

Pre-Employment/Investigation Disclosure Notice

PLEASE READ CAREFULLY BEFORE SIGNING

In connection with the possible employment, access, and/or authorization considered between:

Applicant/Employee Name

and _____, the _____ may obtain information about you from outside sources to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your supervisors, former supervisors, neighbors, friends, or associates. Reports may also contain public records (including national criminal records), driving history information, consumer credit, employment and education verifications, worker's compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report. You have the right to dispute information that you believe is inaccurate or incomplete. Attached is a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act.

Additional notice: 25 CFR 12, Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires designated child care positions to have a national criminal history record check and designated law enforcement positions to have a national criminal history record check and a financial record check as a condition of employment. Depending on your position, you may also be subject to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

APPLICANT / EMPLOYEE / VOLUNTEER:
Signature: _____ Date: _____
Printed Name: _____

Questionnaire for Designated Law Enforcement Positions

Instructions for Completing This Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form(s) for your records.
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with an N/A.
3. You may use abbreviations. Do not use acronyms that are not identified elsewhere on the form.
4. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
5. For telephone numbers in the U.S., ensure that the area code is included.
6. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use number (01 – 12) to indicate months. For example, June 29, 1997, should be written as 06/29/1997. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "EST" in the field.

Penalties for Inaccurate or False Statements

' internal policies and it is noted that the U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment. In addition, hiring agencies generally fire, do not grant credentials, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a designated position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of the background investigative information will be protected from unauthorized disclosure in accordance with ' privacy procedures. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)] in addition to the ' privacy procedures. You will not receive prior notice of such disclosures under routine use.

Questionnaire for Designated Law Enforcement/Sensitive Positions

Persons completing this form should begin with the questions below after carefully reading the preceding instructions.

I have read the preceding instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (identified in the instructions), denial or revocation of access, and/or removal and/or debarment from employment.

YES NO

1. Full Name									
Last Name			First Name			Middle Name		Jr., II, etc	
2. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s). If you have responded “Yes” to having used other names, provide your other name(s) used and the reason why the name changed.									
Have you used any other names?								YES	NO
Name			Provide the reason(s) why the name changed						
Name			Provide the reason(s) why the name changed						
3. Date of Birth					4. Social Security Number				
Month 00		Day 00		Year 0000					
5. Driver's License No.				6. Place of Birth					
No.:		State Issued:		City		County		State	
7. Other Identifying Information									
Height (feet and inches)		Weight (pounds)		Hair Color		Eye Color		Sex (Mark one box) Female Male	
8. Your Contact Information - Provide your contact information. Email addresses may be used as a contact method and to identify subjects in records.									
Personal/Home Email Address					Work/Alternative Email Address				
Home Telephone Number ()		Day Night	Cell/Mobile Telephone Number ()		Day Night	Work/Alternative ()		Day Night	
9. Citizenship									
<p>I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.</p> <p>I am a U.S. citizen or national by birth, born to U.S. parent(s), in foreign country. (See Supplemental Citizenship Form)</p> <p>I am a naturalized U.S. citizen. (See Supplemental Citizenship Form)</p> <p>I am a derived U.S. citizen. (See Supplemental Citizenship Form)</p> <p>I am not a U.S. citizen. (See Supplemental Citizenship Form)</p>									

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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10. Where You Have Lived – List the places where you have lived beginning with your present address and working back 10 years. Residence for the entire period must be accounted for without breaks. Indicate the physical location of your residence, not a Post Office box. If you split your time between one or more residences during the time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 2 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

Enter Residence Information –

#1 - Provide dates of your **present** residence.

From Date (Month/Year)	Est.	To Date (Month/Year)	Is this residence:	
			Owned by you	Rented or leased by you
			Military Housing	Other
Street Address		City	State	Zip code
Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.				
Last Name		First Name		Provide date of last contact. Est.
Provide the following contact information for this person.				
Home Telephone Number ()		Cell/Mobile Telephone Number ()		Work/Alternative ()
Provide e-mail address for this person.				I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?				Yes No
If yes, list: _____ Community, State				

#2 - Provide dates of residence.

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Is this residence:	
				Owned by you	Rented or leased by you
				Military Housing	Other
Street Address		City	State	Zip code	
Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.					Provide date of last contact.
Last Name		First Name		Est.	
Provide the following contact information for this person.					
Home Telephone Number ()		Cell/Mobile Telephone Number ()		Work/Alternative ()	
Provide e-mail address for this person.					I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.					
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					Yes No
If yes, list: _____ Community, State					

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Where You Have Lived – Continued

#3 - Provide dates of residence.

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Is this residence:	
				Owned by you	Rented or leased by you
				Military Housing	Other
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					Yes No
If yes, list: _____ Community, State					

#4 - Provide dates of residence.

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Is this residence:	
				Owned by you	Rented or leased by you
				Military Housing	Other
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					Yes No
If yes, list: _____ Community, State					

#5 - Provide dates of residence.

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Is this residence:	
				Owned by you	Rented or leased by you
				Military Housing	Other
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					Yes No
If yes, list: _____ Community, State					

#6 - Provide dates of residence.

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Is this residence:	
				Owned by you	Rented or leased by you
				Military Housing	Other
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					Yes No
If yes, list: _____ Community, State					

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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11. Where You Went to School – Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

(a) Have you attended any schools in the last 3 years? Yes No	(b) Have you received a degree or diploma in the last 10 years? Yes No (If no to 11(a) and 11(b), proceed to next question.)
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If yes to 11(a) or 11(b) provide the following dates of attendance and requested information.

#1 - Provide dates of attendance.

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Select the most appropriate description of your school.
				High School Vocational/Technical/Trade College/University Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No. ()
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Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one: Degree Attendance Only Diploma Other (Explain)	Major/Focus:	Date awarded (Month/Year)	Est.
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#2 - Provide dates of attendance.

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Select the most appropriate description of your school.
				High School Vocational/Technical/Trade College/University Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No. ()
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Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one: Degree Attendance Only Diploma Other (Explain)	Major/Focus:	Date awarded (Month/Year)	Est.
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#3 - Provide dates of attendance.

From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Select the most appropriate description of your school.
				High School Vocational/Technical/Trade College/University Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No. ()
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Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one: Degree Attendance Only Diploma Other (Explain)	Major/Focus:	Date awarded (Month/Year)	Est.
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Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

12. Employment Activities - List all of your employment activities beginning with the present and working back 10 years. The 10 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Entry #1 – Select your employment activity.

Employer Name:

Active Military Federal Contractor National Guard/Reserve	Other Federal Employment State Government Non-government Employment	Self-employment Unemployment Other
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From Date (Month/Year)	Est	To Date (Month/Year)	Est	Select the employment status: Full-time Part-time
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Provide your assigned duty station during this period. (City and State) Provide your most recent position title.

Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number	
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Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number ()	Day Night	Cell/Mobile Telephone Number ()	Day Night	Work/Alternative ()	Day Night
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Provide e-mail address for this person. I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.	Date: (Month/Year)
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For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. Yes No

Select your type of incident:	Reason:	Employment Departure Date:
Fired	Provide the reason fired.	(Month/Year) Est.
Quit after being told you would be fired.	Provide the reason.	(Month/Year) Est.
Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list: _____
Community, State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #2 – Select your employment activity.

Employer Name:

Active Military Federal Contractor National Guard/Reserve	Other Federal Employment State Government Non-government Employment	Self-employment Unemployment Other
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From Date (Month/Year)	Est	To Date (Month/Year)	Est	Select the employment status: Full-time Part-time
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Provide your assigned duty station during this period. (City and State)

Provide your most recent position title.

Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number	
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Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number	Day	Night	Cell/Mobile Telephone Number	Day	Night	Work/Alternative	Day	Night
()			()			()		

Provide e-mail address for this person.

I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?

Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.

Date: (Month/Year)

For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

Yes No

Select your type of incident:	Reason:	Employment Departure Date:
Fired	Provide the reason fired.	(Month/Year) Est.
Quit after being told you would be fired.	Provide the reason.	(Month/Year) Est.
Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?	Yes	No
If yes, list: _____		
Community, State		

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #3 – Select your employment activity.

Employer Name:

Active Military Federal Contractor National Guard/Reserve	Other Federal Employment State Government Non-government Employment	Self-employment Unemployment Other
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From Date (Month/Year)	Est	To Date (Month/Year)	Est	Select the employment status: Full-time Part-time
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Provide your assigned duty station during this period. (City and State) Provide your most recent position title.

Street Address City State Zip code

Telephone Number Alternate Telephone Number

Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number	Day	Night	Cell/Mobile Telephone Number	Day	Night	Work/Alternative	Day	Night
()			()			()		

Provide e-mail address for this person. I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. Date: (Month/Year)

For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. Yes No

Select your type of incident:	Reason:	Employment Departure Date:
Fired	Provide the reason fired.	(Month/Year) Est.
Quit after being told you would be fired.	Provide the reason.	(Month/Year) Est.
Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list: _____
Community, State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #4 – Select your employment activity.

Employer Name:

Active Military Federal Contractor National Guard/Reserve	Other Federal Employment State Government Non-government Employment	Self-employment Unemployment Other
From Date (Month/Year) Est	To Date (Month/Year) Est	Select the employment status: Full-time Part-time
Provide your assigned duty station during this period. (City and State)		Provide your most recent position title.
Street Address	City	State Zip code
Telephone Number	Alternate Telephone Number	

Provide the name of your supervisor.

Last Name	First Name	Position Title
Provide the following contact information for this person.		
Home Telephone Number () Day Night	Cell/Mobile Telephone Number () Day Night	Work/Alternative () Day Night
Provide e-mail address for this person.		I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.		
For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? <div style="text-align: right;">Yes No</div>		
If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.		Date: (Month/Year)
For this employment have any of the following happened to you in the last 7 years ? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. <div style="text-align: right;">Yes No</div>		
Select your type of incident:	Reason:	Employment Departure Date:
Fired	Provide the reason fired.	(Month/Year) Est.
Quit after being told you would be fired.	Provide the reason.	(Month/Year) Est.
Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) Est.
If no longer employed, provide the specific reason you left the employment activity:		

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?	Yes	No
If yes, list: _____ Community, State		

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #5 – Select your employment activity.

Employer Name:

Active Military Federal Contractor National Guard/Reserve	Other Federal Employment State Government Non-government Employment	Self-employment Unemployment Other			
From Date (Month/Year)	Est	To Date (Month/Year)	Est	Select the employment status:	
				Full-time	Part-time
Provide your assigned duty station during this period. (City and State)			Provide your most recent position title.		
Street Address		City	State	Zip code	
Telephone Number		Alternate Telephone Number			

Provide the name of your supervisor.

Last Name	First Name	Position Title			
Provide the following contact information for this person.					
Home Telephone Number ()	Day Night	Cell/Mobile Telephone Number ()	Day Night	Work/Alternative ()	Day Night
Provide e-mail address for this person.					I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.					
For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?					
					Yes No
If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.					Date: (Month/Year)
For this employment have any of the following happened to you in the last 7 years ? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.					
					Yes No
Select your type of incident:		Reason:		Employment Departure Date:	
Fired		Provide the reason fired.		(Month/Year)	Est.
Quit after being told you would be fired.		Provide the reason.		(Month/Year)	Est.
Left by mutual agreement following charges or allegations of misconduct.		Provide the charges or allegations.		(Month/Year)	Est.
If no longer employed, provide the specific reason you left the employment activity:					

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?	Yes	No
If yes, list: _____ Community, State		

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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13. Selective Service Record		
Are you a male born after December 31, 1959?	YES	NO
If you answered "Yes" to the question above, provide registration number or your legal exemption.		
Registration Number	Legal Exemption / Explanation	

14. Military History		
Have you EVER served in the United States military? If "Yes," provide a copy of your DD214.	YES	NO
If Yes, provide the branch of service you served in.		
Army	Army National Guard	Navy
Air Force	Air National Guard	Marine Corps
Coast Guard		
Provide Your Dates of Service	Provide your service number:	
From Date	Est.	To Date
	Present	
	Est.	
Type of Discharge	Provide the date of discharge listed:	
Honorable	Under Other Than	Bad Conduct
Dishonorable	Honorable Conditions	General
Other (provide type): _____		(Month/Year) Est.
	Provide the reason(s) for the discharge, if other than Honorable	
In the last 7 years , have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.?	YES	NO
Complete the following if you responded, "Yes" to the above question.		
Provide the date of the disciplinary procedure (Month/Year)	Est.	Provide description of the military court or other authority in which you were charged (include address, city, state or country)
Provide a description of the offenses(s) for which you were charged		
Provide the description of the final outcome of the disciplinary procedure		

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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15. Personal References – Provide three people who know you well and live in the U.S. They should be good friends, peers, colleagues, roommates, associates, etc., and who are aware of your activities outside of the workplace, school, and whose combined association with you covers at least the **last 7 years**. Do **not** provide anyone listed elsewhere on this form or close relatives.

Entry #1				
Last Name		First Name		Middle Name
Provide dates known.			Provide relationship to you (Check all that apply)	
From Date (Month/Year)	Est.	To Date (Month/Year)	Neighbor	Work Associate
			Schoolmate	Other _____
Provide the following contact information for this person.				
Home Telephone Number	Day	Cell/Mobile Telephone Number	Day	Work/Alternative
()	Night	()	Night	()
Provide e-mail address for this person.				I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				

Entry #2				
Last Name		First Name		Middle Name
Provide dates known.			Provide relationship to you (Check all that apply)	
From Date (Month/Year)	Est.	To Date (Month/Year)	Neighbor	Work Associate
			Schoolmate	Other _____
Provide the following contact information for this person.				
Home Telephone Number	Day	Cell/Mobile Telephone Number	Day	Work/Alternative
()	Night	()	Night	()
Provide e-mail address for this person.				I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				

Entry #3				
Last Name		First Name		Middle Name
Provide dates known.			Provide relationship to you (Check all that apply)	
From Date (Month/Year)	Est.	To Date (Month/Year)	Neighbor	Work Associate
			Schoolmate	Other _____
Provide the following contact information for this person.				
Home Telephone Number	Day	Cell/Mobile Telephone Number	Day	Work/Alternative
()	Night	()	Night	()
Provide e-mail address for this person.				I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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16. Marital History

If you have been married or in a spouse-like relationship previously, please provide information regarding former spouse(s) below.

1) Full Name	Dates and Years Married	Est	Last Known Phone Number and email address
2) Full Name	Dates and Years Married	Est	Last Known Phone Number and email address

17. Citizenship of Your Relatives and Associates

A If your mother, father, sibling, child, spouse or person with whom you have a spouse-like relationship is a U.S. citizen by **OTHER** than birth, or if they are an alien residing in the U.S., provide nature of the individual's association to you (i.e., spouse, mother, etc.), and the individual's name and date of birth below.

1) Association	Name	Date of Birth
2) Association	Name	Date of Birth

B Provide the individual's naturalization certificate information or alien registration number below.

1) Certificate/Registration No.:
2) Certificate/Registration No.:

Foreign Activities

18. As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last 7 years , or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?	YES	NO
19. Have you in the last 7 years , attended or participated in any conference, trade, shows, seminar, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)	YES	NO
20. Have you or any member of your immediate family in the last 7 years , have contact with a foreign government, its establishments (embassies or consultants), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Do not include routine visa applications and border crossing contacts).	YES	NO
21. Have you in the last 7 years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?	YES	NO
22. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership or corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership?	YES	NO
23. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER had any foreign financial interests that someone controlled on your behalf?	YES	NO
24. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?	YES	NO
25. Have you EVER provided financial support for any foreign national?	YES	NO

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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26. Have you EVER held political office in a foreign country?	YES	NO
27. Have you in the last 7 years , been involved in any other type of business venture with a foreign national not described above?	YES	NO
If you responded "Yes" to any of the Foreign Activities questions in this section, you will be given a supplemental form to respond to additional questions.		

Foreign Travel		
28. Have you traveled outside the U.S. in the last 7 years ?	YES	NO
29. Has your travel in the last 7 years been solely for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)?	YES	NO
If you responded "Yes" to the Foreign Travel questions in this section, you will be given a supplemental form to respond to additional questions.		

<p>Psychological and Emotional Health – The Services recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a law enforcement position.</p> <p>The Services recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from treatment or from seeking it.</p> <p>Mental health treatment and counseling, in and of itself, is not a reason to revoke or deny eligibility for a law enforcement position, or fitness to obtain or retain employment. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to a decision about your eligibility.</p>		
30. Has a court or administrative agency EVER issued an order declaring you mentally incompetent?	YES	NO
31. Has a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)?	YES	NO
32. Have you EVER been hospitalized for a mental health condition?	YES	NO
If you responded "Yes" to the Psychological and Emotional Health questions in this section, you will be given a supplemental form to respond to additional questions.		

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Psychological and Emotional Health – Continued

The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, **is not a reason** to revoke or deny eligibility for a law enforcement position, suitability or fitness to obtain or retain employment.

33. Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?	YES	NO
34. Do you have a mental health or other health condition that substantially adversely affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today?	YES	NO

If you responded “Yes” to the **Psychological and Emotional Health** questions in this section, you will be given a supplemental form to respond to additional questions.

Police Record - For this section, report information regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or aboard.

35. In the last 7 years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you?	YES	NO
36. In the last 7 years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official including tribal law enforcement officials?	YES	NO
37. In the last 7 years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES	NO
38. In the last 7 years have you been or are you currently on probation or parole?	YES	NO
39. Are you currently on trial or awaiting a trial on criminal charges?	YES	NO

If you have responded “Yes” to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Police Record - For this section, each question is asking to respond if any of the following has **EVER** occurred regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or aboard.

40. Have you EVER been charged with or convicted in any court of the U.S. of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES	NO
41. Have you EVER been charged with any felony offense? (Include all qualifying convictions in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES	NO
42. Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse, or legally recognized civil union/domestic partner, or someone with whom you share a child in common? (Include all qualifying convictions in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES	NO
43. Have you EVER been a subject of a restraining order or an order of protection or is there currently a domestic violence protective order or restraining order issued against you?	YES	NO
44. Have you EVER been charged with or convicted of an offense involving firearms or explosives offense?	YES	NO
45. Have you EVER been charged with or convicted of any offense(s) related to alcohol or drugs?	YES	NO
46. Have you EVER been arrested for or charged with a crime involving a child or offenses committed against children?	YES	NO
47. Have you EVER been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, state, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? QUESTION REQUIRED BY 25 UNITED STATES CODE § 3207.	YES	NO
48. Have you EVER been a subject of a grand jury investigation?	YES	NO

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Illegal Use of Drugs and Drug Activity – We note, with reference to this section, that neither your truthful responses or information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Services. The following questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible under state laws.

49. In the last 7 years , have you illegally used any drugs or controlled substance? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substances.	YES	NO
50. In the last 7 years , have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any drug or controlled substance?	YES	NO

If you responded "Yes" to the above questions in this section, provide the date(s), the type of drug or controlled substance and the number of times used or your involvement. Examples include: THC (marijuana, weed, hashish, etc.); cocaine; crack cocaine; narcotics (opium, morphine, codeine, heroin); stimulants (amphetamines, speed, crystal meth, ecstasy); depressants (barbiturates, methaqualone, tranquilizers); hallucinogenics (LSD, PCP, mushrooms); ketamine (special K, jet); inhalants (toluene, amyl nitrate); steroids (clear, juice) or other.

Month/Year To Est	Controlled Substance Used	Number of Times Used/Involvement
Month/Year To Est	Controlled Substance Used	Number of Times Used/Involvement

51. In the last 7 years , have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?	YES	NO
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Month/Year To Est	If you responded "Yes" to the above question in this section, provide the prescription drug that you misused
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Provide the reason(s) for and circumstances of the misuse of the prescription drug

Month/Year To Est	If you responded "Yes" to the above question in this section, provide the prescription drug that you misused
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Provide the reason(s) for and circumstances of the misuse of the prescription drug

52. Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?	YES	NO
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53. Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?	YES	NO
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If you responded "Yes" to the **EVER Illegal use of Drugs and Drug Activity** questions in this section, you will be given a supplemental form to respond to additional questions.

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Use of Alcohol

54. In the last 7 years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?	YES	NO
55. Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?	YES	NO
56. Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?	YES	NO

If you responded "Yes" to the **Use of Alcohol** questions in this section, provide the following information.

Month/Year	Month/Year	Provide the name of individual counselor or treatment provider	Provide full address and contact number
To	Est		
Month/Year	Month/Year	Provide the name of individual counselor or treatment provider	Provide full address and contact number
To	Est		

Investigations and Clearance Record

57. Has the U.S. Government EVER investigated your background and/or granted you a security clearance eligibility/access?	YES	NO
58. Have you EVER had a security clearance eligibility/access authorization denied suspended or revoked?	YES	NO

If you responded "Yes" to the **Investigations and Clearance Record** questions in this section, you will be given a supplemental form to respond to additional questions.

Financial Records

59. In the last 7 years , have you, or a company over which you exercised some control, filed under any chapter of the bankruptcy code or been declared bankrupt?	YES	NO
60. In the last 7 years , have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by our employer?	YES	NO
61. In the last 7 years , have you been delinquent on alimony or child support payments?	YES	NO
62. In the last 7 years , have you had any judgments against you?	YES	NO
63. In the last 7 years , have you had a lien placed against your property for failing to pay taxes or other debts?	YES	NO
64. In the last 7 years , have you had any of your possessions or property voluntarily or involuntarily repossessed, foreclosed, or your wages garnished?	YES	NO
65. In the last 7 years , have you defaulted on any type of loan?	YES	NO

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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66. In the last 7 years , have you had bills or debts turned over to a collection agency?	YES	NO
67. In the last 7 years , have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?	YES	NO
68. In the last 7 years , were you evicted for non-payment?	YES	NO
69. In the last 7 years , were you over 120 days delinquent on any debt not previously disclosed on this form?	YES	NO
70. Have you EVER been under investigation for embezzlement?	YES	NO
71. Have you EVER experienced financial problems due to gambling?	YES	NO

If you answered "Yes" for any of the above questions in this section, provide the appropriate information below.

Question #	Month/Year	Type of Action	Name/Address of Creditor or Oblige and/or Name of Court or Agency Handling Case	Current Status

Use of Information Technology Systems

72. In the last 7 years , have you illegally or without proper authorization accessed or attempted to access any information technology system?	YES	NO
73. In the last 7 years , have you illegally or without proper authorization modified, destroyed, manipulated or denied others access to information residing in an information technology system or attempted any of the above?	YES	NO
74. In the last 7 years , have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines or regulations or attempted any of the above?	YES	NO

If you responded "Yes" to the **Use of Information Technology Systems** questions in this section, you will be given a supplemental form to respond to additional questions.

Involvement in Non-Criminal Court Actions

75. In the last 7 years , have you been a party to any public record civil court actions not listed elsewhere on this form?	YES	NO
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If you answered "Yes" for any of the above questions in this section, provide the information requested below.

Incurred Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Name/Address of Court or Agency Handling Case

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.

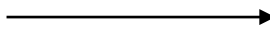
After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

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 and internal policies). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a designated child care 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> <p>I 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.</p>

Signature

Printed Name

Signature Date (mm/dd/yyyy)

Enter you Social Security Number before going to the next page 	
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Questionnaire for Designated Law Enforcement/Sensitive Positions

Release to Obtain a Credit Report Fair Credit Reporting Disclosure and Authorization

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681, *et seq.*

Purpose

The Services requires information from one or more consumer reporting agency in order to obtain information in connection with a background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a law enforcement position. The information obtained may be disclosed to other Services departments and/or Federal oversight agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable federal, state, or tribal regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the Services and/or Personnel Security Consultants, Inc., conducting my initial background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a law enforcement position, and any consumer reporting agency to provide such reporting for purposes described above.

Note

If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with Services.

Print Name	Social Security Number *
Signature (Sign in ink)	Date signed (mm/dd/yyyy)

Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the agency conducting my background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated child care position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorize the _____ and/or Personnel Security Consultants, Inc., who is conducting my investigation, reinvestigation for the purpose of making a determination of suitability.

I **Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessed on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I **Understand** that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I **Authorize** any investigator, special agent, or other duly accredited representative of the _____ and/or Personnel Security Consultants, Inc., who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a designated position and/or a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I **Authorize** the custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by record custodians and sources of information is for official use by the _____ and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the _____.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with _____.

Signature (sign in black ink)	Full name (Type or print legibly)	Date (mm/dd/yyyy)
Other names used		
Current street address and city	State	Zip Code
		Telephone number