

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

Investigations and Clearance Record

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 next question)

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

Provide the investigating agency:

U.S. Government Agency (Provide Agency/Department/Bureau):

Foreign government (Provide name of Government):

Other (Provide Name Investigating Agency):

I don't know

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

Date the investigation was completed (Month/Year)	Provide the date clearance eligibility/access was granted. (Month/Year)
Est.	Est.

Provide the level of clearance eligibility/access granted:

<p>None</p> <p>Confidential</p> <p>Secret</p> <p>Top Secret</p> <p>Sensitive Compartmented Information (SCI)</p>	<p>Q</p> <p>L</p> <p>I don't Know</p> <p>Issued by foreign country</p> <p>Other (Provide explanation):</p>
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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 next question)

Complete the following if you answered "Yes" to you EVER having 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.)

Provide the date security clearance/access authorization was denied, suspended or revoked. (Month/Year)	Provide the name of the agency that took the action:
Est.	

Provide an explanation of the circumstances of the denial, suspension or revocation action:

Questionnaire Continuation

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Investigations and Clearance Record

Have you EVER been debarred from government employment? Yes No (If NO, proceed to next question)

Complete the following if you answered **"Yes"** to having EVER been debarred from government employment.

Provide the date the debarment occurred. (Month/Year)	Provide the name of the agency that took the action:
Est.	

Provide an explanation of the circumstances of the debarment:

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). 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</p> <div style="border: 1px solid black; height: 20px; width: 250px; margin-bottom: 10px;"></div> <p>I understand my right to obtain a copy of any national criminal history report made available to</p> <div style="border: 1px solid black; height: 20px; width: 250px; margin-bottom: 10px;"></div> <p>, and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		

Signature	Printed Name	Date (mm/dd/yyyy)
Enter you Social Security Number before going to the next page →		

