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

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government**: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 21, 25, and 27, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Note: If you complete the SF 85P, an Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) will be provided to you only in the event information arises in an investigation that requires further inquiry for resolution, and only to resolve such issues. This release authorizes an investigator to ask your health practitioner(s) only the questions specified on the release concerning mental health consultations of which the practitioner might be aware. If you are completing the SF 85P with the supplemental SF 85P-S, this release will be provided to you if you respond "yes" to the question regarding Your Medical Record. You may also be asked to complete a specific release if more detailed information is needed from your provider.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations of persons under consideration for, or retention of, public trust positions as defined in 5 CFR 731. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when duties to be performed by an employee of a contractor are equivalent to the duties performed by an employee in a public trust position. For applicants, this form is to be used only after a conditional offer of employment has been made. This form is not to be used for National Security sensitive positions.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a public trust 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 a public trust position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF 85P questionnaires.

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

Authority to Request this Information

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

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

Your spouse's SSN is needed solely to allow the investigative service provider to make inquiries regarding whether there is relevant conduct on your part as a result of your relationship with your spouse. Your spouse is not subject of the investigation.

The Investigative Process

Background investigations for public trust positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form 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, then we may not be able to complete your investigation, which can adversely affect your eligibility for a public trust position 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.

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, trustworthy, or loyal.

After a suitability /fitness determination is made, you may also be subject to continuous vetting which may include periodic reinvestigations to ensure your continuing suitability for employment.

Your Personal Interview

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

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

Instructions for Completing this Form

- 1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
- 3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country drop down feature.
- 4. When entering a U.S. address or location, select the state or territory from the "States" drop down list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" drop down list and leave the "State" field blank.
- The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 6. For telephone numbers in the U.S., ensure that the area code is included.
- All dates provided in this form must be in Month/Day/ Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29,1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability,and indicate this by checking the "Estimate" box.

Final Determination on Your Suitability

Final determination on your suitability for a public trust position 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. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, or sexual orientation when making determinations of suitability for a public trust position.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to **five (5)** years imprisonment. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

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

Office of Personnel Management (OPM) Routine Uses

The Privacy Act routine uses of agencies conducting or requesting investigations, or with authorized custody over your investigative information, commonly include some or all of the following:

- a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- To an element of the U.S. Intelligence Community as identified in E.O.12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative,or judicial branches of the Federal Government in response to its request,in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- i. To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government,or national security; and (3) the disclosure made to such agencies,entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

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

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

Public Burden Information

Public burden reporting for this collection of information is estimated toaverage155minutesperresponse, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, Attn: OMB Number 3206-0258, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0258, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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Commercial and Government Entity (CAGE) Code	Contract Number

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

Enter your Social Security Number before going to the next page

Section 7	- Your	Contact I	nformation
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Provide three contact numbers. A background investigation.	t least one teleph	one number is rec	uired. Add	itional numbe	rs provideo	d may assist in the completion of you	ır	
Home e-mail address				Work e-mail a	address			
International or DSN phone nu	umber 🔿 Day	International	or DSN ph	one number	ODay	International or DSN phone nu	umber	ODay
Home telephone number Extens	sion ONight	Work telephone	number	Extension	🔿 Nigh	t Mobile/Cell telephone number Ex	ktension	ONight
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Section 8 - U.S. Passport Inform								
Do you possess a U.S. passport (•	I)?						
YES NO (If NO, proceed t								
Provide the following information Passport number		nt U.S. passport ye te (<i>Month/Day/Year</i>)			h/Dav/Vear)	Click HERE for U.S. State Departmer	nt passpor	t help
					Est.	http://travel.state.gov/passport		
Provide the name in which passpo	ort was first issued	d.						
Last name	1	First name			, I	Middle name	Suffix	
Section 9 - Citizenship								
Select the box that reflects your c	urrent citizenship	status.						
O I am a U.S. citizen or nationa (Proceed to Section 10)	al by birth in the U	.S. or U.S. territor	y/common	wealth.	🔵 I an	n a derived U.S. citizen. <i>(Complete</i> 9.3	3)	
C I am a U.S. citizen or nationa (Complete 9.1)	al by birth, born to	U.S. parent(s), in	a foreign c	country.	◯ Ian	n not a U.S. citizen. <i>(Complete 9.4)</i>		
I am a naturalized U.S. citize	en. (Complete 9.2)							
9.1 Complete the following if ye	ou answered that	you are a U.S. ci t	izen or na	tional by birt	h, born to	U.S. parent(s) in a foreign country	y .	
Provide type of documentation	of U.S. citizen bo	rn abroad.						
○ FS 240 ○ DS 1350	○ FS 545 (Other (Provide	e explanatio	on) 🕨				
Provide document number for l	J.S. citizen born a	ibroad. I	Provide the	date the doci	ument was	sissued. (Month/Day/Year)		
						Est.		
Provide the name in which doc	ument was issued					N 41 J - 11	0	
Last name		First name			Ľ	Middle name	Suffix	
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Provide your citizenship certific	ate number.	Provide the date	the certifica	ate was issue	a. (Month/D			
						Est.		
Provide the place of issuance.								
City		State Co	ountry					
Provide the name in which the	certificate was iss	ued.						
Last name		First name			I	Middle name	Suffix	
Were you born on a U.S. milita		Provide the nam	e of the ba	se.				
YES NO (If NO, procee	ed to Section 10)							

Section 9 - Citizenship - (Continued)

Provide the name of the court that issued the Certificate of Naturalization. Provide the address of the court that issued the Certificate of Naturalization. State Zip Code Provide the name in which the Certificate of Naturalization was issued. Street City State Zip Code Provide the name in which the Certificate of Naturalization was issued. First name Middle name Suffix Provide the basis of naturalization. Based on my own individual naturalization application Middle name Suffix Other (Provide explanation) ▶ 9.3 Complete the following if you answered that you are a derived U.S. citizen. Provide your alien registration number (no Certificate of Citizenship number (I-551) Provide your Certificate of Citizenship number (N560 or N561) Provide the name in which the document was issued. Last name First name Middle name Suffix Provide the date document was issued. Est. By operation of law through my U.S. citizen parent Diver (Provide explanation) Suffix 9.4 Complete the following if you answered that you are not a U.S. citizen. Provide your country(ies) of citizenship. Provide your alien registration my U.S. citizen parent Diver (Provide explanation) > 9.4 Complete the following if you answered that you are not a U.S. citizen. Provide your country(ies) of citizenship. #2 Country											
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Provide country(les) of prior citizenship. Provide country(les) of prior citizenship. Provide splanation - utilize USCIS, CIS, or INS registration number on Certificate of Naturalization was issued. Provide the basis of naturalization number (NSGO or NS70). Provide the address of the court that issued the Provide the address of the court that issued the Provide the basis of naturalization any prior citizenship. Provide splanation) > Provide the date of low through my U.S. citizen Provide the name in which the document was issued. Last name Provide the date document was issued. Last name Provide the date of advice prior citizenship. Provide the date of the country in the U.S. Provide the date of low through my U.S. citizen parent Provide pour callen registration Provide your callen registration Provide your allen registration any prior citizenship. Provide your allen registration any prior citizenship. Provide your allen registration any prior citizenship. Provide the date document was issued Last name Provide your allen registration Provide your allen registration Provide your allen registration Provide your allen registration Provide your allen registration any prior citizenship. Provide your allen registration Provide your allen registration Provide your allen registration any prior citizenship. Provide your allen registration Provide your allen registration Provide your allen registration Provide your allen registration Pr		into the U.S.		de the loo	cation of e	entry into th	ie U.S.			Chata	
Provide country(ies) of prior alizenship.	(month/Day/rear)	Г									
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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) Provide document number. Provide the date document was issued. I Est. I Est.		try in the U.S.		State							
 ○ I-94 ○ U.S. Visa (red foil number) ○ I-20 ○ DS-2019 ○ Other (Provide explanation) ▶ Provide document number. Provide the date document was issued (Month/Day/Year) □ Est. □ Est. □ Est. □ Est. □ Est. □ Est. 						X	,	- /	,	, , ,	☐ Est
Other (Provide explanation) ▶ Provide document number. Provide the date document was issued (Month/Day/Year) Provide document expiration date. (Month/Day/Year) Provide the name in which the document was issued. Est. Est. Last name First name Middle name	Provide type of docume	nt issued. (I-94, U.S. Vis	sa - red foil ni	umber, I-:	20, DS-20)19, etc.)					
Provide document number. Provide the date document was issued (Month/Day/Year) Provide document expiration date. (Month/Day/Year) Provide the name in which the document was issued. Est. Est. Last name First name Middle name	• ·	•				. ,					
Provide document number. Provide the date document was issued (Month/Day/Year) Provide document expiration date. (Month/Day/Year) Provide the name in which the document was issued. Est. Est. Last name First name Middle name	Other (Provide exp	lanation) b									
Provide the name in which the document was issued. Est. Est. Est. Last name First name Middle name Suffix	<u> </u>		de the date o	locument	t was issu	ed (Month	/Day/Year)	Provide o	ocument	expiration date	e. (Month/Day/Year)
Provide the name in which the document was issued. Last name First name Suffix						Г	_ •				
Last name Middle name Suffix	Provide the name in white	ch the document was is	sued.			L					
er vour Social Security Number before going to the next page								Middle nam	e		Suffix
er vour Social Security Number before going to the next page											
er vour Social Security Number before going to the next page											
	er vour Social Secur	itv Number before o	ioina to the	e next p	aqe						

ection 10 - Dual/Multiple Citizenship & F		on			-			
0.1 Do you now or have you EVER held du	ual/multiple citizenships?				⊖ YES	◯ NO (If NO, p	roceed to	10.2)
Complete the following if you answered 'Ye	es' to having EVER held dual	l/multiple	citizenships.					
Entry #1								
Provide country of citizenship.			(Provide the da	te range tha	at you held thi	d citizenship with s citizenship, beg 'Present," whiche	inning wit	th the date it
How did you acquire this non-U.S. citizens	hip you now have or previous	ly had?	From Date (Mol	nth/Year)	Est.	To Date (Month.	/Year)	Presen
Do you currently hold citizenship with this	country?		•					
○ YES ○ NO Provide explanat	on:							
Entry #2								
Provide country of citizenship. How did you acquire this non-U.S. citizens	hip you now have or previous	sly had?	(Provide the da	te range tha rough its te	at you held thi	d citizenship with is citizenship, beg 'Present," whiche To Date <i>(Month</i> .	inning wil ver is app	th the date it
		-			Est.			Est.
Do you currently hold citizenship with this	country?							
○ YES ○ NO Provide explanat	ion:							
0.2 Have you EVER been issued a passpo	ort (or identity card for travel)	by a cour	ntry other than th	ne U.S.?	⊖ YES	NO (If NO, pro	oceed to S	ection 11)
Complete the following if you answered 'Yo	es' to having been issued a p	oassport (or identity card f	or travel) b	y a country o	ther than the U.S	S.	
Entry #1								
Provide the country in which the passport	(or identity card) was issued	I.	Provide the da	te the pass	port (or iden	tity card) was iss	ued. (Mor	<i>hth/Day/Year</i>
Provide the place the passport (or identity City	/ card) was issued.			Country				
Provide the name in which passport (or ic Last name	lentity card) was issued. First name			Middle n	ame		Suffix	
Provide the passport (or identity card) nur	mber.		Provide the pa	assport (or	identity card)	expiration date.	(Month/I	Day/Year) □Est.
Have you EVER used this passport (or id	entity card) for foreign travel?	?						
Provide the countries to which you travel	ed on this passport (or identit	ty card) a	nd the dates invo	olved with e	each.			
Country		From d	ate (Month/Year)		To date (Mo	onth/Year)		
#1				Est.		E	st.	Present
#2				Est.		E	st.	Present
#3				Est.		E	st.	Present
#4				Est.		E	st.	Present
#5				Est.		E	st.	Present
#6				Est.		E	st.	Present

Enter your Social Security Number before going to the next page

Section 10 - Dual/Multiple Citizenship & Foreign Passport Information - (Continued) Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S. Entry #2 Provide the date the passport (or identity card) was issued. (Month/Day/Year) Provide the country in which the passport (or identity card) was issued. Est. Provide the place the passport (or identity card) was issued. Country City Provide the name in which passport (or identity card) was issued. Middle name Suffix First name Last name Provide the passport (or identity card) number. Provide the passport (or identity card) expiration date. (Month/Day/Year) Est. Have you EVER used this passport (or identity card) for foreign travel? ○ YES ○ NO Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each. Country From date (Month/Year) To date (Month/Year) Est. Est. Present #1 Est. Est. Present #2 Est. Est. Present #3 Est. Est. Present #4 Est. Est. Present #5 Est. Est. Present #6

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **7 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 periods of residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for residence.

Enter residence information.										
Entry #1										
Provide dates of residence.			Is/was t	his resid	ence:					
From (Month/Year)	To (Month/Year)	Present	Ow	ned by y	ou 🔿 Ren	ted or lease	d by you			
Est.		Est.	🔵 Milit	ary hous	sing Othe	er (Provide	explanatio	on)►		
Provide the street address. (Prov Street	ide City and Country i	f outside the United City	States; oth	ierwise, p	rovide City, State State	e and Zip Coo Zip Code	le.)	Cou	ntry	
 If you have indicated an APO/FF (a) Provide physical location dat if outside the United States; othe Street Address/Unit/Duty Loc 	ta with street addre rwise, provide City, S	ess, base, post, e	embassy, <i>for ports ir</i>	unit, and	d country loca				dquarter. (Provide	e City and Country
(b) Did you have an APO/FPO a	address while at thi	l location?				!				
O YES → Address O NO				APO oi	r FPO		APO/FF	PO Sta	ate Code	Zip Code
Provide the name of a neighbor, Last name	landlord (if rental) First name	•	who kno	ws you a Middle		κ.	Suffix		Provide date of <i>(Month/Year)</i>	last contact.
Provide your relationship to this	person (Select all 1	that apply).								
Neighbor Friend	Landlord	Business asso	ociate	Oth	ner (Provide e	xplanation)	•			
Provide the following contact info	ormation for this pe	erson.								
I don't know		🗌 l don't kno	w				l don't kn	ow		
International or DSN phone	number	Internation	nal or DS	N phone	number		Internatio	nal o	r DSN phone nu	mber
Evening telephone number	Extension	Daytime telepl	hone nun	nber	Exter	nsion Cel	l/mobile te	elepho	one number	Extension
Provide e-mail address for this p	erson.				·	·				
					<u> </u>	don't know				
Provide street address for this p	erson (including ap	partment number). (Provide	City and	Country if outsid	e the United S	States; othe	rwise,	provide City, State	and Zip Code.)
Street		City			State	Zip Code		Cou	ntry	
If you have indicated an APO/FP	O address, comple	ete (a) . If you ha	ve indica	ted an a	ddress outside	e of the Uni	ted States	, com	plete (b) .	
(a) Provide physical location dat						tion or hom	e port/flee	t hea	dquarter. <i>(Provide</i>	e City and Country
if outside the United States; othe Street Address/Unit/Duty Log		City or Post Na	-	the Unite	States.)	Zip Code		Cou	ntrv	
(b) Does the person who knew y ○ YES → Address ○ NO	you have an APO/I	PO address?		APO oi	r FPO	1	APO/FF	PO Sta	ate Code	Zip Code

Section 11 - Where You Have Lived - (Continued)

Enter residence information.												
Entry #2												
Provide dates of residence. From (<i>Month/Year</i>)	To (Month/Year)	Present	Is/was th		_	Bont	ad or la	and hy you				
Est.		Est.		ary hou		-		eased by you ride explanatio	on)►			
Provide the street address. (Prov Street	ide City and Country i	f outside the United City	States; othe	erwise, p	rovide Cii State	ty, State	and Zip Zip Co		Cou	intry		
If you have indicated an APO/FF (a) Provide physical location da <i>if outside the United States; othe</i> Street Address/Unit/Duty Lo	ta with street addre erwise, provide City, S	ess, base, post, e	embassy, ι for ports in t	unit, and	d countr	y locati		nome port/flee		dquarter. (Prov	ride City a	and Country
(b) Did you have an APO/FPO a ○ YES → Address ○ NO	address while at th	is location?		APO o	r FPO			APO/FF	PO St	ate Code	Zip C	Code
Provide the name of a neighbor, Last name	landlord (if rental) First name			rs you a Middle		ddress.		Suffix		Provide date (Month/Year)		contact.
Provide your relationship to this	person (Select all	that apply). Business asso	ociate	Oth	ner (Pro	vide ex	planat	ion) ▶				
Provide the following contact inf I don't know International or DSN phone Evening telephone number		erson. I don't kno Internatior Daytime telep	nal or DSN		numbe	r Exten	sion	I don't kr	onal o	r DSN phone i one number		Extension
Provide e-mail address for this p	person.						don't ki	now				
Provide street address for this p Street	erson (including ap	oartment number City). (Provide (City and	Country i State	f outside	the Uni Zip Co		crwise, Cou		te and Zi _l	p Code.)
If you have indicated an APO/FF (a) Provide physical location da <i>if outside the United States; othe</i>	ta with street addre erwise, provide City, S	ess, base, post, e	embassy, ι for ports in t	unit, and	d countr ed States	y locati	on or h	nome port/flee	et hea	dquarter. (Prov	ride City a	and Country
Street Address/Unit/Duty Lo	Callon		ime		State		Zip Co	bde	Cou	inu y		
(b) Does the person who knew ○ YES → Address ○ NO	you have an APO/I	FPO address?		APO o	r FPO			APO/FF	PO St	ate Code	Zip C	Code

Section 11 - Where You Have Lived - (Continued)

Enter residence information.						
Entry #3						
Provide dates of residence. From (Month/Year) To (Month/Year) Est.		is this residence: Dwned by you (/lilitary housing () Rented or le) Other (Prov	eased by you vide explanatic	on) ▶	
Provide the street address. (Provide City and Country Street	if outside the United States; City	otherwise, provide C State	ity, State and Ziµ Zip C		Country	
If you have indicated an APO/FPO address, compl (a) Provide physical location data with street addr if outside the United States; otherwise, provide City, Street Address/Unit/Duty Location	ess, base, post, embass	sy, unit, and count	ry location or	home port/flee		vide City and Country
(b) Did you have an APO/FPO address while at th ○ YES → Address ○ NO	is location?	APO or FPO		APO/FF	PO State Code	Zip Code
Provide the name of a neighbor, landlord (if rental) Last name First nam		nows you at this a Middle name	ddress.	Suffix	Provide date (Month/Year)	of last contact.
Provide your relationship to this person (Select all	Business associate	Other (Pro	ovide explana	tion) ▶		
Provide the following contact information for this p I don't know International or DSN phone number Evening telephone number Extension	🗌 l don't know	DSN phone numbe number	er Extension		ow onal or DSN phone elephone number	number Extension
Provide e-mail address for this person.			I don't k	now		
Provide street address for this person (including a Street	partment number). <i>(Prov.</i> City	ide City and Country State	if outside the Un Zip C		rwise, provide City, Sta Country	ate and Zip Code.)
If you have indicated an APO/FPO address, compl (a) Provide physical location data with street addr <i>if outside the United States; otherwise, provide City,</i> Street Address/Unit/Duty Location	ess, base, post, embass	sy, unit, and count	ry location or	home port/flee		vide City and Country
(b) Does the person who knew you have an APO/ ○ YES → Address ○ NO	FPO address?	APO or FPO		APO/FF	PO State Code	Zip Code

Section 11 - Where You Have Lived - (Continued)

Enter residence information.								
Entry #4								
Provide dates of residence. From (Month/Year) To (Month/Year) Est.	Present		is resid ed by y ary hous	ou 🔿		leased by you ovide explanatio	on) ▶	
Provide the street address. (Provide City and Country Street	/ if outside the United City	l States; othe	erwise, pr	<i>rovide City,</i> State		<i>Zip Code.)</i> Code	Country	
If you have indicated an APO/FPO address, comp (a) Provide physical location data with street add if outside the United States; otherwise, provide City, Street Address/Unit/Duty Location	ress, base, post, e	embassy, u for ports in t	unit, and	l country	location o			vide City and Country
(b) Did you have an APO/FPO address while at t ○ YES → Address ○ NO	his location?		APO or	FPO		APO/FF	PO State Code	Zip Code
Provide the name of a neighbor, landlord (if renta Last name First nam	<i>,</i>		/s you a Middle		lress.	Suffix	Provide date (Month/Year	e of last contact.) Est.
Provide your relationship to this person (Select a	ll that apply).	ociate	Oth	er (Provi	ide explan	ation) 🕨		
Provide the following contact information for this I don't know International or DSN phone number Evening telephone number Evening telephone number	I don't kno Internation	nal or DSN	•		Extension		now onal or DSN phone elephone number	number Extension
Provide e-mail address for this person.				ľ	I don't	know		
Provide street address for this person (including a Street	apartment number City). (Provide (City and (Country if c State		<i>Jnited States; othe</i> Code	erwise, provide City, Sta Country	ate and Zip Code.)
If you have indicated an APO/FPO address, comp (a) Provide physical location data with street add <i>if outside the United States; otherwise, provide City,</i> Street Address/Unit/Duty Location	ress, base, post, e	embassy, ι for ports in t	unit, and	l country	location o			vide City and Country
(b) Does the person who knew you have an APC ○ YES → Address ○ NO	/FPO address?		APO or	FPO		APO/FF	PO State Code	Zip Code

Section 12 - Where You Went to School					
Do not list education before your 18th birthday, unless to provide	e a minimum of two yea	rs of educatior	n history.		
(a) Have you attended any schools in the last 7 years?	(b) Have yo	ou received a d	legree or diploma mo	ore than 7 years ago ?	
	⊖ YES ⊖) NO (If NO to 1	12(a) and 12(b), proceed	d to Section 13A)	
Entry #1					
Provide the dates of attendance.	Select the most approp	priate below to	describe your schoo	bl.	
From Date (Month/Year) To Date (Month/Year) Present	◯ High School		◯ Vocational/Te	chnical/Trade School	
Est Est.	College/University	/Military Colleg	ge 🔘 Corresponder	nce/Distance/Extension/Onl	ine School
Provide the name of the school.					
Provide the street address of the school. For correspondence assistance determining the school address, refer to <u>http://ope</u> provide City, State and Zip Code.)					
Street City		State	Zip Code	Country	
For schools you attended in the last 3 years, list a person who completed more than 3 years ago. For correspondence/distant	o knew you at the schoo nce/extension/online sch	bl (instructor, s nools, list some	tudent, etc.). Do not eone who knew you	l list people for education per while you received this educ	iods cation.
Provide the name of the person who knows/knew you at sche	ool: Last name		First	name	
I don't know				name	
Provide current address for this person (including apartment	number). (Provide City and	d Country if outsid	de the United States; oth	erwise, provide City, State and 2	Zip Code.)
Street City		State	Zip Code	Country	
Provide telephone number for this person.	I don't know	Provide emai	I address for this per	son.	on't know
Telephone number Extension International	or DSN phone number				
Did you receive a degree/diploma?	,				
Provide type of degrees(s)/diploma(s) received and date(s) a	warded.				
Degree/diploma (• High School Diploma, • Associate's, • Bac • Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Oth	helor's, • Master's,	Other	degree/diploma	Date awarded (Month/Year)	Est.
Entry #2					
Provide the dates of attendance.	elect the most appropri-	ate below to de	escribe your school.		
From Date (Month/Year) To Date (Month/Year) Present	◯ High School		O Vocational/Tech	nical/Trade School	
Est. Est. (College/University/M	ilitary College		e/Distance/Extension/Online	e School
Provide the name of the school.					
Provide the street address of the school. For correspondence/d assistance determining the school address, refer to http://ope.er					
provide City, State and Zip Code.)					
Street City		tate Z	Lip Code C	ountry	
For schools you attended in the last 3 years, list a person who k completed more than 3 years ago. For correspondence/distance					
Provide the name of the person who knows/knew you at school				mo	
☐ I don't know	Last name		First na		

Enter your Social Security Number before going to the next page

Entry #2 (Continued)								
Provide current address Street	for this person (includir	ng apartment City	number). (Provide City ar	d Country if outsic State	de the United Sta Zip Code	ates; otherwise, Count		Zip Code.)
Provide telephone numb Felephone number	er for this person. Extension	I]International]Day	I don't know		l address for th	nis person.		don't knov
Did you receive a degree	/diploma?		gin					
	, alpiona :							
Provide type of degrees	(s)/dinloma(s) received	and date(s) a	awarded					
Degree/diploma (• High • Doctorate, • Professior	School Diploma, • Ass	ociate's, • Bad	chelor's, • Master's,	Other	degree/diplor	na	Date awarded (Month/Year)	Est.
· · · · · · · · · · · · · · · · · · ·		. ,.	,					
Entry #3								
Provide the dates of atte			Select the most appro	priate below to	describe your	school.		
From Date (Month/Year)	To Date (Month/Year)	Present			\mathbf{O}		I/Trade School	
Est.		Est.		/Military Colleg	je 🔿 Corres	pondence/Dis	tance/Extension/Or	nline Scho
Provide the name of the	school							
Provide the street addres	ss of the school. For co							
Provide the street addres assistance determining to provide City, State and Zip C	ss of the school. For cc he school address, refe						the United States; othe	
Provide the street addres assistance determining t provide City, State and Zip C Street For schools you attended completed more than 3 y	ss of the school. For co he school address, refe ode.) d in the last 3 years, lis	city City t a person wh	e.ed.gov/accreditation/s	earch.aspx (Pro State	vide City and Co Zip Code tudent, etc.). E	Country if outside Count	the United States; othe ry ople for education po	erwise, eriods
Provide the street addres assistance determining to provide City, State and Zip Co Street For schools you attended completed more than 3 y	ess of the school. For co he school address, refe ode.) d in the last 3 years, lis rears ago. For correspo	City City t a person wh ondence/dista	e.ed.gov/accreditation/s no knew you at the scho nce/extension/online sc	earch.aspx (Pro	vide City and Co Zip Code tudent, etc.). E	Country if outside Count	the United States; othe ry ople for education po	erwise, eriods
Provide the street addres assistance determining t provide City, State and Zip C Street For schools you attended	ess of the school. For co he school address, refe ode.) d in the last 3 years, lis rears ago. For correspo person who knows/kne	City City t a person wh ondence/dista ew you at sch	e.ed.gov/accreditation/s no knew you at the scho nce/extension/online sc	earch.aspx (Pro	vide City and Co Zip Code tudent, etc.). E	Country if outside Count	the United States; othe ry ople for education po	erwise, eriods
Provide the street addres assistance determining to provide City, State and Zip C Street For schools you attended completed more than 3 y Provide the name of the	as of the school. For co he school address, refe ode.) d in the last 3 years, lis rears ago. For correspo person who knows/kne	Er to http://ope City it a person wh ondence/dista ew you at sch I don't know	e.ed.gov/accreditation/s to knew you at the scho nce/extension/online sc ool: Last name	earch.aspx (Pro	Zip Code Zip Code tudent, etc.). E eone who knew	Count Count Do not list pec w you while y First name	the United States; othe rry ople for education pe ou received this edu	erwise, eriods ucation.
Provide the street addres assistance determining to provide City, State and Zip C Street For schools you attended completed more than 3 y Provide the name of the Provide current address	as of the school. For co he school address, refe ode.) d in the last 3 years, lis rears ago. For correspo person who knows/kne	er to http://ope City It a person wh ondence/dista ew you at sch I don't know ng apartment	e.ed.gov/accreditation/s to knew you at the scho nce/extension/online sc ool: Last name	earch.aspx (Pro	Zip Code Zip Code tudent, etc.). E eone who knew	Do not list peo Wyou while y First name	the United States; othe rry pple for education po ou received this edu provide City, State and	erwise, eriods ucation.
Provide the street addres assistance determining to provide City, State and Zip C Street For schools you attended completed more than 3 y Provide the name of the	as of the school. For co he school address, refe ode.) d in the last 3 years, lis rears ago. For correspo person who knows/kne	Er to http://ope City it a person wh ondence/dista ew you at sch I don't know	e.ed.gov/accreditation/s to knew you at the scho nce/extension/online sc ool: Last name	earch.aspx (Pro	Zip Code Zip Code tudent, etc.). E eone who knew	Count Count Do not list pec w you while y First name	the United States; othe rry pple for education po ou received this edu provide City, State and	erwise, eriods ucation.
Provide the street addres assistance determining to provide City, State and Zip C Street For schools you attended completed more than 3 y Provide the name of the Provide current address	as of the school. For co he school address, refe ode.) d in the last 3 years, lis rears ago. For correspo person who knows/kne for this person (includir	city City t a person wh ondence/dista ew you at sch I don't know ng apartment City	e.ed.gov/accreditation/s to knew you at the scho nce/extension/online sc ool: Last name number). (Provide City ar	earch.aspx (Pro	Zip Code Zip Code tudent, etc.). E eone who knew	Do not list pec W you while y First name ates; otherwise, Count	the United States; othe rry pple for education po ou received this edu provide City, State and ry	erwise, eriods ucation.
Provide the street address assistance determining to provide City, State and Zip Co Street For schools you attended completed more than 3 y Provide the name of the Provide current address Street	er for this person.	city City t a person wh ondence/dista ew you at sch I don't know ng apartment City	e.ed.gov/accreditation/s to knew you at the scho nce/extension/online sc ool: Last name number). (Provide City ar	earch.aspx (Pro	Zip Code Zip Code tudent, etc.). E eone who knew de the United Sta Zip Code	Do not list pec W you while y First name ates; otherwise, Count	the United States; othe rry pple for education po ou received this edu provide City, State and ry	eriods ucation.
Provide the street addres assistance determining to provide City, State and Zip Co Street For schools you attended completed more than 3 y Provide the name of the Provide current address Street Provide telephone numb Telephone number	er for this person.	city City t a person wh ondence/dista ew you at sch I don't know ng apartment City	e.ed.gov/accreditation/s to knew you at the scho nce/extension/online sc ool: Last name number). (Provide City ar	earch.aspx (Pro	Zip Code Zip Code tudent, etc.). E eone who knew de the United Sta Zip Code	Do not list pec W you while y First name ates; otherwise, Count	the United States; othe rry pple for education po ou received this edu provide City, State and ry	ervise, eriods ucation.
Provide the street address assistance determining to provide City, State and Zip C Street For schools you attended completed more than 3 y Provide the name of the Provide current address Street Provide telephone numb Felephone number Did you receive a degree O YES O NO	as of the school. For co he school address, refe ode.) d in the last 3 years, lis rears ago. For correspo person who knows/kne for this person (includin er for this person (includin er for this person.	er to http://ope City City t a person wh ondence/dista ew you at sch I don't know ng apartment City International Day Nig	e.ed.gov/accreditation/s no knew you at the scho nce/extension/online sc ool: Last name number). (<i>Provide City ar</i>	earch.aspx (Pro	Zip Code Zip Code tudent, etc.). E eone who knew de the United Sta Zip Code	Do not list pec W you while y First name ates; otherwise, Count	the United States; othe rry pple for education po ou received this edu provide City, State and ry	eriods ucation.
Provide the street address assistance determining to provide City, State and Zip Co Street For schools you attended completed more than 3 y Provide the name of the Provide current address Street Provide telephone number Celephone number Did you receive a degree O YES O NO Provide type of degrees	ss of the school. For co he school address, refe ode.) d in the last 3 years, lis rears ago. For correspo person who knows/kne person who knows/kne for this person (includir er for this person. Extension s/diploma? (s)/diploma(s) received School Diploma, • Asse	er to http://ope City City t a person wh ondence/dista ew you at sch I don't know ng apartment City International Day Nig l and date(s) a ociate's, • Bad	e.ed.gov/accreditation/s to knew you at the scho nce/extension/online sc ool: Last name umber). (Provide City ar I don't know I or DSN phone number ght awarded. chelor's, • Master's,	earch.aspx (Pro	Zip Code Zip Code tudent, etc.). E eone who knew de the United Sta Zip Code	Do not list pec W you while y First name Stes; otherwise, Count	the United States; othe rry pple for education po ou received this edu provide City, State and ry	eriods ucation.
Provide the street address assistance determining to provide City, State and Zip C Street For schools you attended completed more than 3 y Provide the name of the Provide the name of the Provide current address Street Provide telephone number Celephone number Did you receive a degrees O YES O NO Provide type of degreess Degree/diploma (• High	ss of the school. For co he school address, refe ode.) d in the last 3 years, lis rears ago. For correspo person who knows/kne person who knows/kne for this person (includir er for this person. Extension s/diploma? (s)/diploma(s) received School Diploma, • Asse	er to http://ope City City t a person wh ondence/dista ew you at sch I don't know ng apartment City International Day Nig l and date(s) a ociate's, • Bad	e.ed.gov/accreditation/s to knew you at the scho nce/extension/online sc ool: Last name umber). (Provide City ar I don't know I or DSN phone number ght awarded. chelor's, • Master's,	earch.aspx (Pro	Zip Code Ludent, etc.). E eone who knew de the United Sta Zip Code	Do not list pec W you while y First name Stes; otherwise, Count	the United States; othe ry pple for education provide City, State and ry	eriods ucation.

Entry #4										
Provide the dates of atten	dance.		Select the most approp	Select the most appropriate below to describe your school.						
From Date (Month/Year)	To Date (Month/Year)	Present	│	High School OV Vocational/Technical/Trade School						
□ Est.		Est.		Military Colleg	0	ce/Distance/Extension/Onl	ine School			
Provide the name of the s	chool									
	e school address, refe			· ·		ere the records are mainta outside the United States; other				
Street	,	City		State	Zip Code	Country				
						st people for education per hile you received this educ				
Provide the name of the p	person who knows/kne	w you at sch								
			Last name First name							
		don't know								
Provide current address for Street	or this person (includin	g apartment City	number). (Provide City and	l Country if outsic State		erwise, provide City, State and 2 Country	Zip Code.)			
Sileet						Country				
Provide telephone numbe	r for this person			Provide email	address for this pers	on 🗔 La				
Telephone number	Extension	International	I don't know				on't know			
			•							
Did you receive a degree/	/diploma?		·							
⊖YES ⊖NO										
Provide type of degrees(s	s)/diploma(s) received	and date(s) a	awarded.							
Degree/diploma (• High S • Doctorate, • Profession			nelor's, • Master's, Other degree/diploma			Date awarded (Month/Year)	Est.			

Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back **7 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.
Entry #1

Select your employment activity:	
Select your employment activity.	

Active military duty station (<i>Complete 13A.1, 13A.5</i> and 13A.6) National Guard/Reserve (<i>Complete 13A.1, 13A.5</i> and 13A.6)	State Government (Non-Federal employment) (<i>Complete 13A.2, 13A.5 and 13A.6</i>) Self-employment (<i>Complete 13A.3, 13A.5 and 13A.6</i>)	Non-government employment (excluding self- employment) (<i>Complete 13A.2, 13A.5 and 13A.6</i>)
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	O Unemployment (Complete 13A.4)	
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contractor (<i>Complete 13A.2, 13A.5 and 13A.6</i>)	\bigcirc Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) \checkmark

13A.1 Complete the fo	ollowing if	employment ty	pe is Active Duty	/, National Gu	ard/Rese	erve, or USP	HS Commiss	ioned Cor	rps.		
Provide dates of emp	loyment.			Select the employmer			Provide y	our assigr	ned duty station d	uring this period.	
From Date		To Date		this position:							
(Month/Year)		(Month/Year)	Present	Full-time			Provide y	Provide your most recent rank/position title.			
	Est.		Est.	Part-time	9						
Provide address of du	ity station	. (Provide City an	d Country if outside	the United State	es; otherw	ise, provide Cit	ty, State and Zij	o Code.)			
Street			City		S	ate	Zip Code	C	ountry		
Telephone number		E	ktension	ternational or [OSN pho	ne number					
			🗌 Da	ay 🗌 Night	Both						
If you have indicated											
(a) Provide physical I if outside the United							ation or hom	e port/flee	t headquarter. <i>(Pi</i>	ovide City and Country	
Street Address/U			City or Po			State	Zip Code		Country		
(b) Do you or did you	ı have an	APO/FPO add	ress while at this	location?							
🔾 yes 🔶 🛔	Address				APO o	r FPO		APO/FF	PO State Code	Zip Code	
○ NO											
Provide the name of y	our supe/	rvisor.			Provide	e the rank/po	sition title of	your supe	rvisor.		
Provide the email add	lress of y	our supervisor.	I don't know	Provide supe	ervisor's	telephone nu	umber. Exte	nsion	International or	DSN phone number	
]Day 🗌 Night	Both	
Provide physical work	location	of your supervi		and Country if ou				-			
Street			City		St	ate	Zip Code		ountry		
If you have indicated			<i>,</i>	· · · · ·	,					· · · · ·	
(a) Provide physical I if outside the United							ation of nom	e port/liee	et neadquarter. (PI	ovide City and Country	
Street Address/U	nit/Duty L	ocation	City or Po	st Name		State	Zip Code		Country		
(b) Do/did your super		e an APO/FPC	address while a	t this location?						Zin O sta	
	Address				APO o 	r fpu			PO State Code	Zip Code	

Entry #1

Section 13A - Employment Activities - (Continued)								
13A.2 Complete the following if employment typ	e is other federal employme	nt, state government, t	federal contractor, non	-government, or other.				
Provide dates of employment.		employment status for	Provide most recen	nt position title.				
From Date To Date (Month/Year) (Month/Year)	this position							
(Month/Year) (Month/Year)	Present Full-tim	е	Provide the name of	of your employer.				
Est.	Est. Part-tim							
Provide the address of employer. (Provide City and Street	nd Country if outside the United S City	<i>tates; otherwise, provide</i> C State		ountry				
				Junity				
Provide telephone number Extension	 _	phone number						
	Day Night							
Additional Periods of Activity with this Emplo same physical location (for example, if you w concerning the most recent period of employ as entries below).	orked at XY Plumbing in De	nver, CO, during 3 sep	parate periods of time,	you would enter information				
Not From date (Month/Year)	To date (Month/Year)	Po	sition Title	Supervisor				
Appliachla	Est.	Est.						
E	Est.	Est.						
	Est.	_ Est.						
	Est.	Est.						
YES NO (If NO, proceed to (b)) Provide the work address where you are/we Street	ere physically located. <i>(Provid</i> City	le City and Country if outsi State	ide the United States; otherwise, provide City, State and Zip Code.) Zip Code Country					
Provide telephone number	Extension Internat	ional or DSN phone nu	umber					
 (b) If you have indicated an APO/FPO address (b.1) Provide physical location data with str Country if outside the United States; otherv Street Address/Unit/Duty Location 	reet address, base, post, em	bassy, unit, and count	ry location or home po					
(b.2) Do you or did you have an APO/FPO ○ YES → Address	address while at this locatio	n? APO or FPO	APO/FF	PO State Code Zip Code				
NO Provide the name of your supervisor.		Provide the position	title of your supervisor	r				
r tovide the name of your supervisor.								
Provide the email address of your supervisor.		l pervisor's telephone nu] International or DSN phone number] Day Night				
Provide physical work location of your supervis Street	or. (Provide City and Country if c City	utside the United States; c State		ite and Zip Code.) ountry				
If you have indicated an APO/FPO address, co (a) Provide physical location data with street a <i>if outside the United States; otherwise, provide C</i> Street Address/Unit/Duty Location	ddress, base, post, embassy	/, unit, and country loc		,				
(b) Did/does your supervisor have an APO/FP ○ YES → Address	O address while at this locat	ion? APO or FPO	APO/FF	PO State Code Zip Code				
Enter your Social Security Number before	going to the next page							

3	ection 13A - Employment	Activities - (Continue	a)								
13	A.3 Complete the followin	g if employment type is	self-employ	ment							
	Provide dates of employm From Date (Month/Year)	ent. To Date <i>(Month/Year)</i>		Select the en this position:		nt status for	Provide m	nost recent position title.			
	Est.		Present	Full-time			Provide th	ne name of your employment.			
				Country if outside the United States; otherwise, provide City, State and Zip Code.)							
	Street		City		_		Zip Code	_			
	Provide telephone number	: Extension		International or DSN phone number							
	(a) Is your physical work a		our employm	ent address?							
	Provide the work addre Street	ess where you are/were	e physically lo City	ocated. (Provide		Country if outsi State	de the United S Zip Code	States; otherwise, provide City, Sta Country	te and Zip Code.)		
	Provide the telephone Telephone number	number for this address Extension		ational or DSN	l phone n	umber					
	Country if outside the Street Address/U	ne United States; otherwise Init/Duty Location	e, provide City, City or	rovide City, State and Zip Code for City or Post Name ess while at this location?		e for ports in the United States.)		cation or home port/fleet headquarter. (<i>i</i> tates.) Zip Code Country APO/FPO State Code			
	NO Provide the name of some Last name Provide the address of this	First n	ame		States: othe	rwise, provide	City. State and	Zip Code.)			
	Street	(City			-	Zip Code	Country			
	Provide the telephone nun Telephone number	nber for this person. Extension	Internatio	onal or DSN ph Night	ione num	ber					
	complete (b). (a) Provide physical locat	ion data with street add es; otherwise, provide City,	ress, base, p	oost, embassy, Code for ports ir	unit, and <i>the Unite</i>	country loca d States.)		ed an address outside of the l e port/fleet headquarter. <i>(Prov</i> Country			
	(b) Does your self-employ ○ YES → Add ○ NO	vment verifier have an A ress	NPO/FPO add	dress?	APO or	FPO		APO/FPO State Code	Zip Code		

	Section 13A - Employment Activities - (Co	, manaoa)				
Ī	13A.4 Complete the following if employme	nt type is unemployment.				
Ĺ,	Provide dates of unemployment.		Provide the name and means of supp		can verify your unemploym	nent activities
Entry #1	From Date (Month/Year) To Da	te(Month/Year)	Last name	Jort.	First name	
En	Est.	Est.				
_	Provide address of this verifier. (Provide Cit	y and Country if outside the United Stat	es; otherwise, provide (City, State and Zip Co	ode.)	
	Street	City	State	Zip Code	Country	
	Provide the telephone number for this personal	on.	•	1	·	
	Verifier telephone number Extension	International or DSN phone nu	mber			
		DayNight				
	If you have indicated an APO/FPO addres complete (b).	ss for your unemployment verifier,	complete (a). If you	have indicated a	in address outside of the L	Jnited States,
	(a) Provide physical location data with str			ocation or home p	port/fleet headquarter. (Pro	ovide City and Country
	if outside the United States; otherwise, pro Street Address/Unit/Duty Location	vide City, State and Zip Code for ports City or Post Name	<i>in the United States.)</i> State	Zip Code	Country	
	(b) Does your unemployment verifier hav	e an APO/EPO address?				
	\bigcirc YES \rightarrow Address		APO or FPO		APO/FPO State Code	Zip Code
ł	13A.5 Complete the following if employment	ent type is Active Duty National G	Juard/Reserve USP	HS Commissione	ed Corps. Other Federal er	mplovment State
	Government, Federal Contractor, N					
#1	Provide the reason for leaving the employ	ment activity.				
Entry #1						
Е	For this employment have any of the follo	wing happened to you in the last	seven (7) years?			
	Fired • Quit after being told you would be		_ 0 0	0	nisconduct • Left by mutua	al agreement
	following notice of unsatisfactory performa	ance. OYES	○ NO (If NO, proc	eed to 13A.6)		
			0 1 1			
	Select your type of incident:	Reason:			nt departure date	
	Select your type of incident:	Reason: Provide the reason for being fire		Employmen	nt departure date e date you were fired. <i>(Mon</i>	th/Year)
	Select your type of incident:			Employmen	•	<i>th/Year)</i>
				Employmen Provide the Provide the	date you were fired. (Mon date you quit after being t	Est.
	Fired Quit after being told you would be	Provide the reason for being fire		Employmen Provide the	date you were fired. (Mon date you quit after being t	Est.
	Fired	Provide the reason for being fire Provide the reason for quitting.	d.	Employmen Provide the Provide the fired. (Month	date you were fired. (Mon date you quit after being t /Year)	Est. told you would be
	Fired Quit after being told you would be fired	Provide the reason for being fire	d.	Employmen Provide the Provide the fired. (Month Provide the	date you were fired. (Mon date you quit after being t	Est. told you would be
	Fired Quit after being told you would be	Provide the reason for being fire Provide the reason for quitting.	d.	Employmen Provide the Provide the fired. (Month Provide the	date you were fired. (Mon date you quit after being t /Year) date you left following cha	Est. told you would be
	Fired Quit after being told you would be fired Left by mutual agreement following	Provide the reason for being fire Provide the reason for quitting.	ns of misconduct.	Employmen Provide the Provide the fired. (Month Provide the of miscondu	date you were fired. (Mon date you quit after being t h/Year) date you left following cha uct. (Month/Year)	Est. told you would be Est. arges or allegations Est.
	 Fired Quit after being told you would be fired Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio	ns of misconduct.	Employmen Provide the Provide the fired. (Month Provide the of miscondu	date you were fired. (Mon date you quit after being t /Year) date you left following cha	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year)
	 Fired Quit after being told you would be fired Left by mutual agreement following charges or allegations of misconduct 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio	ns of misconduct.	Employmen Provide the Provide the fired. (Month Provide the of miscondu	date you were fired. (Mon date you quit after being t /Year) date you left following cha uct. (Month/Year) date you left by mutual ac	Est. told you would be Est. arges or allegations Est. greement following
	 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 13A.6 Complete the following if employment 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the reason(s) for unsatis	ns of misconduct. sfactory performanc	Employmen Provide the Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned	date you were fired. (<i>Mon</i> date you quit after being t <i>y/Year</i>) date you left following cha uct. (<i>Month/Year</i>) date you left by mutual ac unsatisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est.
	 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 13A.6 Complete the following if employment Government, Federal Contractor, No 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the reason(s) for unsatis	ns of misconduct. sfactory performanc ard/Reserve, USPH Employment, or Oth	Employmen Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t y/year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State
	 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 13A.6 Complete the following if employment 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis	ns of misconduct. sfactory performanc ard/Reserve, USPH Employment, or Oth	Employmen Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t y/year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State
	 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 13A.6 Complete the following if employment Government, Federal Contractor, No For this employment, in the last seven (7) 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis	ns of misconduct. sfactory performanc ard/Reserve, USPH Employment, or Oth	Employmen Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t y/year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State
Entry #1	 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 13A.6 Complete the following if employment Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-I) years have you received a writt curity policy?	ns of misconduct. sfactory performanc ard/Reserve, USPH Employment, or Oth en warning, been of	Employmen Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t y/year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance Corps, Other Federal emp ed, suspended, or disciplin	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State med for misconduct
	 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 13A.6 Complete the following if employment Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-I) years have you received a writt curity policy?	ns of misconduct. sfactory performanc ard/Reserve, USPH Employment, or Oth en warning, been of	Employmen Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t y/year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State med for misconduct
	 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 13A.6 Complete the following if employment Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis Provide the reason(s) for unsatis () Provide the reason(s) for unsatis Provide the reason(s) for unsatis () Provide the reason(s) for unsati	rd. Ins of misconduct. Ins of misconduct. I	Employmen Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t y/Year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance Corps, Other Federal emp ed, suspended, or disciplin Date: (Mon	Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State hed for misconduct th/Year) Est.
	 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 13A.6 Complete the following if employment Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis Provide the reason(s) for unsatis () Provide the reason(s) for unsatis Provide the reason(s) for unsatis () Provide the reason(s) for unsati	rd. Ins of misconduct. Ins of misconduct. I	Employmen Provide the Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t y/year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance Corps, Other Federal emp ed, suspended, or disciplin	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State med for misconduct th/Year) Est. th/Year)
	 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 13A.6 Complete the following if employment Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self- 1 years have you received a writt curity policy? d, reprimanded, suspended or dis	rd. Ins of misconduct. Ins of misconduct. I	Employmen Provide the Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t /Year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance Corps, Other Federal emp ed, suspended, or disciplin Date: (Mon Date: (Mon	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State hed for misconduct th/Year) Est. th/Year) Est.
	 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 13A.6 Complete the following if employment Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self- 1 years have you received a writt curity policy? d, reprimanded, suspended or dis	rd. Ins of misconduct. Ins of misconduct. I	Employmen Provide the Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t y/Year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance Corps, Other Federal emp ed, suspended, or disciplin Date: (Mon	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State ned for misconduct th/Year) Est. th/Year) Est.
	 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 13A.6 Complete the following if employmen Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne #3 Provide the reason(s) for being warne 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-1) years have you received a writt curity policy? d, reprimanded, suspended or dis d, reprimanded, suspended or dis	rd. Ins of misconduct. Ins of misconduct. I	Employmen Provide the Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t a/Year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance Corps, Other Federal emp ed, suspended, or disciplin Date: (Mon Date: (Mon	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State ned for misconduct th/Year) Est. th/Year) Est. th/Year) Est.
	 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 13A.6 Complete the following if employment Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-1) years have you received a writt curity policy? d, reprimanded, suspended or dis d, reprimanded, suspended or dis	rd. Ins of misconduct. Ins of misconduct. I	Employmen Provide the Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t /Year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance Corps, Other Federal emp ed, suspended, or disciplin Date: (Mon Date: (Mon	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State ned for misconduct th/Year) Est. th/Year) Est. th/Year) Est. th/Year)
	 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 13A.6 Complete the following if employmen Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne #3 Provide the reason(s) for being warne 	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatis Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-1) years have you received a writt curity policy? d, reprimanded, suspended or dis d, reprimanded, suspended or dis	rd. Ins of misconduct. Ins of misconduct. I	Employmen Provide the Provide the fired. (Month Provide the of miscondu e. Provide the a notice of u S Commissioned er.	date you were fired. (Mon date you quit after being t a/Year) date you left following cha uct. (Month/Year) date you left by mutual ac unsatisfactory performance Corps, Other Federal emp ed, suspended, or disciplin Date: (Mon Date: (Mon	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State ned for misconduct th/Year) Est. th/Year) Est. th/Year) Est.

Entry #2

Entry #2

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back **7 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.

Se	ct your employment activity:	

Active military duty station (<i>Complete 13A.1, 13A.5</i> and 13A.6) National Guard/Reserve (<i>Complete 13A.1, 13A.5</i> and 13A.6)	State Government (Non-Federal employment) (<i>Complete 13A.2, 13A.5 and 13A.6</i>) Self-employment (<i>Complete 13A.3, 13A.5 and 13A.6</i>)	Non-government employment (excluding self- employment) (Complete 13A.2, 13A.5 and 13A.6)
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	O Unemployment (Complete 13A.4)	
Other Federal employment <i>(Complete 13A.2, 13A.5 and 13A.6)</i>	Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)	Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) $$

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.									
Provide dates of employment.				loyment status for	Provide your as	ssigned duty station du	ring this period.		
From Date	To Date (<i>Month/Year</i>)		this position:						
(Month/Year)	(Monun/Year)	Present	Full-time		Provide your most recent rank/position title.				
Est.		Est.	Part-time						
Provide address of duty station	n. (Provide City and Co		the United States;						
Street		City		State	Zip Code	Country I			
Telephone number	Exten	ision 🗌 In	ternational or DS	N phone number					
		Da	ay 🗌 Night 🗌	Both					
If you have indicated an APO/F		.,							
 (a) Provide physical location of if outside the United States; of 					ation or home port	/fleet headquarter. (Pro	vide City and Country		
Street Address/Unit/Duty L		City or Po	•	State	Zip Code	Country			
(b) Do you or did you have an		while at this							
			· · · · · · · · · · · · · · · · · · ·	APO or FPO	AP(O/FPO State Code	Zip Code		
Provide the name of your supe	rvisor.		F	Provide the rank/pos	sition title of your s	supervisor.			
Provide the email address of y	our supervisor.	I don't know	Provide superv	isor's telephone nu	mber. Extension		SN phone number		
						Day Night	Both		
Provide physical work location	of your supervisor.		and Country if outsid						
Street		City 		State	Zip Code	Country			
If you have indicated an APO/F (a) Provide physical location d	,		· · · · ·	,			· · · · ·		
if outside the United States; of	herwise, provide City,	State and Zip	Code for ports in th	ne United States.)			vide only and country		
Street Address/Unit/Duty L	ocation	City or Po	st Name	State	Zip Code I	Country I			
(b) Do/did your supervisor hav		dress while a		APO or FPO	AP	O/FPO State Code	Zip Code		
			, 						

ction 13A - Emp	oloyment Ac	tivities - (Cont	inued	()							
3A.2 Complete	the following	if employment	type is	s other feder	al employmer	nt, state	government, fe	deral contra	ctor, non-go	vernment, or ot	her.
Provide dates of employment.				Select the e this position		ent status for	Provide m	ost recent po	osition title.		
From Date To Date (Month/Year) (Month/Year)											
(Present	Full-time			Provide the	e name of yo	our employer.	
Describe the state	Est.			Est.	Part-tim						
Provide the addr Street	ess of emplo	yer. (Provide City	and C	City	le the United St			y, State and Zi Ip Code	<i>p Code.)</i> Coun	try	
Provide telephone number Extension Inter					ional or DSN	phone	number		I		
same physica	l location (for e most recent	example, if you	ı work	ed at XY Plu	umbing in Der	nver, CO	vity if you worke), during 3 sepa tion titles, and s	rate periods	of time, you	I would enter in	formation
Not	From date (I	Month/Year)		To date (M	onth/Year)		Posi	tion Title		Supe	rvisor
Applicable			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
○ YES Provide the v Street	<u> </u>	<i>IO, proceed to (b)</i> where you are,	<u> </u>	physically lc City	ocated. (Provide		d Country if outside State Z	e the United S lip Code	<i>tates; otherwis</i> Coun		ate and Zip Cod
	ndicated an <i>A</i> e physical loc	APO/FPO addre ation data with	street	address, ba	Day [] Day []). If you have ase, post, emb] Night indicate bassy, u	DSN phone num ed an address o nit, and country ports in the United	utside of the			•
		/Duty Location	0,11100		Post Name		State	Zip Code	Co	ountry	
⊖ YE	s →	ave an APO/FP Address	'O ad	dress while a	at this locatior		or FPO		APO/FPO S	State Code	Zip Code
NC () NC Provide the nam		ervisor.				Provid	le the position t	itle of your s	upervisor.		
						1					
Provide the ema	il address of	your supervisor		don't know	Provide sup	ervisor's	telephone num	nber. Exter	ision 🔄 In	ternational or D ayNight	SN phone nu
Provide physical Street	work location	n of your super	/isor.	<i>(Provide City a</i> City	and Country if ou			nerwise, provid Zip Code	e City, State a Coun		
f you have indic	ated an APO	/FPO address,	comp	lete (a). If y	ou have indica	ated an	address outside	e of the Unite	ed States, co	omplete (b).	
(a) Provide physical for the line of the l		data with stree otherwise, provide						ion or home	port/fleet he	eadquarter. <i>(Pro</i>	vide City and C
Street Addre	ss/Unit/Duty	Location		City or Po	st Name		State	Zip Code	Co	ountry	
(b) Did/does you YES — NO			PO a	ddress while	e at this locati		or FPO		APO/FPO \$	State Code	Zip Code
NO er your Social	Security N	lumber befor	e go	ing to the	next page	<u> </u>					

36	ection 13A - Employment Ac	ctivities - (Continue	a)								
13	3A.3 Complete the following i	f employment type is	self-employ	ment							
	Provide dates of employmen From Date (Month/Year)	t. To Date <i>(Month/Year)</i>		Select the entry this position:		it status for	Provide m	ost recent position title.			
	Est.		Present	Full-time			Provide th	e name of your employ	ment.		
	Provide address of this emplo	Vment (Provide City a	and Country if c			henwise provid	le City. State a	nd Zin Code)			
	Street		City		_		Zip Code	_			
	Provide telephone number.	Extension		☐ International or DSN phone number ☐ Day							
	(a) Is your physical work add		our employm	ent address?							
	Provide the work address Street	s where you are/were	e physically lo City	ocated. (Provide		-	de the United S Zip Code	States; otherwise, provide Ci Country	ty, State	and Zip Code.)	
	Provide the telephone nu Telephone number	mber for this addres Extension	_	ational or DSN	l phone n	umber					
	Country if outside the Street Address/Unit	<i>United States; otherwise</i> /Duty Location	e, provide City, City or	address, base, post, embassy, provide City, State and Zip Code fo City or Post Name ress while at this location?				APO/FPO State Code	y		
	NO Provide the name of someon Last name Provide the address of this ve	First n	ame		States; othe	rwise, provide	City, State and	/ Zip Code.)			
	Street		City			State	Zip Code	Country			
	Provide the telephone number Telephone number	er for this person. Extension	Internatio	onal or DSN ph Night	one num	ber					
	If you have indicated an APC complete (b). (a) Provide physical location <i>if outside the United States;</i> Street Address/Unit/Duty	data with street add otherwise, provide City,	ress, base, p	oost, embassy, Code for ports ir	unit, and the Unite	country loca d States.)					
	(b) Does your self-employm ○ YES → Addres ○ NO		NPO/FPO add	dress?	APO or	FPO		APO/FPO State Code		Zip Code	

	Section 13A - Employment Activities - (Co	ontinued)				
	13A.4 Complete the following if employme	nt type is unemployment.				
2	Provide dates of unemployment.				verify your unemploym	nent activities
Entry #2	From Date (Month/Year) To Da	te(Month/Year) Present	and means of suppo Last name	ч	First name	
En	Est.	Est.				
	Provide address of this verifier. (Provide Cit	y and Country if outside the United Stat	tes; otherwise, provide Cit	y, State and Zip Code.))	
	Street	City	State	Zip Code	Country	
	Provide the telephone number for this perso					
	Verifier telephone number Extension	International or DSN phone nu	mber			
	If you have indicated an APO/FPO addres		complete (a) If you b	ave indicated on a	drage outside of the l	Inited States
	complete (b).					
	(a) Provide physical location data with str if outside the United States; otherwise, prov			cation or home port/	fleet headquarter. (Pro	ovide City and Country
	Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
	(b) Does your unemployment verifier have	e an APO/FPO address?				
	O YES → Address		APO or FPO		D/FPO State Code	Zip Code
	○ NO					
	13A.5 Complete the following if employme Government, Federal Contractor, N				orps, Other Federal er	mployment, State
2	Provide the reason for leaving the employ					
Entry #2						
Eni	For this employment have any of the follow	wing happened to you in the last	seven (7) years?			
	• Fired • Quit after being told you would be		t following charges or	allegations of misco	onduct • Left by mutua	l agreement
	following notice of unsatisfactory performa	ance. () YES	○ NO (If NO, procee)	14- 101 ()		
		0.120		a to 13A.6)		
	Select your type of incident:	Reason:		Employment de	-	
	Select your type of incident:	0		Employment de	eparture date e you were fired. <i>(Mon</i>	
		Reason: Provide the reason for being fire		Employment de Provide the dat	e you were fired. (Mon	Est.
	Select your type of incident:	Reason:		Employment de Provide the dat Provide the date	e you were fired. <i>(Mon</i> e you quit after being t	Est.
	Select your type of incident:	Reason: Provide the reason for being fire		Employment de Provide the dat	e you were fired. <i>(Mon</i> e you quit after being t	Est.
	Select your type of incident:	Reason: Provide the reason for being fire	ed.	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the date	e you were fired. (Mon e you quit after being t ar) e you left following cha	Est. told you would be
	Select your type of incident:	Reason: Provide the reason for being fire Provide the reason for quitting.	ed.	Employment de Provide the dat Provide the dat fired. (Month/Yea	e you were fired. (Mon e you quit after being t ar) e you left following cha	Est.
	Select your type of incident:	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio	ns of misconduct.	Employment de Provide the dat Provide the date fired. (<i>Month/Yea</i> Provide the date of misconduct.	e you were fired. (Mon e you quit after being t ar) e you left following cha (Month/Year)	Est. told you would be Est. arges or allegations Est.
	Select your type of incident:	Reason: Provide the reason for being fire Provide the reason for quitting.	ns of misconduct.	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct.	e you were fired. (Mon e you quit after being t ar) e you left following cha	Est. told you would be Est. arges or allegations Est. greement following
	Select your type of incident:	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio	ns of misconduct.	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct.	e you were fired. (Mon e you quit after being t ar) e you left following cha (Month/Year) e you left by mutual ag	Est. told you would be Est. arges or allegations Est. greement following
	Select your type of incident:	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the reason(s) for unsational t type is Active Duty, National Guite	ns of misconduct. sfactory performance.	Employment de Provide the dat fired. (Month/Yea Provide the dat of misconduct.) Provide the dat a notice of unsa	e you were fired. (<i>Mon</i> e you quit after being t ar) e you left following cha (<i>Month/Year</i>) e you left by mutual ac atisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est.
	Select your type of incident:	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-	ns of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (<i>Mon</i> e you quit after being t ar) e you left following cha (<i>Month/Year</i>) e you left by mutual ag atisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. bloyment, State
	Select your type of incident:	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-) years have you received a writt	ns of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (<i>Mon</i> e you quit after being t ar) e you left following cha (<i>Month/Year</i>) e you left by mutual ag atisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. bloyment, State
Entry #2	Select your type of incident:	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-) years have you received a writt	ns of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (<i>Mon</i> e you quit after being t ar) e you left following cha (<i>Month/Year</i>) e you left by mutual ag atisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. bloyment, State
	Select your type of incident:	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-) years have you received a writt curity policy?	ed. ns of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other en warning, been offic	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (<i>Mon</i> e you quit after being t ar) e you left following cha (<i>Month/Year</i>) e you left by mutual ag atisfactory performance	Est. arges or allegations Est. greement following e. (Month/Year) Est. bloyment, State med for misconduct
	Select your type of incident: Select your 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 13A.6 Complete the following if employmen Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the reason(s) for unsatis t type is Active Duty, National Gu n-government employment, Self-) years have you received a writt curity policy?	ed. ns of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other en warning, been offic	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (Mon e you quit after being t ar) e you left following cha (Month/Year) e you left by mutual ag atisfactory performance ps, Other Federal emp suspended, or disciplir	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. bloyment, State med for misconduct
	Select your type of incident: Select your 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 13A.6 Complete the following if employmen Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegatio Provide the charges or allegatio Provide the reason(s) for unsatiant t type is Active Duty, National Gu n-government employment, Self-) years have you received a writt curity policy? d, reprimanded, suspended or dis	ad. Ins of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other en warning, been offic sciplined.	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (Mon e you quit after being t ar) e you left following cha (Month/Year) e you left by mutual ag atisfactory performance ps, Other Federal emp suspended, or disciplir	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. oloyment, State ned for misconduct th/Year) Est. th/Year)
	Select your type of incident: Select your 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 13A.6 Complete the following if employmen Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne #2 Provide the reason(s) for being warne	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the charges or allegation Provide the reason(s) for unsation Provide the reason(s) for unsation Image: state of the state of t	ad. Ins of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other en warning, been offic sciplined. sciplined.	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (Mon e you quit after being t ar) e you left following cha (Month/Year) e you left by mutual ag atisfactory performance ps, Other Federal emp suspended, or disciplir	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. boloyment, State hed for misconduct th/Year) Est.
	Select your type of incident: Select your 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 13A.6 Complete the following if employmen Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the charges or allegation Provide the reason(s) for unsation Provide the reason(s) for unsation Image: state of the state of t	ad. Ins of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other en warning, been offic sciplined. sciplined.	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (Mon e you quit after being t ar) e you left following cha (Month/Year) e you left by mutual ag atisfactory performance ps, Other Federal emp suspended, or disciplir	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. oloyment, State ned for misconduct th/Year) Est. th/Year) Est. th/Year)
	Select your type of incident: Select your 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 13A.6 Complete the following if employmen Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne #2 Provide the reason(s) for being warne	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the charges or allegation Provide the reason(s) for unsation Provide the reason(s) for unsation Image: state of the state of t	ad. Ins of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other en warning, been offic sciplined. sciplined.	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (Mon e you quit after being t ar) e you left following cha (Month/Year) e you left by mutual ag atisfactory performance rps, Other Federal emp suspended, or disciplin Date: (Mon	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. bloyment, State hed for misconduct th/Year) Est. th/Year) Est.
	Select your type of incident: Select your 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 13A.6 Complete the following if employmen Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne #2 Provide the reason(s) for being warne	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the charges or allegation Provide the reason(s) for unsational Guil Provide the reason(s) for unsational Guil It type is Active Duty, National Guil n-government employment, Self-1) years have you received a writt curity policy? d, reprimanded, suspended or dised, reprimanded, suspended, susp	ad. Ins of misconduct. Ins of misconduct. I	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you were fired. (Mon e you quit after being t ar) e you left following cha (Month/Year) e you left by mutual ag atisfactory performance rps, Other Federal emp suspended, or disciplin Date: (Mon	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. oloyment, State hed for misconduct th/Year) Est. th/Year) Est. th/Year) Est. th/Year)
	Select your type of incident: Select your 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 13A.6 Complete the following if employmen Government, Federal Contractor, No For this employment, in the last seven (7 in the workplace, such as a violation of se YES NO #1 Provide the reason(s) for being warne #2 Provide the reason(s) for being warne #3 Provide the reason(s) for being warne	Reason: Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the charges or allegation Provide the reason(s) for unsational Guil Provide the reason(s) for unsational Guil It type is Active Duty, National Guil n-government employment, Self-1) years have you received a writt curity policy? d, reprimanded, suspended or dised, reprimanded, suspended, susp	ad. Ins of misconduct. Ins of misconduct. I	Employment de Provide the dat Provide the dat fired. (Month/Yea Provide the dat of misconduct. Provide the dat a notice of unsa	e you quit after being t ar) e you left following cha (Month/Year) e you left by mutual ag atisfactory performance ps, Other Federal emp suspended, or disciplir Date: (Mon Date: (Mon	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. oloyment, State ned for misconduct th/Year) Est. th/Year) Est. th/Year) Est.

Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back **7 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.

Entry #3

Select your employment activity:

Entry #3

Active military duty station (<i>Complete 13A.1, 13A.5</i> and 13A.6) National Guard/Reserve (<i>Complete 13A.1, 13A.5</i> and 13A.6)	State Government (Non-Federal employment) (<i>Complete 13A.2, 13A.5 and 13A.6</i>) Self-employment (<i>Complete 13A.3, 13A.5 and 13A.6</i>)	Non-government employment (excluding self- employment) (<i>Complete 13A.2, 13A.5 and 13A.6</i>)
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	O Unemployment (Complete 13A.4)	
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	C Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)	\bigcirc Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) $_$

13A.1 Complete the following if	employment type	is Active Dut	y, National Gu	ard/Reserve, or USPI	HS Commissioned	Corps.	
Provide dates of employment.				nployment status for	Provide your as	signed duty station du	ring this period.
From Date	To Date		this position:				
(Month/Year)	(Month/Year)	Present	Full-time		Provide your m	ost recent rank/positio	n title.
Est.		Est.	Part-time	9			
Provide address of duty station	. (Provide City and Co	ountry if outside	the United State	es; otherwise, provide Cit	y, State and Zip Code	.)	
Street		City		State	Zip Code	Country	
Telephone number	Exter	ision 🗌 In	ternational or I	OSN phone number		·	
			ay 🗌 Night	Both			
If you have indicated an APO/F	PO address, com	olete (a) . If yo	ou have indicat	ted an address outsid	e of the United Sta	ates, complete (b).	
(a) Provide physical location d if outside the United States; of					ation or home port	fleet headquarter. (Pro	vide City and Country
Street Address/Unit/Duty L		City or Po		State	Zip Code	Country	
,							
(b) Do you or did you have an	APO/FPO address	s while at this	location?				
⊖ YES → Address				APO or FPO	APC	D/FPO State Code	Zip Code
○ NO							
Provide the name of your supe	rvisor.			Provide the rank/pos	sition title of your s	upervisor.	
Provide the email address of ye	our supervisor.	l don't know	Provide supe	ervisor's telephone nu	mber. Extension	International or D	SN phone number
						Day Night	Both
Provide physical work location	of your supervisor.		and Country if ou				
Street		City I		State	Zip Code	Country I	
If you have indicated an APO/F (a) Provide physical location d	,		· · · ·	,			· · · · ·
if outside the United States; of					ation of nome port	meet neadquarter. (Pro	vide City and Country
Street Address/Unit/Duty L	ocation	City or Po	ost Name	State	Zip Code	Country	
(b) Do/did your supervisor hav	e an APO/FPO ad	dress while a	at this location?				Zin Cada
O YES → Address				APO or FPO		D/FPO State Code	Zip Code

	the following i	f employment t										
Provide dates of		i ompioymone i	type is	s other feder	ral employment	t, state	government, fe	deral contra	ctor, non-go	vernment, or othe	er.	
Provide dates of employment.					Select the en	nploym	ent status for	Provide me	ost recent po	osition title.		
From Date (Month/Year)		To Date (<i>Month/Year</i>)			this position:							
(monus rour)			l	Present				Provide the	e name of yo	our employer.		
<u> </u>	Est.			Est.	Part-time							
Provide the add Street	ress of employ	yer. (Provide City	and C	ountry if outsid	de the United Sta			y, State and Zi Zip Code	<i>p Code.)</i> Coun	try		
Provide telephone number Extension Inte				Interna	tional or DSN p	phone r	number					
				Day	Night							
same physica	al location (for e most recent	example, if you	u work	ed at XY Pl	umbing in Den	ver, CC), during 3 sepa	arate periods	of time, you	nore than one occ u would enter info revious periods o	rmation	
Not	From date (N	/onth/Year)		To date (M	lonth/Year)		Posi	ition Title		Supervi	isor	
Applicable			Est.			Est.						
			Est.			Est.						
			Est.			Est.						
			Est.			Est.						
O YES Provide the Street	0	O, proceed to (b), where you are/	,	physically lo City	ocated. <i>(Provide</i>			e the United St Zip Code	<i>ates; otherwis</i> Coun 	e, provide City, State try	e and Zip Code	
				Extension	<u> </u>		OSN phone nun	nber				
(b.1) Provid Country	e physical loca / if outside the U	ation data with Jnited States; oth	street	omplete (b.1 address, ba , provide City,	Day	Night ndicate assy, u	ed an address o nit, and country ports in the United	outside of the location or l d States.)	nome port/flo	tes, complete (b.2 eet headquarter.		
(b.1) Provid Country	e physical loca / if outside the U	ation data with	street	omplete (b.1 address, ba , provide City,	Day	Night ndicate assy, u	ed an address o nit, and country	outside of the / location or l	nome port/flo			
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(b.1) Provid <i>Country</i> Street (b.2) Do you (b.2) Do you YE NO Provide the nam Provide the ema	e physical loca v if outside the U Address/Unit// u or did you ha ES	ation data with <i>Jnited States; oth</i> Duty Location ave an APO/FP Address ervisor. your supervisor	street erwise PO add	omplete (b.1 address, ba , <i>provide City</i> , City or dress while a don't know	Day	Night ndicate assy, u ode for p APO o Provid rvisor's	ed an address o nit, and country ports in the United State or FPO le the position t telephone num United States; oth	ittle of your s	APO/FPO : upervisor.	eet headquarter. ountry State Code ternational or DSI ayNight <i>Ind Zip Code.</i>)	Provide City a	
(b.1) Provid <i>Country</i> Street (b.2) Do you (b.2) Do you (e physical loca i foutside the U Address/Unit/ u or did you ha ES A D he of your supe ail address of y I work location	ation data with <i>Jnited States; oth</i> Duty Location ave an APO/FP Address ervisor. your supervisor	street erwise PO add	omplete (b.1 address, ba , provide City, City or dress while a don't know (Provide City a City	Day	Night ndicate assy, u ode for p APO o Provid	ed an address o nit, and country ports in the United State or FPO le the position t telephone num <i>United States; otf</i>	itle of your s	APO/FPO S upervisor.	eet headquarter. ountry State Code ternational or DS ayNight and Zip Code.) try	Provide City a	
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36	ction 13A - Employn	ient Activ	lities - (Continued	a)								
13	A.3 Complete the foll	owing if e	mployment type is	self-employ	ment							
	Provide dates of empl From Date (Month/Year)		To Date (Month/Year)		Select the en this position:		ent status for	Provide m	iost rece	ent position title.		
	·	Est.	(Monuty Teal)	Present	Full-time			Provide th	ie name	of your employment.		
			ment (Provide City a				othenwise provi	ide City, State and Zip Code.)				
	Street	omploy		City			State	Zip Code		Country		
	Provide telephone nui	mber.	Extension		onal or DSN ph Night	one nur	nber		·			
(a) Is your physical work address different than your employment address? YES NO (If NO, proceed to (b))												
	Provide the work a Street	address w	here you are/were	physically lo City	ocated. (Provide	City and	Country if outs State	ide the United S Zip Code		nerwise, provide City, Sta Country	e and Zip Code.)	
	Provide the teleph Telephone numbe		per for this address Extension	_	ational or DSN	phone	number		1			
	Country if outs Street Addre	ide the Uni ss/Unit/Du d you have	ted States; otherwise uty Location	t address, base, post, embas e, provide City, State and Zip Cod City or Post Name dress while at this location?		ode for p	orts in the Unit State			Country PO State Code	(Provide City and	
-	NO Provide the name of s Last name Provide the address o Street		First n	ame		tates; oth	ates; otherwise, provide City, State an			ate and Zip Code.)		
				City			State	Zip Code		Country		
	Provide the telephone Telephone number	number f	or this person. Extension	☐ Internatio	onal or DSN ph Night	one nur	nber					
	f you have indicated a complete (b) . (a) Provide physical I <i>if outside the United</i> Street Address/Un	ocation da States; oth	ata with street addr erwise, provide City,	ress, base, p	oost, embassy, Code for ports ir	unit, an	d country loc		e port/fle			
	(b) Does your self-en ○ YES → ○ NO	nployment Address	verifier have an A	PO/FPO add	dress?	APO o	or FPO		APO/F	PO State Code	Zip Code	

	Section 13A - Employment Activities - (C					
	13A.4 Complete the following if employment	ent type is unemployment.				
3	Provide dates of unemployment.				verify your unemployme	ent activities
Entry #3	From Date (Month/Year) To D	ate(Month/Year)	and means of suppo	JIL.	First name	
En	Est.	Est.				
	Provide address of this verifier. (Provide C	ity and Country if outside the United Sta	tes; otherwise, provide Cit	ty, State and Zip Code.	.)	
	Street	City	State	Zip Code	Country	
	Provide the telephone number for this pers			·		
	Verifier telephone number Extension	Day Night	ımber			
	If you have indicated an APO/FPO addre	ess for your unemployment verifier	, complete (a) . If you h	nave indicated an a	ddress outside of the Ur	nited States,
	complete (b). (a) Provide physical location data with si	treet address, base, post, embass	y, unit, and country lo	cation or home port	t/fleet headquarter. (Prov	vide City and Country
	if outside the United States; otherwise, pro			7. 0. 1	Quanta	
	Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
	(b) Does your unemployment verifier have	ve an APO/FPO address?				
	⊖ YES → Address		APO or FPO		O/FPO State Code	Zip Code
	⊖ NO					
	13A.5 Complete the following if employm				Corps, Other Federal em	ployment, State
	Government, Federal Contractor, Provide the reason for leaving the emplo		II-Employment, or Oth	ier.		
Entry #3	· · · · · · · · · · · · · · · · · · ·	,				
Enti	For this employment have any of the follo	owing happened to you in the last	seven (7) years?			
	• Fired • Quit after being told you would b	pe fired • Left by mutual agreemen	t following charges or	allegations of misc	conduct • Left by mutual	agreement
	following notice of unsatisfactory perform	nance. OYES	○ NO (If NO, procee	ed to 13A.6)	2	C C
	Select your type of incident:	Reason:		Employment de	eparture date	
				Employmont	opulturo duto	
		Provide the reason for being fire	ed.	. ,	ite you were fired. (Month	h/Year)
	☐ Fired	Provide the reason for being fire	ed.	. ,		h/Year)
		Provide the reason for being fire Provide the reason for quitting.	ed.	Provide the da	te you were fired. (Month	Est.
	 Quit after being told you would be		ed.	Provide the da	te you were fired. (Month	Est.
				Provide the da Provide the da fired. <i>(Month/Ye</i>	te you were fired. (Month	Est. Id you would be
	Quit after being told you would be fired Left by mutual agreement following	Provide the reason for quitting. Provide the charges or allegation		Provide the da Provide the da fired. <i>(Month/Ye</i>	te you were fired. <i>(Month</i> te you quit after being to ear) te you left following char	Est. Id you would be
	Quit after being told you would be fired	Provide the reason for quitting. Provide the charges or allegation		Provide the da Provide the da fired. (Month/Ye Provide the da	te you were fired. <i>(Month</i> te you quit after being to ear) te you left following char	Est. Id you would be
	 Quit after being told you would be fired Left by mutual agreement following charges or allegations of misconduct 	Provide the reason for quitting. Provide the charges or allegation	ns of misconduct.	Provide the da Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da	te you quit after being to ar) te you left following char <i>(Month/Year)</i> te you left by mutual agr	Est. bld you would be Est. rges or allegations Est. reement following
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Entry #3	Quit after being told you would be 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 Government, Federal Contractor, Na For this employment, in the last seven (in the workplace, such as a violation of second YES ONO #1 Provide the reason(s) for being warne #2 Provide the reason(s) for being warne #3 Provide the reason(s) for being warne	Provide the reason for quitting. Provide the charges or allegation Provide the charges or allegation Provide the reason(s) for unsati Note: The reason of t	ns of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other en warning, been offic sciplined. sciplined.	Provide the da Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns Commissioned Co	te you quit after being to te you quit after being to ear) te you left following char (Month/Year) te you left by mutual agr satisfactory performance orps, Other Federal empl suspended, or discipline Date: (Month Date: (Month	Est. Sold you would be Est. rges or allegations Est. reement following . (Month/Year) Est. loyment, State ed for misconduct h/Year) Est. h/Year) Est. h/Year) Est. h/Year) Est.

Entry #4

Entry #4

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back **7 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.

		Select your employment activity:
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Active military duty station (Complete 13A.1, 13A.5 and 13A.6) National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	State Government (Non-Federal employment) (<i>Complete 13A.2, 13A.5 and 13A.6</i>) Self-employment (<i>Complete 13A.3, 13A.5 and 13A.6</i>)	Non-government employment (excluding self- employment) (<i>Complete 13A.2, 13A.5 and 13A.6</i>)
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	O Unemployment (Complete 13A.4)	
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contractor (<i>Complete 13A.2, 13A.5 and 13A.6</i>)	\bigcirc Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) $_{\blacktriangledown}$

13A.1 Complete the for	ollowing if	employment ty	pe is Active Dut	/, National Gua	ard/Reserve, or USP	HS Commissio	oned Corps.	
Provide dates of empl	loyment.			Select the en this position:	ployment status for	Provide yo	our assigned duty station d	uring this period.
From Date (Month/Year)		To Date (<i>Month/Year</i>)	Present	Full-time		Provide vo	our most recent rank/position	on title
	Est.		Est.	 Part-time				
Provide address of du	uty statior	1. (Provide City ar	nd Country if outside	the United State	s; otherwise, provide Ci	ity, State and Zip	Code.)	
Street			City		State	Zip Code	Country	
Telephone number		E: I	xtension		SN phone number			
				ay Night	Both			
-							d States, complete (b).	ida Citu and Country
if outside the United						cation of nome	port/fleet headquarter. (Pr	ovide City and Country
Street Address/U	nit/Duty L	ocation	City or Pc	st Name	State	Zip Code	Country	
(b) Do you or did you	l have an Address		ress while at this	location?	APO or FPO		APO/FPO State Code	Zip Code
	Address							
Provide the name of y	/our supe	rvisor.			Provide the rank/po	osition title of y	our supervisor.	•
Provide the email add	lress of y	our supervisor.	I don't know	Provide supe	rvisor's telephone n	umber. Exten	nsion International or	DSN phone number
							🗌 Day 📄 Night	Both
• •	location	of your supervi		and Country if out		-	le City, State and Zip Code.)	
Street			City		State	Zip Code	Country	
-			• •		•		outside of the United State port/fleet headquarter. (Pr	
if outside the United	l States; ot	herwise, provide	City, State and Zip	Code for ports in				
Street Address/U	nit/Duty L	ocation	City or Po	st Name	State	Zip Code I	Country I	
<u></u>								
(b) Do/did your super	rvisor hav Address		address while a	t this location?	APO or FPO		APO/FPO State Code	Zip Code
Ŭ								I

3A.2 Complete											
	the following i	if employment t	ype is	other feder	ral employmen	t, state	government, fe	ederal contra	actor, non-	-government, or of	her.
Provide dates of	f employment.				Select the en this position:		ent status for	Provide m	iost recen	t position title.	
From Date To Date (Month/Year) (Month/Year)											
((l	Present				Provide th	ie name o	of your employer.	
Description the second	Est.			Est.	Part-time						
Provide the add Street	ress of employ	yer. (Provide City	and C	City	de the United Sta			ty, State and Z Zip Code		ountry	
				,				1 -		,	
Provide telephor	ne number	Extension		Interna	tional or DSN p	ohone r	umber				
				Day	Night						
same physica	I location (for e most recent	example, if you	ı work	ed at XY Pl	umbing in Den	ver, CC), during 3 sepa	arate periods	s of time,	on more than one o you would enter in o previous periods	formation
Not	From date (N	/onth/Year)		To date (M	lonth/Year)		Pos	ition Title		Supe	rvisor
Applicable			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
(a) Is/was your	physical work	address differe	nt tha	an your emp	loyer's address	s?					
⊖ YES	O NO (If No	O, proceed to (b)))								
Provide the	work address	where you are/	were	physically lo	ocated. (Provide	City and	l Country if outsid	le the United S	tates; other	rwise, provide City, Si	ate and Zip Code
Street				City		S	State 2	Zip Code	Co	ountry	
	phone number			Extension	Day	Night	DSN phone nur				
(b) If you have i	indicated an A	PO/FPO addre		omplete (b.1	Day Day] Night indicate	d an address d	outside of the		States, complete (l	•
(b) If you have (b.1) Provid <i>Countr</i> y	indicated an A e physical loca / if outside the U	PO/FPO addre ation data with <i>Inited States; oth</i>	street	omplete (b.1 address, ba , provide City,	Day] Night Indicate assy, u	d an address of nit, and country ports in the Unite	outside of the y location or d States.)		rt/fleet headquarte	•
(b) If you have (b.1) Provid <i>Countr</i> y	indicated an A e physical loca / if outside the U	NPO/FPO addre	street	omplete (b.1 address, ba , provide City,	Day []]). If you have i ase, post, emb] Night Indicate assy, u	d an address on and country	outside of the y location or			•
(b) If you have (b.1) Provid <i>Country</i> Street	indicated an A e physical loca v if outside the U Address/Unit/	PO/FPO addre ation data with <i>Inited States; othe</i> Duty Location	street erwise	omplete (b.1 address, ba , <i>provide City</i> , City or	Day [] Day [] I). If you have i ase, post, emb , <i>State and Zip C</i> Post Name] Night Indicate assy, u code for p	d an address of nit, and country ports in the Unite	outside of the y location or d States.)		rt/fleet headquarte	•
(b) If you have (b.1) Provid (b.1) Provid <i>Country</i> Street (b.2) Do you	indicated an A e physical loca / if outside the U Address/Unit/ u or did you ha	PO/FPO addre ation data with <i>Inited States; oth</i>	street erwise	omplete (b.1 address, ba , <i>provide City</i> , City or	Day [] Day [] I). If you have i ase, post, emb , <i>State and Zip C</i> Post Name] Night indicate assy, u code for p	d an address of nit, and country ports in the Unite	outside of the y location or d States.)	home por	rt/fleet headquarte	•
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(b) If you have (b.1) Provid <i>Country</i> Street (b.2) Do you (YE (NC	indicated an A e physical loca / if outside the U Address/Unit/ u or did you ha ES A	PO/FPO addre ation data with <i>Inited States; othe</i> Duty Location ave an APO/FP Address	street erwise	omplete (b.1 address, ba , <i>provide City</i> , City or	Day [] Day [] I). If you have i ase, post, emb , <i>State and Zip C</i> Post Name	Night ndicate assy, u code for p	d an address of nit, and country ports in the Unite State	outside of the y location or <i>d States.)</i> Zip Code	home por	Country Country O State Code	r. (Provide City a
(b) If you have (b.1) Provid Country Street (b.2) Do you (b.2) Do you (Provide the name	indicated an A e physical loca / if outside the U Address/Unit// u or did you ha ES A D he of your supe	PO/FPO addre ation data with <i>Inited States; othe</i> Duty Location ave an APO/FP Address ervisor.	street erwise O add	omplete (b.1 address, ba , <i>provide City</i> , City or	Day	Night Indicate assy, u ode for p APO o Provid	d an address o nit, and country ports in the Unite State or FPO	title of your s	APO/FP	Country Country O State Code	r. (Provide City a
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36	ection 13A - Employment A	ctivities - (Continue	a)							
13	A.3 Complete the following	if employment type is	self-employ	ment						
	Provide dates of employmen From Date (Month/Year)	nt. To Date <i>(Month/Year)</i>		Select the en this position:		nt status for	Provide m	ost recent posi	tion title.	
	Est.		Present	Full-time			Provide th	e name of your	r employment.	
	Provide address of this emp	lovment (Provide City a	and Country if c	utside the United	States: of	herwise provi	de City. State ai	e and Zin Code)		
	Street		City		_	ate	Zip Code	Country	,	
	Provide telephone number.	Extension		onal or DSN ph Night	ione num	ber				
(a) Is your physical work address different than your employment address?										
	Provide the work addres Street	s where you are/were	e physically lo City	ocated. (Provide		Country if outsi State	de the United S Zip Code	States; otherwise, µ Country		and Zip Code.)
	Provide the telephone n Telephone number	umber for this address Extension	_	ational or DSN	l phone r	umber				
	Country if outside the Street Address/Un (b.2) Do you or did you ○ YES →	United States; otherwise it/Duty Location	e, provide City, City or	t address, base, post, embas e, provide City, State and Zip Coo City or Post Name dress while at this location?		ode for ports in the United State		Cour	Country Country APO/FPO State Code	
	NO Provide the name of someo Last name	ne that can verify you First n		ment.						
	Provide the address of this v Street	verifier. (Provide City and	d Country if out City	side the United S		erwise, provide State	<i>City, State and</i> Zip Code	<i>l Zip Code.)</i> Country		
	Provide the telephone numb Telephone number	per for this person. Extension	│ Internatio │ Day │	onal or DSN ph Night	ione num	ber				
	 If you have indicated an AP complete (b). (a) Provide physical locatio <i>if outside the United States</i> Street Address/Unit/Dut 	n data with street add ; otherwise, provide City,	ress, base, p	oost, embassy, Code for ports ir	unit, and the Unite	l country loc			dquarter. <i>(Provid</i>	
	(b) Does your self-employn ○ YES → Addre ○ NO		_I APO/FPO add	dress?	APO or	FPO		APO/FPO Sta	ate Code	Zip Code

	ection 13A - Employment Activities - (Continued)							
ĺ	13A.4 Complete the following if employme	ent type is unemployment.						
4	Provide dates of unemployment.	Provide the name of someone that can verify your unemployment activities and means of support.						
Entry #4	From Date (Month/Year) To Da	ate <i>(Month/Year)</i>		л.	First name			
En	Est.	Est.						
	Provide address of this verifier. (Provide Ci							
	Street	City	State	Zip Code 	Country			
	Provide the telephone number for this pers	ion						
Verifier telephone number Extension International or DSN pho			number					
	Day Night							
	If you have indicated an APO/FPO addre complete (b)	you have indicated an APO/FPO address for your unemployment verifier, complete (a). If you have indicated an address outside of the United States,						
	(a) Provide physical location data with st	reet address, base, post, embas	ssy, unit, and country lo	y, unit, and country location or home port/fleet headquarter. (Provide City and Country				
	if outside the United States; otherwise, pro Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country			
	(b) Does your unemployment verifier have							
	⊖ YES → Address		APO or FPO	1	APO/FPO State Code	Zip Code I		
	13A.5 Complete the following if employm Government, Federal Contractor, I				ed Corps, Other Federal e	employment, State		
4	Provide the reason for leaving the employ							
Entry #4								
En	For this employment have any of the follo	owing happened to you in the la	st seven (7) years?					
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 ONO (If NO, proceed to 13A.6)				al agreement				
			0					
	Select your type of incident:	Reason: Provide the reason for being f	ired		nt departure date	nth/Vear)		
	Select your type of incident:	Reason: Provide the reason for being f	ired.		nt departure date e date you were fired. <i>(Mo</i>	-		
				Provide the	•	Est.		
		Provide the reason for being f		Provide the	e date you were fired. (Mo	Est.		
	Fired	Provide the reason for being f Provide the reason for quitting	j.	Provide the Provide the fired. (Mont	e date you were fired. (Mon e date you quit after being h/Year)	Est. told you would be		
	Fired Quit after being told you would be fired	Provide the reason for being f	j.	Provide the Provide the fired. (Mont Provide the	e date you were fired. (Mo	Est. told you would be		
	☐ Fired ☐ Quit after being told you would be	Provide the reason for being f Provide the reason for quitting Provide the charges or allegat	j.	Provide the Provide the fired. (Mont Provide the	e date you were fired. (Mon e date you quit after being h/Year) e date you left following ch	Est. told you would be		
	 Fired Quit after being told you would be fired Left by mutual agreement following charges or allegations of misconduct 	Provide the reason for being f Provide the reason for quitting Provide the charges or allegat	j. ions of misconduct.	Provide the Provide the fired. (Mont Provide the of miscond	e date you were fired. (Mod e date you quit after being h/Year) e date you left following ch luct. (Month/Year) e date you left by mutual a	Est. told you would be Est. harges or allegations Est. agreement following		
	 Fired Quit after being told you would be fired Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following 	Provide the reason for being f Provide the reason for quitting Provide the charges or allegat	j. ions of misconduct.	Provide the Provide the fired. (Mont Provide the of miscond	e date you were fired. (Mod e date you quit after being h/Year) e date you left following ch luct. (Month/Year)	Est. told you would be Est. harges or allegations Est. agreement following ce. (Month/Year)		
	 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 	Provide the reason for being f Provide the reason for quitting Provide the charges or allegat Provide the reason(s) for unsa	j. tions of misconduct. atisfactory performance.	Provide the fired. (Mont Provide the of miscond Provide the a notice of	e date you were fired. (Mod e date you quit after being h/Year) e date you left following ch luct. (Month/Year) e date you left by mutual a unsatisfactory performanc	Est. told you would be Est. harges or allegations Est. agreement following ce. (Month/Year) Est.		
	 Fired Quit after being told you would be fired Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following 	Provide the reason for being f Provide the reason for quitting Provide the charges or allegat Provide the reason(s) for unsa nt type is Active Duty, National C	j. tions of misconduct. atisfactory performance. Guard/Reserve, USPHS	Provide the Provide the fired. (Mont Provide the of miscond Provide the a notice of Commissioned	e date you were fired. (Mod e date you quit after being h/Year) e date you left following ch luct. (Month/Year) e date you left by mutual a unsatisfactory performanc	Est. told you would be Est. harges or allegations Est. agreement following ce. (Month/Year) Est.		
	 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 13A.6 Complete the following if employmer Government, Federal Contractor, No For this employment, in the last seven (1996) 	Provide the reason for being f Provide the reason for quitting Provide the charges or allegat Provide the reason(s) for unsa Provide the reason(s) for unsa type is Active Duty, National Con-government employment, Sei 7) years have you received a wir	ions of misconduct. atisfactory performance. Guard/Reserve, USPHS If-Employment, or Other	Provide the fired. (Mont of miscond Provide the of miscond Provide the a notice of Commissioned	e date you were fired. (Mod e date you quit after being h/Year) e date you left following ch luct. (Month/Year) e date you left by mutual a unsatisfactory performance d Corps, Other Federal em	Est. told you would be Est. harges or allegations Est. agreement following ce. (Month/Year) Est. hargest. h		
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Entry #4	 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 13A.6 Complete the following if employmer Government, Federal Contractor, Note For this employment, in the last seven ('in the workplace, such as a violation of set YES NO #1 Provide the reason(s) for being warne 	Provide the reason for being f Provide the reason for quitting Provide the charges or allegat Provide the charges or allegat Provide the reason(s) for unsa Provide the reason(s) for unsa Provide the reason(s) for unsa () Provide the reason(s) f	J. tions of misconduct. atisfactory performance. Guard/Reserve, USPHS If-Employment, or Other itten warning, been offic disciplined. disciplined. disciplined.	Provide the fired. (Mont of miscond Provide the of miscond Provide the a notice of Commissioned	e date you were fired. (Mod e date you quit after being h/Year) e date you left following ch luct. (Month/Year) e date you left by mutual a unsatisfactory performance d Corps, Other Federal em ded, suspended, or disciplion Date: (Mod Date: (Mod	Est. told you would be Est. arges or allegations Est. agreement following ce. (Month/Year) Est. ined for misconduct nth/Year) Est. nth/Year) Est. nth/Year) Est.		
	 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 13A.6 Complete the following if employment Government, Federal Contractor, Note For this employment, in the last seven ('in the workplace, such as a violation of set O YES O NO #1 Provide the reason(s) for being warned #2 Provide the reason(s) for being warned 	Provide the reason for being f Provide the reason for quitting Provide the charges or allegat Provide the charges or allegat Provide the reason(s) for unsa Provide the reason(s) for unsa Provide the reason(s) for unsa () Provide the reason(s) f	J. tions of misconduct. atisfactory performance. Guard/Reserve, USPHS If-Employment, or Other itten warning, been offic disciplined. disciplined. disciplined.	Provide the fired. (Mont of miscond Provide the of miscond Provide the a notice of Commissioned	e date you were fired. (Mod e date you quit after being h/Year) e date you left following ch luct. (Month/Year) e date you left by mutual a unsatisfactory performance d Corps, Other Federal em led, suspended, or discipli Date: (Mod Date: (Mod	Est. told you would be Est. arges or allegations Est. agreement following ce. (Month/Year) Est. aployment, State ined for misconduct nth/Year) Est. nth/Year) Est.		

Section 13B - Employment Activities - Former Federal Service

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

○ YES ○ NO (If NO, proceed to Section 13C)

Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously.						
Entry #1						
Provide dates of federal civilian employ	/ment.	Provide the name	of the fede	ral agency for		
From Date (Month/Year) To Dat	From Date (Month/Year) To Date (Month/Year) Present		which you are/were employed.		Provide your position title.	
Est.	Est.					
Provide the location of the agency. (Pro	Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street	City	1	State	Zip Code	Country	
Entry #2	·					
Provide dates of federal civilian employ	/ment.	Provide the name	of the fede	ral agency for		
From Date (Month/Year) To Date	te (Month/Year) Present	which you are/wer	e employed	d.	Provide your position title.	
Est.	Est.					
Provide the location of the agency. (Pr	ovide City and Country if outside	the United States; othe	erwise, provid	le City, State and Zip Co	ode.)	
Street	City		State	Zip Code	Country	
Entry #3	ł				-	
Provide dates of federal civilian employ	Provide the name of the federal agency for					
From Date (Month/Year) To Dat	te (Month/Year) Present	which you are/wer	e employed	J.	Provide your position title.	
Est.	Est.					
Provide the location of the agency. (Pro	ovide City and Country if outside	the United States; other	rwise, provide	e City, State and Zip Co	de.)	
Street	City		State	Zip Code	Country	
Entry #4						
Provide dates of federal civilian employment. Provide the name of the federal agency for						
From Date (Month/Year) To Date (Month/Year) Present		which you are/were employed.		d.	Provide your position title.	
Est.						
Provide the location of the agency. (Pro	ovide City and Country if outside	the United States; other	rwise, provide	e City, State and Zip Co	de.)	
Street	City		State	Zip Code	Country	

Section 13C - Employment Record

Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed?

- Fired from a job?

- Quit a job after being told you would be fired?

- Have you left a job by mutual agreement following charges or allegations of misconduct?

- Left a job by mutual agreement following notice of unsatisfactory performance?

- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

YES (If YES, you will be required to add an additional employment in Section 13A)

○ NO (If NO, proceed to Section 14)

Section 14 - Selective Service Record

Were you born a male after December 31, 1959?

() YES () NO (If NO, proceed to Section 15)

Have you registered with the Selective Service System (SSS)?

○ No → Provide explanation: ▶

○ I don't know → Provide explanation: ►

Enter your Social Security Number before going to the next page

The Selective Service website, <u>www.sss.gov</u>, can help provide the registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number.

Section 15 - Military History

Have you EVER served in the U.S. Military?

○ YES ○ NO (If NO, proceed to 15.2)

15.1(a) Complete the	e following if you respond	ded 'Yes' to having served i	n the U.S. Military.		
Entry #1					
Provide the branch of	service you served in.	State of service, if	Officer or enlisted	Provide your service n	number.
⊖ Army	─ Air National Guard	National Guard	O Not Applicable		
 Army National Guard 	O Marine Corps	Provide your status	Officer Officer Officer	Provide your dates of	service.
○ Navy	○ Coast Guard	Active Duty Active Reserve		From Date (Month/Year)	To Date (Month/Year) Present
Air Force		O Inactive Reserve		E	Est. Est.
Were you discharged	from this instance of U.	S. military service, to includ	e Reserves, or National	Guard?	
Provide the type of dis	scharge you received: O Under Other than Honorable Conditic	Bad Conduct			Provide the date of discharge listed (Month/Year)
O Dishonorable	General	Other (provide ty	vpe) ▶		Est.
Provide the reason(s)	for the discharge, if disc	charge is other than Honora	ble		
Entry #2					
Provide the branch of	service you served in.	State of service, if	Officer or enlisted	Provide your service n	number.
⊖ Army	─ Air National Guard	National Guard	O Not Applicable		
Army National Guard	O Marine Corps	Provide your status	- Officer	Drovido vour dotos of	aaniaa
⊖ Navy	○ Coast Guard	 Active Duty Active Reserve 	 Enlisted 	Provide your dates of From Date (Month/Year)	To Date (<i>Month/Year</i>) Present
○ Air Force		O Inactive Reserve		E	Est. Est.
Were you discharged	from this instance of U.	S. military service, to includ	e Reserves, or National	Guard?	•
⊖ YES ⊖ NO					
Provide the type of dis	scharge you received:				Provide the date of
○ Honorable	O Under Other than Honorable Condition	Bad Conduct			discharge listed (Month/Year)
O Dishonorable	⊖ General	Other (provide ty	vpe) ▶		Est.
Provide the reason(s)	for the discharge, if disc	charge is other than Honora	ble		

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

	or military member in a foreign country's mili er defense force, or government agency?	ary, intelligence, OYES ONO (If NO, proceed to Section 16)
Complete the following if you responded 'Ye security forces, militia, other defense force, a		itary member in a foreign country's military, intelligence, diplomatic,
Entry #1		
During your foreign service, which organizat	ion were you serving under?	
O Military (Army, Navy, Air Force, Marines	, etc.), Specify ▶	
O Intelligence Service	 Security Forces 	
O Diplomatic Service	⊖ Militia	
○ Other Government Agency, Specify ►		
◯ Other Defense Forces, Specify ►		
Provide the name of the foreign organization	n.	Provide your period of service. From Date (Month/Year) To Date (Month/Year) Est Est.
Provide the name of the country.	Provide your highest position/rank held.	Provide division/department/office in which you served.
Entry #2		
During your foreign service, which organizat	ion were you serving under?	
Military (Army, Navy, Air Force, Marines	, ,	
Intelligence Service	○ Security Forces	
O Diplomatic Service	⊖ Militia	
Other Government Agency, Specify >		
○ Other Defense Forces, Specify ▶		
Provide the name of the foreign organization	n.	Provide your period of service. From Date (Month/Year) To Date (Month/Year) Est.
Provide the name of the country.	Provide your highest position/rank held.	Provide division/department/office in which you served.
Provide a description of the circumstances of	I of your association with this organization. Pr	ovide a description of the reason for leaving this service.

Enter your Social Security Number before going to the next page
Section 16 - People Who Know You Well

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers **at least the last seven (7) years**. Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form**.

Entry #1					
Provide dates known.		Provide	relationship to you. (Select a	ll that apply)	
From Date (Month/Year)	To Date (Month/Year)	Present Neig	ghbor 🔄 Work associate	Other (Provide expla	anation) 🔻
Est.		Est. Frie	nd Schoolmate		
Provide full name.					
Last name		First name		Middle name	Suffix
Provide e-mail address for this p	erson	I don't know	Provide rank/title		
					Not applicable
Provide telephone number for	I don't know	International or DSN	Provide mobile/cell telephon	e 🔄 I don't know	International or DSN
this person.	Extension	phone number	number for this person.	Extension	phone number
		🗌 Day 🔄 Night			🗌 Day 🔄 Night
Provide home or work address for	or this person. (Provide	e Citv and Countrv if outside	the United States: otherwise, prov	vide Citv. State and Zip Code)	
Street		Sity	State Zip Co	_	
Entry #2					
Provide dates known.		Provide	relationship to you. (Select al	ll that apply)	
From Date (Month/Year)	To Date (Month/Year)	Present Neig	ghbor Work associate	Other (Provide expla	anation) 🔻
Est.	, , ,	Est. Frie	nd Schoolmate		
Provide full name.					
Last name		First name		Middle name	Suffix
Dura vide e vezil edduces fou this u					
Provide e-mail address for this p	erson.	I don't know	Provide rank/title		Not applicable
		International or DSN	Dravida mahila/aall talanhan	0	International or DCN
Provide telephone number for	l don't know		Provide mobile/cell telephon	e I don't know	International or DSN
Provide telephone number for this person.	Extension	phone number	number for this person.	Extension	phone number
· · ·					phone number
this person.	Extension	┘ phone number] Day	number for this person.	Extension	phone number
· · ·	Extension	┘ phone number] Day	number for this person. the United States; otherwise, prov	Extension	phone number
this person. Provide home or work address for	Extension	<pre>phone number Day Night City and Country if outside</pre>	number for this person. the United States; otherwise, prov	Extension	phone number
this person. Provide home or work address for Street	Extension	<pre>phone number Day Night City and Country if outside</pre>	number for this person. the United States; otherwise, prov	Extension	phone number
this person. Provide home or work address for Street Entry #3	Extension	phone number Day Night City and Country if outside	number for this person. the United States; otherwise, prov State Zip Co	Extension ide City, State and Zip Code) ode Country	phone number
this person. Provide home or work address for Street Entry #3 Provide dates known.	Extension	phone number Day Night City and Country if outside Nity Provide	number for this person. the United States; otherwise, prov State Zip Co relationship to you. (Select al	Extension ide City, State and Zip Code) ode Country Il that apply)	└ phone number
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year)	Extension	phone number Day Night city and Country if outside City Provide Provide Neg	number for this person.	Extension ide City, State and Zip Code) ode Country Il that apply)	└ phone number
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est.	Extension	phone number Day Night City and Country if outside Nity Provide	number for this person.	Extension ide City, State and Zip Code) ode Country	└ phone number
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name.	Extension	phone number Day Night city and Country if outside City Provide Present Est. Frie	number for this person.	Extension Fide City, State and Zip Code) Country It that apply) Other (Provide explain	phone number Day Night anation) ▼
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est.	Extension	phone number Day Night city and Country if outside City Provide Provide Neg	number for this person.	Extension ide City, State and Zip Code) ode Country	└ phone number
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name.	Extension	phone number Day Night city and Country if outside City Provide Present Est. Frie	number for this person.	Extension Fide City, State and Zip Code) Country It that apply) Other (Provide explain	☐ phone number ☐ Day ☐ Night anation) ▼
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name.	Extension	phone number Day Night city and Country if outside City Provide Present Est. Frie	number for this person.	Extension Fide City, State and Zip Code) Country It that apply) Other (Provide explain	phone number Day Night anation) ▼
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name	Extension	phone number Day Night City and Country if outside Provide Provide Est. First name	number for this person.	Extension Fide City, State and Zip Code) Country It that apply) Other (Provide explain	phone number Day Night anation) ✓ Suffix
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name Provide e-mail address for this p	Extension	phone number Day Night City and Country if outside Provide Present Neig Est. Frie First name I don't know	number for this person.	Extension <i>ide City, State and Zip Code</i>) ode Country It that apply) Other (Provide expla	phone number Day □ Night anation) ▼ Suffix Not applicable
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name Provide e-mail address for this p Provide telephone number for	Extension	phone number Day Night City and Country if outside Provide Provide Est. First name	number for this person.	Extension Extension ride City, State and Zip Code) ode Country I that apply) Other (Provide explain Middle name e I don't know	phone number Day Night anation) ✓ Suffix
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name Provide e-mail address for this p	Extension	phone number Day Night City and Country if outside City and Country if outside Present Provide Present Frist name I don't know International or DSN phone number	number for this person.	Extension Extension ide City, State and Zip Code) ode Country It that apply) Other (Provide expla Middle name	phone number Day □ Night Day Night Suffix
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name Provide e-mail address for this p Provide telephone number for this person.	Extension	<pre>phone number Day Night City and Country if outside City Provide Present Neig Est. Frie First name I don't know International or DSN phone number Day Night</pre>	number for this person.	Extension Extension ide City, State and Zip Code) ode Country I that apply) Other (Provide expla Middle name e I don't know Extension	phone number Day □ Night anation) ▼ Suffix
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name Provide e-mail address for this p Provide telephone number for this person. Provide home or work address for the p	Extension Extension To Date (Month/Year) erson. I don't know Extension or this person. (Provide	phone number Day Night City and Country if outside Present Provide Est. First name I don't know Day Night City and Country if outside	number for this person.	Extension Extension Extension ide City, State and Zip Code) Country I that apply) Other (Provide expla Middle name e I don't know Extension ide City, State and Zip Code)	phone number Day □ Night Day Night Suffix
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name Provide e-mail address for this p Provide telephone number for this person.	Extension Extension To Date (Month/Year) erson. I don't know Extension or this person. (Provide	<pre>phone number Day Night City and Country if outside City Provide Present Neig Est. Frie First name I don't know International or DSN phone number Day Night</pre>	number for this person.	Extension Extension Extension ide City, State and Zip Code) Country I that apply) Other (Provide expla Middle name e I don't know Extension ide City, State and Zip Code)	phone number Day □ Night Day Night Suffix
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name Provide e-mail address for this p Provide telephone number for this person. Provide home or work address for the p	Extension Extension To Date (Month/Year) erson. I don't know Extension or this person. (Provide	phone number Day Night City and Country if outside Present Provide Est. First name I don't know Day Night City and Country if outside	number for this person.	Extension Extension Extension ide City, State and Zip Code) Country I that apply) Other (Provide expla Middle name e I don't know Extension ide City, State and Zip Code)	phone number Day □ Night Day Night Suffix
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name Provide e-mail address for this p Provide telephone number for this person. Provide home or work address for Street	Extension Extension To Date (Month/Year) I don't know Extension C C C C C C C C C C C C C		number for this person.	Extension Extension Extension ide City, State and Zip Code) Country I that apply) Other (Provide expla Middle name e I don't know Extension ide City, State and Zip Code)	phone number Day □ Night Day Night Suffix
this person. Provide home or work address for Street Entry #3 Provide dates known. From Date (Month/Year) Est. Provide full name. Last name Provide e-mail address for this p Provide telephone number for this person. Provide home or work address for the p	Extension Extension To Date (Month/Year) I don't know Extension C C C C C C C C C C C C C		number for this person.	Extension Extension Extension ide City, State and Zip Code) Country I that apply) Other (Provide expla Middle name e I don't know Extension ide City, State and Zip Code)	phone number Day □ Night Day Night Suffix

Section 17 - Marital/Rela	ationship Status							
Provide your current mari	tal/relationship status w	/ith regard t	to civil marriage, legally	/ recognized ci	vil union, or lega	ally recognize	d domestic partn	ership:
	vil marriage, legally rec		il union, or legally		Sei	parated (Com	olete 17.1 and 17.3)
recognized domestic	partnership (Complete 1	7.3)			An	nulled (Comple	ete 17.2 and 17.3)	
Currently in a civil ma	rriage, legally recogniz	ed civil uni	on, or legally		 Div	orced/Dissolv	ved (Complete 17.	2 and 17.3)
	partnership (Complete 1						lete 17.2 and 17.3)	
17.1 Complete the foll								
	plete the following abou ship, or the person from				ge, legally recog	Inized civil un	ion, or legally rec	cognized
Provide full name.							Provide the da	te of birth
Last name	First	name		Middle name		Suffix	(Month/Day/Year	
								Est
Provide place of birth.								
City		County	,		State	Country (re	equired)	
If the person is foreign	born, provide one type	of docume	ntation that he or she	ossesses and	the document r	lumber.		
					Provide explana	tion)		
FS 240 or 545		Passport (c	current or most recent)			liony		
DS 1350	Alien	Registratio	n					
				Other (Provide explana	tion)		
					·	,		
U.S. Certificate of	U.S.	Certificate	of Naturalization					
Citizenship								
Provide document nun	nber				Provide II S	. Social Secu	rity Number	
								Not applicable
Provide other names u	used (such as maiden n	2000 0000	s by other marriages	civil marriagos		700		Not applicable
civil unions, or legally i								Not applicable
#1 Last name			First name		Middl	e name		Suffix
Maiden name?	From (Month/Year)		To (Month/Year)	Present				1
	ſ	Est.		Est.				
#2 Last name	L		First name	1	Midd	e name		Suffix
Maiden name?	From (Month/Year)		I To (Month/Year)	Present	I			1
	, так, г Г	Est.		Est.				
#3 Last name	L L		∣ First name		Middl	e name		Suffix
Maiden name?	From (Month/Year)		I To (Month/Year)	Drocent				1
	Г Г С С С (с. с с с с с с с с с с с с с с с с	□ Eat] Present				
#4 Loct ====		Est.	First name	Est.	N A: _! -!!	0.0000		Quffix
#4 Last name			First name			e name		Suffix
Maiden name?	From (Month/Year)	-]	To (Month/Year)	Present				
		Est.		Est.				
Provide country(ies) of	citizenship.	Country	40				ered into your civ	
Country #1		Country #	†∠		mamage, civil	union, of don	nesuc partnershi	p. (Month/Day/Year)
								Est.

Section 17 - Marital/Relationship Status - (Continued)

17.1 Complete the following if you selected currently in a civil marriage, legally recognized civil union, or legally recognized domestic partnership or Separated. Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated. (*Continued*)

Provide location.	Provide location. (Provide City and Country if outside the United States; otherwise, provide City or County and State.)								
City		County		State	Country		Use my current address Country ail address.		
Provide current a	ddress. (Provide City and Country	if outside the United States; o	otherwise,	provide City, State	and Zip Co	de)	🗌 Use r	my current address	
Street		City		State	Zip Code	Country			
_									
Provide telephone	e number. Extension	Day 🗌 Use my currer	nt telepho	one number	Provide	email add	ress.	ss.	
		Night 🗌 International o	or DSN pl	hone number					
Does the person	have an APO/FPO address wi	thin the United States?							
🔿 yes 🔶	Address		APO or	FPO		APO/FP	PO State Code Zip Code		
	· · ·							cation or home port/	
•	. (Provide City and Country if outsi		ise, provid	le City, State and	Zip Code fo	or ports in th	e United States.)		
Street Address/U	nit/Duty Location	City or Post Name		State	Zip Code	•	Country		
Are you separated? If legally separated, p				location of the	record.				
	Provide date of separation.	(Provide City and Country	if outside t	he United States;	otherwise, p	rovide City,	State and Zip Code)	Not Applicable	
\bigcirc Yes \rightarrow	(Month/Day/Year)	City		State	Zip Code	•	Country		
	Est.								

Section 17 - Marital/Relationship Status - (Continued)

Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report?

⊖ YES ⊖NO

hom you are divorced/				
e the date of birth.				
Day/Year)				
Es				
Provide the date divorced/dissolved, annulled or widowed. (Month/Day/Year)				
Est				
vide City, State and Zip Code				
I don't know				

Section 17 - Marital/Relationship Status - (Continued)

Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report?

⊖ YES ⊖NO

17.2 Complete the following if yo divorced/dissolved, annulle		ed", "annulle	d", or "widowed" . P	Provide informat	ion about an	y person from whom you are
Entry #2						
Provide the full name. Last name	, First name		,Middle name	_S		Provide the date of birth. Month/Day/Year)
						Est
Provide the place of birth.				•		
City		State	Zip Code	Country ((Required)	
Provide the country(ies) of citizer	ship.		4			
Country #1		Country	y #2			
Provide the date your civil marria	ge, civil union, or domestic par	tnership was	legally recognized. (I	Month/Day/Year)		
Est.						
Provide the location. (Provide City a	and Country if outside the United Sta	tes; otherwise,	provide City, State and C	Country.)		
City		State	Country			
Provide the status.		Provide th	le date divorced/disso	olved, annulled	or widowed.	(Month/Dav/Year)
	Widowed O Annulled					Est.
Provide where the record of divor	ce/dissolution or annulment is	•			States; otherwis	e, provide City, State and Zip Code)
City		State	Zip Code	Country		
Is this person deceased?						
○ YES ○ NO (If NO, corr	<i>plete (a))</i> I don't kr	now				
(a) Provide last known address of United States; otherwise, provide (e divorced/di	ssolved or annulled.	(Provide City and	Country if outsi	de the I don't know
Street	City		State 2	Zip Code	Country	

Section 17 - Marital/Relationship Status - (Continued)

17.3 Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate)? If so, complete the following. If the person was born outside the U.S., provide citizenship information.

○ YES ○ NO (If NO, proceed to Section 18)

Complete the following if you prese	ently reside with a col	nabitant.				
Entry #1						
Provide the cohabitant full name. Last name	First name		Middle name	Sut	I	Provide the cohabitant date of birth. Date (Month/Day/Year)
Provide the cohabitant place of bir City		State	Country (Red	quired)		
For your foreign born cohabitant, i	ndicate one type of do	ocumentation that he	or she possesses	s and the docum	ent number	r.
FS 240 or 545	U.S. Passport (current or most recer	nt) 🗌 None (Provide explanat	ion)	
DS 1350	on	Other (Provide explana	tion)		
U.S. Certificate of Citizenship	U.S. Certificate	of Naturalization				
Provide document number.				Provide your	cohabitant	's U.S. Social Security Number.
Provide other names used by you name was used).	r cohabitant (such as	maiden name, names	by other marria	ges, etc., and pro	ovide dates	Not applicable seach Not applicable
#1 Last name		First name		Middle	e name	Suffix
Maiden name? From (Mor	<i>th/Year)</i> Est.	To (Month/Year)	Present Est.			
#2 Last name		First name		Middle	e name	Suffix
Maiden name? From (Mor	<i>th/Year)</i> Est.	To (Month/Year)	Present Est.			
#3 Last name		First name		Middle 	e name	Suffix
Maiden name? From (Mor	<i>th/Year)</i> ∏ Est.	To (Month/Year)	Present Est.	I		
#4 Last name		First name		Middle	e name	Suffix
Maiden name? From (Mor	<i>th/Year)</i> Est.	To (Month/Year)	Present Est.	I		
Provide your cohabitant's country(Country #1		Country #2				de date cohabitation began. //////Year/ State: Est

Section 17 - Marital/Relationship Status - (Continued)

17.3 Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate)? If so, complete the following. If the person was born outside the U.S., provide citizenship information.

○ YES ○ NO (If NO, proceed to Section 18)

Complete the following if you pre	esently reside with a col	habitant.			
Entry #2					
Provide the cohabitant full name Last name	First name		Middle name	Suffix	Provide the cohabitant date of birth. Date (Month/Day/Year)
Provide the cohabitant place of t City		State	Country (Required)	-	
For your foreign born cohabitant	, indicate one type of do	ocumentation that he o	or she possesses a	and the document nur	nber.
FS 240 or 545	U.S. Passport	(current or most recent	t) None (Pr	rovide explanation)	
DS 1350	ion				
U.S. Certificate of Citizenship	e of Naturalization	Other (P	rovide explanation)		
Provide document number.				Provide your cohabi	itant's U.S. Social Security Number.
					Not applicable
Provide other names used by yo name was used).	our cohabitant (such as	maiden name, names	by other marriage	es, etc., and provide d	ates each Not applicable
#1 Last name		First name		Middle name	e Suffix
Maiden name? From (M	lonth/Year)	To (Month/Year)	Present Est.	·	
#2 Last name		First name		Middle name	e Suffix
Maiden name? From (M	<i>lonth/Year)</i> Est.	To (Month/Year)	Present Est.	I	
#3 Last name		First name		Middle name	e Suffix
Maiden name? From (M	lonth/Year)	To (Month/Year)	Present Est.		
#4 Last name		 First name 		Middle name	e Suffix
Maiden name? From (M	lonth/Year)	To (Month/Year)	Present		
Provide your cohabitant's countr Country #1	y(ies) of citizenship.	Country #2	Est.		rovide date cohabitation began. Ionth/Day/Year)
					Est.

Section 18 - Relatives					
Select each type of relative Select all that apply.	e applicable to you, rega	ardless if they are living or d	eceased. (An opportu	nity will be provided to list multipl	e relatives for each type.)
Mother	Foster parent		Sister	Half-sister	
☐ ☐ Father	Child (including	adopted/foster)	Stepbrother	Father-in-law	
Stepmother			Stepsister	Mother-in-law	
Stepfather	Brother		Half-brother	Guardian	
				Guardian	
Entry #1 Provide relative type.					
Flovide leialive type.					
Provide your relative's ful	name				
Last name	hamo.	First name		Middle name	Suffix
Provide your relative's da	te of birth. Provide yo	ur relative's place of birth.		1	I
Date (Month/Year)	City		State	Country <i>(Required)</i>	
	Est.				
Provide your relative's co	untry(ies) of citizenship.	0 1 10			
Country #1		Country #2			
	owing if the relative listed ner, Stepsister, Half-bro		tepmother, Stepfathe	r, Child (including adopted/fos	ter), Stepchild, Brother,
If mother, provide your	mother's maiden name.	Same as listed	I don't know		
Last name		First name		Middle name	Suffix
Has this relative used a	iny other names?				•
Provide other names u name, alias, or nicknam		e that your relative used the	em (such as maiden, n	name by a former marriage, forme	er 🗌 Not applicable
#1 Last name	,	First name		Middle name	Suffix
Maiden name?	From (Month/Year)	To (Month/Year)	Present P	Provide the reason(s) why the nar	ne changed.
		Est.	Est.		
#2 Last name		First name		Middle name	Suffix
Maiden name?	From (Month/Year)	To (Month/Year)	Present P	Provide the reason(s) why the nar	ne changed.
		Est.	Est.		Ũ
#3 Last name	L	First name		Middle name	Suffix
Maiden name?	From (Month/Year)	To (Month/Year)	Provent P	Provide the reason(s) why the nar	me changed
() YES () NO] Est.	Present P		no onangoa.
				Middle name	Suffix
#4 Last name		First name		Middle name	
Maiden name?					
	From <i>(Month/Year)</i>	To (Month/Year)		Provide the reason(s) why the nar	ne changed.
		Est.	Est.		

Section 18 - Relatives - (Continued)

	Is your relative deceas	ed?	⊖ YES		○ NO (If NO, proceed to 18.2)		
		following if the relative listed is yo other, Sister, Stepbrother, Step	· · ·			· • ·	
Entry #1	Provide your relative Street	e's current address. (Provide City ar	nd Country if outside the United States; City	otherwise, provid State	le City, State and Zip (Zip Code	Code) Country	
	Does this relative ha	ave an APO/FPO address?		•		•	
	 ○ YES → ○ NO ○ I don't know 	Provide your relative's APO/FP Address		APO or FPO	APO/FPO) State Code	Zip Code

Section 18 - Relatives - (Continued)				
Select each type of relative applicable to you, Select all that apply.	regardless if they are livin	g or deceased. (An oppor	rtunity will be provided to list multipl	e relatives for each type.)
Mother Foster parer	nt	Sister	Half-sister	
Father Child (includ	ling adopted/foster)	Stepbrother	Father-in-law	
Stepmother Stepchild	o , ,	Stepsister	☐ Mother-in-law	
Stepfather Brother		Half-brother	Guardian	
Entry #2				
Provide relative type.				
Provide your relative's full name.				
Last name	First name		Middle name	Suffix
	e your relative's place of b			
Date (Month/Year)		State	Country <i>(Required)</i>	
Provide your relative's country(ies) of citizensh Country #1	nıp. Country #2			
18.1 Complete the following if the relative Sister, Stepbrother, Stepsister, Ha		ther, Stepmother, Stepf	ather, Child (including adopted/fo	oster), Stepchild, Brother,
s If mother , provide your mother's maiden ا	name. 🔄 Same as	s listed 🔄 I don't kn	IOW	
Last name	First name		Middle name	Suffix
				
Has this relative used any other names?	I		ł	I
Provide other names used and the period	of time that your relative u	used them (such as maid	en, name by a former marriage, forr	mer 🗔 Nationalizable
name, alias, or nickname).	,	· · · · · · · · · · · · · · · · · · ·		Not applicable
#1 Last name	, First nam	e	Middle name	Suffix
Maiden name? From (Month/Year)) To (Month	/Year) Present	Provide the reason(s) why the n	ame changed.
	Est.	Est.		
#2 Last name	 First nam	e	Middle name	Suffix
Maiden name? From (Month/Year)) To (Month	/Year) Present	Provide the reason(s) why the n	ame changed.
	Est.	Est.		
#3 Last name	First nam		Middle name	Suffix
		•		
Maiden name? From (Month/Year,) To (Month	/Year) Dresset	Provide the reason(s) why the n	I
	□ Est.	V ^{Year)} Present Est.		anto onangoa.
			Middle reserve	C#:
#4 Last name	First nam 	е	Middle name	Suffix
Maidan nama2				
Maiden name? From (Month/Year)			Provide the reason(s) why the n	ame changed.
	Est.	Est.		

◯ NO

O I don't know

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Zip Code

Section 18 - Relatives - (Continued)

Address

	Is your relative deceased?		⊖ YES	YES NO (If NO, proceed to 18.2)			
		ollowing if the relative listed is yo ther, Sister, Stepbrother, Step					
Entry #2	Provide your relative Street	's current address. (Provide City ar	nd Country if outside the United States, City	otherwise, provie State	de City, State and Zip C Zip Code	Code) Country	
Does this relative have an APO/FPO address?							
○ YES → Provide your relative's APO/FPO address.							

APO or FPO

APO/FPO State Code

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Se	ction 18 - Relatives - ((Continued)						
	ect each type of relative ect all that apply.	e applicable	to you, regard	lless if they are living or o	deceased. (A	n opportuni	ty will be provided to list multip	ble relatives for each type.)
	Mother	Fost	er parent		Sister		Half-sister	
	Father	Child	l (including ad	opted/foster)	Stepbro	other	Father-in-law	
	Stepmother	Step	child		Stepsis	ter	Mother-in-law	
	Stepfather	Broth	ner		Half-br	other	Guardian	
En	try #3							
Pro	vide relative type.							
	vide your relative's full	name.		F : (N 41 1 11	0.5
Las	t name		1	First name			Middle name	Suffix
				and the standard state				
	vide your relative's dat e <i>(Month/Year)</i>	e of birth.	Provide your City	relative's place of birth.	S	tate	Country (Required)	
	, ,	Est.						
Pro	vide your relative's cou	intry(ies) of a	itizenship.		I			
Со	untry #1			Country #2				
1	8.1 Complete the follo	wing if the re	elative listed is	s your Mother, Father, S	tepmother,	Stepfather,	Child (including adopted/fo	ster), Stepchild, Brother,
	Sister, Stepbroth	er, Stepsist	er, Half-broth	ner, Half-sister.	· · ·			
il ¥	mother , provide your	mother's ma	iden name.	Same as listed	🗌 l do	on't know		
Entry #3	ast name		1	First name			Middle name I	Suffix I
ш —								
	las this relative used a	ny other nan	nes?					
	⊖ YES ⊖ NO							
	Provide other names us ame, alias, or nicknam		period of time	that your relative used th	em (such as	maiden, na	me by a former marriage, forn	ner 🔄 Not applicable
7	41 Last name			First name			Middle name	Suffix
	Maiden name?	From (Mont	h/Year)	To (Month/Year)	Prese	nt Pro	ovide the reason(s) why the na	ame changed.
			E	Est.	Est.			
#	2 Last name			First name		-	Middle name	Suffix
	Maiden name?	From (Mont	h/Year)	To (Month/Year)	Prese	nt Pro	ovide the reason(s) why the na	ame changed.
			E	Est.	Est.			
#	[‡] 3 Last name			First name			Middle name	Suffix
	Maiden name?	From (Mont	h/Year)	To (Month/Year)	Prese	nt Pro	ovide the reason(s) why the na	ame changed.
			E	Est.	Est.			
#	4 Last name			First name			Middle name	Suffix
	Maiden name?	From (Mont	h/Year)	To (Month/Year)	Prese	nt Pro	ovide the reason(s) why the na	ame changed.
				Est.	Est.			

◯ I don't know

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 18 - Relatives - (Continued)

	Is your relative decea	sed?	⊖ YES			(If NO, proceed to 1	8.2)
18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including a Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and							
Entry #3	Provide your relative Street	e's current address. <i>(Provide City ar</i>	nd Country if outside the United States City	s; otherwise, provid State	le City, State and Zip (Zip Code	Code) Country	
	Does this relative ha	ave an APO/FPO address?					
		Provide your relative's APO/FP Address	O address.	APO or FPO	APO/FPO	State Code	Zip Code

	Sectio	on 18 - Relatives - ((Continued))								
		each type of relative all that apply.	e applicable	to you, rega	rdless if th	ney are living or d	eceased.	(An opportu	unity w	vill be provided to list multiple	relatives	for each type.)
	M	other	Fost	er parent			Siste	er		Half-sister		
	🗌 Fa	ather	Chil	d (including a	dopted/fo	oster)	Step	brother		Father-in-law		
	🗌 St	epmother	Step	child			Step	sister		Mother-in-law		
	St	epfather	Brot	her			Half	-brother		Guardian		
I	Entry	#4										
F	Provid	e relative type.										
F	Provid	e your relative's full	name.									
L	Last na	ame			First nar	me			, N	/liddle name	s	uffix
		e your relative's dat	e of birth.		ır relative'	s place of birth.		01.1				
L	Date (I	Month/Year)		City				State		Country (Required)		
-	<u> </u>		Est.									
	Provid Counti	e your relative's cou	intry(ies) of	citizenship.		Country #2						
	Journa	y #1			1	Country #2						
,												
	18.1	Complete the follo Sister, Stepbroth					epmothe	er, Stepfathe	er, Ch	ild (including adopted/fost	er), Stepo	child, Brother,
4	lf m	other, provide your	mother's ma	aiden name.] Same as listed		don't know				
Entry #4	Last	t name			First nar	ne			, N	liddle name	_S	uffix
ΕIJ										Middle name Suffix		
	Has	this relative used a	ny other nar	nes?							I	
	\bigcirc	YES 🔿 NO										
		vide other names us ne, alias, or nicknam		period of time	e that you	r relative used the	em (such	as maiden,	name	by a former marriage, forme	r 🗌 I	Not applicable
		Last name				First name				Middle name		Suffix
		Maiden name?	From (Mon	h/Year)		To (Month/Year)		esent	Provid	e the reason(s) why the nam	e change	ld.
		⊖YES ⊖NO		, 	Est.	. ,	Est			., -	-	
	#2	Last name				First name				Middle name		Suffix
	<i>π</i> ∠	Lust humo				The function of the function o						
		Maiden name?	From (Mont	h/Year)		To (Month/Year)			Provid	le the reason(s) why the nam	e change	d
		⊖YES ⊖NO		<i>,</i>	Est.		Est	John			ie enange	
	<u></u>	Last name			LSI.	First name		•		Middle name		Suffix
	#3	Last name			1	riistiiane						
		Maiden name?	From (Mont	h/Vear)		To (Month/Year)			Drovid	e the reason(s) why the nam	o chango	d
					I			3011	i ioviu		le change	u.
					Est.		Est	•		N.C. 1.11		0.5
	#4	Last name			I	First name				Middle name		Suffix I
		Maiden name?	From (Mont	,		To (Month/Year)			Provid	e the reason(s) why the nam	ie change	d.
					Est.		Est	_				

⊖ YES

Section 18 - Relatives - (Continued)

Is your relative deceased?
18.2 Complete the following if the relative listed is your Mother Father

ONO (If NO, proceed to 18.2)

		following if the relative listed is yo rother, Sister, Stepbrother, Step					
	Provide your relativ	e's current address. (Provide City a	nd Country if outside the United States	; otherwise, provid	de City, State and Zip (Code)	
Entry #4	Street		City	State	Zip Code Country		
	Does this relative have an APO/FPO address?						
	⊖ yes →	Provide your relative's APO/FP	O address.				
	\bigcirc NO	Address		APO or FPO	APO/FPC	State Code	Zip Code
	I don't know						

Section 18 - Relatives -	(Continued)							
Select each type of relative Select all that apply.	e applicable to you, reg	ardless if they are living or o	leceased. (An opportu	unity will be provided to list multip	le relatives for each type.)			
Mother	Foster parent		Sister	Half-sister				
Father	Child (including	adopted/foster)	Stepbrother	Father-in-law				
Stepmother	Stepchild		Stepsister	Mother-in-law				
Stepfather	Brother		Half-brother	Guardian				
Entry #5								
Provide relative type.								
Provide your relative's full	name.							
Last name		First name		Middle name	Suffix			
Provide your relative's da Date (Month/Year)	e of birth. Provide yo City	our relative's place of birth.	State	Country (Required)				
	Est.							
Provide your relative's co								
Country #1		Country #2						
18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother,								
	ner, Stepsister, Half-br		· · ·		<i>"</i> · · · ·			
If mother, provide your	mother's maiden name	. Same as listed	I don't know	1				
Last name		First name		Middle name	Suffix			
T								
Has this relative used a	ny other names?							
Provide other names us name, alias, or nicknam		ne that your relative used th	em (such as maiden,	name by a former marriage, form	er 🔄 Not applicable			
#1 Last name		First name		Middle name	Suffix			
Maiden name?	From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the na	me changed.			
		Est.	Est.					
#2 Last name		First name		Middle name	Suffix			
Maiden name?	From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the na	me changed.			
⊖YES ⊖NO		Est.	Est.					
#3 Last name		First name		Middle name	Suffix			
Maiden name?	From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the na	me changed.			
		Est.	Est.					
#4 Last name		First name	I	Middle name	Suffix			
Maiden name?	From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the na	me changed.			
		Est.	Est.					

Section 18 - Relatives - (Continued)

I	s your relative deceas	ed?) YE	S	1	NO (If NO, proceed to	18.2)
		following if the relative listed is yo other, Sister, Stepbrother, Step					
Entry #5	Provide your relative Street	e's current address. (Provide City an	nd Country if outside the United States City	; otherwise, provid State	le City, State and Zip (Zip Code	Code) Country	
	Does this relative ha	ve an APO/FPO address?					
	 ○ YES → ○ NO ○ I don't know 	Provide your relative's APO/FP Address		APO or FPO	APO/FPC) State Code	Zip Code

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 18 - Relatives - (Co	ontinued)				
Select each type of relative a Select all that apply.	pplicable to you, rega	rdless if they are living or c	leceased. (An opport	tunity will be provided to list multiple	e relatives for each type.)
Mother	Foster parent		Sister	Half-sister	
Father	Child (including a	adopted/foster)	Stepbrother	Father-in-law	
Stepmother	Stepchild		Stepsister	Mother-in-law	
Stepfather	Brother		Half-brother	Guardian	
Entry #6					
Provide relative type.					
Provide your relative's full na	me.				
Last name		First name		Middle name	Suffix I
Provide your relative's date of Date (Month/Year)	of birth. Provide you City	ur relative's place of birth.	State	Country (Required)	
	Est.				
Provide your relative's count	ry(ies) of citizenship.				
Country #1		Country #2			
18.1 Complete the followi	ng if the relative listed	is your Mother, Father, S	tepmother, Stepfath	ner, Child (including adopted/fos	ter), Stepchild, Brother,
	, Stepsister, Half-bro		• • •		
If mother, provide your mo	other's maiden name.	Same as listed	I don't know	/	
Last name		First name		Middle name	Suffix
i de la constante de					
Has this relative used any	other names?				
Provide other names used name, alias, or nickname)		e that your relative used the	em (such as maiden,	name by a former marriage, forme	er 🔄 Not applicable
#1 Last name		First name		, Middle name	Suffix
Maiden name? F	rom <i>(Month/Year)</i>	To (Month/Year)	Present	Provide the reason(s) why the nan	ne changed.
		Est.	Est.		
#2 Last name		First name		, Middle name	Suffix
Maiden name? F	rom <i>(Month/Year)</i>	To (Month/Year)	Present	Provide the reason(s) why the nan	ne changed.
⊖YES ⊖NO		Est.	Est.		
#3 Last name		First name		, Middle name	Suffix
Maiden name? F	rom (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the nan	ne changed.
		Est.	Est.		
#4 Last name		First name		Middle name	Suffix
Maiden name? F	rom (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the nan	ne changed.
		Est.	Est.		

Section 18 - Relatives - (Continued)

I	ls your relative deceas	sed?	⊖ YE	S	1	NO (If NO, proceed to	18.2)
		following if the relative listed is yo other, Sister, Stepbrother, Step					
Entry #6	Provide your relative Street	e's current address. <i>(Provide City ar</i>	nd Country if outside the United States City	otherwise, provid State	le City, State and Zip (Zip Code	Code) Country	
	Does this relative has \bigcirc YES \rightarrow	ave an APO/FPO address? Provide your relative's APO/FP	O address.				
	 ○ NO ○ I don't know 	Address	ĺ	APO or FPO	APO/FPO	State Code	Zip Code

Section 19 - Foreign Countries You have Visited							
Have you traveled outside the U.S. in the	ave you traveled outside the U.S. in the last seven (7) years?						
Has your travel in the last seven (7) yea assignment on official government orders Government business)?	-			⊖ YE	S (If YES, proce	eed to Section 20) ONO	
Complete the following if you responde Provide information about all such trips on official government orders.							
Entry #1							
Provide the country visited.	Provide the dates of your trave	el to this country.		Provide the total	number of day	s involved in the visit.	
	From (Month/Year)	To (Month/Year)	Present	◯ 1-5	◯ 11-20	○ More than 30	
	Est.	[Est.		○ 21-30	Many short trips	
Provide the purpose of the travel to this	s country (Select all that apply).				<u> </u>	<u> </u>	
Business/Professional	Education	Trade shows	conference	s, and seminars	По	ther	
│ └─ Volunteer activities	Tourism	└── └── Visit family or					
While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?							
While traveling to or in this country, were you involved in any encounter with the police? YES NO							
 ○ YES → If yes, provide ○ NO Complete the following if you responde 							
on official government orders.							
Provide the country visited.	Provide the dates of your trave	el to this country.		Provide the total	number of day	s involved in the visit.	
	-	To (Month/Year)	Present	○ 1-5	, ∩ 11-20	○ More than 30	
	Est.	[Est.	\bigcirc	○ 21-30	 ○ Many short trips 	
Provide the purpose of the travel to this	s country (Select all that apply).	L		0 * **	0	()	
Business/Professional	Education	Trade shows	conference	s, and seminars	По	ther	
Volunteer activities	Tourism	Visit family or		_,			
While traveling to, or in this country, we customs or security service officials wh	en entering or leaving this cour	or otherwise detained	d (other thar	i for normal custor	ns requiremer	nts) by the local	
While traveling to or in this country, we	re you involved in any encount	er with the police?					
○ YES → If yes, provide	•						
While traveling to or in this country, we intelligence, terrorist, security, or militar		act with any person k	nown or sus	spected of being ir	volved or ass	ociated with foreign	
O YES → If yes, provide							
⊖ NO							

Section 19 - Foreign Countries You have Visited - Continued

Complete the following if you responded **'Yes'** to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

Entry #3								
Provide the country visited.	Provide the dates of your tra	vel to this country.		Provide the to	otal number of da	iys involved in the visit.		
	From (Month/Year)	To (Month/Year)	Present	○ 1-5	○ 11-20	◯ More than 30		
	Est.		Est.	<u></u> 6-10	<u> </u>	◯ Many short trips		
Provide the purpose of the travel to th	is country (Select all that apply	·).						
Business/Professional	Education	Trade show	s, conference	es, and semina	ars 🗌 (Other		
Volunteer activities	Tourism	Visit family	or friends					
While traveling to, or in this country, w customs or security service officials w O YES If yes, provide			ed (other thar	n for normal cu	ustoms requireme	ents) by the local		
○ NO								
While traveling to or in this country, w	ere you involved in any encour	nter with the police?						
	e explanation.							
○ NO	○ NO							
While traveling to or in this country, w	ere you involved in any encour	nter with the police?						
○ YES → If yes, provide	e explanation.							
0 100								
Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.								
Entry #4								
Provide the country visited.	Provide the dates of your tra	vel to this country.		Provide the to	otal number of da	ys involved in the visit.		
	From (Month/Year)	To (Month/Year)	Present	○ 1-5	○ 11-20	◯ More than 30		
	Est.		Est.	○ 6-10	<u> </u>	◯ Many short trips		
Provide the purpose of the travel to th	is country (Select all that apply	·).						
Business/Professional	Education	Trade show	s, conference	es, and semina	ars 🗌 (Other		
Volunteer activities	Tourism	Visit family	or friends					
customs or security service officials w								
While traveling to or in this country, w	ere you involved in any encour	nter with the police?						
→ YES → If yes, provide	e explanation.							
○ NO								
While traveling to or in this country, wintelligence, terrorist, security, or milita		tact with any person	known or su	spected of bein	ng involved or as	sociated with foreign		
	e explanation.							
○ NO								

Entry #1

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

tion 20 - Police Record				
charge was dismissed. You need		leral Controlled Substa	nces Act for which t	erwise stricken from the court record, or he court issued an expungement order 5. or abroad.
Have any of the following hat pertains to the actions that a	ppened? (If 'Yes' you will be asked to re identified below.)	o provide details for ea	ch offense that	YES NO (If NO, proceed to 20.2
(Do not check if all the - In the last seven (7) y - In the last seven (7) y convictions or sentenc - In the last seven (7) y	rears have you been issued a summer citations involved traffic infractions were rears have you been arrested by any rears have you been charged with, ca es in any Federal, state, local, militar rears have you been or are you curre all or awaiting a trial on criminal charged	where the fine was less v police officer, sheriff, r onvicted of, or sentence y, or non-U.S. court, ev ently on probation or pa	than \$300 and did r narshal or any other ed for a crime in any en if previously liste	not include alcohol or drugs) r type of law enforcement official? y court? (Include all qualifying charges,
ntry #1				
rovide the date of offense. (Month	/Year) Provide a descrip	tion of the specific natu	re of the offense.	
a) Did this offense involve any of	the following?			
	ne of violence (such as battery or ass estic partner, former spouse or legall			
Involve firearms or explosive	ves?			
Involve alcohol or drugs?				
Provide the location where the City	offense occurred. (Provide City and Co County	ountry if outside the United State	States; otherwise, pro Zip Code	vide City, County, State and Zip Code) Country
type of law enforcement officia YES NO (If NO, proce	!?		is offense by any po	olice officer, sheriff, marshal or any other
Provide the location of the law	enforcement agency (Provide City and	d Country if outside the Un	ited States: otherwise	provide City, County, State and Zip Code)
City	County	State	Zip Code	Country
As a result of this offense were	vou charged, convicted, currently av	waiting trial, and/or orde	ered to appear in co	urt in a criminal proceeding against you?
○ YES → Provide th (If YES, co	ne name of the court. ► mplete (c.1)) xplanation ►			
<u> </u>				
(c.1) Provide the location of th City	e court. (Provide City and Country if outs County	side the United States; othe State	erwise, provide City, Co Zip Code	ounty, State and Zip Code) Country
				n as found guilty, found not-guilty, charge both the original charge and the lesser
Felony/misdemeanor	Charge		Outcome	Date (Month/Year)
				Es
				 Es

╞

Entry #1

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 20 - Police Record - (Continued)

intry #1				
d) Were you sentenced as a result of this offense?				
○ YES (If YES, complete (d.1)) ○ NO (If NO, complete (d.2))				
(d.1)				
Provide a description of the sentence.				
Were you sentenced to imprisonment for a term exceeding 1 year?				
Were you incarcerated as a result of that sentence for not less than 1 year?				
If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Mo actually were incarcerated.	<i>lonth/Year)</i>	To Date (Month/Year)	Present	
If conviction resulted in probation or parole, provide the dates of Interview Intervie	lonth/Year)	To Date (Month/Year)	Present	
(d.2)				
Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?		⊖ YES () NO	
Provide explanation.				

Section 20 - Police Record - (Continued)

Complete the following if you have responded 'Yes' to one of the following;

- In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you?
- (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the last seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Entry #2						
Provide the date of offense. (N	lonth/Year)	Provide a description of	f the specific nature	of the offense.		
		Est.				
(a) Did this offense involve an	y of the following?	?				
		e (such as battery or assault) former spouse or legally recc	• •			0,
Involve firearms or exp	losives?					
Involve alcohol or drug	s?					
Provide the location where City		rred. (<i>Provide City and Country i</i> bunty	f outside the United St State	ates; otherwise, provide Zip Code	e City, County Country	, State and Zip Code)
(b) Were you arrested, summ type of law enforcement of ○ YES ○ NO (<i>If NO</i> ,)	ficial?	l you receive a ticket to appea	ar as a result of this	offense by any polic	e officer, sh	eriff, marshal or any other
Provide the name of the la	w enforcement ac	gency that arrested/cited/sum	moned you			
	w emoreement ag		monea you.			
Provide the location of the City		agency. (Provide City and Coun punty	try if outside the United State	d States; otherwise, pro Zip Code	ovide City, Col Country	unty, State and Zip Code)
(-) A		· · · · · · · · · · · · · · · · · · ·				
	de the name of the S, complete (c.1)) de explanation ▶		g triai, and/or ordere	o to appear in court	in a crimina	i proceeding against you?
	of the court. (Provi	ide City and Country if outside the			-	Zip Code)
City		County	State	Zip Code	Country	
		ou for this offense, and the ou ound guilty of or pleaded guil				
Felony/misdemeanor		Charge		Outcome		Date (Month/Year)
						Est.
						Est.
						Est.
						Est.
						1

Entry #2

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 20 - Police Record - (Continued)

Entry #2	
(d) Were you sentenced as a result of this offense?	
○ YES (If YES, complete (d.1)) ○ NO (If NO, complete (d.2))	
(d.1)	
Provide a description of the sentence.	
Were you sentenced to imprisonment for a term exceeding 1 year?	⊖ YES ⊖ NO
Were you incarcerated as a result of that sentence for not less than 1 year?	
If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/	/ear) To Date (Month/Year) Present
actually were incarcerated.	Est. Est.
If conviction resulted in probation or parole, provide the dates of Not Applicable From Date (Month/)	/ear) To Date (Month/Year) Present
probation or parole.	Est. Est.
(d.2)	
Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?	
Provide explanation.	

Section	20 E	Olico E	Docord	1 Con	(tinuad)
Section	2U - F	ONCER	Lecord	- (60/	unueun

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

○ YES ○ NO (If NO, proceed to 20.3)

- Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/ domestic partner, or someone with whom you share a child in common?

Entry #1				
Provide the date of offense. ((Month/Year) Provide a description	on of the specific nature of the	offense.	
(a) Did this offense involve a	ny of the following?			
	a crime of violence (such as battery or ass n/domestic partner, former spouse or legally			
Provide the name of the c	court.			
Provide the location of the City	e court. <i>(Provide City and Country if outside the County</i>	United States; otherwise, provide C State Zip C		de)
	brought against you for this offense, and th le pros," etc). If you were found guilty of or p			
Felony/misdemeanor	Charge	Oute	come	Date (Month/Year)
				Est.
) Were you sentenced as a	result of these charges?			
YES (If YES, complete	(b.1)) (If NO, complete (b.2))			
(b.1)				
Provide a description of the	ne sentence.			
Were you sentenced to in	nprisonment for a term exceeding 1 year?			
Were you incarcerated as	a result of that sentence for not less than a	1 year?		
If the conviction resulted i actually were incarcerated	in imprisonment, provide the dates that you d.	Not Applicable From I	Date (Month/Year) To D	Date <i>(Month/Year)</i> Presen
If conviction resulted in pr probation or parole.	robation or parole, provide the dates of	Not Applicable From [Date (Month/Year) To D	Date <i>(Month/Year)</i> Presen
(b.2)				
• •	awaiting a trial, or awaiting sentencing on o	criminal charges for this offens	e?	
	de explanation.			

inde the date of offense. (Month/Year) Provide a description of the specific nature of the offense. indet the date of offense. (Month/Year) Provide a description of the specific nature of the offense. indet this offense involve any of the following? VES V YES NO incomposite violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, Country, State and Zip Code) Provide the location of the court. State Zip Code Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. Felony/misdemeanor Charge Outcome Date (Month/Year) Previde as a result of these charges?	tion 20 - Police Record	- (Continued)					
Image: Set	ntry #2						
YES NO Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, Country, State and Zip Code) City 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, or charge offense exparately. Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge offense exparately.) Felony/misdemeanor Charge Outcome Date (Month/Year)							
Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, Country, State and Zip Code) City Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, Country, State and Zip Code) City Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or Provide all the charges brought against you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. Felony/misdemeanor Charge Outcome Date (Month/Year) Est Country Charge Outcome Date (Month/Year) Charge Outcome Date (Month/Year) Charge Charge Outcome Charge Ou) Did this offense involve	any of the following?					
Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, County, State and Zip Code) City County State Zip Code County Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or Provide all the charges brought against you for pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. Felony/misdemeanor Charge Outcome Date (Month/Year) Felony/misdemeanor Not Applicable From Date (Month/Year) No County State St							
monomestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common? Provide the name of the court. Provide the location of the court. Provide the location of the court. Provide all the charges brought against you for this offense, and the outcome of each charged offense, list both the original charge and the lesser Provide all the charges brought against you for this offense, and the outcome of each charged offense, list both the original charge and the lesser Provide all the charges brought against you for this offense, and the outcome of each charged offense, list both the original charge and the lesser Provide all the charges brought against you for this offense, and the outcome of each charged offense, list both the original charge and the lesser Provide all the charges brought against you for this offense, and the outcome of each charged offense, list both the original charge and the lesser Provide all the charges brought against you for this offense, and the outcome of each charged offense, list both the original charge and the lesser Felony/misdemeanor Less Less Preve you sentenced as a result of these charges? VES (if VES, complete (b. 1)) NO (if NO, complete (b. 2))		or a crime of violence (such as battery or assau	lt) against your child	dependent cobabit:	ant shouse (or legally
Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, Country, State and Zip Code) City County State Zip Code Country Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. Felony/misdemeanor Charge Outcome Date (Month/Year) Felony/misdemeanor Charge Outcome Outcome Outcome Outcome Charge Outcome Charge Outcome Outco	recognized civil un	ion/domestic partner, fo					
City County State Zip Code Country Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc.). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. Felony/misdemeanor Charge Outcome Date (Month/Year)	Provide the name of th	e court.					
Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc.). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. Felony/misdemeanor Charge Outcome Date (Month/Year) Felony/misdemeanor Charge Outcome Date (Month/Year) Segmentation	Provide the location of	the court. (Provide City a	nd Country if outside the Un	ited States; otherwise,	provide City, County, Sta	ate and Zip Co	de)
charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. Date (Month/Year) Felony/misdemeanor Charge Outcome Date (Month/Year)	City	Cour	ity	State	Zip Code	Country	
charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately. Date (Month/Year) Felony/misdemeanor Charge Outcome Date (Month/Year)							
Image: Sector of the sector	charge dropped or "r						
Image: Second	Felony/misdemeanor	C	narge		Outcome		Date (Month/Year)
Image: Second state of the second s							Es
Were you sentenced as a result of these charges?							
Were you sentenced as a result of these charges? Image: Sector Secto							
Were you sentenced as a result of these charges? YES (if YES, complete (b.1)) NO (if NO, complete (b.2)) b.1) Provide a description of the sentence. Did this offense involve any of the following? YES (NO Nere you incarcerated as a result of that sentence for not less than 1 year? YES (NO f the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. Not Applicable From Date (Month/Year) Est. To Date (Month/Year) Prese f conviction resulted in probation or parole, provide the dates of provide the dates of probation or parole. Not Applicable From Date (Month/Year) Est. To Date (Month/Year) Est. Est. b.2) Lest Lest Lest Lest Lest Lest							<u>_</u>
YES (If YES, complete (b. 1)) NO (If NO, complete (b. 2)) b.1) Provide a description of the sentence. Did this offense involve any of the following? YES NO Nere you incarcerated as a result of that sentence for not less than 1 year? YES NO f the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/Year) To Date (Month/Year) Prese actually were incarcerated. Est. Est. Est. Est. f conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Prese b2) Kb2) Kot Kot Kot Kot Kot	Were you sentenced as	s a result of these char	1057				
b.1) Provide a description of the sentence. Did this offense involve any of the following? \Overlag YES \Overlag NO \Overlag YES							
Provide a description of the sentence. Did this offense involve any of the following? YES NO Were you incarcerated as a result of that sentence for not less than 1 year? YES NO f the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. Not Applicable f conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Prese f conviction resulted in probation or parole. In Not Applicable From Date (Month/Year) To Date (Month/Year) Prese brobation or parole. In Not Applicable From Date (Month/Year) To Date (Month/Year) Prese is the transmitted in probation or parole. In Not Applicable From Date (Month/Year) To Date (Month/Year) Prese is the transmitted in probation or parole. In Not Applicable From Date (Month/Year) To Date (Month/Year) Prese is the transmitted in probation or parole. In the transmitted i							
Did this offense involve any of the following? YES NO Were you incarcerated as a result of that sentence for not less than 1 year? O YES NO If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/Year) To Date (Month/Year) Est. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or parole, provide the dates of Drobation or parole. If conviction resulted in probation or paro	. ,	f the sentence					
Were you incarcerated as a result of that sentence for not less than 1 year? O YES O NO f the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. O YES O NO f conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Prese f conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Prese b.2) Est. Est. Est. Est.		The sentence.					
f the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. Not Applicable From Date (Month/Year) To Date (Month/Year) Prese f conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) Prese b.2) Est. Est. Est. Est.	Did this offense involve	e any of the following?					
actually were incarcerated. Est. f conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year) b.2) Formula in the second	Were you incarcerated as a result of that sentence for not less than 1 year?						
f conviction resulted in probation or parole, provide the dates of probation or parole. f conviction or parole. Est. Est. Est.			ide the dates that you	Not Applicable	From Date (Month/Ye	<i>ear)</i> To D	Date (Month/Year) Prese
brobation or parole. Est. Est.	actually were incarcera	ted.				Est.	Est.
Est. Est.							
	probation or parole.						
Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?	(b.2)					•	
the year canonicy on and, a watching a that, or a watching contentioning on entitlina of drages for this entitles:	Are you currently on tri	al, awaiting a trial, or av	vaiting sentencing on crir	ninal charges for thi	s offense?		
Provide explanation. ◯ YES ◯ NO		ovide explanation.					

Section 20 - Police Record - (Continued)

20.3 Is there currently a domestic violence protective order or restraining order issued against you? (If NO, proceed to Section 21)
Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you?
Entry #1
Provide explanation.
Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order.
Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country
Entry #2
Provide explanation.
Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order.
Provide the location of the court or agency that issued the order: (<i>Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code</i>) City State Zip Code Country
Entry #3
Provide explanation.
Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order.
Provide the location of the court or agency that issued the order: (<i>Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code</i>) City State Zip Code Country
Entry #4
Provide explanation.
Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order.
Est.
Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country

Section 21 - Illegal Use of Drugs and Drug Activity

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

21.1 In the last seven (7) years, 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 (If NO, proceed to 21.2)

Complete the following if you answered 'Yes' to in the last seven (7) years	having illegally us	ed a drug or controlled substance.
Entry #1		
Provide the type of drug or controlled substance.		
Cocaine or crack cocaine (Such as rock, freebase, etc.)		Such as amphetamines, speed, crystal meth, ecstasy, etc.)
◯ THC (Such as marijuana, weed, pot, hashish, etc.)	O Depressants	s (Such as barbiturates, methaqualone, tranquilizers, etc.)
◯ Ketamine (Such as special K, jet, etc.)	◯ Narcotics (S	Such as opium, morphine, codeine, heroin, etc.)
◯ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	◯ Steroids (Su	uch as the clear, juice, etc.)
◯ Inhalants (Such as toluene, amyl nitrate, etc.)	Other (Pro	vide explanation) ▶
Provide an estimate of the monthProvide an estimate of the monthand year of first use. (Month/Year)year of most recent use. (Month		Provide nature of use, frequency, and number of times used.
Est.	Est.	
Was your use while you were employed as a law enforcement officer, prose a position directly and immediately affecting the public safety?	cutor, or courtroor	n official, or while in
Was your use while possessing a security clearance?		
Do you intend to use this drug or controlled substance in the future?		
Provide explanation of why you intend or do not intend to use this drug or co	ontrolled substance	e in the future.
Entry #2		
Provide the type of drug or controlled substance.		
○ Cocaine or crack cocaine (Such as rock, freebase, etc.)	⊖ Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
◯ THC (Such as marijuana, weed, pot, hashish, etc.)	O Depressants	s (Such as barbiturates, methaqualone, tranquilizers, etc.)
◯ Ketamine (Such as special K, jet, etc.)	◯ Narcotics (S	Such as opium, morphine, codeine, heroin, etc.)
◯ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	◯ Steroids (Su	uch as the clear, juice, etc.)
◯ Inhalants (Such as toluene, amyl nitrate, etc.)	◯ Other (Prov	vide explanation) ►
Provide an estimate of the monthProvide an estimate of the monthand year of first use. (Month/Year)year of most recent use. (Month/Year)		Provide nature of use, frequency, and number of times used.
Est.	Est.	
Was your use while you were employed as a law enforcement officer, prose a position directly and immediately affecting the public safety?	cutor, or courtroor	n official, or while in
Was your use while possessing a security clearance?		⊖ YES ⊖ NO
Do you intend to use this drug or controlled substance in the future?		
Provide explanation of why you intend or do not intend to use this drug or co	ontrolled substance	∋ in the future.

Section	21 - Illegal Use of Drugs and Drug Activity -	- (Continued)			
	In the last seven (7) years, have you been in trafficking, production, transfer, shipping, recei				
	lete the following if you answered 'Yes' to in th king, production, transfer, shipping, receiving, h				illegal purchase, manufacture, cultivation,
Entry	#1				
_	de the type of drug or controlled substance.		-		
⊖c	ocaine or crack cocaine (Such as rock, freebas	se, etc.)	 Stimulants (S 	Such as a	mphetamines, speed, crystal meth, ecstasy, etc.)
	HC (Such as marijuana, weed, pot, hashish, et	tc.)	 Depressants 	(Such as	barbiturates, methaqualone, tranquilizers, etc.)
ОК	etamine (Such as special K, jet, etc.)		◯ Narcotics (Su	uch as op	ium, morphine, codeine, heroin, etc.)
⊖н	allucinogenic (Such as LSD, PCP, mushrooms	s, etc.)	◯ Steroids (Suc	ch as the	clear, juice, etc.)
🔿 In	halants (Such as toluene, amyl nitrate, etc.)		Other (Provi	de explar	nation) 🕨
		ovide an estimate of the r most recent involvement.	•		Provide the nature and frequency of activity.
	Est.			Est.	
Provic	de the reason(s) why you engaged in the activit	ty.			
,	your involvement while you were employed as a on directly and immediately affecting the public		r, prosecutor, or co	ourtroom	official, or while in a OYES ONO
Was y	our involvement while possessing a security cl	learance?			
Do yo	u intend to engage in this activity in the future?	?			
ΟY	ES — Provide explanation.				
⊖ N	0				
Entry	#2				
-	e the type of drug or controlled substance.				
\bigcirc Co	ocaine or crack cocaine (Such as rock, freebas	se, etc.)	 Stimulants (S 	uch as ar	nphetamines, speed, crystal meth, ecstasy, etc.)
⊖ th	HC (Such as marijuana, weed, pot, hashish, etc	c.)	 Depressants 	(Such as	barbiturates, methaqualone, tranquilizers, etc.)
⊖ Ke	etamine (Such as special K, jet, etc.)		◯ Narcotics (Su	ch as opi	um, morphine, codeine, heroin, etc.)
⊖ Ha	allucinogenic (Such as LSD, PCP, mushrooms,	, etc.)	◯ Steroids (Suc	h as the o	clear, juice, etc.)
🔿 Inl	halants (Such as toluene, amyl nitrate, etc.)		Other (Provid	de explan	ation) ▶
		ovide an estimate of the r most recent involvement.			Provide the nature and frequency of activity.
	Est.			Est.	
Provid	e the reason(s) why you engaged in the activity	у.			
Provid	e the reason(s) why you engaged in the activity	у.			
Was ye	e the reason(s) why you engaged in the activity our involvement while you were employed as a n directly and immediately affecting the public s	a law enforcement officer,	, prosecutor, or co	urtroom c	I official, or while in a OYES ONO
Was yo positio	our involvement while you were employed as a	a law enforcement officer, safety?	, prosecutor, or co	urtroom c	official, or while in a OYES NO
Was yo positio Was yo	our involvement while you were employed as a n directly and immediately affecting the public s our involvement while possessing a security cle	a law enforcement officer, safety? earance?	, prosecutor, or co	urtroom c	
Was yo positio Was yo	our involvement while you were employed as a n directly and immediately affecting the public our involvement while possessing a security cle u intend to engage in this activity in the future?	a law enforcement officer, safety? earance?	, prosecutor, or co	urtroom c	

Section 21 - Illegal Use of Drugs and Drug Activity - (Continued)

21.3 In the last seven (7) years, have you illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?

○ YES ○ NO (If NO, proceed to 21.4)

Complete the following if you responded 'Yes' to having in the last seven (7) years, illegally used, or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed.						
Entry #1						
Provide a description of the dru	igs or controlled substar	nces used and y	your involvement.			
Provide the dates of involvement	nt/use.		Provide an estimate of the number of times you used and/or were involved with this			
From Date (Month/Year)	From Date (Month/Year) To Date (Month/Year) Present drug or controlled substance while employed in this capacity.					
Est.		Est.				
Entry #2						
Provide a description of the dru	igs or controlled substar	nces used and y	your involvement.			
Provide the dates of involvement/use. Provide an estimate of the number of times you used and/or were involved with this						
From Date (Month/Year)	To Date (Month/Year)	Present	drug or controlled substance while employed in this capacity.			
Est.		Est.				

 \bigcirc YES \bigcirc NO

Section 21 - Illegal Use of Drugs and Drug Activity - (Continued)	
21.4 In the last seven (7) years have you intentionally engaged in the whether or not the drugs were prescribed for you or someone el	
Complete the following if you responded 'Yes' to in the last seven (7) of whether the drugs were prescribed for you or someone else.	years having intentionally engaged in the misuse of prescription drugs, regardless
Entry #1	
Provide the name of the prescription drug that you misused.	
Provide the dates of involvement in the above.	Provide the reason(s) for and circumstances of the misuse of the prescription drug.
From Date (Month/Year) To Date (Month/Year) Present	
Est Est.	
Was your involvement while you were employed as a law enforcement position directly and immediately affecting the public safety?	t officer, prosecutor, or courtroom official, or while in a OYES ONO
Was your involvement while possessing a security clearance?	
Entry #2	
Provide the name of the prescription drug that you misused.	
Provide the dates of involvement in the above.	Provide the reason(s) for and circumstances of the misuse of the prescription drug.
From Date (Month/Year) To Date (Month/Year) Present	
Est. Est.	
Was your involvement while you were employed as a law enforcement position directly and immediately affecting the public safety?	t officer, prosecutor, or courtroom official, or while in a OYES ONO

Was your involvement while possessing a security clearance?

Section 21 - Illegal Use of Drugs and Drug Activity	- (Continued)				
21.5 In the last seven (7) years have you been o treatment as a result of your illegal use of dru			or	⊖ YES	NO (If NO, proceed to 21.6)
Complete the following if you responded 'Yes' to In result of your illegal use of drugs or controlled subst		rs have you been orde	ered, advised, or ask	ed to seek	counseling or treatment as a
Entry #1					
Have any of the following ordered, advised, or aske (Select all that apply):	d you to seek counselin	ng or treatment as a re	esult of your illegal u	se of drugs	or controlled substances?
O An employer, military commander, or employee	assistance program	◯ A court official /	judge		
○ A medical professional		I have not been	ordered, advised, o eatment by any of th	r asked to s	seek
○ A mental health professional		 counseling or tr 	eatment by any of th	le above.	
Provide explanation >					
Did you take action to receive counseling or treatme	ent?		◯ YES (If YES	, complete (t	o)) ONO (If NO, complete (a))
(a) You have indicated that you did not receive tre	atment.				
Provide explanation.					
(b) You have indicated that you did receive treatm	ent.				
Provide the type of drug or controlled substance	ce for which you were tr	eated.			
○ Cocaine or crack cocaine (Such as rock, f	reebase, etc.)	◯ Stimulants (Suc	ch as amphetamines	, speed, cry	ystal meth, ecstasy, etc.)
◯ THC (Such as marijuana, weed, pot, hash	ish, etc.)	O Depressants (S	uch as barbiturates,	methaqual	one, tranquilizers, etc.)
◯ Ketamine (Such as special K, jet, etc.)		◯ Narcotics (Such	n as opium, morphine	e, codeine,	heroin, etc.)
◯ Hallucinogenic (Such as LSD, PCP, mush	rooms, etc.)	O Steroids (Such	as the clear, juice, e	tc.)	
◯ Inhalants (Such as toluene, amyl nitrate, e	etc.)	Other (Provide	explanation) >		
Provide the name of the treatment provider. Last name	First name				
Provide the address for this treatment provide	. (Provide City and Country	if outside the United Stat	tes; otherwise, provide C	City, State and	d Zip Code)
Street	City	State	Zip Code	Country	
Provide a telephone number for the treatment provider.		tional or DSN number Night	Provide the dates From Date (Month/		
Did you successfully complete the treatment?		(Provide explanation)	on)	I	

Section 21 - Illegal Use of Drugs and Drug Activit				
Complete the following if you responded 'Yes' to Ir result of your illegal use of drugs or controlled sub-	n the last seven (7) yea stances.	rs have you been ord	lered, advised, or ask	ed to seek counseling or treatment as a
Entry #2				
Have any of the following ordered, advised, or ask (Select all that apply):	ed you to seek counselin	ng or treatment as a r	esult of your illegal us	se of drugs or controlled substances?
◯ An employer, military commander, or employe	e assistance program	◯ A court official	/ judge	
A medical professional		I have not been	n ordered, advised, or reatment by any of th	r asked to seek
○ A mental health professional			reament by any or m	e above.
Provide explanation				
Did you take action to receive counseling or treatm	nent?		YES (If YES,	complete (b)) ONO (If NO, complete (a))
(a) You have indicated that you did not receive the	eatment.			
Provide explanation.				
(b) You have indicated that you did receive treatr	nent.			
Provide the type of drug or controlled substar		eated.		
Cocaine or crack cocaine (Such as rock,	freebase, etc.)	⊖ Stimulants (Su	ch as amphetamines	, speed, crystal meth, ecstasy, etc.)
○ THC (Such as marijuana, weed, pot, has	hish, etc.)	◯ Depressants (S	Such as barbiturates,	methaqualone, tranquilizers, etc.)
◯ Ketamine (Such as special K, jet, etc.)		O Narcotics (Suc	h as opium, morphine	e, codeine, heroin, etc.)
◯ Hallucinogenic (Such as LSD, PCP, mus	hrooms, etc.)	○ Steroids (Such	as the clear, juice, e	tc.)
◯ Inhalants (Such as toluene, amyl nitrate,	etc.)	Other (Provide	e explanation) >	
Provide the name of the treatment provider. Last name	First name			
Provide the address for this treatment provide	er. (Provide City and Country	/ if outside the United Sta	ates; otherwise, provide C	ity, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a telephone number for the treatment provider.		tional or DSN number Night	Provide the dates of From Date (Month/	
Did you successfully complete the treatment?		(Provide explanation	ion)	1

Section 21 - Illegal Use of Drugs and Drug Activity - (Continued)					
21.6 In the last seven (7) years have you voluntarily sought counseling or treatment as a result of your OYES ONO (If NO, proceed to Section 22) use of a drug or controlled substance?					
Complete the following if you responded 'Yes' to In the last seven (7) years have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance.					
Entry #1					
Provide the type of drug or controlled substance for which you were treated.					
○ Cocaine or crack cocaine (Such as rock, freebase, etc.)		\bigcirc Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)			
◯ THC (Such as marijuana, weed, pot, hashish, etc.)		◯ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)			
◯ Ketamine (Such as special K, jet, etc.)		◯ Steroids (Such as the clear, juice, etc.)			
O Narcotics (Such as opium, morphine, codeine, heroin, etc.)		◯ Inhalants (Such as toluene, amyl nitrate, etc.)			
◯ Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) ◯ Other(Provide explanation) ►					
Provide the name of the treatment provider. Last name	First name				
Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street	City	State	Zip Code C	Country	
Provide a telephone number for the	Extension International of	or DSN phone	Provide the dates of trea	tment.	
treatment provider.	└─ number │	nt	From Date (<i>Month/Year</i>)	To Date (<i>Month/Year</i>) Pres	ent
Did you successfully complete the treatment? ○ YES ○ NO → (Provide explanation)					
Entry #2					
Provide the type of drug or controlled substance for which you were treated.					
Cocaine or crack cocaine (Such as rock, freebase, etc.)		O Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)			
THC (Such as marijuana, weed, pot, hashish, etc.)		O Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)			
◯ Ketamine (Such as special K, jet, etc.)		◯ Steroids (Such as the clear, juice, etc.)			
Narcotics (Such as opium, morphine, codeine, heroin, etc.)		◯ Inhalants (Such as toluene, amyl nitrate, etc.)			
◯ Stimulants (Such as amphetamines, spee	Other (Provide explanation) ►				
Provide the name of the treatment provider. Last name	First name				
Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)					
Street	City	State	Zip Code C	Country	
Provide a telephone number for the	Extension International of	or DSN phone	Provide the dates of trea From Date (Month/Year)	T D /	
treatment provider.	number Day Nigh	nt	Est		ent
Did you successfully complete the treatment? ○ YES ○ NO → (Provide explanation)					

Section 22 - Use of Alcohol	
2.1 In the last seven (7) years has your use of alcohol had a negative professional or personal relationships, your finances, or resulted in safety personnel?	
Complete the following if you responded 'Yes' to your alcohol use having relationships, your finances, or resulted in intervention by law enforceme	g had a negative impact on your work performance, your professional or personal ent/public safety personnel.
Entry #1	
Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year)	From Date (Month/Year) To Date (Month/Year) Preser
Est.	Est. Est.
Provide an explanation of the circumstances and the negative impact.	
Provide circumstances.	Provide negative impact.
- / // ·	
Entry #2	Durvida datas af invehicinant an una
Provide the month/year when this negative impact occurred. From Date (<i>Month/Year</i>)	Provide dates of involvement or use. From Date (<i>Month/Year</i>) To Date (<i>Month/Year</i>) Preser
Est.	
Provide an explanation of the circumstances and the negative impact.	
Provide circumstances.	Provide negative impact.
Entry #3	
Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year)	From Date (Month/Year) To Date (Month/Year) Preser
Est.	Est. Est.
Provide an explanation of the circumstances and the negative impact.	
Provide circumstances.	Provide negative impact.
Entry #4	I
Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year)	From Date (Month/Year) To Date (Month/Year) Preser
Est.	Est.
Provide an explanation of the circumstances and the negative impact. Provide circumstances.	Provide negative impact.
○ NO (If NO, complete (a))

() NO (If NO, complete (a))

Section 22 - Use of Alcohol - (Continued) In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a 22.2 ○ YES ○ NO (If NO, proceed to 22.3) result of your use of alcohol? Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol. Entry #1 () YES (If YES, complete (b)) Did you take action to receive counseling or treatment? You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. (a) Provide explanation. You responded 'Yes' to having taken action to seek counseling or treatment. (b) Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider. From Date (Month/Year) To Date (Month/Year) Present Est. Est. Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide telephone number. Extension International or DSN phone number Day Night Did you successfully complete the treatment program? () YES ○ NO → (Provide explanation) ▶ Entry #2 () YES (If YES, complete (b)) Did you take action to receive counseling or treatment?

You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment. (a) Provide explanation

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

Section 22 - Use of Alcohol - (Continued)

22.3 In the last seven (7) years have	you voluntarily sought couns	eling or treatment as a res	sult of your use of alcoh	ol? (If NO, proceed to 23)
Complete the following if you respond	ded 'Yes' to voluntarily seek	ng counseling or treatmer	nt.	
Entry #1				
Provide the dates of counseling or tre From Date (<i>Month/Year</i>) To		sent	f the individual counsel	or or treatment provider.
Provide the full address of the counse	e , ,	Provide City and Country if out		erwise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Provide telephone number.	Extensio	n International or DS Day Night	SN phone number	
Did you successfully complete the tre	eatment program?	YES 🔿 NO 🔶 (Provi	ide explanation) ▶	
Entry #2				
Provide the dates of counseling or tre From Date (Month/Year)		Provide the name o	f the individual counsel	or or treatment provider.
Est.	Est.			
Provide the full address of the couns	eling or treatment provider. (Provide City and Country if out	side the United States; othe	erwise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Provide telephone number.	Extensio	n International or DS	SN phone number	•
Did you successfully complete the tre	eatment program?	YES 🔿 NO 🔶 (Provi	ide explanation) ▶	

Section 23 - Investigations and Clearance Record					
23.1 Has the U.S. Government (or a foreign government a security clearance eligibility/access?	ernment) EVER investigated your background and/or granted you (If NO, proceed to 23.2)				
Complete the following if you responded 'Yes' to the granted you a security clearance eligibility/access.	ne U.S. Government (or a foreign government) having investigated your background and/or having				
Entry #1					
Provide the investigating agency:					
U.S. Department of Defense	U.S. Department of Homeland Security				
U.S. Department of State	☐ Foreign government (Provide name of government) ►				
U.S. Office of Personnel Management	U.S. Office of Personnel Management				
Ederal Bureau of Investigation	Other (Provide explanation) ►				
U.S. Department of Treasury (Provide name of	of bureau) ▶				
Provide the name of agency that issued the cleara	ance eligibility/access if different from the investigating agency.				
Date the investigation was completed (Month/Year)	I don't know Provide the date clearance eligibility/access was granted. (Month/Year) I don't know Est. Est.				
Provide the level of clearance eligibility/access gra	anted:				
None					
Confidential					
Secret	 I don't know				
Top Secret	Ssued by foreign country				
Sensitive Compartmented Information (SCI)	☐ Other (Provide explanation) ►				
Entry #2					
Provide the investigating agency:					
U.S. Department of Defense	U.S. Department of Homeland Security				
U.S. Department of State	☐ Foreign government (Provide name of government) ►				
U.S. Office of Personnel Management					
Federal Bureau of Investigation	☐ Other (Provide explanation) ▶				
U.S. Department of Treasury (Provide name of					
	nce eligibility/access if different from the investigating agency.				
Date the investigation was completed (Month/Year)	I don't know Provide the date clearance eligibility/access was granted. (Month/Year) I don't know Est. Est.				
Provide the level of clearance eligibility/access gra	nted:				
None					
Confidential					
Secret	 I don't know				
Top Secret	Ssued by foreign country				
Sensitive Compartmented Information (SCI)	☐ Other (Provide explanation) ▶				

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Section 23 -		and Clearance		L
	Introotigationo		100010	Continuou

23.2 Have you **EVER** 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.)

○ YES ○ NO (If NO, proceed to 23.3)

Complete the following if you responded 'Yes' to having EVER had a security clearance eligibility/access authorization denied, suspended, or revoked.				
Entry #1				
Provide the date security clearance	Provide the name of the agency that took	Provide an explanation of the circumstances of the		
eligibility/access authorization was denied,	the action.	denial, suspension or revocation action.		
suspended or revoked. (Month/Year)				
Est.				
Entry #2				
Provide the date security clearance	Provide the name of the agency that took	Provide an explanation of the circumstances of the		
eligibility/access authorization was denied,	the action.	denial, suspension or revocation action.		
suspended or revoked. (Month/Year)				
Est.				

23.3 Have you EVER been debarred from government employment?

○ YES ○ NO (If NO, proceed to Section 24)

Complete the following if you responded 'Yes' to having EVER been debarred from government employment.				
Entry #1				
Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year)	Provide an explanation of the circumstances of the debarment.		
	Est.			
Entry #2				
Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year)	Provide an explanation of the circumstances of the debarment.		
	Est.			

Complete the following if you responded 'Y	'es' to in the last seven (7) ye	ars having filed a pet	ition under a	iny chapter	of the banl	kruptcy c	ode.	
Entry #1								
Select the applicable bankruptcy petition ty	pe.	Provide the	bankruptcy	court docke	t/account r	number.		
	Chapter 12 Chapter 13	3	1 5					
Provide the date bankruptcy was filed. (<i>Month/Year)</i>	Provide the date of ba discharge. <i>(Month/Year)</i> st.		Applicable		ne total am volved in t	· ·		Est.
Provide the name debt is recorded under. Last name	First name		Middle na	ame			Suffix	
Provide the name of the court involved.								
Provide the address of the court involved.	(Provide City and Country if outside	the United States; otherw	vise, provide C	ity, State and	Zip Code)			
Street	City	State	Zip Code	(Country			
(a) If Chapter 13 or Chapter 12 previous Provide the name of the trustee for this		·		· ·				
Provide the address of the trustee for Street	r this bankruptcy. <i>(Provide City</i> City	and Country if outside the State	United States Zip Code		<i>rovide City,</i> Country	State and	Zip Code)	
	n the bankruptcy?			Provide expla	anation)		(Provide e	planation
Were you discharged of all debts claimed in Provide Explanation. Entry #2 Select the applicable bankruptcy petition ty		Provide the					(Provide e:	rplanatior
Provide Explanation. Entry #2 Select the applicable bankruptcy petition ty							(Provide e.	planation
Provide Explanation. Entry #2 Select the applicable bankruptcy petition ty Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year)	pe. Chapter 12 O Chapter 13 Provide the date of ba discharge. <i>(Month/Year)</i>	3 hkruptcy		court docke Provide tl		number.	U.S.	
Provide Explanation. Entry #2 Select the applicable bankruptcy petition ty Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year)	pe. Chapter 12	3	bankruptcy	court docke Provide th dollars) ir	t/account r	number.	U.S.	
Provide Explanation. Entry #2 Select the applicable bankruptcy petition ty Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) E Provide the name debt is recorded under.	pe. Chapter 12 O Chapter 13 Provide the date of ba discharge. <i>(Month/Year)</i> st.	3 hkruptcy	bankruptcy	court docke Provide th dollars) ir	t/account r	number.	U.S. ruptcy.	Eplanation
Provide Explanation. Entry #2 Select the applicable bankruptcy petition ty Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (<i>Month/Year</i>) E Provide the name debt is recorded under. Last name	pe. Chapter 12 O Chapter 13 Provide the date of ba discharge. <i>(Month/Year)</i> st. First name	3 nkruptcy	bankruptcy	Court docke Provide th dollars) ir ame	t/account r ne total am volved in t	number.	U.S. ruptcy.	
Provide Explanation. Entry #2 Select the applicable bankruptcy petition ty Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) E Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved.	pe. Chapter 12 O Chapter 13 Provide the date of ba discharge. (Month/Year) st. First name (Provide City and Country if outside City sly selected:	3 Not A	bankruptcy Applicable Middle na	Court docke Provide th dollars) ir ame	t/account r ne total am volved in t	number.	U.S. ruptcy.	
Provide Explanation. Entry #2 Select the applicable bankruptcy petition ty Chapter 7 Chapter 11 Provide the date bankruptcy was filed. (Month/Year) E Provide the name debt is recorded under. Last name Provide the name of the court involved. Provide the address of the court involved. Street (a) If Chapter 13 or Chapter 12 previous	pe. Chapter 12 Chapter 13 Provide the date of ba discharge. (Month/Year) ist. First name (Provide City and Country if outside City Sly selected: bankruptcy.	3 Not A	bankruptcy	court docke Provide ti dollars) ir ame ity, State and	t/account r ne total am volved in t <i>Zip Code)</i> Country	number. nount (in the banki	U.S. ruptcy. Suffix	

Section 24 - Financial Record - (Continued)

24.2 In the last seven(7) years have you failed to meet financial	obligations due to gambling?	○ YES ○ NO (If NO, proceed to 24.3)
Complete the following if you responded 'Yes' to having failed to m	neet financial obligations due to gambling.	
Entry #1		
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S.	dollars) of gambling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present		
Est. Est.		
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify you a description of your actions. If you have no	r financial problems due to gambling, provide t taken any action(s), provide explanation.
Entry #2		
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S.	dollars) of gambling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present		
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify you a description of your actions. If you have no	Ir financial problems due to gambling, provide t taken any action(s), provide explanation.
24.3 In the last seven (7) years have you failed to file or pay Feo or ordinance?	deral, state, or other taxes when required by la	aw OYES ONO (If NO, proceed to 24.4)
Complete the following if you responded 'Yes' to having failed to fi	le or pay Federal, state, or other taxes when r	equired by law or ordinance.
Entry #1		
Did you fail to file, pay as required, or both? Provide t	he year you failed to file or pay your Federal,	state, or other taxes.
○ File ○ Pay ○ Both		Est.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applicable
, , , , , , , , , , , , , , , , , , ,		
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	l s debt (such as withholdings, frequency and a	mount of payments, etc.). If you have not
Entry #2		
	he year you failed to file or pay your Federal,	state, or other taxes.
○ File ○ Pay ○ Both		Est.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applicable
Est.		Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	I s debt (such as withholdings, frequency and a	mount of payments, etc.). If you have not

Complete the following if you respo		by your employer?	lisciplined for violating t) (If NO, proceed to 24.5
provided by your employer.	onded 'Yes' to hav	ing been counseled,	warned, or disciplined t	for violating the te	rms of agreement fo	r a travel or credit car
Entry #1						
Provide the name of the agency or	company.					
Provide the address of the agency Street	• • •				State and Zip Code) Country	
Sileei	Ci	ty	State	Zip Code		
Provide the reason(s) for the couns	seling, warning, or	disciplinary action.	I			
Provide the amount (in U.S. dollars of violation.		rovide a description of ction(s) provide explar	f any action(s) you have nation.	e taken to rectify th	nis situation. If you h	ave not taken any
	Est.					
Entry #2						
Provide the name of the agency or	company.					
Provide the address of the agency Street		vide City and Country if ou ity	utside the United States; oth State	herwise, provide City, Zip Code	State and Zip Code) Country	
Provide the reason(s) for the couns	seling, warning, or	disciplinary action.	I	I		
Provide the amount (in U.S. dollars of violation.	ac	rovide a description of ction(s) provide explar	f any action(s) you have nation.	e taken to rectify th	nis situation. If you h	ave not taken any
I.5 Are you currently utilizing, or	Est.	 ce from, a credit coun	seling service or other	similar resource to) (If NO, proceed to 24.6
resolve an inability to meet f Complete the following if you resp	onded 'Yes' to cur		king assistance from, a	a credit counseling	0 0	
an inability to meet financial obliga	itions.					
Entry #1			Provide the name of t	he credit counseli	ng organization or re	source
Provide explanation					.g e.gamzation et te	
Provide explanation.	ho crodit councolir	ng organization.		Provide the loca	ation of the credit co	unseling organization State
Provide explanation. Provide the telephone number of the Telephone number	Extension	International or D	OSN phone number	City		
Provide the telephone number of the	Extension	International or D		City	financial obligations	
Provide the telephone number of the Telephone number As a result of this counseling, provide any action(s), provide explanation.	Extension	International or D		City	financial obligations	
Provide the telephone number of the Telephone number As a result of this counseling, prov	Extension	International or D		City ur inability to meet		s. If you have not take
Provide the telephone number of the Telephone number As a result of this counseling, proventiation any action(s), provide explanation.	Extension /ide a description o	International or D Day Night Night of any action(s) you ha	ave taken to resolve yo	City ur inability to meet he credit counselin	ng organization or re	s. If you have not take

Enter your Social Security Number before going to the next page

Section 24 - Financial Record - (Continued	d)		
details about each financial obligation - You are currently delingu - In the last seven (7) yea obligations for which you or guarantor). - In the last seven (7) yea or other debts. (Include fi those for which you were - You are currently delingu	ny of the following happened to you? (on that pertains to the items identified l uent on alimony or child support paym ars , you had a judgment entered again were the sole debtor, as well as those ars , you had a lien placed against you inancial obligations for which you were a cosigner or guarantor). uent on any Federal debt. (Include fina rell as those for which you are a cosign	below) ents. Inst you. (Include financial e for which you were a cosigner r property for failing to pay taxes e the sole debtor, as well as ancial obligations for which you	
Complete the following if you answered 'Ye	es' to having experienced one or more	e of the previously stated financi	ial issues.
Entry #1			
Provide the name of agency/organization/i	ndividual to which debt is/was owed.		
Did/does this financial issue include any of	f the following? (Select all that apply)		YES NO (If NO, proceed to 24.7)
You are currently delinquent on alimon	y or child support payments.		
In the last seven (7) years, you had a for which you were a cosigner or guara		de financial obligations for which	n you were the sole debtor, as well as those
In the last seven (7) years, you had a you were the sole debtor, as well as the			ts. (Include financial obligations for which
You are currently delinquent on any Fe cosigner or guarantor).	ederal debt. (Include financial obligatio	ns for which you are the sole de	ebtor, as well as those for which you are a
Provide the associated loan/account numb	per(s) involved. Identify/describe the	type of property involved (if any	y).
Provide the amount (in U.S. dollars) of the	financial issue. Provide the reason(s	s) for the financial issue. Pro	vide the current status of the financial issue.
Provide the date the financial issue began. <i>(Month/Year)</i>	Provide date the financial issue was resolved. (Month/Year)	Provide the n] Not Resolved] Est.	name of the court involved.
Provide the address of the court involved.	Provide City and Country if outside the Unite	ed States; otherwise, provide City, Sta	ate and Zip Code)
Street	City	State Zip Code	Country
Provide a description of any action(s) you l taken any action(s), provide explanation.	have taken to satisfy this debt (such a	s withholdings, frequency and a	mount of payments, etc.). If you have not

Section 24 - Financial Record - (Continued)

Complete the following if you answered	Yes' to having experienced one or m	nore of the previously stated fin	nancial issues.		
Entry #2		···· · · · · · · · · · · · · · · · · ·			
Provide the name of agency/organization	/individual to which debt is/was owe	d.			
Did/does this financial issue include any of the following? (Select all that apply) O YES ONO (If NO, proceed to 24.7)					
You are currently delinquent on alimony or child support payments.					
In the last seven (7) years, you had for which you were a cosigner or guar	, ,	clude financial obligations for v	which you were the sole debtor, as well as those		
In the last seven (7) years, you had you were the sole debtor, as well as t			debts. (Include financial obligations for which		
You are currently delinquent on any F cosigner or guarantor).	Federal debt. (Include financial obliga	ations for which you are the so	le debtor, as well as those for which you are a		
Provide the associated loan/account num	ber(s) involved. Identify/describe	the type of property involved (i	f any).		
Provide the amount (in U.S. dollars) of the		on(s) for the financial issue.	Provide the current status of the financial issue.		
	Est.				
Provide the date the financial issue began. (Month/Year)	Provide date the financial issue was resolved. (<i>Month/Year</i>)		the name of the court involved.		
Est.		☐ Not Resolved ☐ Est.			
Provide the address of the court involved	. (Provide City and Country if outside the L		y, State and Zip Code)		
Street	City	State Zip Code	Country		
	have taken to satisfy this debt (suc	h as withholdings, frequency a	nd amount of payments, etc.). If you have not		
taken any action(s), provide explanation.					

Section 24 - Financial Record - (Continued)		
 44.7 Other than previously listed, have any of the followin In the last seven (7) years, you had any repossessed or foreclosed? (Include fina as well as those for which you were a cos on the last seven (7) years, you defaulted obligations for which you were the sole displayed or guarantor). In the last seven (7) years, you had bills (Include financial obligations for which you were the sole displayed of the financial obligations for which you were a cosigner or guarantor). In the last seven (7) years, you had bills (Include financial obligations for which you you were a cosigner or guarantor). In the last seven (7) years, you had any cancelled for failing to pay as agreed? (It sole debtor, as well as those for which you were even the last seven (7) years, you were even the last seven (7) years, you were even the last seven (7) years, you were ow previously entered? (Include financial obligations) In the last seven (7) years, you were ow previously entered? (Include financial obligations) You are currently over 120 days delinque 	r possessions or property voluntarily or involuntarily ncial obligations for which you were the sole debtor, signer or guarantor). ed on any type of loan? (Include financial ebtor, as well as those for which you were a s or debts turned over to a collection agency? ou were the sole debtor, as well as those for which v account or credit card suspended, charged off, or nclude financial obligations for which you were the ou were a cosigner or guarantor). icted for non-payment? ges, benefits, or assets garnished or attached ther 120 days delinquent on any debt not igations for which you were the sole debtor, as well	○ YES ○ NO (If NO, proceed to Section 25)
Complete the following if you answered 'Yes' to having exp	perienced one or more of the previously stated finance	cial issues.
Entry #1 Provide the name of agency/organization/individual to whic	h debt is/was owed.	
Did/does this financial issue include any of the following? (YES NO (If NO, proceed to Section 25) or foreclosed? (Include financial obligations for
 which you were the sole debtor, as well as those for wh In the last seven (7) years, you defaulted on any type which you were a cosigner or guarantor). 		were the sole debtor, as well as those for
In the last seven (7) years, you had bills or debts turn as well as those for which you were a cosigner or guara		ligations for which you were the sole debtor,
In the last seven (7) years, you had any account or cr obligations for which you were the sole debtor, as well		
In the last seven (7) years, you were evicted for non-p	payment?	
In the last seven (7) years, you had wages, benefits, o	or assets garnished or attached for any reason?	
In the last seven (7) years, you were over 120 days do the sole debtor, as well as those for which you were a do		de financial obligations for which you were
You are currently over 120 days delinquent on any deb are a cosigner or guarantor).	t? (Include financial obligations for which you are the	e sole debtor, as well as those for which you
Provide the associated loan/account number(s) involved.	Identify/describe the type of property involved (if an	ıy).
Provide the amount (in U.S. dollars) of the financial issue.	Provide the reason(s) for the financial issue. Pro	ovide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year)	Provide date the financial issue was res	solved. (<i>Month/Year</i>) Not Resolved
Provide a description of any action(s) you have taken to sa taken any action(s), provide explanation.	tisfy this debt (such as withholdings, frequency and a	amount of payments, etc.). If you have not

Section 24 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #2
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Select all that apply) O YES ONO (If NO, proceed to Section 25)
In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you were evicted for non-payment?
In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Not Resolved
Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Section 25 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

25.1	In the last seven (7) years have you illegally or without proper authorization accessed or attempted to
	access any information technology system?

○ YES ○ NO (If NO, proceed to 25.2)

Complete the following if you responded 'Yes' to any information technology system.	having in the last seven (7) yea	ars illegally or v	without proper autho	rization entered or attempted to enter into
Entry #1				
Provide the date of the incident. (Month/Year)	Provide a description of the nati	ure of the incid	ent or offense.	
Provide the location where the incident took plac Street	e. (Provide City and Country if outside City	the United States State	s; otherwise, provide Cit Zip Code	y, State and Zip Code) Country
Provide a description of the action (administrative	e, criminal or other) taken as a re	sult of this inci	dent.	
Entry #2				
Provide the date of the incident. <i>(Month/Year)</i>	Provide a description of the nat	ure of the incid	ent or offense.	
Provide the location where the incident took plac	e. (Provide City and Country if outside	the United States	s; otherwise, provide Cit	y, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrative	e, criminal or other) taken as a re	sult of this inci	dent.	
25.2 In the last seven (7) years have you illeg- denied others access to information residir above?				○ YES ○ NO (If NO, proceed to 25.3)
Complete the following if you responded 'Yes' to denied others access to information residing on a	• • • •	• •		, modified, destroyed, manipulated, or
Entry #1				
Provide the date of the incident. (Month/Year)	Provide a description of the nate	ure of the incide	ent or offense.	
Provide the location where the incident took plac	e. (Provide City and Country if outside	the United States	s; otherwise, provide Cit	y, State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrative	e, criminal or other) taken as a re	sult of this inci	dent.	L
Entry #2				
Provide the date of the incident. <i>(Month/Year)</i>	Provide a description of the nati	ure of the incide	ent or offense.	
Provide the location where the incident took plac	e. (Provide City and Countrv if outside	the United States	s; otherwise. provide Cit	y. State and Zip Code)
Street	City	State	Zip Code	Country
Provide a description of the action (administrative	e, criminal or other) taken as a re	sult of this inci	dent.	

Section 25 - Use of Information Technology Systems - (Continued)

25.3 In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?

○ YES ○ NO (If NO, proceed to Section 26)

Complete the following if you responded 'Yes' to having in the last seven (7) years introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above.								
Entry #1								
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incide	ent or offense.					
Est.								
Provide the location where the incident took place	ce. (Provide City and Country if outside	e the United States	; otherwise, provide Cit	y, State and Zip Code)				
Street	City	State	Zip Code	Country				
Provide a description of the action (administrativ	Provide a description of the action (administrative, criminal or other) taken as a result of this incident.							
Entry #2								
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incide	ent or offense.					
Est.								
Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)								
Street City State Zip Code Country								
Provide a description of the action (administrativ	Provide a description of the action (administrative, criminal or other) taken as a result of this incident.							

Section 26 - Involvement in Non-Criminal Court Actions

In the last seven (7) years, have you been a party this form?	to any public record civil court a	ction not listed	elsewhere on) YES ONO (If NO, proceed to Section 27)
Complete the following if you responded 'Yes' to seven (7) years.	having been a party to any publ	ic record civil co	ourt action(s) not li	sted elsewhere on this form in the last
Entry #1				
Provide the date of the civil action. <i>(Month/Year)</i>	Provide the court name.			
Provide the address of the court. (Provide City and C	Country if outside the United States; o	therwise, provide	City, State and Zip Co	ode)
Street	City	State	Zip Code	Country
Provide details of the nature of the action.	Provide a description of the	results of the a		the name(s) of the principal parties d in the court action.
Entry #2			·	
Provide the date of the civil action. (Month/Year)	Provide the court name.			
Est				
Provide the address of the court. (Provide City and C	Country if outside the United States; o	therwise, provide	City, State and Zip Co	ode)
Street	City	State	Zip Code	Country
Provide details of the nature of the action.	Provide a description of the	results of the a		the name(s) of the principal parties d in the court action.

Section 27 - 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, security, 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.

27.1 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 (If NO, proceed to 27.2)

Complete the following if you responded ' YES ' to being or ever having been the organization's dedication to that end, or with the specific intent to further	en a member of an organization dedicated to terrorism, either with an awareness of her such activities.				
Entry #1					
Provide the full name of the organization.					
Provide the address/location of the organization. (Provide City and Country if o	outside the United States; otherwise, provide City, State and Zip Code)				
Street City	State Zip Code Country				
Provide the dates of your involvement with the organization. Prov	vide all positions held in the organization, if any.				
From Date (Month/Year) To Date (Month/Year) Present Est. Est.					
	Provide a description of the nature of and reasons for your involvement with the organization.				
Entry #2					
Provide the full name of the organization.					
Provide the address/location of the organization. (Provide City and Country if o					
Street City	State Zip Code Country				
Provide the dates of your involvement with the organization. Prov	vide all positions held in the organization, if any.				
From Date (Month/Year) To Date (Month/Year) Present Est. Est.					
	vide a description of the nature of and reasons for your involvement with the anization.				

Section 27 - Association Record - (Continued)

27.2 Have you EVER knowingly engaged in any acts of terrorism?	\bigcirc	YES ONO (If NO, proceed to 27.3)
Complete the following if you responded 'Yes' to EVER having knowingly engaged in a	ny acts of terrorism.	
Entry #1		
Describe the nature and reasons for the activity.	Provide the dates for any such a	ctivities.
	From Date (Month/Year)	To Date (Month/Year) Present
	Est.	Est.
Entry #2		·
Describe the nature and reasons for the activity.	Provide the dates for any such a	ctivities.
	From Date (Month/Year)	To Date (Month/Year) Present
	Est.	Est.
27.3 Have you EVER advocated any acts of terrorism or activities designed to overthro force?	bw the U.S. Government by	YES NO (Proceed to 27.4)
Complete the following if you responded 'Yes' to having EVER advocated any acts of te force.	errorism or activities designed to ov	verthrow the U.S. Government by
Entry #1		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating	acts of terrorism.
	From Date (Month/Year)	To Date (Month/Year) Present
	Est.	Est.
Entry #2		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating	acts of terrorism.
	From Date (Month/Year)	To Date (Month/Year) Present
	Est.	Est.

Section 27 - Association Record - (Continued)

27.4 Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?

○ YES ○ NO (If NO, proceed to 27.5)

Complete the following if you responded 'Yes' to having EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.							
Entry #1							
Provide the full name of the organization.							
Provide the address/location of the organization. (Provide City and Con	untry if outside the United States; otherwise, provide City, State and Zip Code)						
Street City	State Zip Code Country						
Provide the dates of your involvement with the organization.	Provide all positions held in the organization, if any. No positions held						
From Date (Month/Year) To Date (Month/Year) Present Est. Est.							
Provide all contributions made to the No contributions made organization, if any.	Provide a description of the nature of and reasons for your involvement with the organization.						
Entry #2							
Provide the full name of the organization.	Provide the full name of the organization.						
Provide the address/location of the organization. (Provide City and Con	untry if outside the United States; otherwise, provide City, State and Zip Code)						
Street City	State Zip Code Country						
Provide the dates of your involvement with the organization.	Provide all positions held in the organization, if any. No positions held						
From Date (Month/Year) To Date (Month/Year) Present Est. Est.							
Provide all contributions made to the No contributions made organization, if any.	Provide a description of the nature of and reasons for your involvement with the organization.						

Section 27	 Association 	Record -	(Continued)	
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27.5 Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?

YES NO (If NO, proceed to 27.6)

	y if outside the	e United States; ot	herwise, provide City,	-	Code)
City		State	Zip Code	Country	
ganization.	Provide all p	ositions held in	the organization, i	f any.	No positions held
h/Year) Present					
Est.					
contributions made	Provide a de	escription of the	e nature of and reas	sons for you	r involvement with the
(organizatior	I.			
(Provide City and Country	y if outside the	United States; ot	herwise, provide City,	State and Zip	Code)
City		State	Zip Code	Country	
ganization.	Provide all p	ositions held in	the organization, i	f any.	No positions held
h/Year)					
□ □ Fet					
Lot.					
	Provide a de	escription of the	nature of and reas	sons for you	r involvement with the
contributions made	Provide a de organizatior	•	e nature of and reas	sons for you	r involvement with the
	(Provide City and Countr City rganization. h/Year) Present Est. contributions made (Provide City and Countr City city rganization. th/Year) Present	(Provide City and Country if outside the City (Provide City and Country if outside the City rganization. Provide all p h/Year) Present Est. Provide a de organization (Provide City and Country if outside the City Provide a de organization (Provide City and Country if outside the City Provide a de organization (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City Provide all p (Provide City and Country if outside the City P (Provide City and Country if outside the City P (Provide City and Country if outside the City P (Provide Ci	cising their rights under the U.S. Constitution or the City and Country if outside the United States; of City State rganization. h/Year) Present Est. contributions made (Provide City and Country if outside the United States; of City (Provide all positions held in Country of the City and Country if outside the United States; of City (Provide City and Country if outside the United States; of City (Provide City and Country if outside the United States; of City Provide all positions held in City	cising their rights under the U.S. Constitution or that of any state of the city and country if outside the United States; otherwise, provide City, City (Provide City and Country if outside the United States; otherwise, provide City, City rganization. h/Year) Present Est. contributions made Provide a description of the nature of and reas organization. (Provide City and Country if outside the United States; otherwise, provide City, City State Zip Code (Provide City and Country if outside the United States; otherwise, provide City, City State Zip Code (Provide City and Country if outside the United States; otherwise, provide City, City Provide all positions held in the organization, i rganization. Provide all positions held in the organization, i	rganization. Provide all positions held in the organization, if any. h/Year) Present Est. Provide a description of the nature of and reasons for you organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip City State Zip Code Country Image: Provide all positions held in the organization, if any. Provide City and Country if outside the United States; otherwise, provide City, State and Zip City State Zip Code Country Image: Provide all positions held in the organization, if any. Provide all positions held in the organization, if any.

Section 27 - Association Record - (Continued)

27.6 Have you EVER knowingly engaged in activities designed to overthrow	v the U.S. Government by force?) YES ONO (If NO, proceed to 27.7)
Complete the following if you responded 'Yes' to having EVER knowingly en	gaged in activities designed to overthrow the	e U.S. Government by force.
Entry #1		
Describe the nature and reasons for the activity.	Provide the dates of such activ	ities.
	From Date <i>(Month/Year)</i>	To Date (Month/Year) Present
Entry #2		
Describe the nature and reasons for the activity.	Provide the dates of such activ	ities.
	From Date (Month/Year)	To Date (Month/Year) Present
	Est	Est.
27.7 Have you EVER associated with anyone involved in activities to furthe	r terrorism?	⊖ YES ⊖ NO
Complete the following if you responded 'Yes' to having EVER associated w	ith anyone involved in activities to further ter	rrorism.
Entry #1		
Provide explanation.		
Entry #2		
Provide explanation.		

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 further affirm that, to the best of my knowledge, I have not included any classified information herein. 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, falsifying, or including classified information may have a negative effect on my employment prospects, or job status, or my removal and debarment from Federal service.

Signature (Sign in ink)

Date signed (mm/dd/yyyy)

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, or reinvestigation, or performing continuous vetting, to disclose the record of investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a public trust position.

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

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

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

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

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

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be 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 termination of my affiliation with the Federal Government, whichever is sooner.

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

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

If you answered "Yes" to Section 5 of the Standard Form 85P with the supplemental SF 85P-S, carefully read this authorization to release information about you, then sign and date.

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

Authorization

I am seeking assignment to or retention in a public trust position. As part of the investigation process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, and my health practitioner (s) to provide the information requested below, relating to my mental health consultations.

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

I understand the information disclosed pursuant to this authorization is for use by the Federal Government only for purposes provided in the Standard Form 85P and will no longer be subject to the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

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

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

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to perform a position of public trust? If so, describe the nature of the condition and the extent and duration of the impairment or treatment. What is the prognosis? Dates of treatment? Signature (Sign in ink) Practitioner name Date signed (mm/dd/yyyy)

UNITED STATES OF AMERICA

FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

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

Purpose

The 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 and reinvestigation, or my eligibility for a public trust position, to request, and any consumer reporting agency to provide, such reports for purposes described above.

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

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

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