

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 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.

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Instructions for Completing this Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country 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.
5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
6. For telephone numbers in the U.S., ensure that the area code is included.
7. All dates provided in this form must be in Month/Day/ Year or Month/Year format. 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.
- b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- 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.

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

- 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.
- l. 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, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or 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 to average 155 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to 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.

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### LOCATION CODES

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Florida	FL	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
Georgia	GA								
American Samoa	AS	Johnson Atoll	JQ	Midway Islands	MQ	Palmyra Atoll	LQ	Wake Island	WQ
Baker Island	FQ	Kingman Reef	KQ	Navassa Island	BQ	Puerto Rico	PR	APO/FPO America	AA
Guam	GU	Marshall Islands	MH	Northern Mariana Islands	MP	Virgin Islands, United States	VI	APO/FPO Europe	AE
Howland Island	HQ	Micronesia, Federated States	FM	Palau	PW			APO/FPO Pacific	AP
Jarvis Island	DQ								

### AGENCY USE BLOCK "AUB"

Investigating agency user only	Codes: (FIPC CODES)	Case Number:
--------------------------------	---------------------	--------------

**FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.**

<b>A</b> Type of investigation		<b>B</b> Extra coverage/Advanced results		<b>C</b> Risk level		<b>E</b> Nature of action code		
<b>F</b> Date of action (Month/Day/Year)		<b>G</b> Geographic location		<b>H</b> Position code		<b>I</b> Position title		
<b>J</b> SON (Submitting Office Number)								
<b>K</b> Location of Official Personnel Folder		None <input type="checkbox"/>		At SON <input type="checkbox"/>		Other <input type="checkbox"/>		
		NPRC <input type="checkbox"/>		e-OPF <input type="checkbox"/>		Other address/Web address of e-OPF <input type="checkbox"/>		
		Zip Code <input type="text"/>						
<b>L</b> SOI (Security Office Identifier)		<b>M</b> Location of Security Folder		None <input type="checkbox"/>		At SOI <input type="checkbox"/>		
				NPI <input type="checkbox"/>		Other <input type="checkbox"/>		
				e-OPF <input type="checkbox"/>		Other address/Web address of e-OPF <input type="checkbox"/>		
				Zip Code <input type="text"/>				
<b>N</b> IPAC		<b>O</b> TAS		<b>P</b> Obligating document number		<b>Q</b> BETC		
<b>R</b> Accounting data and/or Agency case number						<b>S</b> Investigative requirement		
						Initial <input type="checkbox"/>		
						Reinvestigation <input type="checkbox"/>		
<b>T</b> Requesting Official - Name			Title			Signature		
Email address						Telephone number (Include Ext.)		
						Date (Month/Day/Year)		
<b>U</b> Secondary Requesting Official - Name						Title		
Email address						Telephone number (Include Ext.)		
						<b>V</b> Applicant affiliation		
						FED CIV <input type="checkbox"/>		
						MIL <input type="checkbox"/>		
						CON <input type="checkbox"/>		
						Other <input type="checkbox"/>		
<b>W</b> Deployment/PCS (if imminent)								
From (Month/Day/Year) <input type="text"/>		Est. <input type="checkbox"/>		To (Month/Day/Year) <input type="text"/>		Estimated		
						Permanent Relocation <input type="checkbox"/>		
				Reason(s) for temporary duty assignment or PCS				
Point of contact at location		Telephone number (Include Ext.)		Address/Unit/Duty location (Include City or Post Name)				
Agency Special Instructions for the Investigative Service Provider.								
Commercial and Government Entity (CAGE) Code				Contract Number				

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.**

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), or removal and debarment from Federal Service.

YES  NO

## 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

Provide your date of birth. (Month/Day/Year)

Est.

## Section 3 - Place of Birth

Provide your place of birth.

City | County | State | Country (Required)

## 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  
From (Month/Year) | To (Month/Year) |  Present | Maiden name? | Provide the reason(s) why the name changed  
 Est. |  Est. |  YES  NO

Provide other name used

#2 Last name | First name | Middle name | Suffix  
From (Month/Year) | To (Month/Year) |  Present | Maiden name? | Provide the reason(s) why the name changed  
 Est. |  Est. |  YES  NO

Provide other name used

#3 Last name | First name | Middle name | Suffix  
From (Month/Year) | To (Month/Year) |  Present | Maiden name? | Provide the reason(s) why the name changed  
 Est. |  Est. |  YES  NO

Provide other name used

#4 Last name | First name | Middle name | Suffix  
From (Month/Year) | To (Month/Year) |  Present | Maiden name? | Provide the reason(s) why the name changed  
 Est. |  Est. |  YES  NO

## Section 6 - Your Identifying Information

Provide your identifying information.

Height | Weight (in pounds) | Hair color | Eye color | Sex  Female  Male  
(feet) | (inches)

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 7 - Your Contact Information

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

Home e-mail address		Work e-mail address	
<input type="checkbox"/> International or DSN phone number	<input type="radio"/> Day	<input type="checkbox"/> International or DSN phone number	<input type="radio"/> Day
Home telephone number	Extension	Work telephone number	Extension
<input type="radio"/> Night	<input type="radio"/> Both	<input type="radio"/> Night	<input type="radio"/> Both
<input type="checkbox"/> International or DSN phone number	<input type="radio"/> Day	<input type="checkbox"/> International or DSN phone number	<input type="radio"/> Day
Mobile/Cell telephone number	Extension	Mobile/Cell telephone number	Extension
<input type="radio"/> Night	<input type="radio"/> Both	<input type="radio"/> Night	<input type="radio"/> Both

### Section 8 - U.S. Passport Information

Do you possess a U.S. passport (current or expired)?

YES  NO (If NO, proceed to Section 9)

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

Passport number	Issue date (Month/Day/Year)	Expiration date (Month/Day/Year)	Click <a href="http://travel.state.gov/passport">HERE</a> for U.S. State Department passport help <a href="http://travel.state.gov/passport">http://travel.state.gov/passport</a>
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

Provide the name in which passport was first issued.

Last name	First name	Middle name	Suffix

### Section 9 - Citizenship

Select the box that reflects your current citizenship status.

- I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth. (Proceed to Section 10)
- I am a derived U.S. citizen. (Complete 9.3)
- I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country. (Complete 9.1)
- I am not a U.S. citizen. (Complete 9.4)
- I am a naturalized U.S. citizen. (Complete 9.2)

#### 9.1 Complete the following if you answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country.

Provide type of documentation of U.S. citizen born abroad.

FS 240  DS 1350  FS 545  Other (Provide explanation) ▶

Provide document number for U.S. citizen born abroad.

Provide the date the document was issued. (Month/Day/Year)

Est.

Provide the name in which document was issued.

Last name	First name	Middle name	Suffix

Provide your citizenship certificate number.

Provide the date the certificate was issued. (Month/Day/Year)

Est.

Provide the place of issuance.

City State Country

Provide the name in which the certificate was issued.

Last name	First name	Middle name	Suffix

Were you born on a U.S. military installation?

Provide the name of the base.

YES  NO (If NO, proceed to Section 10)

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 9 - Citizenship - (Continued)

#### 9.2 Complete the following if you answered that you are a **naturalized U.S. citizen**.

Provide the date of entry into the U.S. <i>(Month/Day/Year)</i>		Provide the location of entry into the U.S.	
<input type="checkbox"/> Est.		City	State
Provide country(ies) of prior citizenship.		#2 Country	
#1 Country			
Do/did you have a U.S. alien registration number?			
<input type="radio"/> YES <input checked="" type="radio"/> <input type="radio"/> NO			
Provide your U.S. alien registration number on Certificate of Naturalization - utilize USCIS, CIS, or INS registration, I-551, I-766.			
Provide your Certificate of Naturalization number (N550 or N570).		Provide the date the Certificate of Naturalization was issued. <i>(Month/Day/Year)</i>	
		<input type="checkbox"/> Est.	
Provide the name of the court that issued the Certificate of Naturalization.	Provide the address of the court that issued the Certificate of Naturalization.		
	Street	City	State      Zip Code
Provide the name in which the Certificate of Naturalization was issued.			
Last name	First name	Middle name	Suffix
Provide the basis of naturalization.			
<input type="checkbox"/> Based on my own individual naturalization application <input type="checkbox"/> Other (Provide explanation) ▶			

#### 9.3 Complete the following if you answered that you are a **derived U.S. citizen**.

Provide your alien registration number (on Certificate of Citizenship — utilize USCIS, CIS or INS registration number)	Provide your Permanent Resident Card 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 <i>(Month/Day/Year)</i>		Provide the basis of derived citizenship.	
<input type="checkbox"/> Est.		<input type="checkbox"/> By operation of law through my U.S. citizen parent <input type="checkbox"/> Other (Provide explanation) ▶	

#### 9.4 Complete the following if you answered that you are **not a U.S. citizen**.

Provide your residence status.	Provide your date of entry in the U.S. <i>(Month/Day/Year)</i>	
	<input type="checkbox"/> Est.	
Provide your country(ies) of citizenship.		#2 Country
#1 Country		
Provide your place of entry in the U.S.	Provide your alien registration number (I-551, I-766)	Provide document expiration date (I-766 ONLY) <i>(Month/Day/Year)</i>
City	State	<input type="checkbox"/> Est.
Provide type of document issued. (I-94, U.S. Visa - red foil number, I-20, DS-2019, etc.)		
<input type="radio"/> I-94 <input type="radio"/> U.S. Visa (red foil number) <input type="radio"/> I-20 <input type="radio"/> DS-2019 <input type="radio"/> Other (Provide explanation) ▶		
Provide document number.	Provide the date document was issued <i>(Month/Day/Year)</i>	Provide document expiration date. <i>(Month/Day/Year)</i>
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.
Provide the name in which the document was issued.		
Last name	First name	Middle name      Suffix

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 10 - Dual/Multiple Citizenship & Foreign Passport Information

**10.1** Do you now or have you **EVER** held dual/multiple citizenships?

YES  NO (If NO, proceed to 10.2)

Complete the following if you answered 'Yes' to having EVER held dual/multiple citizenships.

**Entry #1**

Provide country of citizenship.

How did you acquire this non-U.S. citizenship you now have or previously had?

During what period of time did you hold citizenship with this country?

(Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Do you currently hold citizenship with this country?

YES  NO

Provide explanation:

**Entry #2**

Provide country of citizenship.

How did you acquire this non-U.S. citizenship you now have or previously had?

During what period of time did you hold citizenship with this country?

(Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Do you currently hold citizenship with this country?

YES  NO

Provide explanation:

**10.2** Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.?

YES  NO (If NO, proceed to Section 11)

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 #1**

Provide the country in which the passport (or identity card) was issued.

Provide the date the passport (or identity card) was issued. (Month/Day/Year)

Est.

Provide the place the passport (or identity card) was issued.

City

Country

Provide the name in which passport (or identity card) was issued.

Last name

First name

Middle name

Suffix

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)	
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Present

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 country in which the passport (or identity card) was issued. \_\_\_\_\_ Provide the date the passport (or identity card) was issued. (Month/Day/Year) \_\_\_\_\_  Est.

Provide the place the passport (or identity card) was issued.  
 City \_\_\_\_\_ Country \_\_\_\_\_

Provide the name in which passport (or identity card) was issued.  
 Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_

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)
#1	_____ <input type="checkbox"/> Est.	_____ <input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	_____ <input type="checkbox"/> Est.	_____ <input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	_____ <input type="checkbox"/> Est.	_____ <input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	_____ <input type="checkbox"/> Est.	_____ <input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	_____ <input type="checkbox"/> Est.	_____ <input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	_____ <input type="checkbox"/> Est.	_____ <input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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.				
<b>Entry #1</b>				
Provide dates of residence. From (Month/Year) _____ To (Month/Year) _____ <input type="checkbox"/> Est. <input type="checkbox"/> Est.		Is/was this residence: <input type="radio"/> Owned by you <input type="radio"/> Rented or leased by you <input type="radio"/> Military housing <input type="radio"/> Other (Provide explanation) ▶		
Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).				
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location _____	City or Post Name _____	State _____	Zip Code _____	Country _____
<b>(b)</b> Did you have an APO/FPO address while at this location?				
<input type="radio"/> YES →	Address _____	APO or FPO _____	APO/FPO State Code _____	Zip Code _____
<input type="radio"/> NO				
Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.				Provide date of last contact. (Month/Year) _____
Last name _____	First name _____	Middle name _____	Suffix _____	<input type="checkbox"/> Est.
Provide your relationship to this person (Select all that apply).				
<input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Landlord <input type="checkbox"/> Business associate <input type="checkbox"/> Other (Provide explanation) ▶				
Provide the following contact information for this person.				
<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know		
<input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> International or DSN phone number		
Evening telephone number _____	Extension _____	Daytime telephone number _____	Extension _____	Cell/mobile telephone number _____
Provide e-mail address for this person.				
<input type="checkbox"/> I don't know				
Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).				
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location _____	City or Post Name _____	State _____	Zip Code _____	Country _____
<b>(b)</b> Does the person who knew you have an APO/FPO address?				
<input type="radio"/> YES →	Address _____	APO or FPO _____	APO/FPO State Code _____	Zip Code _____
<input type="radio"/> NO				

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 11 - Where You Have Lived - (Continued)

Enter residence information.				
<b>Entry #2</b>				
Provide dates of residence. From (Month/Year) <input type="checkbox"/> Est. To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.			Is/was this residence: <input type="radio"/> Owned by you <input type="radio"/> Rented or leased by you <input type="radio"/> Military housing <input type="radio"/> Other (Provide explanation) ▶	
Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____				
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). <b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____				
<b>(b)</b> Did you have an APO/FPO address while at this location? <input type="radio"/> YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____ <input type="radio"/> NO				
Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address. Last name _____ First name _____ Middle name _____ Suffix _____				Provide date of last contact. (Month/Year) _____ <input type="checkbox"/> Est.
Provide your relationship to this person (Select all that apply). <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Landlord <input type="checkbox"/> Business associate <input type="checkbox"/> Other (Provide explanation) ▶				
Provide the following contact information for this person. <input type="checkbox"/> I don't know <input type="checkbox"/> I don't know <input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> International or DSN phone number Evening telephone number _____ Extension _____ Daytime telephone number _____ Extension _____ Cell/mobile telephone number _____ Extension _____				
Provide e-mail address for this person. _____ <input type="checkbox"/> I don't know				
Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____				
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). <b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____				
<b>(b)</b> Does the person who knew you have an APO/FPO address? <input type="radio"/> YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____ <input type="radio"/> NO				

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 11 - Where You Have Lived - (Continued)

Enter residence information.				
<b>Entry #3</b>				
Provide dates of residence. From (Month/Year) <input type="checkbox"/> Est. To (Month/Year) <input type="checkbox"/> Est.			Is/was this residence: <input type="radio"/> Owned by you <input type="radio"/> Rented or leased by you <input type="radio"/> Military housing <input type="radio"/> Other (Provide explanation) ▶	
Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street	City	State	Zip Code	Country
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).				
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
(b) Did you have an APO/FPO address while at this location?				
<input type="radio"/> YES → Address		APO or FPO	APO/FPO State Code	Zip Code
<input type="radio"/> NO				
Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.				Provide date of last contact. (Month/Year)
Last name	First name	Middle name	Suffix	<input type="checkbox"/> Est.
Provide your relationship to this person (Select all that apply).				
<input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Landlord <input type="checkbox"/> Business associate <input type="checkbox"/> Other (Provide explanation) ▶				
Provide the following contact information for this person.				
<input type="checkbox"/> I don't know		<input type="checkbox"/> I don't know		<input type="checkbox"/> I don't know
<input type="checkbox"/> International or DSN phone number		<input type="checkbox"/> International or DSN phone number		<input type="checkbox"/> International or DSN phone number
Evening telephone number	Extension	Daytime telephone number	Extension	Cell/mobile telephone number
				Extension
Provide e-mail address for this person.				
<input type="checkbox"/> I don't know				
Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street	City	State	Zip Code	Country
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).				
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
(b) Does the person who knew you have an APO/FPO address?				
<input type="radio"/> YES → Address		APO or FPO	APO/FPO State Code	Zip Code
<input type="radio"/> NO				

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 11 - Where You Have Lived - (Continued)

Enter residence information.				
<b>Entry #4</b>				
Provide dates of residence. From (Month/Year) <input type="checkbox"/> Est. To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.			Is/was this residence: <input type="radio"/> Owned by you <input type="radio"/> Rented or leased by you <input type="radio"/> Military housing <input type="radio"/> Other (Provide explanation) ▶	
Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street	City	State	Zip Code	Country
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).				
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
<b>(b)</b> Did you have an APO/FPO address while at this location?				
<input type="radio"/> YES → <input type="radio"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code
Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.				Provide date of last contact.
Last name	First name	Middle name	Suffix	(Month/Year) <input type="checkbox"/> Est.
Provide your relationship to this person (Select all that apply).				
<input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Landlord <input type="checkbox"/> Business associate <input type="checkbox"/> Other (Provide explanation) ▶				
Provide the following contact information for this person.				
<input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number	<input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number	
Evening telephone number	Extension	Daytime telephone number	Extension	Cell/mobile telephone number    Extension
Provide e-mail address for this person. <span style="float: right;"><input type="checkbox"/> I don't know</span>				
Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street	City	State	Zip Code	Country
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).				
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
<b>(b)</b> Does the person who knew you have an APO/FPO address?				
<input type="radio"/> YES → <input type="radio"/> NO	Address	APO or FPO	APO/FPO State Code	Zip Code

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 12 - Where You Went to School

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

**(a) Have you attended any schools in the last 7 years?**

YES  NO

**(b) Have you received a degree or diploma more than 7 years ago?**

YES  NO (If NO to 12(a) and 12(b), proceed to Section 13A)

#### Entry #1

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Select the most appropriate below to describe your school.

High School  Vocational/Technical/Trade School  
 College/University/Military College  Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

Provide the name of the person who knows/knew you at school:

I don't know Last name First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number for this person.

Telephone number Extension  International or DSN phone number  
 Day  Night

I don't know

Provide email address for this person.

I don't know

Did you receive a degree/diploma?

YES  NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (• High School Diploma, • Associate's, • Bachelor's, • Master's, • Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

#### Entry #2

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Select the most appropriate below to describe your school.

High School  Vocational/Technical/Trade School  
 College/University/Military College  Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

Provide the name of the person who knows/knew you at school:

I don't know Last name First name

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 12 - Where You Went to School - (Continued)

**Entry #2 (Continued)**

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number for this person.  I don't know

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number	Provide email address for this person. <input type="checkbox"/> I don't know
		<input type="checkbox"/> Day <input type="checkbox"/> Night	

Did you receive a degree/diploma?  
 YES  NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (• High School Diploma, • Associate's, • Bachelor's, • Master's, • Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

**Entry #3**

Provide the dates of attendance. Select the most appropriate below to describe your school.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="radio"/> High School <input type="radio"/> Vocational/Technical/Trade School <input type="radio"/> College/University/Military College <input type="radio"/> Correspondence/Distance/Extension/Online School
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

Provide the name of the person who knows/knew you at school:

<input type="checkbox"/> I don't know	Last name	First name
---------------------------------------	-----------	------------

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number for this person.  I don't know

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number	Provide email address for this person. <input type="checkbox"/> I don't know
		<input type="checkbox"/> Day <input type="checkbox"/> Night	

Did you receive a degree/diploma?  
 YES  NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (• High School Diploma, • Associate's, • Bachelor's, • Master's, • Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 12 - Where You Went to School - (Continued)

**Entry #4**

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Select the most appropriate below to describe your school.

High School  Vocational/Technical/Trade School  
 College/University/Military College  Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

Provide the name of the person who knows/knew you at school:

I don't know Last name First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number for this person.

Telephone number Extension  I don't know  
 International or DSN phone number  
 Day  Night

Provide email address for this person.

I don't know

Did you receive a degree/diploma?

YES  NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (• High School Diploma, • Associate's, • Bachelor's, • Master's, • Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Enter your Social Security Number before going to the next page





# 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.

### Entry #1

Select your employment activity:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="radio"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="radio"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="radio"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)       | <input type="radio"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)                           |   |
| <input type="radio"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)     | <input type="radio"/> Unemployment (Complete 13A.4)   |   |
| <input type="radio"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)     | <input type="radio"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)                        | <input type="radio"/> 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.

<b>Entry #1</b>	Provide dates of employment.		Select the employment status for this position:		Provide your assigned duty station during this period.	
	From Date <small>(Month/Year)</small>	To Date <small>(Month/Year)</small>	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide your most recent rank/position title.	
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time				
Provide address of duty station. <small>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)</small>						
Street		City	State	Zip Code	Country	
Telephone number		Extension	<input type="checkbox"/> International or DSN phone number			
			<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both			
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).						
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. <small>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)</small>						
Street Address/Unit/Duty Location		City or Post Name	State	Zip Code	Country	
<b>(b)</b> Do you or did you have an APO/FPO address while at this location?						
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code		
<input type="radio"/> NO						
Provide the name of your supervisor.			Provide the rank/position title of your supervisor.			
Provide the email address of your supervisor. <input type="checkbox"/> I don't know			Provide supervisor's telephone number.		Extension <input type="checkbox"/> International or DSN phone number	
					<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both	
Provide physical work location of your supervisor. <small>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)</small>						
Street		City	State	Zip Code	Country	
If you have indicated an APO/FPO address for your supervisor, complete (a). If you have indicated an address outside of the United States, complete (b).						
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. <small>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)</small>						
Street Address/Unit/Duty Location		City or Post Name	State	Zip Code	Country	
<b>(b)</b> Do/did your supervisor have an APO/FPO address while at this location?						
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code		
<input type="radio"/> NO						

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Entry #1

Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide the name of your employer.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time		

Provide the address of employer. (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

Additional Periods of Activity with this Employer-Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

**(a)** Is/was your physical work address different than your employer's address?  
 YES       NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number      Extension       International or DSN phone number  
 Day       Night

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b.2)** Do you or did you have an APO/FPO address while at this location?  
 YES → Address      APO or FPO      APO/FPO State Code      Zip Code  
 NO

Provide the name of your supervisor.      Provide the position title of your supervisor.

Provide the email address of your supervisor.  I don't know      Provide supervisor's telephone number.      Extension       International or DSN phone number  
 Day       Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b)** Did/does your supervisor have an APO/FPO address while at this location?  
 YES → Address      APO or FPO      APO/FPO State Code      Zip Code  
 NO

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

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.3 Complete the following if employment type is self-employment

Entry #1

Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.	
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide the name of your employment.	
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time			
Provide address of this employment. (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	<input type="checkbox"/> International or DSN phone number		
			<input type="checkbox"/> Day <input type="checkbox"/> Night		
<b>(a) Is your physical work address different than your employment address?</b>					
<input type="radio"/> YES <input type="radio"/> NO (If NO, proceed to (b))					
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street	City	State	Zip Code	Country	
Provide the telephone number for this address.					
Telephone number	Extension	<input type="checkbox"/> International or DSN phone number			
		<input type="checkbox"/> Day <input type="checkbox"/> Night			
<b>(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).</b>					
<b>(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)</b>					
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
<b>(b.2) Do you or did you have an APO/FPO address while at this location?</b>					
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code	
<input type="radio"/> NO					
Provide the name of someone that can verify your self-employment.					
Last name	First name				
Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street	City	State	Zip Code	Country	
Provide the telephone number for this person.					
Telephone number	Extension	<input type="checkbox"/> International or DSN phone number			
		<input type="checkbox"/> Day <input type="checkbox"/> Night			
If you have indicated an APO/FPO address for your self employment verifier, complete (a). If you have indicated an address outside of the United States, complete (b).					
<b>(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)</b>					
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
<b>(b) Does your self-employment verifier have an APO/FPO address?</b>					
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code	
<input type="radio"/> NO					

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.4 Complete the following if employment type is unemployment.

Entry #1

Provide dates of unemployment.		Provide the name of someone that can verify your unemployment activities and means of support.	
From Date (Month/Year)	To Date (Month/Year)	Last name	First name
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.		

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Verifier telephone number	Extension	<input type="checkbox"/> International or DSN phone number
	<input type="checkbox"/> Day	<input type="checkbox"/> Night

If you have indicated an APO/FPO address for your unemployment verifier, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

(b) Does your unemployment verifier have an APO/FPO address?

<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="radio"/> NO				

#### 13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #1

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last 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    NO (If NO, proceed to 13A.6)

Select your type of incident:	Reason:	Employment departure date
<input type="checkbox"/> Fired	Provide the reason for being fired.	Provide the date you were fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason for quitting.	Provide the date you quit after being told you would be fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsatisfactory performance.	Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year) <input type="checkbox"/> Est.

#### 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #1

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

- YES    NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page



--

## 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.

#### Entry #2

Select your employment activity:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="radio"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="radio"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="radio"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)       | <input type="radio"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)                           |   |
| <input type="radio"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)     | <input type="radio"/> Unemployment (Complete 13A.4)   |   |
| <input type="radio"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)     | <input type="radio"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)                        | <input type="radio"/> 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.

Entry #2

Provide dates of employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Est.	Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Est.	Provide your assigned duty station during this period. _____ Provide your most recent rank/position title. _____
Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____		
Telephone number _____ Extension _____ <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both		
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). <b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____		
<b>(b)</b> Do you or did you have an APO/FPO address while at this location? <input type="radio"/> YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____ <input type="radio"/> NO		
Provide the name of your supervisor. _____		Provide the rank/position title of your supervisor. _____
Provide the email address of your supervisor. <input type="checkbox"/> I don't know		Provide supervisor's telephone number. Extension _____ <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both
Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____		
If you have indicated an APO/FPO address for your supervisor, complete (a). If you have indicated an address outside of the United States, complete (b). <b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____		
<b>(b)</b> Do/did your supervisor have an APO/FPO address while at this location? <input type="radio"/> YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____ <input type="radio"/> NO		

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

Entry #2

**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide the name of your employer.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time		

Provide the address of employer. (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	<input type="checkbox"/> International or DSN phone number
	<input type="checkbox"/> Day <input type="checkbox"/> Night

Additional Periods of Activity with this Employer-Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

**(a)** Is/was your physical work address different than your employer's address?  
 YES  NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number

Extension	<input type="checkbox"/> International or DSN phone number
	<input type="checkbox"/> Day <input type="checkbox"/> Night

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b.2)** Do you or did you have an APO/FPO address while at this location?

<input type="radio"/> YES → Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="radio"/> NO			

Provide the name of your supervisor.	Provide the position title of your supervisor.
--------------------------------------	--

Provide the email address of your supervisor. <input type="checkbox"/> I don't know	Provide supervisor's telephone number.	Extension	<input type="checkbox"/> International or DSN phone number
			<input type="checkbox"/> Day <input type="checkbox"/> Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b)** Did/does your supervisor have an APO/FPO address while at this location?

<input type="radio"/> YES → Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="radio"/> NO			

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

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

Entry #2

**13A.3** Complete the following if employment type is self-employment

Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.	
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide the name of your employment.	
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time			
Provide address of this employment. (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	<input type="checkbox"/> International or DSN phone number		
			<input type="checkbox"/> Day <input type="checkbox"/> Night		
<b>(a)</b> Is your physical work address different than your employment address?					
<input type="radio"/> YES <input type="radio"/> NO (If NO, proceed to (b))					
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street	City	State	Zip Code	Country	
Provide the telephone number for this address.		Extension	<input type="checkbox"/> International or DSN phone number		
			<input type="checkbox"/> Day <input type="checkbox"/> Night		
<b>(b)</b> If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).					
<b>(b.1)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)					
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
<b>(b.2)</b> Do you or did you have an APO/FPO address while at this location?					
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code	
<input type="radio"/> NO					
Provide the name of someone that can verify your self-employment.					
Last name		First name			
Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street	City	State	Zip Code	Country	
Provide the telephone number for this person.		Extension	<input type="checkbox"/> International or DSN phone number		
			<input type="checkbox"/> Day <input type="checkbox"/> Night		
If you have indicated an APO/FPO address for your self employment verifier, complete (a). If you have indicated an address outside of the United States, complete (b).					
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)					
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
<b>(b)</b> Does your self-employment verifier have an APO/FPO address?					
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code	
<input type="radio"/> NO					

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.4 Complete the following if employment type is unemployment.

Entry #2

Provide dates of unemployment.		Provide the name of someone that can verify your unemployment activities and means of support.	
From Date (Month/Year)	To Date (Month/Year)	Last name	First name
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.		

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Verifier telephone number	Extension	<input type="checkbox"/> International or DSN phone number
	<input type="checkbox"/> Day	<input type="checkbox"/> Night

If you have indicated an APO/FPO address for your unemployment verifier, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

(b) Does your unemployment verifier have an APO/FPO address?

<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="radio"/> NO				

#### 13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #2

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last 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    NO (If NO, proceed to 13A.6)

Select your type of incident:	Reason:	Employment departure date
<input type="checkbox"/> Fired	Provide the reason for being fired.	Provide the date you were fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason for quitting.	Provide the date you quit after being told you would be fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsatisfactory performance.	Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year) <input type="checkbox"/> Est.

#### 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #2

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

- YES    NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page



--



## 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.

#### Entry #3

Select your employment activity:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="radio"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="radio"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="radio"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)       | <input type="radio"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)                           |   |
| <input type="radio"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)     | <input type="radio"/> Unemployment (Complete 13A.4)   |   |
| <input type="radio"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)     | <input type="radio"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)                        | <input type="radio"/> 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.

Entry #3

Provide dates of employment.	Select the employment status for this position:	Provide your assigned duty station during this period.
From Date (Month/Year)	To Date (Month/Year)	
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Provide your most recent rank/position title.		
Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)		
Street	City	State Zip Code Country
Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).		
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)		
Street Address/Unit/Duty Location	City or Post Name	State Zip Code Country
<b>(b)</b> Do you or did you have an APO/FPO address while at this location?		
<input type="radio"/> YES → Address	APO or FPO	APO/FPO State Code Zip Code
<input type="radio"/> NO		
Provide the name of your supervisor.	Provide the rank/position title of your supervisor.	
Provide the email address of your supervisor. <input type="checkbox"/> I don't know	Provide supervisor's telephone number.	Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both
Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)		
Street	City	State Zip Code Country
If you have indicated an APO/FPO address for your supervisor, complete (a). If you have indicated an address outside of the United States, complete (b).		
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)		
Street Address/Unit/Duty Location	City or Post Name	State Zip Code Country
<b>(b)</b> Do/did your supervisor have an APO/FPO address while at this location?		
<input type="radio"/> YES → Address	APO or FPO	APO/FPO State Code Zip Code
<input type="radio"/> NO		

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

Entry #3

**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide the name of your employer.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time		

Provide the address of employer. (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

Additional Periods of Activity with this Employer-Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

**(a)** Is/was your physical work address different than your employer's address?

YES       NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number      Extension       International or DSN phone number

Day       Night

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b.2)** Do you or did you have an APO/FPO address while at this location?

YES → Address      APO or FPO      APO/FPO State Code      Zip Code

NO

Provide the name of your supervisor.	Provide the position title of your supervisor.
--------------------------------------	--

Provide the email address of your supervisor. <input type="checkbox"/> I don't know	Provide supervisor's telephone number. Extension <input type="checkbox"/> International or DSN phone number
	<input type="checkbox"/> Day <input type="checkbox"/> Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b)** Did/does your supervisor have an APO/FPO address while at this location?

YES → Address      APO or FPO      APO/FPO State Code      Zip Code

NO

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

Entry #3

<b>13A.3</b> Complete the following if employment type is self-employment				
Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide the name of your employment.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time		
Provide address of this employment. (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.				
Telephone number	Extension	<input type="checkbox"/> International or DSN phone number		
		<input type="checkbox"/> Day <input type="checkbox"/> Night		
<b>(a)</b> Is your physical work address different than your employment address?				
<input type="radio"/> YES <input type="radio"/> NO (If NO, proceed to (b))				
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street	City	State	Zip Code	Country
Provide the telephone number for this address.				
Telephone number	Extension	<input type="checkbox"/> International or DSN phone number		
		<input type="checkbox"/> Day <input type="checkbox"/> Night		
<b>(b)</b> If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).				
<b>(b.1)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
<b>(b.2)</b> Do you or did you have an APO/FPO address while at this location?				
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="radio"/> NO				
Provide the name of someone that can verify your self-employment.				
Last name	First name			
Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street	City	State	Zip Code	Country
Provide the telephone number for this person.				
Telephone number	Extension	<input type="checkbox"/> International or DSN phone number		
		<input type="checkbox"/> Day <input type="checkbox"/> Night		
If you have indicated an APO/FPO address for your self employment verifier, complete (a). If you have indicated an address outside of the United States, complete (b).				
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)				
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
<b>(b)</b> Does your self-employment verifier have an APO/FPO address?				
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="radio"/> NO				

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.4 Complete the following if employment type is unemployment.

Entry #3

Provide dates of unemployment.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year) \_\_\_\_\_  Present  
 Est.  Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name \_\_\_\_\_ First name \_\_\_\_\_

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide the telephone number for this person.

Verifier telephone number \_\_\_\_\_ Extension \_\_\_\_\_  International or DSN phone number  
 Day  Night

If you have indicated an APO/FPO address for your unemployment verifier, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location \_\_\_\_\_ City or Post Name \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

(b) Does your unemployment verifier have an APO/FPO address?

YES → Address \_\_\_\_\_ APO or FPO \_\_\_\_\_ APO/FPO State Code \_\_\_\_\_ Zip Code \_\_\_\_\_  
 NO

#### 13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #3

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last 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  NO (If NO, proceed to 13A.6)

Select your type of incident:	Reason:	Employment departure date
<input type="checkbox"/> Fired	Provide the reason for being fired.	Provide the date you were fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason for quitting.	Provide the date you quit after being told you would be fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsatisfactory performance.	Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year) <input type="checkbox"/> Est.

#### 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #3

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

YES  NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page



## 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.

#### Entry #4

Select your employment activity:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="radio"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="radio"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="radio"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)       | <input type="radio"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)                           |   |
| <input type="radio"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)     | <input type="radio"/> Unemployment (Complete 13A.4)   |   |
| <input type="radio"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)     | <input type="radio"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)                        | <input type="radio"/> 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. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Est.	Select the employment status for this position: <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Est. <input type="checkbox"/> Part-time	Provide your assigned duty station during this period. _____ Provide your most recent rank/position title. _____
Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____		
Telephone number _____ Extension _____ <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both		
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). <b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____		
<b>(b)</b> Do you or did you have an APO/FPO address while at this location? <input type="radio"/> YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____ <input type="radio"/> NO		
Provide the name of your supervisor. _____		Provide the rank/position title of your supervisor. _____
Provide the email address of your supervisor. <input type="checkbox"/> I don't know		Provide supervisor's telephone number. Extension _____ <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both
Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street _____ City _____ State _____ Zip Code _____ Country _____		
If you have indicated an APO/FPO address for your supervisor, complete (a). If you have indicated an address outside of the United States, complete (b). <b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location _____ City or Post Name _____ State _____ Zip Code _____ Country _____		
<b>(b)</b> Do/did your supervisor have an APO/FPO address while at this location? <input type="radio"/> YES → Address _____ APO or FPO _____ APO/FPO State Code _____ Zip Code _____ <input type="radio"/> NO		

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

Entry #4

**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide the name of your employer.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time		

Provide the address of employer. (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

Additional Periods of Activity with this Employer-Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

<input type="checkbox"/> Not Applicable	From date (Month/Year)	To date (Month/Year)	Position Title	Supervisor
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

**(a)** Is/was your physical work address different than your employer's address?  
 YES       NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number      Extension       International or DSN phone number  
 Day       Night

**(b)** If you have indicated an APO/FPO address, complete **(b.1)**. If you have indicated an address outside of the United States, complete **(b.2)**.

**(b.1)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b.2)** Do you or did you have an APO/FPO address while at this location?  
 YES → Address      APO or FPO      APO/FPO State Code      Zip Code  
 NO

Provide the name of your supervisor.      Provide the position title of your supervisor.

Provide the email address of your supervisor.  I don't know      Provide supervisor's telephone number.      Extension       International or DSN phone number  
 Day       Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

If you have indicated an APO/FPO address, complete **(a)**. If you have indicated an address outside of the United States, complete **(b)**.

**(a)** Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

**(b)** Did/does your supervisor have an APO/FPO address while at this location?  
 YES → Address      APO or FPO      APO/FPO State Code      Zip Code  
 NO

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

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

Entry #4

**13A.3** Complete the following if employment type is self-employment

Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.	
From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> Full-time	Provide the name of your employment.	
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time			
Provide address of this employment. (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	<input type="checkbox"/> International or DSN phone number		
			<input type="checkbox"/> Day <input type="checkbox"/> Night		
<b>(a)</b> Is your physical work address different than your employment address?					
<input type="radio"/> YES <input type="radio"/> NO (If NO, proceed to (b))					
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street	City	State	Zip Code	Country	
Provide the telephone number for this address.		Extension	<input type="checkbox"/> International or DSN phone number		
			<input type="checkbox"/> Day <input type="checkbox"/> Night		
<b>(b)</b> If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).					
<b>(b.1)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)					
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
<b>(b.2)</b> Do you or did you have an APO/FPO address while at this location?					
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code	
<input type="radio"/> NO					
Provide the name of someone that can verify your self-employment.					
Last name		First name			
Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)					
Street	City	State	Zip Code	Country	
Provide the telephone number for this person.		Extension	<input type="checkbox"/> International or DSN phone number		
			<input type="checkbox"/> Day <input type="checkbox"/> Night		
If you have indicated an APO/FPO address for your self employment verifier, complete (a). If you have indicated an address outside of the United States, complete (b).					
<b>(a)</b> Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)					
Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country	
<b>(b)</b> Does your self-employment verifier have an APO/FPO address?					
<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code	
<input type="radio"/> NO					

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13A - Employment Activities - (Continued)

#### 13A.4 Complete the following if employment type is unemployment.

Entry #4

Provide dates of unemployment.		Provide the name of someone that can verify your unemployment activities and means of support.	
From Date (Month/Year)	To Date (Month/Year)	Last name	First name
<input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.		

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the telephone number for this person.

Verifier telephone number	Extension	<input type="checkbox"/> International or DSN phone number
		<input type="checkbox"/> Day <input type="checkbox"/> Night

If you have indicated an APO/FPO address for your unemployment verifier, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
-----------------------------------	-------------------	-------	----------	---------

(b) Does your unemployment verifier have an APO/FPO address?

<input type="radio"/> YES →	Address	APO or FPO	APO/FPO State Code	Zip Code
<input type="radio"/> NO				

#### 13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #4

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last 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  NO (If NO, proceed to 13A.6)

Select your type of incident:	Reason:	Employment departure date
<input type="checkbox"/> Fired	Provide the reason for being fired.	Provide the date you were fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason for quitting.	Provide the date you quit after being told you would be fired. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsatisfactory performance.	Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year) <input type="checkbox"/> Est.

#### 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Entry #4

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

- YES  NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page



--



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 13B - Employment Activities - Former Federal Service

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

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

**Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously.**

<b>Entry #1</b>				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Est. <input type="checkbox"/> Present		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
<b>Entry #2</b>				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Est. <input type="checkbox"/> Present		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
<b>Entry #3</b>				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Est. <input type="checkbox"/> Present		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____
<b>Entry #4</b>				
Provide dates of federal civilian employment. From Date (Month/Year) _____ To Date (Month/Year) _____ <input type="checkbox"/> Est. <input type="checkbox"/> Present		Provide the name of the federal agency for which you are/were employed.		Provide your position title.
Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)				
Street _____	City _____	State _____	Zip Code _____	Country _____

### Section 13C - Employment Record

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

- Fired from a job?
- Quit a job after being told you would be fired?
- Have you left a job by mutual agreement following charges or allegations of misconduct?
- Left a job by mutual agreement following notice of unsatisfactory performance?
- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

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

NO (If NO, proceed to Section 14)

### 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)?

- Yes → Provide registration number: ▶
- No → Provide explanation: ▶
- I don't know → Provide explanation: ▶

The Selective Service website, [www.sss.gov](http://www.sss.gov), can help provide the registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 following if you responded 'Yes' to having served in the U.S. Military.

**Entry #1**

Provide the branch of service you served in. <input type="radio"/> Army <input type="radio"/> Air National Guard <input type="radio"/> Army National Guard <input type="radio"/> Marine Corps <input type="radio"/> Navy <input type="radio"/> Coast Guard <input type="radio"/> Air Force	State of service, if National Guard  Provide your status <input type="radio"/> Active Duty <input type="radio"/> Active Reserve <input type="radio"/> Inactive Reserve	Officer or enlisted <input type="radio"/> Not Applicable <input type="radio"/> Officer <input type="radio"/> Enlisted	Provide your service number.  Provide your dates of service. From Date (Month/Year)      To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
--	---	--	--

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

YES  NO

Provide the type of discharge you received: <input type="radio"/> Honorable <input type="radio"/> Under Other than Honorable Conditions <input type="radio"/> Bad Conduct <input type="radio"/> Dishonorable <input type="radio"/> General <input type="radio"/> Other (provide type) ▶	Provide the date of discharge listed (Month/Year)  <input type="checkbox"/> Est.
---	--

Provide the reason(s) for the discharge, if discharge is other than Honorable

**Entry #2**

Provide the branch of service you served in. <input type="radio"/> Army <input type="radio"/> Air National Guard <input type="radio"/> Army National Guard <input type="radio"/> Marine Corps <input type="radio"/> Navy <input type="radio"/> Coast Guard <input type="radio"/> Air Force	State of service, if National Guard  Provide your status <input type="radio"/> Active Duty <input type="radio"/> Active Reserve <input type="radio"/> Inactive Reserve	Officer or enlisted <input type="radio"/> Not Applicable <input type="radio"/> Officer <input type="radio"/> Enlisted	Provide your service number.  Provide your dates of service. From Date (Month/Year)      To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
--	---	--	--

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

YES  NO

Provide the type of discharge you received: <input type="radio"/> Honorable <input type="radio"/> Under Other than Honorable Conditions <input type="radio"/> Bad Conduct <input type="radio"/> Dishonorable <input type="radio"/> General <input type="radio"/> Other (provide type) ▶	Provide the date of discharge listed (Month/Year)  <input type="checkbox"/> Est.
---	--

Provide the reason(s) for the discharge, if discharge is other than Honorable

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**Section 15 - Military History - (Continued)**

**15.1(b) In the last seven (7) years**, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc?  YES  NO *(If NO proceed to 15.2)*

Complete the following if you responded 'Yes' to In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.

<b>Entry #1</b>	
Provide the date of the court martial or other disciplinary procedure. <i>(Month/Year)</i> <span style="float: right;"><input type="checkbox"/> Est.</span>	
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.
<b>Entry #2</b>	
Provide the date of the court martial or other disciplinary procedure. <i>(Month/Year)</i> <span style="float: right;"><input type="checkbox"/> Est.</span>	
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.

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Section 15 - Military History - (Continued)

**15.2** Have you **EVER** served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?  YES  NO (If NO, proceed to Section 16)

Complete the following if you responded 'Yes' to having **EVER** served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

### Entry #1

During your foreign service, which organization were you serving under?

- Military (Army, Navy, Air Force, Marines, etc.), Specify ▶  
 Intelligence Service  Security Forces  
 Diplomatic Service  Militia  
 Other Government Agency, Specify ▶  
 Other Defense Forces, Specify ▶

Provide the name of the foreign organization.

Provide your period of service.  
From Date (Month/Year)  Est To Date (Month/Year)  Present  
 Est  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 your association with this organization.

Provide a description of the reason for leaving this service.

### Entry #2

During your foreign service, which organization were you serving under?

- Military (Army, Navy, Air Force, Marines, etc.), Specify ▶  
 Intelligence Service  Security Forces  
 Diplomatic Service  Militia  
 Other Government Agency, Specify ▶  
 Other Defense Forces, Specify ▶

Provide the name of the foreign organization.

Provide your period of service.  
From Date (Month/Year)  Est To Date (Month/Year)  Present  
 Est  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 your association with this organization.

Provide a description of the reason for leaving this service.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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. From Date (Month/Year)  Est. To Date (Month/Year)  Present

Provide relationship to you. (Select all that apply)  
 Neighbor  Work associate  Other (Provide explanation) ▼  
 Friend  Schoolmate

Provide full name. Last name First name Middle name Suffix

Provide e-mail address for this person.  I don't know Provide rank/title  Not applicable

Provide telephone number for this person.  I don't know  International or DSN phone number Extension  Day  Night

Provide mobile/cell telephone number for this person.  I don't know  International or DSN phone number Extension  Day  Night

Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  
 Street City State Zip Code Country

**Entry #2**

Provide dates known. From Date (Month/Year)  Est. To Date (Month/Year)  Present

Provide relationship to you. (Select all that apply)  
 Neighbor  Work associate  Other (Provide explanation) ▼  
 Friend  Schoolmate

Provide full name. Last name First name Middle name Suffix

Provide e-mail address for this person.  I don't know Provide rank/title  Not applicable

Provide telephone number for this person.  I don't know  International or DSN phone number Extension  Day  Night

Provide mobile/cell telephone number for this person.  I don't know  International or DSN phone number Extension  Day  Night

Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  
 Street City State Zip Code Country

**Entry #3**

Provide dates known. From Date (Month/Year)  Est. To Date (Month/Year)  Present

Provide relationship to you. (Select all that apply)  
 Neighbor  Work associate  Other (Provide explanation) ▼  
 Friend  Schoolmate

Provide full name. Last name First name Middle name Suffix

Provide e-mail address for this person.  I don't know Provide rank/title  Not applicable

Provide telephone number for this person.  I don't know  International or DSN phone number Extension  Day  Night

Provide mobile/cell telephone number for this person.  I don't know  International or DSN phone number Extension  Day  Night

Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  
 Street City State Zip Code Country

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 17 - Marital/Relationship Status

Provide your current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership:

- |  |   |
|--|---|
| <input type="checkbox"/> Never entered in a civil marriage, legally recognized civil union, or legally recognized domestic partnership <i>(Complete 17.3)</i>      | <input type="checkbox"/> Separated <i>(Complete 17.1 and 17.3)</i>          |
| <input type="checkbox"/> Currently in a civil marriage, legally recognized civil union, or legally recognized domestic partnership <i>(Complete 17.1 and 17.3)</i> | <input type="checkbox"/> Annulled <i>(Complete 17.2 and 17.3)</i>           |
|  | <input type="checkbox"/> Divorced/Dissolved <i>(Complete 17.2 and 17.3)</i> |
|  | <input type="checkbox"/> Widowed <i>(Complete 17.2 and 17.3)</i>            |

**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.

Provide full name.				Provide the date of birth. <i>(Month/Day/Year)</i>
Last name	First name	Middle name	Suffix	<input type="checkbox"/> Est.

Provide place of birth.				
City	County	State	Country <i>(required)</i>	

If the person is foreign born, provide one type of documentation that he or she possesses and the document number.

<input type="checkbox"/> FS 240 or 545  <input type="checkbox"/> DS 1350  <input type="checkbox"/> U.S. Certificate of Citizenship	<input type="checkbox"/> U.S. Passport (current or most recent)  <input type="checkbox"/> Alien Registration  <input type="checkbox"/> U.S. Certificate of Naturalization	<input type="checkbox"/> None (Provide explanation)  <input type="checkbox"/> Other (Provide explanation)
--	---	---

Provide document number.	Provide U.S. Social Security Number.
	<input type="checkbox"/> Not applicable

Provide other names used (such as maiden name, names by other marriages, civil marriages, legally recognized civil unions, or legally recognized domestic partnerships, nicknames, etc., and provide dates used for each name).  Not applicable

#1 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From <i>(Month/Year)</i> <input type="checkbox"/> Est.	To <i>(Month/Year)</i> <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

#2 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From <i>(Month/Year)</i> <input type="checkbox"/> Est.	To <i>(Month/Year)</i> <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

#3 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From <i>(Month/Year)</i> <input type="checkbox"/> Est.	To <i>(Month/Year)</i> <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

#4 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From <i>(Month/Year)</i> <input type="checkbox"/> Est.	To <i>(Month/Year)</i> <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.

Provide country(ies) of citizenship.		Provide date when you entered into your civil marriage, civil union, or domestic partnership. <i>(Month/Day/Year)</i>
Country #1	Country #2	<input type="checkbox"/> Est.

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



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**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 you selected divorced/dissolved, annulled, or widowed. Provide information about any person from whom you are divorced/dissolved, annulled, or widowed.

<b>Entry #1</b>				
Provide the full name.				Provide the date of birth. <i>(Month/Day/Year)</i>
Last name	First name	Middle name	Suffix	<input type="checkbox"/> Est.
Provide the place of birth.				
City	State	Zip Code	Country <i>(Required)</i>	
Provide the country(ies) of citizenship.				
Country #1		Country #2		
Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. <i>(Month/Day/Year)</i>				
<input type="checkbox"/> Est.				
Provide the location. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Country.)</i>				
City	State	Country		
Provide the status.			Provide the date divorced/dissolved, annulled or widowed. <i>(Month/Day/Year)</i>	
<input type="radio"/> Divorced/Dissolved <input type="radio"/> Widowed <input type="radio"/> Annulled			<input type="checkbox"/> Est.	
Provide where the record of divorce/dissolution or annulment is located. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)</i>				
City	State	Zip Code	Country	
Is this person deceased?				
<input type="radio"/> YES <input type="radio"/> NO <i>(If NO, complete (a))</i> <input type="radio"/> I don't know				
(a) Provide last known address of the person from whom you are divorced/dissolved or annulled. <i>(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)</i>				<input type="checkbox"/> I don't know
Street	City	State	Zip Code	Country

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



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 you selected "**divorced/dissolved**", "**annulled**", or "**widowed**". Provide information about any person from whom you are divorced/dissolved, annulled, or widowed.

**Entry #2**

Provide the full name.

Last name	First name	Middle name	Suffix	Provide the date of birth. (Month/Day/Year)
				<input type="checkbox"/> Est.

Provide the place of birth.

City	State	Zip Code	Country (Required)

Provide the country(ies) of citizenship.

Country #1	Country #2

Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. (Month/Day/Year)

Est.

Provide the location. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.)

City	State	Country

Provide the status.

Divorced/Dissolved     Widowed     Annulled

Provide the date divorced/dissolved, annulled or widowed. (Month/Day/Year)

Est.

Provide where the record of divorce/dissolution or annulment is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City	State	Zip Code	Country

Is this person deceased?

YES     NO (If NO, complete (a))     I don't know

**(a)** Provide last known address of the person from whom you are divorced/dissolved or annulled. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

I don't know

Street	City	State	Zip Code	Country

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 presently reside with a cohabitant.			
<b>Entry #1</b>			
Provide the cohabitant full name.			Provide the cohabitant date of birth.
Last name	First name	Middle name	Date (Month/Day/Year) <input type="checkbox"/> Est.
Provide the cohabitant place of birth.			
City		State	Country (Required)
For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.			
<input type="checkbox"/> FS 240 or 545	<input type="checkbox"/> U.S. Passport (current or most recent)	<input type="checkbox"/> None (Provide explanation)	
<input type="checkbox"/> DS 1350	<input type="checkbox"/> Alien Registration	<input type="checkbox"/> Other (Provide explanation)	
<input type="checkbox"/> U.S. Certificate of Citizenship	<input type="checkbox"/> U.S. Certificate of Naturalization		
Provide document number.		Provide your cohabitant's U.S. Social Security Number. <input type="checkbox"/> Not applicable	
Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used).			<input type="checkbox"/> Not applicable
#1 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.
#2 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.
#3 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.
#4 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide your cohabitant's country(ies) of citizenship.			Provide date cohabitation began. (Month/Day/Year)
Country #1		Country #2	<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 presently reside with a cohabitant.			
<b>Entry #2</b>			
Provide the cohabitant full name.			Provide the cohabitant date of birth.
Last name	First name	Middle name	Date (Month/Day/Year) <input type="checkbox"/> Est.
Provide the cohabitant place of birth.			
City		State	Country (Required)
For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.			
<input type="checkbox"/> FS 240 or 545	<input type="checkbox"/> U.S. Passport (current or most recent)	<input type="checkbox"/> None (Provide explanation)	
<input type="checkbox"/> DS 1350	<input type="checkbox"/> Alien Registration	<input type="checkbox"/> Other (Provide explanation)	
<input type="checkbox"/> U.S. Certificate of Citizenship	<input type="checkbox"/> U.S. Certificate of Naturalization		
Provide document number.		Provide your cohabitant's U.S. Social Security Number. <input type="checkbox"/> Not applicable	
Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each name was used).			<input type="checkbox"/> Not applicable
#1 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	
#2 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	
#3 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	
#4 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/>	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	
Provide your cohabitant's country(ies) of citizenship.			Provide date cohabitation began. (Month/Day/Year) <input type="checkbox"/> Est.
Country #1		Country #2	

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**Section 18 - Relatives**

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)  
 Select all that apply.

- |                                     |   |                                       |  |
|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Foster parent                    | <input type="checkbox"/> Sister       | <input type="checkbox"/> Half-sister   |
| <input type="checkbox"/> Father     | <input type="checkbox"/> Child (including adopted/foster) | <input type="checkbox"/> Stepbrother  | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepchild                        | <input type="checkbox"/> Stepsister   | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Brother                          | <input type="checkbox"/> Half-brother | <input type="checkbox"/> Guardian      |

**Entry #1**

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
Date (Month/Year)

Provide your relative's place of birth.  
City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1	Country #2
------------	------------

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

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 any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).  Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.		

Enter your Social Security Number before going to the next page



--

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Section 18 - Relatives - (Continued)

Is your relative deceased?

YES

NO (If NO, proceed to 18.2)

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Does this relative have an APO/FPO address?

YES → Provide your relative's APO/FPO address.

NO Address APO or FPO APO/FPO State Code Zip Code

I don't know

Entry #1

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 18 - Relatives - (Continued)

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)  
 Select all that apply.

- |                                     |   |                                       |  |
|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Foster parent                    | <input type="checkbox"/> Sister       | <input type="checkbox"/> Half-sister   |
| <input type="checkbox"/> Father     | <input type="checkbox"/> Child (including adopted/foster) | <input type="checkbox"/> Stepbrother  | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepchild                        | <input type="checkbox"/> Stepsister   | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Brother                          | <input type="checkbox"/> Half-brother | <input type="checkbox"/> Guardian      |

#### Entry #2

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.

Date (Month/Year)	Provide your relative's place of birth. City	State	Country (Required)
<input type="checkbox"/> Est.			

Provide your relative's country(ies) of citizenship.

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, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

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 any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).  Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

Enter your Social Security Number before going to the next page



--

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Section 18 - Relatives - (Continued)

Is your relative deceased?

YES

NO (If NO, proceed to 18.2)

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Does this relative have an APO/FPO address?

YES →

Provide your relative's APO/FPO address.

NO

Address

APO or FPO

APO/FPO State Code

Zip Code

I don't know

Entry #2

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 18 - Relatives - (Continued)

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)  
 Select all that apply.

- |                                     |   |                                       |  |
|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Foster parent                    | <input type="checkbox"/> Sister       | <input type="checkbox"/> Half-sister   |
| <input type="checkbox"/> Father     | <input type="checkbox"/> Child (including adopted/foster) | <input type="checkbox"/> Stepbrother  | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepchild                        | <input type="checkbox"/> Stepsister   | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Brother                          | <input type="checkbox"/> Half-brother | <input type="checkbox"/> Guardian      |

#### Entry #3

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
Date (Month/Year)

Provide your relative's place of birth.  
City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

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 any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).  Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

Enter your Social Security Number before going to the next page



--



# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Section 18 - Relatives - (Continued)

Is your relative deceased?

YES

NO (If NO, proceed to 18.2)

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Does this relative have an APO/FPO address?

YES →

Provide your relative's APO/FPO address.

NO

Address

APO or FPO

APO/FPO State Code

Zip Code

I don't know

Entry #3

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 18 - Relatives - (Continued)

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.) Select all that apply.

- |                                     |   |                                       |  |
|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Foster parent                    | <input type="checkbox"/> Sister       | <input type="checkbox"/> Half-sister   |
| <input type="checkbox"/> Father     | <input type="checkbox"/> Child (including adopted/foster) | <input type="checkbox"/> Stepbrother  | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepchild                        | <input type="checkbox"/> Stepsister   | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Brother                          | <input type="checkbox"/> Half-brother | <input type="checkbox"/> Guardian      |

#### Entry #4

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
Date (Month/Year)

Provide your relative's place of birth.  
City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1	Country #2
------------	------------

#### 18.1 Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

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 any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).  Not applicable

#1 Last name	First name	Middle name	Suffix
Maiden name? <input type="radio"/> YES <input type="radio"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide the reason(s) why the name changed.			
#2 Last name	First name	Middle name	Suffix
Maiden name? <input type="radio"/> YES <input type="radio"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide the reason(s) why the name changed.			
#3 Last name	First name	Middle name	Suffix
Maiden name? <input type="radio"/> YES <input type="radio"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide the reason(s) why the name changed.			
#4 Last name	First name	Middle name	Suffix
Maiden name? <input type="radio"/> YES <input type="radio"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide the reason(s) why the name changed.			

Entry #4

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**Section 18 - Relatives - (Continued)**

Is your relative deceased?  YES  NO (If NO, proceed to 18.2)

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Entry #4

Provide your relative's current address. *(Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)*

Street	City	State	Zip Code	Country

Does this relative have an APO/FPO address?

<input type="radio"/> YES → <input type="radio"/> NO <input type="radio"/> I don't know	Provide your relative's APO/FPO address. Address	APO or FPO	APO/FPO State Code	Zip Code

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 18 - Relatives - (Continued)

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)  
 Select all that apply.

- |                                     |   |                                       |  |
|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Foster parent                    | <input type="checkbox"/> Sister       | <input type="checkbox"/> Half-sister   |
| <input type="checkbox"/> Father     | <input type="checkbox"/> Child (including adopted/foster) | <input type="checkbox"/> Stepbrother  | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepchild                        | <input type="checkbox"/> Stepsister   | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Brother                          | <input type="checkbox"/> Half-brother | <input type="checkbox"/> Guardian      |

**Entry #5**

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
Date (Month/Year)

Provide your relative's place of birth.  
City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

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 any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).  Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

Entry #5

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**Section 18 - Relatives - (Continued)**

Is your relative deceased?

YES

NO (If NO, proceed to 18.2)

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Does this relative have an APO/FPO address?

YES →

Provide your relative's APO/FPO address.

NO

Address

APO or FPO

APO/FPO State Code

Zip Code

I don't know

Entry #5

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 18 - Relatives - (Continued)

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.) Select all that apply.

- |                                     |   |                                       |  |
|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Foster parent                    | <input type="checkbox"/> Sister       | <input type="checkbox"/> Half-sister   |
| <input type="checkbox"/> Father     | <input type="checkbox"/> Child (including adopted/foster) | <input type="checkbox"/> Stepbrother  | <input type="checkbox"/> Father-in-law |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepchild                        | <input type="checkbox"/> Stepsister   | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Brother                          | <input type="checkbox"/> Half-brother | <input type="checkbox"/> Guardian      |

#### Entry #6

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.  
Date (Month/Year)

Provide your relative's place of birth.  
City

State

Country (Required)

Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

**18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.**

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 any other names?

YES  NO

Provide other names used and the period of time that your relative used them (such as maiden, name by a former marriage, former name, alias, or nickname).  Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	Present <input type="checkbox"/>	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	Present <input type="checkbox"/>	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	Present <input type="checkbox"/>	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	Present <input type="checkbox"/>	Provide the reason(s) why the name changed.
<input type="radio"/> YES <input type="radio"/> NO	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**Section 18 - Relatives - (Continued)**

Is your relative deceased?

YES

NO (If NO, proceed to 18.2)

**18.2** Complete the following if the relative listed is your **Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian** and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country

Does this relative have an APO/FPO address?

YES →

Provide your relative's APO/FPO address.

NO

Address

APO or FPO

APO/FPO State Code

Zip Code

I don't know

Entry #6

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 19 - Foreign Countries You have Visited

Have you traveled outside the U.S. in the last seven (7) years?  YES  NO (If NO, proceed to Section 20)

Has your travel in the last seven (7) years been solely for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)?  YES (If YES, proceed to Section 20)  NO

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 #1**

Provide the country visited.	Provide the dates of your travel to this country. From (Month/Year) <input type="checkbox"/> Est. To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the total number of days involved in the visit. <input type="radio"/> 1-5 <input type="radio"/> 11-20 <input type="radio"/> More than 30 <input type="radio"/> 6-10 <input type="radio"/> 21-30 <input type="radio"/> Many short trips
------------------------------	---	--

Provide the purpose of the travel to this country (Select all that apply).

- |  |                                    |   |                                |
|--|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Business/Professional | <input type="checkbox"/> Education | <input type="checkbox"/> Trade shows, conferences, and seminars | <input type="checkbox"/> Other |
| <input type="checkbox"/> Volunteer activities  | <input type="checkbox"/> Tourism   | <input type="checkbox"/> Visit family or friends                |                                |

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?

- YES  NO → If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

- YES  NO → If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES  NO → If yes, provide explanation.

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 #2**

Provide the country visited.	Provide the dates of your travel to this country. From (Month/Year) <input type="checkbox"/> Est. To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the total number of days involved in the visit. <input type="radio"/> 1-5 <input type="radio"/> 11-20 <input type="radio"/> More than 30 <input type="radio"/> 6-10 <input type="radio"/> 21-30 <input type="radio"/> Many short trips
------------------------------	---	--

Provide the purpose of the travel to this country (Select all that apply).

- |  |                                    |   |                                |
|--|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Business/Professional | <input type="checkbox"/> Education | <input type="checkbox"/> Trade shows, conferences, and seminars | <input type="checkbox"/> Other |
| <input type="checkbox"/> Volunteer activities  | <input type="checkbox"/> Tourism   | <input type="checkbox"/> Visit family or friends                |                                |

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?

- YES  NO → If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

- YES  NO → If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES  NO → If yes, provide explanation.

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 travel to this country. From (Month/Year) _____ To (Month/Year) _____ <div style="text-align: center;"><input type="checkbox"/> Est.</div>	Provide the total number of days involved in the visit. <input type="radio"/> 1-5 <input type="radio"/> 11-20 <input type="radio"/> More than 30 <input type="radio"/> 6-10 <input type="radio"/> 21-30 <input type="radio"/> Many short trips
------------------------------	--	--

Provide the purpose of the travel to this country (Select all that apply).

- Business/Professional       Education       Trade shows, conferences, and seminars       Other  
 Volunteer activities       Tourism       Visit family or friends

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?

- YES       NO  
 If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

- YES       NO  
 If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

- YES       NO  
 If yes, provide explanation.

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 travel to this country. From (Month/Year) _____ To (Month/Year) _____ <div style="text-align: center;"><input type="checkbox"/> Est.</div>	Provide the total number of days involved in the visit. <input type="radio"/> 1-5 <input type="radio"/> 11-20 <input type="radio"/> More than 30 <input type="radio"/> 6-10 <input type="radio"/> 21-30 <input type="radio"/> Many short trips
------------------------------	--	--

Provide the purpose of the travel to this country (Select all that apply).

- Business/Professional       Education       Trade shows, conferences, and seminars       Other  
 Volunteer activities       Tourism       Visit family or friends

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?

- YES       NO  
 If yes, provide explanation.

While traveling to or in this country, were you involved in any encounter with the police?

- YES       NO  
 If yes, provide explanation.

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

- YES       NO  
 If yes, provide explanation.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 20 - Police Record

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

**20.1** Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.)  YES  NO (If NO, proceed to 20.2)

- **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 #1

**Entry #1**

Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.

Est.

**(a)** Did this offense involve any of the following?

YES  NO

(Select all that apply.)

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country

**(b)** Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

YES  NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country

**(c)** As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

- YES → Provide the name of the court. ▶  
(If YES, complete (c.1))
- NO → Provide explanation ▶

**(c.1)** Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	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, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Section 20 - Police Record - (Continued)

### Entry #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?

YES  NO

Were you incarcerated as a result of that sentence for not less than 1 year?

YES  NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.

<input type="checkbox"/> Not Applicable	From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present
	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.

<input type="checkbox"/> Not Applicable	From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present
	<input type="checkbox"/> Est.		<input type="checkbox"/> Est.

#### (d.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

YES  NO

Provide explanation.

Entry #1

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**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

**Entry #2**

Provide the date of offense. (Month/Year)  Provide a description of the specific nature of the offense.  
 Est.

(a) Did this offense involve any of the following?  
 YES  NO

- (Select all that apply.)
- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
  - Involve firearms or explosives?
  - Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?  
 YES  NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	County	State	Zip Code	Country

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  
 YES → Provide the name of the court. ▶ (If YES, complete (c.1))  
 NO → Provide explanation ▶

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City	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, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

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



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**Section 20 - Police Record - (Continued)**

**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 of the specific nature of the offense.

Est.

**(a)** Did this offense involve any of the following?

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, 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 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 <i>(Month/Year)</i>
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

**(b)** 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.

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?  YES  NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.  Not Applicable From Date *(Month/Year)* To Date *(Month/Year)*  Present

Est.  Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.  Not Applicable From Date *(Month/Year)* To Date *(Month/Year)*  Present

Est.  Est.

**(b.2)**

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

YES  NO Provide explanation.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 20 - Police Record - (Continued)

**Entry #2**

Provide the date of offense. (Month/Year) \_\_\_\_\_ Provide a description of the specific nature of the offense.

Est.

**(a)** Did this offense involve any of the following?

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, 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 \_\_\_\_\_ 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)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

**(b)** 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

Were you incarcerated as a result of that sentence for not less than 1 year?  YES  NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.  Not Applicable From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year) \_\_\_\_\_  Present  Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.  Not Applicable From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year) \_\_\_\_\_  Present  Est.

**(b.2)**

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

YES  NO Provide explanation.

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Section 20 - Police Record - (Continued)

**20.3** Is there currently a domestic violence protective order or restraining order issued against you?  YES  NO (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)  Est. | 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)  Est. | 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 #3

Provide explanation.

Provide the date the order was issued. (Month/Year)  Est. | 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 #4

Provide explanation.

Provide the date the order was issued. (Month/Year)  Est. | 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

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 used a drug or controlled substance.		
<b>Entry #1</b>		
Provide the type of drug or controlled substance.		
<input type="radio"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)	<input type="radio"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	
<input type="radio"/> THC (Such as marijuana, weed, pot, hashish, etc.)	<input type="radio"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)	
<input type="radio"/> Ketamine (Such as special K, jet, etc.)	<input type="radio"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)	
<input type="radio"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	<input type="radio"/> Steroids (Such as the clear, juice, etc.)	
<input type="radio"/> Inhalants (Such as toluene, amyl nitrate, etc.)	<input type="radio"/> Other (Provide explanation) ▶	
Provide an estimate of the month and year of first use. (Month/Year)	Provide an estimate of the month and year of most recent use. (Month/Year)	Provide nature of use, frequency, and number of times used.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	
Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?		<input type="radio"/> YES <input type="radio"/> NO
Was your use while possessing a security clearance?		<input type="radio"/> YES <input type="radio"/> NO
Do you intend to use this drug or controlled substance in the future?		<input type="radio"/> YES <input type="radio"/> NO
Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.		

<b>Entry #2</b>		
Provide the type of drug or controlled substance.		
<input type="radio"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)	<input type="radio"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	
<input type="radio"/> THC (Such as marijuana, weed, pot, hashish, etc.)	<input type="radio"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)	
<input type="radio"/> Ketamine (Such as special K, jet, etc.)	<input type="radio"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)	
<input type="radio"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	<input type="radio"/> Steroids (Such as the clear, juice, etc.)	
<input type="radio"/> Inhalants (Such as toluene, amyl nitrate, etc.)	<input type="radio"/> Other (Provide explanation) ▶	
Provide an estimate of the month and year of first use. (Month/Year)	Provide an estimate of the month and year of most recent use. (Month/Year)	Provide nature of use, frequency, and number of times used.
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	
Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?		<input type="radio"/> YES <input type="radio"/> NO
Was your use while possessing a security clearance?		<input type="radio"/> YES <input type="radio"/> NO
Do you intend to use this drug or controlled substance in the future?		<input type="radio"/> YES <input type="radio"/> NO
Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.		

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

**21.2** In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?  YES  NO (If NO, proceed to 21.3)

Complete the following if you answered 'Yes' to in the last seven (7) years having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.

**Entry #1**

Provide the type of drug or controlled substance.

- |   |   |
|---|---|
| <input type="radio"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="radio"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="radio"/> THC (Such as marijuana, weed, pot, hashish, etc.)       | <input type="radio"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="radio"/> Ketamine (Such as special K, jet, etc.)                 | <input type="radio"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            |
| <input type="radio"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)      | <input type="radio"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="radio"/> Inhalants (Such as toluene, amyl nitrate, etc.)         | <input type="radio"/> Other (Provide explanation) ▶   |

Provide an estimate of the month and year of first involvement. (Month/Year) <div style="text-align: right;"><input type="checkbox"/> Est.</div>	Provide an estimate of the month and year of most recent involvement. (Month/Year) <div style="text-align: right;"><input type="checkbox"/> Est.</div>	Provide the nature and frequency of activity.
---	---	---

Provide the reason(s) why you engaged in the activity.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your involvement while possessing a security clearance?  YES  NO

Do you intend to engage in this activity in the future?

- YES → Provide explanation.  
 NO

**Entry #2**

Provide the type of drug or controlled substance.

- |   |   |
|---|---|
| <input type="radio"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="radio"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="radio"/> THC (Such as marijuana, weed, pot, hashish, etc.)       | <input type="radio"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="radio"/> Ketamine (Such as special K, jet, etc.)                 | <input type="radio"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            |
| <input type="radio"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)      | <input type="radio"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="radio"/> Inhalants (Such as toluene, amyl nitrate, etc.)         | <input type="radio"/> Other (Provide explanation) ▶   |

Provide an estimate of the month and year of first involvement. (Month/Year) <div style="text-align: right;"><input type="checkbox"/> Est.</div>	Provide an estimate of the month and year of most recent involvement. (Month/Year) <div style="text-align: right;"><input type="checkbox"/> Est.</div>	Provide the nature and frequency of activity.
---	---	---

Provide the reason(s) why you engaged in the activity.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your involvement while possessing a security clearance?  YES  NO

Do you intend to engage in this activity in the future?

- YES → Provide explanation.  
 NO

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## 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 drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

### Entry #2

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

**21.4** In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?  YES  NO (If NO, proceed to 21.5)

Complete the following if you responded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.

### Entry #1

Provide the name of the prescription drug that you misused.

Provide the dates of involvement in the above.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your involvement while possessing a security clearance?  YES  NO

### Entry #2

Provide the name of the prescription drug that you misused.

Provide the dates of involvement in the above.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?  YES  NO

Was your involvement while possessing a security clearance?  YES  NO

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

**21.5** In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?  YES  NO (If NO, proceed to 21.6)

Complete the following if you responded 'Yes' to **In the last seven (7) years** have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

**Entry #1**

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Select all that apply):

An employer, military commander, or employee assistance program       A court official / judge  
 A medical professional       I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.  
 A mental health professional

Provide explanation ▶

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

**(a)** You have indicated that you did not receive treatment.  
Provide explanation.

**(b)** You have indicated that you did receive treatment.  
Provide the type of drug or controlled substance for which you were treated.

Cocaine or crack cocaine (Such as rock, freebase, etc.)       Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)  
 THC (Such as marijuana, weed, pot, hashish, etc.)       Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)  
 Ketamine (Such as special K, jet, etc.)       Narcotics (Such as opium, morphine, codeine, heroin, etc.)  
 Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)       Steroids (Such as the clear, juice, etc.)  
 Inhalants (Such as toluene, amyl nitrate, etc.)       Other (Provide explanation) ▶

Provide the name of the treatment provider.

Last name	First name

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	Country

Provide a telephone number for the treatment provider.	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night	Provide the dates of treatment. From Date (Month/Year)    To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.

Did you successfully complete the treatment?  YES  NO → (Provide explanation)

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

Complete the following if you responded 'Yes' to **In the last seven (7) years** have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

**Entry #2**

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Select all that apply):

- |   |   |
|---|---|
| <input type="radio"/> An employer, military commander, or employee assistance program | <input type="radio"/> A court official / judge  |
| <input type="radio"/> A medical professional  | <input type="radio"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above. |
| <input type="radio"/> A mental health professional                                    |   |

Provide explanation ▶

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

**(a)** You have indicated that you did not receive treatment.

Provide explanation.

**(b)** You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- |   |   |
|---|---|
| <input type="radio"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="radio"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) |
| <input type="radio"/> THC (Such as marijuana, weed, pot, hashish, etc.)       | <input type="radio"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="radio"/> Ketamine (Such as special K, jet, etc.)                 | <input type="radio"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)            |
| <input type="radio"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)      | <input type="radio"/> Steroids (Such as the clear, juice, etc.)                             |
| <input type="radio"/> Inhalants (Such as toluene, amyl nitrate, etc.)         | <input type="radio"/> 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	Country
--------	------	-------	----------	---------

Provide a telephone number for the treatment provider.

Extension	<input type="checkbox"/> International or DSN phone number
	<input type="checkbox"/> Day <input type="checkbox"/> Night

Provide the dates of treatment.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Did you successfully complete the treatment?  YES  NO → (Provide explanation)

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**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 use of a drug or controlled substance?  YES  NO (If NO, proceed to Section 22)

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.

- |  |  |
|--|--|
| <input type="radio"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)<br><input type="radio"/> THC (Such as marijuana, weed, pot, hashish, etc.)<br><input type="radio"/> Ketamine (Such as special K, jet, etc.)<br><input type="radio"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)<br><input type="radio"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="radio"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)<br><input type="radio"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)<br><input type="radio"/> Steroids (Such as the clear, juice, etc.)<br><input type="radio"/> Inhalants (Such as toluene, amyl nitrate, etc.)<br><input type="radio"/> 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 Country

Provide a telephone number for the treatment provider.

Extension  International or DSN phone number  
 Day  Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

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.

- |  |  |
|--|--|
| <input type="radio"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)<br><input type="radio"/> THC (Such as marijuana, weed, pot, hashish, etc.)<br><input type="radio"/> Ketamine (Such as special K, jet, etc.)<br><input type="radio"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)<br><input type="radio"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="radio"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)<br><input type="radio"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)<br><input type="radio"/> Steroids (Such as the clear, juice, etc.)<br><input type="radio"/> Inhalants (Such as toluene, amyl nitrate, etc.)<br><input type="radio"/> 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 Country

Provide a telephone number for the treatment provider.

Extension  International or DSN phone number  
 Day  Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Did you successfully complete the treatment?  YES  NO → (Provide explanation)

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**Section 22 - Use of Alcohol**

**22.1** In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?  YES  NO (If NO, proceed to 22.2)

Complete the following if you responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.

<b>Entry #1</b>	
Provide the month/year when this negative impact occurred. From Date (Month/Year) <input type="checkbox"/> Est.	Provide dates of involvement or use. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide an explanation of the circumstances and the negative impact. Provide circumstances.	Provide negative impact.
<b>Entry #2</b>	
Provide the month/year when this negative impact occurred. From Date (Month/Year) <input type="checkbox"/> Est.	Provide dates of involvement or use. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide an explanation of the circumstances and the negative impact. Provide circumstances.	Provide negative impact.
<b>Entry #3</b>	
Provide the month/year when this negative impact occurred. From Date (Month/Year) <input type="checkbox"/> Est.	Provide dates of involvement or use. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide an explanation of the circumstances and the negative impact. Provide circumstances.	Provide negative impact.
<b>Entry #4</b>	
Provide the month/year when this negative impact occurred. From Date (Month/Year) <input type="checkbox"/> Est.	Provide dates of involvement or use. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Provide an explanation of the circumstances and the negative impact. Provide circumstances.	Provide negative impact.

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 22 - Use of Alcohol - (Continued)

**22.2** In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?  YES  NO (If NO, proceed to 22.3)

Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.

**Entry #1**

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

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

**(b)** You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year)  Present  
 Est.  Est.

Provide the name of the individual counselor or treatment provider.

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**

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

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

**(b)** You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year)  Present  
 Est.  Est.

Provide the name of the individual counselor or treatment provider.

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) ▶

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Section 22 - Use of Alcohol - (Continued)

**22.3 In the last seven (7) years** have you voluntarily sought counseling or treatment as a result of your use of alcohol?  YES  NO (If NO, proceed to 23)

Complete the following if you responded 'Yes' to voluntarily seeking counseling or treatment.

### Entry #1

Provide the dates of counseling or treatment.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address of the counseling or 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

Provide the dates of counseling or treatment.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address of the counseling or 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) ▶

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 23 - Investigations and Clearance Record

**23.1** Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?  YES  NO (If NO, proceed to 23.2)

Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

**Entry #1**

Provide the investigating agency:

- |   |  |
|---|--|
| <input type="checkbox"/> U.S. Department of Defense                             | <input type="checkbox"/> U.S. Department of Homeland Security              |
| <input type="checkbox"/> U.S. Department of State                               | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management                    | <input type="checkbox"/> I don't know                                      |
| <input type="checkbox"/> Federal Bureau of Investigation                        | <input type="checkbox"/> Other (Provide explanation) ▶                     |
| <input type="checkbox"/> U.S. Department of Treasury (Provide name of bureau) ▶ |  |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year) <input type="checkbox"/> I don't know <input type="checkbox"/> Est.	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know <input type="checkbox"/> Est.
--	--

Provide the level of clearance eligibility/access granted:

- |   |  |
|---|--|
| <input type="checkbox"/> None   | <input type="checkbox"/> Q                         |
| <input type="checkbox"/> Confidential   | <input type="checkbox"/> L                         |
| <input type="checkbox"/> Secret   | <input type="checkbox"/> I don't know              |
| <input type="checkbox"/> Top Secret   | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) <input type="checkbox"/> Other (Provide explanation) ▶ |  |

**Entry #2**

Provide the investigating agency:

- |   |  |
|---|--|
| <input type="checkbox"/> U.S. Department of Defense                             | <input type="checkbox"/> U.S. Department of Homeland Security              |
| <input type="checkbox"/> U.S. Department of State                               | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management                    | <input type="checkbox"/> I don't know                                      |
| <input type="checkbox"/> Federal Bureau of Investigation                        | <input type="checkbox"/> Other (Provide explanation) ▶                     |
| <input type="checkbox"/> U.S. Department of Treasury (Provide name of bureau) ▶ |  |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year) <input type="checkbox"/> I don't know <input type="checkbox"/> Est.	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know <input type="checkbox"/> Est.
--	--

Provide the level of clearance eligibility/access granted:

- |   |  |
|---|--|
| <input type="checkbox"/> None   | <input type="checkbox"/> Q                         |
| <input type="checkbox"/> Confidential   | <input type="checkbox"/> L                         |
| <input type="checkbox"/> Secret   | <input type="checkbox"/> I don't know              |
| <input type="checkbox"/> Top Secret   | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) <input type="checkbox"/> Other (Provide explanation) ▶ |  |

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 23 - Investigations and Clearance Record - (Continued)

**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 eligibility/access authorization was denied, suspended or revoked. (Month/Year)  <input type="checkbox"/> Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.
--	--	---

**Entry #2**

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)  <input type="checkbox"/> Est.	Provide the name of the agency that took the action.	Provide an explanation of the circumstances of the denial, suspension or revocation action.
--	--	---

**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)  <input type="checkbox"/> Est.	Provide an explanation of the circumstances of the debarment.
--	--	---

**Entry #2**

Provide the name of the government agency taking debarment action.	Provide the date the debarment occurred. (Month/Year)  <input type="checkbox"/> Est.	Provide an explanation of the circumstances of the debarment.
--	--	---

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 24 - Financial Record

**24.1** In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?  YES  NO (If NO, proceed to 24.2)

Complete the following if you responded 'Yes' to in the last seven (7) years having filed a petition under any chapter of the bankruptcy code.

**Entry #1**

Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number.

Chapter 7    Chapter 11    Chapter 12    Chapter 13

---

Provide the date bankruptcy was filed. (Month/Year) Provide the date of bankruptcy discharge. (Month/Year)  Not Applicable Provide the total amount (in U.S. dollars) involved in the bankruptcy.

Est.  Est.  Est.

---

Provide the name debt is recorded under.

Last name First name Middle name Suffix

---

Provide the name of the court involved.

---

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

---

**(a) If Chapter 13 or Chapter 12 previously selected:**  
Provide the name of the trustee for this bankruptcy.

---

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

---

Were you discharged of all debts claimed in the bankruptcy?  YES (Provide explanation)  NO (Provide explanation)

Provide Explanation.

**Entry #2**

Select the applicable bankruptcy petition type. Provide the bankruptcy court docket/account number.

Chapter 7    Chapter 11    Chapter 12    Chapter 13

---

Provide the date bankruptcy was filed. (Month/Year) Provide the date of bankruptcy discharge. (Month/Year)  Not Applicable Provide the total amount (in U.S. dollars) involved in the bankruptcy.

Est.  Est.  Est.

---

Provide the name debt is recorded under.

Last name First name Middle name Suffix

---

Provide the name of the court involved.

---

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

---

**(a) If Chapter 13 or Chapter 12 previously selected:**  
Provide the name of the trustee for this bankruptcy.

---

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

---

Were you discharged of all debts claimed in the bankruptcy?  YES (Provide explanation)  NO (Provide explanation)

Provide Explanation.

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

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 meet 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)  Est. To Date (Month/Year)  Present  Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not 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)  Est. To Date (Month/Year)  Present  Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

**24.3 In the last seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?**  YES  NO (If NO, proceed to 24.4)

Complete the following if you responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.

**Entry #1**

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.  Est.

File  Pay  Both

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)  Not Applicable  Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

**Entry #2**

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.  Est.

File  Pay  Both

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)  Not Applicable  Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 24 - Financial Record - (Continued)

**24.4** In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?  YES  NO (If NO, proceed to 24.5)

Complete the following if you responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer.

**Entry #1**

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the reason(s) for the counseling, warning, or disciplinary action.

Provide the amount (in U.S. dollars) of violation.

Est.

Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.

**Entry #2**

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the reason(s) for the counseling, warning, or disciplinary action.

Provide the amount (in U.S. dollars) of violation.

Est.

Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.

**24.5** Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve an inability to meet financial obligations?  YES  NO (If NO, proceed to 24.6)

Complete the following if you responded 'Yes' to currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve an inability to meet financial obligations.

**Entry #1**

Provide explanation.

Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night	
------------------	-----------	---	--

Provide the location of the credit counseling organization.

City	State
------	-------

As a result of this counseling, provide a description of any action(s) you have taken to resolve your inability to meet financial obligations. If you have not taken any action(s), provide explanation.

**Entry #2**

Provide explanation.

Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization.

Telephone number	Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night	
------------------	-----------	---	--

Provide the location of the credit counseling organization.

City	State
------	-------

As a result of this counseling, provide a description of any action(s) you have taken to resolve your inability to meet financial obligations. If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page



--

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 24 - Financial Record - (Continued)

- 24.6** Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below)  YES  NO (If NO, proceed to 24.7)
- You are currently delinquent on alimony or child support payments.
  - **In the last seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - **In the last seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

**Entry #1**

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)  YES  NO (If NO, proceed to 24.7)

- You are currently delinquent on alimony or child support payments.
- In the last seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the last seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Est.

Provide the date the financial issue began. (Month/Year) Provide date the financial issue was resolved. (Month/Year) Provide the name of the court involved.

Est.  Not Resolved  Est.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

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



# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## 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)

YES  NO (If NO, proceed to 24.7)

You are currently delinquent on alimony or child support payments.

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

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

You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

Est.

Provide the date the financial issue began. (Month/Year)

Est.

Provide date the financial issue was resolved. (Month/Year)

Not Resolved

Est.

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 24 - Financial Record - (Continued)

- 24.7** Other than previously listed, have any of the following happened?  YES  NO (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).

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

**Entry #1**

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)  YES  NO (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. <input type="checkbox"/> Est.	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) <input type="checkbox"/> Est.	Provide date the financial issue was resolved. (Month/Year) <input type="checkbox"/> Not Resolved <input type="checkbox"/> 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.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**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)  YES  NO (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. <input type="checkbox"/> Est.	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) <input type="checkbox"/> Est.	Provide date the financial issue was resolved. (Month/Year) <input type="checkbox"/> Not Resolved <input type="checkbox"/> 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.

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## 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 having in the last seven (7) years illegally or without proper authorization entered or attempted to enter into any information technology system.

### Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident 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 (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 nature of the incident 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 (administrative, criminal or other) taken as a result of this incident.

**25.2** In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?  YES  NO (If NO, proceed to 25.3)

Complete the following if you responded 'Yes' to having in the last seven (7) years illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above.

### Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident 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 (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 nature of the incident 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 (administrative, criminal or other) taken as a result of this incident.

Enter your Social Security Number before going to the next page




# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## 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.

<b>Entry #1</b>				
Provide the date of the incident. (Month/Year)		Provide a description of the nature of the incident or offense.		
<input type="checkbox"/> 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 (administrative, criminal or other) taken as a result of this incident.				
<b>Entry #2</b>				
Provide the date of the incident. (Month/Year)		Provide a description of the nature of the incident or offense.		
<input type="checkbox"/> 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 (administrative, criminal or other) taken as a result of this incident.				

Enter your Social Security Number before going to the next page 

# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Section 26 - Involvement in Non-Criminal Court Actions

In the last seven (7) years, have you been a party to any public record civil court action not listed elsewhere on this form?  YES  NO (If NO, proceed to Section 27)

Complete the following if you responded "Yes" to having been a party to any public record civil court action(s) not listed elsewhere on this form in the last seven (7) years.

### Entry #1

Provide the date of the civil action. (Month/Year) Provide the court name.

Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

### Entry #2

Provide the date of the civil action. (Month/Year) Provide the court name.

Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 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.

**Entry #1**

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Provide the dates of your involvement with the organization.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year)  Present  
 Est.  Est.

Provide all positions held in the organization, if any.  No positions held

Provide all contributions made to the organization, if any.  No contributions made

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 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.

From Date (Month/Year) \_\_\_\_\_ To Date (Month/Year)  Present  
 Est.  Est.

Provide all positions held in the organization, if any.  No positions held

Provide all contributions made to the organization, if any.  No contributions made

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

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### Section 27 - Association Record - (Continued)

**27.2** Have you **EVER** knowingly engaged in any acts of terrorism?  YES  NO (If NO, proceed to 27.3)

Complete the following if you responded 'Yes' to **EVER** having knowingly engaged in any acts of terrorism.

**Entry #1**

Describe the nature and reasons for the activity.

Provide the dates for any such activities.

From Date (Month/Year)  Present  
 Est. To Date (Month/Year)  Present  
 Est.

**Entry #2**

Describe the nature and reasons for the activity.

Provide the dates for any such activities.

From Date (Month/Year)  Present  
 Est. To Date (Month/Year)  Present  
 Est.

**27.3** Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?  YES  NO (Proceed to 27.4)

Complete the following if you responded 'Yes' to having **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force.

**Entry #1**

Provide the reason(s) for advocating acts of terrorism.

Provide the dates of advocating acts of terrorism.

From Date (Month/Year)  Present  
 Est. To Date (Month/Year)  Present  
 Est.

**Entry #2**

Provide the reason(s) for advocating acts of terrorism.

Provide the dates of advocating acts of terrorism.

From Date (Month/Year)  Present  
 Est. To Date (Month/Year)  Present  
 Est.

Enter your Social Security Number before going to the next page





## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 Country if outside the United States; otherwise, provide City, State and Zip Code)

Street | City | State | Zip Code | Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) | To Date (Month/Year)  Present  
 Est. |  Est.

Provide all positions held in the organization, if any.  No positions held

Provide all contributions made to the organization, if any.  No contributions made

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 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.

From Date (Month/Year) | To Date (Month/Year)  Present  
 Est. |  Est.

Provide all positions held in the organization, if any.  No positions held

Provide all contributions made to the organization, if any.  No contributions made

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

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**Section 27 - Association Record - (Continued)**

**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)

Complete the following if you responded **'Yes'** to being or **EVER** having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action.

**Entry #1**

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide all positions held in the organization, if any.  No positions held

Provide all contributions (in U.S. dollars)  No contributions made made to the 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 address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year)  Present  
 Est.  Est.

Provide all positions held in the organization, if any.  No positions held

Provide all contributions (in U.S. dollars)  No contributions made made to the organization, if any.

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

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

## Section 27 - Association Record - (Continued)

**27.6** Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?  YES  NO (If NO, proceed to 27.7)

Complete the following if you responded 'Yes' to having **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force.

**Entry #1**

Describe the nature and reasons for the activity.

Provide the dates of such activities.

From Date (Month/Year)

To Date (Month/Year)

Est.

Present

Est.

**Entry #2**

Describe the nature and reasons for the activity.

Provide the dates of such activities.

From Date (Month/Year)

To Date (Month/Year)

Est.

Present

Est.

**27.7** Have you **EVER** associated with anyone involved in activities to further terrorism?  YES  NO

Complete the following if you responded 'Yes' to having **EVER** associated with anyone involved in activities to further terrorism.

**Entry #1**

Provide explanation.

**Entry #2**

Provide explanation.

Enter your Social Security Number before going to the next page



## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

---

### 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)*

---

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

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

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities, conduct and character from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, 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 ( <i>Sign in ink</i> )		Full name ( <i>Type or print legibly</i> )		Date signed ( <i>mm/dd/yyyy</i> )
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City ( <i>Country</i> )	State	ZIP Code	Telephone number

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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 <i>(Sign in ink)</i>		Full name <i>(Type or print legibly)</i>			Date signed <i>(mm/dd/yyyy)</i>
Other names used				Social Security Number	
Current street address Apt. #	City <i>(Country)</i>	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?  <input type="radio"/> YES <input type="radio"/> NO  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 <i>(Sign in ink)</i>	Practitioner name	Date signed <i>(mm/dd/yyyy)</i>

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### UNITED STATES OF AMERICA

### FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

**Disclosure**

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

**Purpose**

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 ( <i>Sign in ink</i> )	Date signed ( <i>mm/dd/yyyy</i> )