

**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

Use of Information Technology Systems
<p>We note, with reference to this section, that neither your truthful responses nor 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 to whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.</p>

In the last seven (7) years, have you illegally or without proper authorization accessed or attempted to access any information technology system? Yes
No (If NO, proceed to next question)

Complete the following if you answered "Yes" to having illegally or without proper authorization accessed or attempted to access any information technology system.			
Provide the date of the incident. (Month/Year)	Provide a description of the nature of the incident.		
Est.			
Provide the location where the incident took place.			
Street	City	State	Zip Code
Provide a description of the action (administrative, criminal or other) taken as a result of this incident.			

In the last seven (7) years, illegally or without authorization, modified, destroyed, manipulated, or denied others access to information technology system or attempted any of the above? Yes
No (If NO, proceed to next question)

Complete the following if you answered "Yes" to having illegally or without authorization, modified, destroyed, manipulated, or denied others access to information technology system or attempted any of the above?			
Provide the date of the incident. (Month/Year)	Provide a description of the nature of the incident.		
Est.			
Provide the location where the incident took place.			
Street	City	State	Zip Code
Provide a description of the action (administrative, criminal or other) taken as a result of this incident.			

Questionnaire Continuation

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

Use of Information Technology Systems

In the last seven (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 NO, proceed to next question)

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

Provide the date of the incident. (Month/Year) Est.	Provide a description of the nature of the incident.
--	--

Provide the location where the incident took place. Street	City	State	Zip Code
---	------	-------	----------


Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

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). 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 <input type="text"/>.</p> <p>I understand my right to obtain a copy of any national criminal history report made available to the <input type="text"/>, 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 	<input type="text"/>
---	----------------------

