## 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			
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Foreign Travel									
						t seven (7) years for other than solely U.S.			
						ates including personal trips made in			
conjunction with official U.S. Governme									
Provide the country visited			Provide the dates of your travel to this country. Provide the total number of days involved in Month/Year Est			ae the total number of days involved in the visit			
			From To						
Provide #	e nurnose of the tra	el to this con	Inty (Check All that a	(vlan					
Provide the purpose of the travel to this county (Check All that apply). Business 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									
	eling to or in this cou oms or security servi				a (other that	n for normal customs requirements) by the			
	If yes, provide expla		non ontening of leave	ng ano country :					
Yes									
No									
While traveling to or in this country, were you questioned searched, or otherwise detained (other than for normal customs requirements) by the									
	stoms or security service officials when entering or leaving this country? If yes, provide explanation.								
Yes	· · · · · · · · · · · · · · · · · · ·								
No									
While trav			ou involved in any en	counter with the police?					
Yes	If yes, provide explanation.								
No									
While trav					al known or	suspected of being involved or associated			
with foreig	on intelligence, terror		or military organizatio	ons?					
Yes	If yes, provide explanation.								
No									
	veling to or in this cou	intry, were yo	ou involved in any co	unterintelligence or secu	rity issues n	ot reported?			
Yes	If yes provide explanation								
No While tray	l Veling to or in this cou	intry were w	nu contacted by or in	contact with anyone ev	hihitina exce	ssive knowledge of or undue interest in you or			
your job?	•	anay, were yu	ou contactor by, of it	TOTILOU MILLI GLIYOBO GA	monany eve	interesting of or under interesting of or			
Yes	If yes, provide expl	anation.							
No									
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?									
Yes	If yes, provide explanation.								
No While traveling to or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or									
foreign intelligence or security service?									
	If yes, provide explanation								
Yes									
No									

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 the							
understand my right to obtain a copy of any national criminal history report made available to the , 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	o the next page	

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