name
(Multiple Entries Allowed)	Provide the date the debarment occurred.	Date (Estimated)
	Provide an explanation of the circumstances of the debarment	Circumstances (Free text)
	Do you have another Government debarment to enter?	YES (Yes adds another entry)    NO (Required to validate)

### Section 19 – Financial Record

In the last five (5) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?		YES    NO
<b>Branch</b>	You responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.	
If Yes to Failing to File/Pay Taxes	Did you fail to file, pay as required, or both? <input type="checkbox"/> File <input type="checkbox"/> Pay <input type="checkbox"/> Both	
(Multiple Entries Allowed)	Provide the year you failed to file or pay your Federal, state or other taxes.	Est.
	Provide the reason(s) for your failure to file or pay required taxes.	Reasons (Free Text)
	Provide the Federal, state or other agency to which you failed to file or pay taxes.	Agency (Free Text)
	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).	Tax Type (Free Text)
	Provide the amount (in U.S. dollars) of the taxes. <input type="checkbox"/> Estimated	Amount (Free Text)
	Provide date satisfied. <input type="checkbox"/> Not applicable	Date (Estimated)
	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.	Description (Free Text)
	Are there any other instances in the last five (5) years where you failed to file or pay Federal, state or other taxes when required by law or ordinance?	YES (Yes adds another entry)    NO (Required to validate)
Other than previously listed, has the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below). • 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).		
		YES    NO

	Provide the associated loan / account number(s) involved	Loan / account number (Free Text)
	Identify/describe the type of property involved (if any).	Property type (Free Text)
	Provide the amount (in U.S. dollars) of the financial issue. <input type="checkbox"/> Estimated	Amount (Free Text)
	Provide the reason(s) for the financial issue.	Reasons (Free Text)
	Provide the current status of the financial issue.	Status (Free Text)
	Provide the date the financial issue began.	Date (Estimated)
	Provide date the financial issue was resolved. <input type="checkbox"/> Not resolved	Date (Estimated)
	Provide the name of the court involved.	Court name (Free Text)
	Provide the address of the court involved.	Street address and City    State and Zip Code or 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.	Description (Free Text)
Other than previously listed, are there any other instances of the following occurrence? • 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).		
		<input type="checkbox"/> YES (Yes adds another entry) <input type="checkbox"/> NO (Required to validate)

### Section 20 – Association Record

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion or to affect the conduct of a government by mass destruction, assassination or kidnapping.		
Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?		YES    NO
<b>Branch</b>	You responded 'Yes' to being or EVER having been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities.	
If Yes to Being a	Provide the full name of the organization.	Organization name (Free Text)

Member of a Terrorist Organization  (Multiple Entries Allowed)	Provide the address/location of the organization.		Street address and City	State and Zip Code or Country		
	Provide the dates of your involvement with the organization.		From Date (Estimated)	To Date (Estimated/Present)		
	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held		Positions (Free Text)			
	Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made		Contributions (Free Text)			
	Provide a description of the nature of and reasons for your involvement with the organization.		Involvement (Free Text)			
Do you have any other instances of being a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities to report?			YES (Yes adds another entry)	NO (Required to validate)		
Have you <b>EVER</b> knowingly engaged in any acts of terrorism?						
<b>Branch</b> If Yes Engaging in Terrorism  (Multiple Entries Allowed)	You responded 'Yes' to <b>EVER</b> having knowingly engaged in any acts of terrorism.					
	Describe the nature and reasons for the activity.		Nature and reasons (Free Text)			
	Provide the dates for any such activities		From Date (Estimated)	To Date (Estimated/Present)		
	Do you have any other instances of knowingly engaging in acts of terrorism to report?		YES (Yes adds another entry)	NO (Required to validate)		
Have you <b>EVER</b> advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force? YES NO						
<b>Branch</b> If Yes to Advocating  (Multiple Entries Allowed)	You responded 'Yes' to having <b>EVER</b> advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force.					
	Provide the reason(s) for advocating acts of terrorism.		Reasons (Free Text)			
	Provide the dates of advocating acts of terrorism		From Date (Estimated)	To Date (Estimated/Present)		
	Do you have any other instances of advocating acts of terrorism or activities designed to overthrow the U.S. Government by force to report?		YES (Yes adds another entry)	NO (Required to validate)		
Have you <b>EVER</b> been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? YES NO						
<b>Branch</b>  If Yes to being Member of Organization Using Violence to Overthrow the U.S. Govt.  (Multiple Entries Allowed)	You responded 'Yes' to having <b>EVER</b> 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.					
	Provide the full name of the organization.		Organization name (Free Text)			
	Provide the address/location of the organization.		Street address and City	State and Zip Code or Country		
	Provide the dates of your involvement with the organization		From Date (Estimated)	To Date (Estimated/Present)		
	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held		Positions (Free Text)			
	Provide all contributions made to the organization, if any. <input type="checkbox"/> No contributions made		Contributions (Free Text)			
	Provide a description of the nature of and reasons for your involvement with the organization.		Description (Free Text)			
Do you have any other instances of being a member of an organization dedicated to the use of violence or force to overthrow the United States Government, 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 to report?			YES (Yes adds another entry)	NO (Required to validate)		
Have you <b>EVER</b> been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? YES NO						
<b>Branch</b>  If Yes to Being a Member of Organization Using Violence  (Multiple Entries Allowed)	You responded 'Yes' to being or <b>EVER</b> having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action.					
	Provide the full name of the organization.		Organization Name (Free Text)			
	Provide the address/location of the organization.		Street address and City	State and Zip Code or Country		
	Provide the dates of your involvement with the organization		From Date (Estimated)	To Date (Estimated/Present)		
	Provide all positions held in the organization, if any. <input type="checkbox"/> No positions held		Positions (Free Text)			
	Provide all contributions (in U.S. dollars) made to the organization, if any. <input type="checkbox"/> No contributions made		Contributions (Free Text)			
	Provide a description of the nature of and reasons for your involvement with the organization.		Involvement (Free Text)			
Do you have any other instances of being 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 to report?			YES (Yes adds another entry)	NO (Required to validate)		
Have you <b>EVER</b> knowingly engaged in activities designed to overthrow the U.S. Government by force? YES NO						
<b>Branch</b> If Yes to Activities to Overthrow  (Multiple Entries Allowed)	You responded 'Yes' to having <b>EVER</b> knowingly engaged in activities designed to overthrow the U.S. Government by force.					
	Describe the nature and reasons for the activity.		Reasons (Free Text)			
	Provide the dates of such activities.		From Date (Estimated)	To Date Estimated/Present)		
	Do you have any other instances of having knowingly engaged in activities designed to overthrow the U.S. Government by force to report?		YES (Yes adds another entry)	NO (Required to validate)		
Have you <b>EVER</b> associated with anyone involved in activities to further terrorism? YES NO						
<b>Branch</b> If Yes to Having Terrorism Association	<b>Terrorism Association Detail</b>					
	Provide Explanation		Explanation (Free Text)			



**Additional Comments**

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

**Certification**

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

Signature ( <i>Sign in ink</i> )	Date ( <i>mm/dd/yyyy</i> )
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## Questionnaire For Non-Sensitive Positions United States of America Authorization For Release of Information

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

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

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

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

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

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

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

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

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

Photocopies of this authorization with my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

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

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

**Disclosure**

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

**Purpose**

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

**Authorization**

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

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

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

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