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	
				<u> </u>					
Citizenshi)								
	he following if you		•			l by birth, bor	n to U.S. parei	nt(s) in a fo	oreign country.
Provide type	of documentation	of U.S. citize	en born aboard	pertains to	you.				
FS 240	DS 135	50	FS 545	Other	(Provide explana	tion)			
	ument number for U			Otrici			ment was issued	d. (Month/Da	ay/Year)
								`	
Drovido tho	olace of issuance.	(Drovido Cit	ty and Country i	f outcide th	an United States	othorwico prov	ido City and Stat	٥)	Est.
City	piace of issuafice.	(Provide Cil	y and Country i	i outside ti	State	otherwise, prov	Country	e. <i>)</i>	
,									
Dues del e Ale e	anna in colainh da a		al						
Last name	name in which docu	iment was i	ssuea. First name			Middle name		ĺ	Suffix
Last Harrie			THEATIGHT			Wildule Harrie			Julia
Provide your	Certificate of Citize	enship numl	ber.	Provide the	he date the certifi	cate was issued	l.		
									Est.
	name in which the o				1				
Were you bo	orn on a U.S. militar	y installatio	n?		Provide the na	ame base.			
Yes	No (if NO, pro	oceed to D	ual Citizenship	Section)					
	(/1		·	,					
Citizenship									
Complete t	he following if you	ı answered	that you are a	naturali	zed U.S. citizei	٦.			
Provide the	date of entry into th	e U.S. (Mor	nth/Day/Year)	Provide	the location of er	itry into the U.S.		•	
				City				State	
Est.									
Provide country(ies) of prior citizenship. #1 Country #2 Country									
Do/did you have a U.S. alien registration number?									
Yes	Trondo Joan Grenament egiculation number en Gertineate en								
Naturalization 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. (Month/Day/Year)									
Est.									
Provide the name of the court that issued the Provide the address of the court that issued the Certificate of Naturalization.									
Certificate of Naturalization Stree			(City		State		
Provide the name of which the Certificate of Naturalization was issued.									
1			First name			Middle name			Suffix
Provide the basis of naturalization. Based on my own individual naturalization application									
Other (Provide explanation)									

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Questionnaire Continuation										
Last Name	Fire	st Name		Middle Name		Jr., II, e	etc. L	ast 4 - Social Secu	rity Number	
Citizenship										
Complete the following	ng if you ans	swered that y	ou are a deriv e	ed U.S.	. citizen.					
Provide you alien registration number Provide your Permanent Resident card number Provide your Certificate of Citiz							f Citizenship			
(on Certificate of Citizenship – utilize USCIS, (I-5.			(I-551)			number	number (N560 or N561)			
CIS, or INS registration	n number)									
Provide the name of w		ıment was issu						l a m		
Last name	ast name First name Middle nar			ame				Suffix		
Provide the date docur		Provide the I	pasis of derived	citizens	hip.					
issued (Month/Day/Year)	ration of law th	ation of law through my U.S. citizen parent.								
				rovide explanation)						
Citizenship	1.5									
Complete the following	0 ,	swered that y	ou are a not a	U.S. ci				(1.1 11/15 1)/		
Provide your residence status.					Provide your date of entry in the U.S. (Month/Day/Year)					
Est.								Est.		
Provide country(ies) of citizenship.										
#1 Country #2 Country										
Provide your place of entry in the U.S.				Ī	Provide your alien registration					
City State				number (I-551, I-766)				(I-766 ONLY) (Month/Day/Year)		
City		State				Est.				
Provide type of document issued. (I-94, U.S. Visa – red foil number, I-20, DS-2019, etc.)										
I-94 U.S. Visa (red foil number) I-20 DS-2019										
Other (Provide explanation) Provide decument number							0 (Month/D/\/ \			
Provide document number. Provide the date document was is			vas issu	Ssued (Month/Day/Year) Provide document expiration date (Month/Day/Year)						
					Est.			Est.		
Provide the name of which the document was issued.				l Middle nove			Cuffiy			
Last name		First name			Middle name			Suffix		

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

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, <u>and then</u> 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 belief and are made in good faith. I have carefully read the foregoing instru that a knowing and willful false statement on this form can be punished by fine of I understand that intentionally withholding, misrepresenting, or falsifying inform eligibility for a law enforcement position, employment prospects, credentialing, or revocation of my credentials, or my removal and debarment from employment will understand my right to obtain a copy of any national criminal, and/or Personnel Security Consultants accuracy and completeness of any information contained in the report.	ctions to complete this form. I understand or imprisonment or both (18 U.S.C. 1001). nation may have a negative effect on my or job status, up to and including denial or with all history report made available to					
Signature Printed Name	Date (mm/dd/yyyy)					
Enter you Social Security Number before going to the next page ————————————————————————————————————						

