Supplemental Form to Questionnaire for Designated Law Enforcement/Sensitive Positions

background and/or granted you a security clearance eligibility/access? 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. Provide the level of clearance eligibility/access granted: None Confidential Secret I don't Know Top Secret I don't Know Issued by foreign country Other (Provide explanation):			iestionnaire Conti	luation	
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Questionnaire Continuation					
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number	
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Investigations and Clearan	ce Record				
Have you EVER been deb	arred from government empl	lovment?	Yes	No (If NO, proceed to next question)	
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Provide and explanation of the	circumstances of the debarment:				

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 attack and belief and are made in good faith. I have contact that a knowing and willful false statement on the I understand that intentionally withholding, mis eligibility for a law enforcement position, employerevocation of my credentials, or	carefully read the foregoing instructions to coins form can be punished by fine or imprisous srepresenting, or falsifying information mass.	complete this form. I understand onment or both (18 U.S.C. 1001). By have a negative effect on my tus, up to and including denial or		
I understand my right to obtain a copy of any national criminal history report made available to 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 —	_		

