Supplemental Form to Questionnaire for Designated Law Enforcement/Sensitive Positions

Questionnaire Continuation								
Last Name				Middle I	Name	Jr., II, etc.	Last 4 - Social Se	curity Number
		Dual/Mult	iple Citizenship &	Foreig	n Passport Inform	ation		
Do you now or have you EVER held dual/multiple citizenships?				Yes No (If NO, proceed to next question)				
Complete the follow	ving if you	answered "Yes" to	having ever held	dual/mu	ıltiple citizenships),		
#1 Provide country of citizenship.					During what period of time did you hold citizenship with this country? (Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)			
How did you acquire this non-U.S. citizenship you now have or previously had?					From date (Month/Year) To Date (Month/Year))
						Est.	Est.	
Have you taken any	action to re	nounce your foreign	citizenship?					
Yes No	Provide e	explanation:						
Do you currently hold	l citizenshi	o with this country?						
Yes No	Provide explanation:							
#2 Provide country of citizenship.				During what period of time did you hold citizenship with this country? (Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)				
How did you acquire this non-U.S. citizenship you now have or previously had?					From date (Month/Year) To Date (Month/Year))
						Est.		Est.
Have you taken any a	action to re	nounce your foreign	citizenship?					
Yes No Provide explanation:								
Do you currently hold citizenship with this country?								
Yes No	Provide e	explanation:						
#3 Provide country of citizenship.					During what period of time did you hold citizenship with this country? (Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)			
How did you acquire this non-U.S. citizenship you now have or previously had?				From date (Month/)	Year)	To Date (Month/Year))	
						Est.		Est.
Have you taken any action to renounce your foreign citizenship?								
Yes No	Provide e	explanation:						
Do you currently hold	l citizenshi	o with this country?						
	Provide e	explanation:						

Yes

		Questionnaire	Continua	ation					
Last Name	First Name		iddle Name Jr., II, etc.			Last 4 - Social Security Number			
	D	ual/Multiple Citizenship & F	oreign Pa	assport Inform	ation				
Do you EVER been issued	el) by a co	ountry other th	an the U.S.	?	Yes	No			
Complete the following if you an	swered "Ye	es" to having been issued a pass	sport (or id	entity card for tra	ivel) by a cour	ntry other than	the U.S.		
#1 Provide the country in which the passport (or identify card) was issued.				Provide the date the passport (or identify card) was issued. (Month/Day/Year) Est.					
Provide the place the passport (or identity card) was issued. City				Country					
Provide the name of which the document was issued. Last name First name				Middle name					
Provide the passport (or identity card) number.				Provide the passport (or identify card) expiration date. (Month/Day/Year) Est.					
Have you EVER used this pass	port (or ider	ntity card) for foreign travel?							
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				,	Est.		,	Est.	
#2									
#3					Est. Est.			Est.	
#4					Est.			Est. Est.	
#2 Provide the country in which	the passpo	rt (or identify card) was issued.	Provide t (Month/Da	he date the pass ay/Year)		y card) was is	ssued.	Est.	
Provide the place the passport (City	or identity of	card) was issued.	Country						
Provide the name of which the clast name	document w	as issued. First name		Middle name			Suffix		
Provide the passport (or identity card) number.			Provide the passport (or identify card) expiration date. (Month/Day/Year) ■Est.						
Have you EVER used this pass Yes No Provide the countries to which	•								
Country #1				m date (Month/Y	ear)	To Date	(Month/Year	-)	
#2					Est.			Est.	
#3					Est.			Est.	
#4					Est.			Est.	
•					⊏ct			Ect	

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 correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my 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						
I understand my right to obtain a copy of any national criminal history report made available to and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.						
Signature	Printed Name	Date (mm/dd/yyyy)				
Enter you Social Security Number before going to	the next page					

