

**Supplemental Form to  
Questionnaire for Designated Law Enforcement/Sensitive Positions**

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

Association Record
<p>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.</p>

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 next question)

<p>Complete the following if you answered "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.</p>			
<p>Provide the full name of the organization.</p>			
<p>Provide the address/location of the organization.</p>			
Street	City	State	Zip Code
<p>Provide the date of the involvement with the organization.</p>			
From Date (Month/Year)	Est.	To Date (Month/Year)	Est.
<p>Provide all positions held in the organization, if any.</p>			<p>No Positions Held</p>
<p>Provide all contributions made to the organization, if any.</p>			
<p>No Contributions Made</p>			
<p>Provide a description of the nature of and reasons for your involvement with the organization.</p>			

Have you EVER knowingly engaged in any acts of terrorism? Yes    No (If NO, proceed to next question)

<p>Complete the following if you answered "Yes" to EVER knowingly engaged in any acts of terrorism.</p>			
<p>Describe the nature and reasons for the activity.</p>		<p>Provide the dates for any such activities</p>	
		<p>From Date (Month/Year)</p>	<p>Est.</p>
		<p>To Date (Month/Year)</p>	<p>Est.</p>

**Questionnaire Continuation**

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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**Association Record**

Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force? Yes    No (If NO, proceed to next question)

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

Provide the reason(s) for advocating acts of terrorism.	Provide the dates for any such activities			
	From Date (Month/Year)	Est.	To Date (Month/Year)	Est.

Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the U.S. 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 next question)

Complete the following if you answered "Yes" to having EVER been a member of an organization dedicated to the use of violence or force to overthrow the U.S. government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.

Provide the full name of the organization.				
Provide the address/location of the organization.				
Street	City		State	Zip Code
Provide the date of the involvement with the organization.				
From Date (Month/Year)	Est.	To Date (Month/Year)	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.				

### Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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#### Association Record

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 U.S. with the specific intent to further such action? Yes      No (If NO, proceed to next question)

Complete the following if you answered "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 any state of the U.S. with the specific intent to further such action.

Provide the full name of the organization.

Provide the address/location of the organization.

Street	City	State	Zip Code
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Provide the date of the involvement with the organization.

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Provide all positions held in the organization, if any.
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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.

Have you EVER knowingly engaged in activities designed to overthrow the U.S. government by force? Yes      No (If NO, proceed to next question)

Complete the following if you answered "Yes" to having EVER knowingly engaged in activities designed to overthrow the U.S. government by force.

Describe the nature and reasons for the activity.

Provide the dates for any such activities

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.
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Have you EVER associated with anyone involved in activities to further terrorism? Yes      No (If NO, proceed to next question)

Complete the following if you answered "Yes" to having EVER associated with anyone involved in activities to further terrorism.

Provide an explanation.

Questionnaire Continuation				
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It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding.

**After completion of this form and any attachments you have provided, 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			
<p>My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001 and ). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a law enforcement position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and debarment from employment with <input style="width: 150px; height: 20px;" type="text"/>.</p> <p>I understand my right to obtain a copy of any national criminal history report made available to <input style="width: 150px; height: 20px;" type="text"/>, and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center; border: none;">Signature</td> <td style="width: 33%; text-align: center; border: none;">Printed Name</td> <td style="width: 33%; text-align: center; border: none;">Date (mm/dd/yyyy)</td> </tr> </table>	Signature	Printed Name	Date (mm/dd/yyyy)
Signature	Printed Name	Date (mm/dd/yyyy)	

Enter you Social Security Number before going to the next page <span style="font-size: 2em;">→</span> <input style="width: 150px; height: 25px;" type="text"/>
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