

Instructions for Applicants Completing the Questionnaire for National Security Positions (SF-86)

Purpose – This instruction is provided to assist applicants for U. S. Coast Guard positions to properly complete the Questionnaire for National Security Positions (SF-86).

General – This instruction contains the following elements:

Glossary of Terms: A listing of acronyms and words whose usage is unique to personnel security.

Section-by-Section instruction on completing the SF-86: each section of the SF-86 will be covered, with an explanation of the information required, a sample of that section of the SF-86, and a list of acceptable variants to the sample answers.

A complete sample SF-86 is enclosed so you can see it in its actual form.

Glossary – The following is a list of terms and acronyms that are unique to this process.

Applicant – The individual (You), filling out the SF-86.

CAF – Central Adjudication Facility. The office within the U. S. Coast Guard charged with the responsibility of final review of security investigation packages prior to submission to OPM, and with making security clearance eligibility determinations for all USCG security investigation completed by OPM. The U. S. Coast Guard CAF is the Coast Guard Security Center (SECCEN).

NACLIC – National Agency Check with Law and Credit checks. This will be the type of security investigation initiated on the applicant.

OPM – Office of Personnel Management. The U. S. Government Agency charged with responsibility for security investigations for National Security Positions.

Reviewer – The person(s) that will be reviewing the applicant's SF-86 for errors. This person may/will contact the applicant to correct any discrepancies. See *Scopers*.

Scope – Indicates a time period, usually from the present backwards. Example: a 7-year scope would indicate a period from present back 7 years.

Scopers – The reviewers at USCG SECCEN.

Scoping – The act of reviewing the SF-86 for errors.

Organization of, and General Instructions for Completing the SF-86 -

Organization – The SF-86 has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, and use of illegal drugs and abuse of alcohol. Your answers to these questions will be considered together with information obtained in the investigation to reach appropriate adjudication.

General Instructions:

Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

Type or legibly print your answers in black ink, (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form, (for example, enter “None” or “N/A”). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking “APPROX.” or “EST.”

Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies (SECCEN) may modify the form consistent with your intent.

You must use the State codes listed below when you fill out this form. Do not abbreviate the names of cities or foreign countries.

STATE CODES (ABBREVIATIONS)									
Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa Trust Territory	AS TT	Dist. of Columbia Virgin Islands	DC VI	Guam	GU	Northern Marianas	CM	Puerto Rico	PR

The 5-digit postal ZIP codes are needed to speed the processing of your investigation. You can obtain ZIP code information from your local Post Office, or using the Internet at address <http://www.usps.com/>.

All telephone numbers must include area codes.

All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example: June 19, 1978 should be show as 6/19/78, and June 1978 should be shown as 6/78.

Whenever “City (Country)” is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Note: The date the SF-86 in this instruction was completed is August 15, 2003. This date will establish the beginning point for 7-year scope for this questionnaire, (working backwards in time).

Section-by-Section Instructions for completing the SF-86:

Questions 1-4 – *Personal Information*, these questions are concerned with personally identifying the applicant.

SF-86 Questions 1 - 4

<i>Persons completing this form should begin with the questions below.</i>					
1 FULL NAME	<ul style="list-style-type: none"> • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN". 	<ul style="list-style-type: none"> • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name. 	2 DATE OF BIRTH		
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day Year
Public	John	Quentin	N/A	02	01 84
3 PLACE OF BIRTH - Use the two letter code for the State.				4 SOCIAL SECURITY	
City	County	State	Country (if not in the United States)		
Topeka	Shawnee	KS	N/A		
				111-22-1234	

Question 1 – *Full Name*, the format for this is as demonstrated above, Last Name, First Name and Middle Name must be given in full. If you are a “Jr., Sr. II, III etc” you need to list that in the block to the immediate right of Middle Name.

Variant Information – If you have no Middle Name enter “NMN” in that block. If your First Name or Middle Name is only an initial, place the initial in the appropriate block and indicate (IO) for ‘Initial Only’, (example: | Smith | John | Q (IO) |). If you have more than one middle name (example: George Herbert Walker Bush), the multiple middle names are placed in the ‘Middle Name’ block. If any of your names do not fit in the block(s) provided, note in that block to see the continuation space (ex: “See C/S on Pg 9) to let the scopers know you listed your name there, on page 9 list your name as “Last, First Middle”.

Note: different countries and cultures order their names differently, for this form, your surname, or “family” name is your last name, your 1st given name is your first name, and your 2nd and subsequent given name(s) are your middle name. Your Social Security Card is listed in first, middle, and last name order; you can also use that as your guide.

Question 2 – *Date of Birth*, self-explanatory (Note using “01-09” for months 1-9 is acceptable).

Question 3 – *Place of Birth*, this information is listed in City | County | State| Country | format. You need only fill in the ‘Country’ block if it is not the United States. If you were foreign born and your Country of Birth no longer exists (ex: West Germany, is now Germany, and Czechoslovakia is now the Czech Republic and Slovakia), list the name of Country as it was named the day you were born, (ex: Berlin, West Germany; Prague, Czechoslovakia).

Note: If you do not know the county your birth city is located in, the *Merriam-Webster’s Geographical Dictionary* has that information. If you were born in a foreign country, use that country’s equivalent (if applicable) of a county, example: if you were born in Makurazaki, Japan, you would have born in the Kagoshima prefecture, in this example “prefecture” equals “county”. If you cannot determine the “County” block, leave it blank. The ‘State’ block indicates a U.S. State, if foreign-born, leave ‘State’ block blank.

Question 4 - *Social Security Number*, use number printed on the face of your Social Security Card.

Questions 5-7 - *Additional Identifying information*

SF-86 Questions 5-7

5 OTHER NAMES USED					
Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name , put “ nee ” in front of it.					
Name	Month/Year	Month/Year	Name	Month/Year	Month/Year
#1 "Quinn" Public	02/84	To 08/03	#3 N/A	N/A	To N/A
Name	Month/Year	Month/Year	Name	Month/Year	Month/Year
#2 N/A	N/A	To N/A	#4 N/A	N/A	To N/A
6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box)
	6'10"	190	Brown	Green	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
7 TELEPHONE NUMBERS	Work (Include Area Code and extension)		Home (Include Area Code)		
	<input checked="" type="checkbox"/> Day	(504) 421-0003	<input checked="" type="checkbox"/> Day	(504) 589-7109	
	<input type="checkbox"/> Night		<input type="checkbox"/> Night		

Question 5 – *Other Names Used*, note the instructions in this block. If you are listing your maiden name, it will be listed as “**nee** Judy Ann Smith”, the ‘nee’ prefix indicates maiden name. Also, list any and all variations of your given name you use, (example: if your name is William Smith, but you go by ‘Bill’, list “Bill” Smith and the dates used, as indicated in the illustration. The example above lists Mr. Public is known as “Quinn” and the dates he has been called that. You may list up to 4 other names in this block. If you have more names list them in the continuation space on Page 9. If you have less than 4 (see example above), list “N/A” in the subsequent block; in the example above, Mr. Public only had one other name used, so he put “N/A” in block #2. This will let the scopers know there is no further applicable information in this area.

Question 6 – Other Identifying Information

Height – This information shall be listed in feet and inches. In the example above, Mr. Public is 6 feet tall, so he listed his height as 6’ 0”. If you are an even foot measurement, (i.e. 5 feet, 6 feet) you must list “0” inches.

Weight – Listed in pounds.

Hair Color – List your natural hair color.

Eye Color – List your natural eye color.

Sex – self-explanatory.

Question 7 – Telephone Numbers, list your work and home numbers and mark whether the number is a daytime or nighttime contact number. If both day and night apply, mark both. If you are unemployed, indicate unemployed in the “Work” number block.

Question 8 – Citizenship (in 5 parts, 8a-8e)

SF-86 Question 8

8 CITIZENSHIP		<input checked="" type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)		8b Your Mother's Maiden Name	
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.		<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)		Williamson	
		<input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)			
c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.					
Naturalization Certificate (Where were you naturalized?)					
Court	City	State	Certificate Number	Month/Day/Year Issued	
N/A	N/A	N/A	N/A	N/A	
Citizenship Certificate (Where was the certificate issued?)					
City	State	Certificate Number	Month/Day/Year Issued		
N/A	N/A	N/A	N/A		
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States					
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation			
U.S. Passport	N/A	N/A			
This may be either a current or previous U.S. Passport.			Passport Number	Month/Day/Year Issued	
			N/A	N/A	
d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.				Country	
				None	
e ALIEN If you are an alien, provide the following information:					
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
N/A	N/A	N/A	N/A	N/A	N/A

In the example above, Mr. Public indicates that he is a U.S. Citizen by birth, listed his mother’s maiden name and indicated he is not a dual citizen, the other questions were not applicable to him, and he indicated as such. Below is a comprehensive breakdown of these questions.

8a – Your current citizenship status – How you answer this question will determine which of the questions 8b-8e you will be required to answer. The choices for this question are:

“I am a U. S. Citizen or national by birth in the U. S. or U. S. territory/possession.”

(Self-explanatory)

“I am a U.S. citizen, but I was **NOT** born in the U. S.”

(Born to U.S. citizen-parents while they were abroad, including birth at U.S. Military Bases overseas).

(Foreign-born and one parent is a U. S. Citizen).

(Foreign-born orphan adopted by parent, one of whom is a U. S. Citizen, and legally immigrated to U.S.).

“I am not a U.S. citizen.”

(A permanent resident Alien in possession of an I-551 ‘Green Card’)

Mark whichever box is applicable to you.

8b *Your Mother’s maiden name* – This question must be answered, if you do not know your mother and cannot get her maiden name, list “Unknown” and state the reason in the continuation space on Page 9. If you are adopted, list your adopted Mother’s maiden name, and indicate she is your adoptive Mother in the continuation space on Page 9.

8c *United States Citizenship* – If you marked the 2nd or middle choice for question 8a, that you are a U. S. Citizen but not born in the U.S. You will be required to provide information in one of these categories:

Naturalization Certificate – If you immigrated to the U. S. as an adult; were adopted by U.S. parents and did not receive a Citizenship Certificate while under 18; or were foreign-born to one U.S. parent and one foreign parent and lived in a foreign country on a permanent basis until after you turned 18, you were required to go through the naturalization process. You will need to provide the Court name, the city the Court is located in, the State, the Naturalization Certificate Number, and the Month/Day/Year issued.

Citizenship Certificate – If you were a foreign national and adopted by a U.S. parent and immigrated to the United States prior to age 18, your parents should have applied for, and received, a Citizenship Certificate for you. You will need to provide the city the certificate was issued from, the state that city is in, the certificate number, and the Month/Day/Year the certificate was issued.

Note: If you were adopted and did not reach the age of 18 until after February 27, 2001, U. S. Citizenship was conferred to you by operation of law (automatically), under the Child Citizenship Act of 2000 or Public Law 106-395. A citizenship certificate would not be issued to you, unless requested. If this is the case, please note this in the “City” block of question 8c under ‘Citizenship Certificate’; provide the adoption location, adoption certificate number and adoption date in the Continuation Space on Page 9 of the SF-86.

State Department 240, Report of Birth Abroad of a Citizen of the United States

If you were born in a foreign country to U.S. Parents, you should have this form. This applies to children born at overseas military installations, while parents are on vacation

abroad, while parents are serving as diplomats or foreign-service personnel, while working abroad for private industry or the U.S. Government, and while serving as missionaries (to name a few). You will need to provide the date the form was prepared and, if necessary, provide an explanation, (this is usually the case if there is an extended length of time between the date you were born and the form's preparation).

U.S. Passport – It is not required that you possess a U.S. Passport; if you chose the middle answer for question 8a, you are required to answer this question. If you do not have a passport, either current or previous, mark “None” for ‘Passport Number’. If you chose the 1st or 3rd answer to question 8a, you are not required to answer this question, however if you do not possess a passport, mark “N/A” for ‘Passport Number’. If you possess a current or previous passport, regardless of how you answered question 8a, provide the passport number and the date it was issued, (this is just one more proof of citizenship).

8d Dual Citizenship – If you chose the 1st or 2nd answer to question 8a, you must answer this question. If you are a dual citizen of the U.S. and another country, list that country by its full name, (ex: England and not UK). If you are not a dual citizen, please indicate “None” in the ‘Country’ block.

8e Alien – If you’re not a U. S. Citizen (you chose the 3rd answer to question 8a), you need to provide the information on your I-551 (Green Card). You will need to provide the City/State you entered the United States, the Month/Day/Year you entered the U. S., your Alien Registration Number (on your I-551) and your Country(ies) of Citizenship.

Question 9 *Where You Have Lived*

SF-86 Question 9

9 WHERE YOU HAVE LIVED									
List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.									
For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.									
Month/Year	Month/Year	Street Address	Apt. #	City	New Orleans	State	ZIP Code		
#1	01/00 To "Present"	123 Anywhere	N/A	(Country) N/A		LA	77141		
Name of Person Who Knows You	Street Address	Apt. #	City	New Orleans	State	ZIP Code	Telephone Number		
Randall Smith	125 Anywhere	N/A	(Country) N/A		LA	77141	(504) 589-7109		
Month/Year	Month/Year	Street Address	Apt. #	City	Chesapeake	State	ZIP Code		
#2	03/90 To 01/00	555 Main	123B	(Country) N/A		VA	23321		
Name of Person Who Knew You	Street Address	Apt. #	City	Chesapeake	State	ZIP Code	Telephone Number		
Robert Jones	555 Main	222A	(Country) N/A		VA	23321	(757) 424-0000		
Month/Year	Month/Year	Street Address	Apt. #	City	N/A	State	ZIP Code		
#3	N/A To N/A	N/A	N/A	(Country) N/A		N/A	N/A		
Name of Person Who Knew You	Street Address	Apt. #	City	N/A	State	ZIP Code	Telephone Number		
N/A	N/A	N/A	(Country) N/A		N/A	N/A	N/A		
Month/Year	Month/Year	Street Address	Apt. #	City	N/A	State	ZIP Code		
#4	N/A To N/A	N/A	N/A	(Country) N/A		N/A	N/A		
Name of Person Who Knew You	Street Address	Apt. #	City	N/A	State	ZIP Code	Telephone Number		
N/A	N/A	N/A	(Country) N/A		N/A	N/A	N/A		
Month/Year	Month/Year	Street Address	Apt. #	City	N/A	State	ZIP Code		
#5	N/A To N/A	N/A	N/A	(Country) N/A		N/A	N/A		
Name of Person Who Knew You	Street Address	Apt. #	City	N/A	State	ZIP Code	Telephone Number		
N/A	N/A	N/A	(Country) N/A		N/A	N/A	N/A		

You need list the places you have lived beginning with your present residence and working back 7 years. Do not leave any gaps in time. You must list the actual physical address, not a post office box. If you were at a military installation or ship, list a barracks number or homeport address. Do not list a permanent address if you were actually at a school address, etc. Do not list temporary military duty locations if you were located there less than 90 days; instead list your permanent address. If your address is a Rural or Star Route, or it may be difficult to locate, provide directions for locating the residence on an attached continuation sheet, (a Map Quest or similar product print sheet with driving directions may be used, remember to put your name and social security number at the top of the sheet).

For any address in the last 5 years, list a person who knew you at that address, preferably someone who still lives in the area. You need not list anyone for residences completely outside this 5-year period, (in the above example, you will notice Mr. Public’s residence in Chesapeake, VA began in 1990, but did not end until 2000, that places it within the 5-years and requires a reference). **Do not list spouse, former spouse(s), or other relatives as a contact person.** For these persons, ensure you include a street address, city/state/zip code, and telephone number with area code, (see example above).

If you have more residences within the 7-year scope than there is space allowed on the SF-86, use the SF-86A continuation sheet(s) to include them. After you have listed all the applicable residences, mark the subsequent residence “NA” in the ‘Street Address’ block, (see example above, note how Mr. Public marked residence #3) this will let the scopers know there is no more applicable information.

Question 10 – *Where You went to School.*

10 WHERE YOU WENT TO SCHOOL		SF-86 Question 10					
List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.							
o Use one of the following codes in the "Code" block:							
1 - High School		2 - College/University/Military College			3 - Vocational/Technical/Trade School		
o For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.							
o For correspondence schools and extension classes, provide the address where the records are maintained.							
#1	Month/Year 01/00	To Month/Year 05/01	Code 1	Name of School Nola H.S.	Degree/Diploma/Other Diploma		Month/Year Awarded 05/01
			Street Address and City of School 285 S. Clairborne New Orleans		State LA	ZIP Code 77141	
			(Country) N/A				
Name of Person Who Knew You Reggie Smith		Street Address 333 Dauphine St.		Apt. # NA	City New Orleans (Country) N/A	State LA	ZIP Code 77142 Telephone Number (504) 424-0001
#2	Month/Year 08/97	To Month/Year 01/00	Code 1	Name of School Chesapeake H.S.	Degree/Diploma/Other NONE		Month/Year Awarded N/A
			Street Address and City of School 111 S. Battlefield Blvd. Chesapeake		State VA	ZIP Code 23321	
			(Country) N/A				
Name of Person Who Knew You Mary Jones		Street Address 111 N, River Birch Run		Apt. # NA	City Chesapeake (Country) N/A	State VA	ZIP Code 23321 Telephone Number (757) 420-0009
#3	Month/Year N/A	To Month/Year N/A	Code N/A	Name of School N/A	Degree/Diploma/Other N/A		Month/Year Awarded N/A
			Street Address and City of School N/A		State N/A	ZIP Code N/A	
			(Country) N/A				
Name of Person Who Knew You N/A		Street Address N/A		Apt. # N/A	City N/A (Country) N/A	State N/A	ZIP Code N/A Telephone Number N/A
Enter your Social Security Number before going to the next page							111-22-1234

List the schools you have attended, beginning with the most recent (#1) and working back 7 years. Don't list anything prior to High School. If all your education occurred more than 7 years ago, list your most recent education beyond High School, no matter how when that education occurred. If all your education occurred more than 7 years ago and you had no other education beyond High School, list the High School.

Use one of the following codes in the code block for each school/period of education:

(1) – High School

(2) – College/University/Military College

(3) – Vocational/Technical/Trade School

For schools you have attended in the past 3 years, list a person who knew you at school (an Instructor, Student, etc.). Do not list people for education completely outside this 3-year period. Note: Mr. Public did list a person for his education in block #2, even though this occurred outside the 3-year period, as instructed, you don't have to, but if you do, it will not cause the SF-86 to be rejected.

For correspondence schools and extension classes, note the type in the school name, (Ex: Columbia School of Broadcasting 'Correspondence'), provide the address where the records for that school are maintained.

In the example above note the field "Degree/Diploma/Other". Those do not indicate your choice of answers, only the type of answer(s) expected. If you have received a college degree, list the type of degree (ex: BSEE or MBA), for a High School Diploma, 'Diploma' is sufficient, for "Other" you could put 'Cert' (certificate) or 'License' (ex: if you attended "Bill's Trucking School", you could put down 'CDL' for "Degree/Diploma/Other" block), if you received nothing (just taking classes/transferred), or did not complete the course, list "None".

For the address for these school(s) it must be an actual Street/Physical address. If the published address is a Post Office Box, contact the school and inform them of your need and ask them for their street address. In cases where the answer is not automatic, you may need to prompt them by asking what their 'FEDEX' address is, FedEx delivers only to physical/street addresses, that information may be more automatic to whom you are asking.

If you have attended more schools during the 7-year scope than the space on the SF-86 allows, use form SF-86A, Continuation Sheet, to list additional education.

This ends Page 2 of the SF-86; remember to fill in your Social Security Number in the block on the lower right-hand corner of this page.

Question 11 – Your Employment Activities.

SF-86 Question 11

11 YOUR EMPLOYMENT ACTIVITIES List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.																									
<ul style="list-style-type: none"> Code. Use one of the codes listed below to identify the type of employment: <table border="0"> <tr> <td>1 - Active military duty stations</td> <td>5 - State Government (Non-Federal employment)</td> <td>7 - Unemployment (Include name of person who can verify)</td> <td>9 - Other</td> </tr> <tr> <td>2 - National Guard/Reserve</td> <td>6 - Self-employment (Include business name and/or name of person who can verify)</td> <td>8 - Federal Contractor (List Contractor, not Federal agency)</td> <td></td> </tr> <tr> <td>3 - U.S.P.H.S. Commissioned Corps</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 - Other Federal employment</td> <td></td> <td></td> <td></td> </tr> </table> Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports. Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information. 										1 - Active military duty stations	5 - State Government (Non-Federal employment)	7 - Unemployment (Include name of person who can verify)	9 - Other	2 - National Guard/Reserve	6 - Self-employment (Include business name and/or name of person who can verify)	8 - Federal Contractor (List Contractor, not Federal agency)		3 - U.S.P.H.S. Commissioned Corps				4 - Other Federal employment			
1 - Active military duty stations	5 - State Government (Non-Federal employment)	7 - Unemployment (Include name of person who can verify)	9 - Other																						
2 - National Guard/Reserve	6 - Self-employment (Include business name and/or name of person who can verify)	8 - Federal Contractor (List Contractor, not Federal agency)																							
3 - U.S.P.H.S. Commissioned Corps																									
4 - Other Federal employment																									
Month/Year #1 03/03 To Present		Code 9 ▼	Employer/Verifier Name/Military Duty Location Wal-Mart				Your Position Title/Military Rank Associate																		
Employer's/Verifier's Street Address Wal-Mart Place			City Bentonville (Country) N/A		State AR ▼	ZIP Code 11111		Telephone Number (111) 333-6666																	
Street Address of Job Location (if different than Employer's Address) 1 Sam's Circle			City New Orleans (Country) N/A		State LA ▼	ZIP Code 77141		Telephone Number (540) 421-0003																	
Supervisor's Name & Street Address (if different than Job Location) Tom Thumb			City N/A (Country) N/A		State N/A ▼	ZIP Code N/A		Telephone Number (504) 421-0003																	
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year To Month/Year 06/01 To 01/02		Position Title Associate			Supervisor Arnold Beck																			
	Month/Year To Month/Year N/A To		Position Title N/A			Supervisor N/A																			
	Month/Year To Month/Year N/A To		Position Title N/A			Supervisor N/A																			
	Month/Year To Month/Year N/A To		Position Title N/A			Supervisor N/A																			
Month/Year #2 01/02 To 03/03		Code 9 ▼	Employer/Verifier Name/Military Duty Location Block Buster Video				Your Position Title/Military Rank Associate																		
Employer's/Verifier's Street Address 123 Volvo Parkway			City New Orleans (Country) N/A		State LA ▼	ZIP Code 77110		Telephone Number (504) 589-6666																	
Street Address of Job Location (if different than Employer's Address) N/A			City N/A (Country) N/A		State N/A ▼	ZIP Code N/A		Telephone Number N/A																	
Supervisor's Name & Street Address (if different than Job Location) Mary Angelo			City N/A (Country) N/A		State N/A ▼	ZIP Code N/A		Telephone Number (504) 589-6666																	
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year To Month/Year N/A To N/A		Position Title N/A			Supervisor N/A																			
	Month/Year To Month/Year N/A To N/A		Position Title N/A			Supervisor N/A																			
	Month/Year To Month/Year N/A To N/A		Position Title N/A			Supervisor N/A																			
	Month/Year To Month/Year N/A To N/A		Position Title N/A			Supervisor N/A																			
Month/Year #3 02/00 To 06/01		Code 7 ▼	Employer/Verifier Name/Military Duty Location Joyce Public				Your Position Title/Military Rank N/A																		
Employer's/Verifier's Street Address 123 Anywhere			City New Orleans (Country) N/A		State LA ▼	ZIP Code 77141		Telephone Number (504) 589-7109																	
Street Address of Job Location (if different than Employer's Address) N/A			City N/A (Country) N/A		State N/A ▼	ZIP Code N/A		Telephone Number N/A																	
Supervisor's Name & Street Address (if different than Job Location) N/A			City N/A (Country) N/A		State N/A ▼	ZIP Code N/A		Telephone Number N/A																	
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year To Month/Year N/A To N/A		Position Title N/A			Supervisor N/A																			
	Month/Year To Month/Year N/A To N/A		Position Title N/A			Supervisor N/A																			
	Month/Year To Month/Year N/A To N/A		Position Title N/A			Supervisor N/A																			
	Month/Year To Month/Year N/A To N/A		Position Title N/A			Supervisor N/A																			
Enter your Social Security Number before going to the next page →								111-22-1234																	

SF-86 Question 11 (continued)

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)										
#4	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location				Your Position Title/Military Rank		
	N/A	To N/A	N/A	N/A				N/A		
	Employer's/Verifier's Street Address				City		State	ZIP Code	Telephone Number	
	N/A				(Country) N/A		N/A	N/A	N/A	
	Street Address of Job Location (if different than Employer's Address)				City		State	ZIP Code	Telephone Number	
N/A				(Country) N/A		N/A	N/A	N/A		
Supervisor's Name & Street Address (if different than Job Location)				City		State	ZIP Code	Telephone Number		
N/A				(Country) N/A		N/A	N/A	N/A		
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title		Supervisor					
	N/A	To N/A	N/A		N/A					
	Month/Year	Month/Year	Position Title		Supervisor					
	N/A	To N/A	N/A		N/A					
	Month/Year	Month/Year	Position Title		Supervisor					
	N/A	To N/A	N/A		N/A					
#5	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location				Your Position Title/Military Rank		
	N/A	To N/A	N/A	N/A				N/A		
	Employer's/Verifier's Street Address				City		State	ZIP Code	Telephone Number	
	N/A				(Country) N/A		N/A	N/A	N/A	
	Street Address of Job Location (if different than Employer's Address)				City		State	ZIP Code	Telephone Number	
N/A				(Country) N/A		N/A	N/A	N/A		
Supervisor's Name & Street Address (if different than Job Location)				City		State	ZIP Code	Telephone Number		
N/A				(Country) N/A		N/A	N/A	N/A		
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title		Supervisor					
	N/A	To N/A	N/A		N/A					
	Month/Year	Month/Year	Position Title		Supervisor					
	N/A	To N/A	N/A		N/A					
#6	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location				Your Position Title/Military Rank		
	N/A	To N/A	N/A	N/A				N/A		
	Employer's/Verifier's Street Address				City		State	ZIP Code	Telephone Number	
	N/A				(Country) N/A		N/A	N/A	N/A	
	Street Address of Job Location (if different than Employer's Address)				City		State	ZIP Code	Telephone Number	
N/A				(Country) N/A		N/A	N/A	N/A		
Supervisor's Name & Street Address (if different than Job Location)				City		State	ZIP Code	Telephone Number		
N/A				(Country) N/A		N/A	N/A	N/A		
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title		Supervisor					
	N/A	To N/A	N/A		N/A					
	Month/Year	Month/Year	Position Title		Supervisor					
	N/A	To N/A	N/A		N/A					

This question covers your employment, beginning with the present (#1) and working back 7-years, or to your 16th birthday, whichever period is shorter. You need to list all full-time and part-time work, military service, temporary military duty over 90 days, self-employment, other paid work, and all periods of unemployment. You must cover the 7-year or to your 16th birthday without breaks. If applicable, you must list all Federal Government civilian service whether it occurred within the last 7 years or not.

Job Code – In the “Code” block of this question, use one of these codes to identify the type of employment.

- (1) Active Duty Military station
- (2) National Guard/Reserve
- (3) U.S.P.H.S Commissioned Corps
- (4) Other Federal Employment
- (5) State Government (Non-Federal employment)

- (6) Self-employment (Include business name and/or name of person who can verify)
- (7) Unemployment (Include name of person who can verify –in the example above, Mr. Public used his mother to verify his period of unemployment)
- (8) Federal Contractor (List Contractor, not Federal Agency)
- (9) Other (Examples: Full-Time Student, Internships, Missionary work, Peace Corps, etc.)

Employer/Verifier Name – List the business name of your employer (Company Name) or the name of the person who can verify your self-employment or unemployment in this block. If you are listing military service, do not list just the branch of service; list each duty station separately with address and/or homeport and your branch of service, (Example USCG/CG Security Center). Again list each duty station as separate employments. When listing the address of the employer, list the physical (Street) address of the employer.

Street Address of Job Location - if the address of the job location is different, list that in this block.

Supervisor's Name and Street Address – List the name of your supervisor at the time of your employment, if that supervisor's street address is different than the Job Location's (Ex: supervisor has moved to another store and/or job), provide that address. Provide a telephone number for the supervisor even if it is the same number as the Job Location's.

Previous Periods of Activity – If you worked for an employer on more than one occasion, or, for military were stationed at a particular unit more than once, complete these lines. Enter the most recent period of activity in the initial numbered block, then provide the previous period(s) of employment at the same location. The key here is the job was at the same location (example: if you worked at Wal-Mart in Philadelphia, PA from 01/03 – 05/03, then worked for Wal-Mart in Pittsburgh from 06/03-08/03, you would list them in separate numbered blocks because the actual job location was different, even though the employer was the same). In the example above, Mr. Public worked at the Wal-Mart at 1 Sam's Circle in New Orleans from 03/03 - Present; he also worked there from 06/01 - 01/02, Mr. Public listed his most recent employment with Wal-Mart in the numbered block and the previous employment at that job location in the previous period(s) of activity.

Note: If you need to list more employment activity than there is space provided on pages 3 and 4, use the SF-86A, continuation sheet. *At the end of page 3 of the SF-86, do not forget to put your Social Security Number in the lower right-corner where indicated.*

Question 12 – People “Whom” Know You Well.

SF-86 Question 12

12 PEOPLE WHO KNOW YOU WELL List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.					
Name #1 Bart Simpson	Dates Known Month/Year Month/Year 10/90 To 12/03	Telephone Number <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night (232) 888-9995			
Home or Work Address 686 Dead End Road	City Carson City (Country) N/A	State NV	ZIP Code 12365		
Name #2 Robert James	Dates Known Month/Year Month/Year 01/00 To 12/03	Telephone Number <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night (504) 589-2121			
Home or Work Address 338 Dauphin St.	City New Orleans (Country) N/A	State LA	ZIP Code 77141		
Name #3 Jane Doe	Dates Known Month/Year Month/Year 08/84 To 08/99	Telephone Number <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night (321) 555-2288			
Home or Work Address 123 Centerville Main	City Fred (Country) N/A	State TX	ZIP Code 77625		
Enter your Social Security Number before going to the next page →					111-22-1234
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Follow the instructions listed on the SF-86 with this question. You must provide a complete physical (Street) address for the person (home or work) and a phone number with area code.

This ends Page 4 of the SF-86; make sure you put your Social Security Number in the lower right-hand corner of this page before proceeding.

Question 13 – Your Spouse

SF-86 Question 13

13 YOUR SPOUSE Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.					
<input checked="" type="checkbox"/> 1 - Never married		<input type="checkbox"/> 3 - Separated		<input type="checkbox"/> 5 - Divorced	
<input type="checkbox"/> 2 - Married		<input type="checkbox"/> 4 - Legally Separated		<input type="checkbox"/> 6 - Widowed	
a Current Spouse Complete the following about your current spouse only.					
Full Name N/A	Date of Birth N/A	Place of Birth (Include country if outside the U.S.) N/A	Social Security Number N/A		
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name) N/A				Country(ies) of Citizenship N/A	
Date Married N/A	Place Married (Include country if outside the U.S.) N/A			State N/A	
If Separated, Date of Separation		If Legally Separated, Where is the Record Located? City (Country)			State
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.) N/A				State N/A	ZIP Code N/A
b Former Spouse(s). Complete the following about your former spouse(s), use blank sheets if needed.					
Full Name N/A	Date of Birth N/A	Place of Birth (Include country if outside the U.S.) N/A	State N/A		
Country(ies) of Citizenship N/A	Date Married N/A	Place Married (Include country if outside the U.S.) N/A	State N/A		
Check one, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Day/Year N/A	If Divorced, Where is the Record Located? City (Country) N/A			State N/A
Address of Former Spouse (Street, city, and country if outside the U.S.) N/A				State N/A	ZIP Code N/A
				Telephone Number N/A	

This question deals with your *current* Marital Status. You have six choices concerning your status, mark the appropriate box: Never Married, Married, Separated, Legally Separated, Divorced, and Widowed.

Most of these choices are clear, however this form has two choices “Separated” and “Legally Separated”, for this form “Separated” means that you and your spouse are living apart due to marital discord, not due to employment commitments, economic or medical reasons, etc. “Legally Separated” means that you and your spouse are separated due to marital discord and the particulars of this separation are recorded in a legal document.

13a – *Current Spouse*, if you chose Married, Separated, or Legally Separated you will need to complete this section. Provide the full name of your spouse (including full Middle Name, (NMN), or (IO), (see instructions for question 1 for direction). Provide date of birth in MM/DD/YY format. Provide place of birth including country if outside U.S. Give spouse’s Social Security Number. Give other names spouse used (when listing maiden name, indicate maiden name as such: -nee Judith Ann Smith) and indicate dates name used in MM/DD/YY – MM/DD/YY format. Provide spouse’s Country or Countries of Citizenship. List date you were married in MM/DD/YY format. List the place you were married (include country if outside U.S.). List state information only if marriage occurred in U.S. If you and your spouse are separated, give date of separation. If you and your spouse are Legally Separated, list the location, or city, record is located in, if record is in a foreign country, list that country here. List state information only if in U.S. Provide current address of spouse, if different that yours (even if you are just living apart and not ‘Separated’ as previously indicated).

Note: If you are not married, divorced or widowed, indicated “N/A” in the first block.

13b – *Former Spouse(s)*, if you are divorced or widowed, you will need to provide information about your former spouse(s) here. Provide full name, date of birth, place of birth, citizenship, date married and place married in the same format as specified for question 13a. Indicate whether you are “Divorced” or “Widowed”. If applicable, indicate the city, (Country if not in U.S.) and state (If in U.S.) where divorce is recorded. If applicable, list address of former spouse (Street Address), list country if outside U.S., also provide zip code and telephone number with area code.

Note: If you have more than one former spouse, list the required information on the continuation space on page 9. If you were never married or married and have no former spouse(s), indicate “N/A” in the first block of 13b.

Question 14 *Your Relatives and Associates*

SF-86 Question 14

14 YOUR RELATIVES AND ASSOCIATES
 Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.
 1 - Mother (*first*) 5 - Foster parent 9 - Sister 13 - Half-sister 17 - Other Relative*
 2 - Father (*second*) 6 - Child (*adopted also*) 10 - Stepbrother 14 - Father-in-law 18 - Associate*
 3 - Stepmother 7 - Stepchild 11 - Stepsister 15 - Mother-in-law 19 - Adult Currently Living With You
 4 - Stepfather 8 - Brother 12 - Half-brother 16 - Guardian

*Code 17 (Other Relative) - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (<i>If deceased, check box on the left before entering name</i>)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (<i>country</i>) of Living Relatives	State
<input type="checkbox"/> Joyce Anne Public	1	01 06 60	England	USA	123 Anywhere, New Orleans	LA
<input checked="" type="checkbox"/> Robert George Public	2	09 22 57	USA	USA	N/A	N/A
<input type="checkbox"/> Virginia Anne Public	9	11 13 81	USA	USA	829 East Lansing Road Lansing	MI
<input type="checkbox"/> Robert Eugene Williamson	17	12 01 33	England	England	123 Anywhere, New Orleans	LA
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> N/A	N/A	N/A	N/A	N/A	N/A	N/A

Enter your Social Security Number before going to the next page → 111-22-1234

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In this section you will be listing certain relatives and associates. There are 19 different type relatives and associates to choose from, the number next to the description is the number you will list the “Code” block of question 14.

Types of Relative/Associates:

- (1) – *Mother* (you will list her first, note that this code has already been entered for you)
- (2) – *Father* (you will list him second, note that this code has already been entered for you).
- (3) – *Stepmother*
- (4) – *Stepfather*
- (5) – *Foster Parent*
- (6) – *Child* (whether the child is your biological or adopted child)
- (7) – *Stepchild*
- (8) – *Brother*
- (9) – *Sister*
- (10) – *Stepbrother*
- (11) – *Stepsister*
- (12) – *Half-Brother*
- (13) – *Half-Sister*

- (14) – *Father-in-law*
- (15) – *Mother-in-law*
- (16) – *Guardian*
- (17) – *Other Relative* (List only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact.)
- (18) – *Associate* (Include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.)
- (19) – *Adult Currently Living with You*

You should complete this question by providing the person’s Full Name (include full middle name, if known). If the person is deceased, mark the box to the left of their name. Provide the code to indicate type relative/associate. Provide the relative/associate’s date of birth in MM/DD/YY format. Give their Country of Birth. Give the relative/associate’s Country or Countries of Citizenship. Provide their current address as indicated, (if the relative/associate is deceased, leave this space blank). If relative/associate lives in U.S., indicate the state they live in. Do this for each applicable relative or associate. If you need additional space, use the continuation sheet on page 9. If the relative/associate name will not fit with spaces, list name without spaces and capitalize each name, also draw a line (vertical) between each name to separate them (ex: JohnFitzgeraldHargrove would be John|Fitzgerald|Hargrove).

This concludes page 5 of the SF-86, put your Social Security Number in the lower right-hand corner of this page in the space provided.

Question 15 – *Citizenship of Your Relatives and Associates*

SF-86 Question 15

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES		
If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (<i>this information is needed to pair it accurately with information in items 13 and 14</i>).		
On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.		
1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State). 2 - Citizenship Certificate: Provide the date and location issued (City and State). 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State). 4 - Other: Provide an explanation in the "Additional Information" block.		
#1 Association Mother	Name Joyce Anne Public (nee Williamson)	Date of Birth (Month/Day/Year) 01 06 60
Certificate/Registration # 1111111111	Document Code 1	Additional Information 03/05/82 US District Court, Norfolk, VA
#2 Association Grandfather	Name Robert Eugene Williamson	Date of Birth (Month/Day/Year) 12 01 33
Certificate/Registration # A11122334455	Document Code 2	Additional Information 12/20/90 New York, NY

Follow the instructions provided on the SF-86 for this question; note the example above with regards to document code and required information applicable to that

code. In the example above, Mr. Public includes his grandfather’s information, though this was not required, it is an example of required information for a different document/certificate type.

Note: - An example of document code 4 “Other” would be an individual on an extended work visa, a student visa or a foreign diplomat. If you have additional relatives/associates you need to list, use the continuation space on page 9, insure you provide all applicable information. If this question is not applicable to you at all, indicate “N/A” in the ‘Association’ block of #1.

Question 16 – Your Military History

SF-86 Question 16

16	YOUR MILITARY HISTORY						Yes	No		
a Have you served in the United States military?						<input type="checkbox"/>	<input checked="" type="checkbox"/>			
b Have you served in the United States Merchant Marine?						<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<p>List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.</p> <p>•Code. Use one of the codes listed below to identify your branch of service: 1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard</p> <p>•O/E. Mark "O" block for Officer or "E" block for Enlisted.</p> <p>•Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.</p> <p>•Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.</p>										
Month/Year	Month/Year	Code	Service/Certificate #	O	E	Status			Country	
	To					Active	Active Reserve	Inactive Reserve	National Guard (State)	
N/A		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A ▼	N/A
N/A		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A ▼	N/A

This question covers any prior military service (U.S. or Foreign).

16a – Prior U.S. Military Service – Answer “Yes” or “No” as applicable.

16b – Prior U.S. Merchant Marine Service – Answer “Yes” or “No” as applicable.

Now you need to list all your military service below, including Reserve, National Guard and U.S. Merchant Marine, also if you served in any foreign military, you need to list that here. The first line should contain your most recent service and work backwards. If you had a break in service, each separate period should be listed individually; if you served in the same branch of service but in different components (Active and Reserve, or Active and Inactive Reserve), list those separately, (ex: if you served from 01/88 to 01/90 in the U. S. Navy Active Reserve and then from 01/90 to 01/95 in the U.S. Navy Active, these should be 2 different entries, also if you were enlisted then ascended to the officer corps, separate those periods as different entries). Otherwise, follow the instructions provided with this question to fill in the particular blocks. If you have never served in any military service for any country, mark “N/A” in the Service/Certificate # block. If you are listing military service, the “Service/Certificate #” will most likely be your social security number, if a separate service number was not given to you.

Question 17 – Your Foreign Activities

SF-86 Question 17

17 YOUR FOREIGN ACTIVITIES		Yes	No
a	Do you have any foreign property, business connections, or financial interests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d	In the last 7 years, have you had an active passport that was issued by a foreign government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
04/01	To 04/01	Mr. J. Smith, PC, ESQ	Inheritance of 5 acres of Land in England
04/01	To 08/03	Min. Inland Revenue, UK	Estate/yrly Property Tax on land listed above

This question deals with any type foreign interests you have (other than having foreign relatives and/or associates). These interests include any foreign employment, business or property interest or ownership; any private business you may have conducted with foreign government(s) or its representatives. Please read every question carefully. If you answer "Yes" to any question 17a-17d, you will need to provide an explanation in the spaces provided below question 17d. If you need additional space to provide a complete answer, or have more instance(s) of foreign contact than the space provided allows, use the continuation space on Page 9. Please note the figure above for sample answers. Last, there is no 'scope' to this question; it covers your whole life to present.

Question 18 – Foreign Countries you Have Visited

SF-86 Question 18

18 FOREIGN COUNTRIES YOU HAVE VISITED									
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)									
<ul style="list-style-type: none"> Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips"). Do not repeat travel covered in items 9, 10, or 11. 									
	Month/Year	Month/Year	Code	Country		Month/Year	Month/Year	Code	Country
#1	04/01	To 04/01	1	England	#3	06/02	To 01/03	2	Mexico- (many short trips)
#2	04/02	To 05/02	1	England	#4	N/A	To N/A	N/A	N/A

Follow the instruction included with this question. 'Travel Under Official Government Orders' means any travel conducted while an employee of the U.S. Government AND at the order of the U.S. Government. Examples of code "4 – Other" is missionary work, or if traveling as a dependent of a U.S. Government Employee under official orders. If you select code 4, explain purpose in the continuation space on page 9. If you have no foreign travel, you must either indicate "N/A" or "None" in block #1.

End of Part 1

SF-86 End of Part 1

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:	N/A
Enter your Social Security Number before going to the next page 	111-22-1234

This ends part 1 of the SF-86, if you used a SF-86, Continuation Sheet, blank sheets, or the continuation space on Page 9 to complete part 1, indicate in this block the questions the continuation(s) were necessary for. This ends Page 6 of the SF-86, put your Social Security Number in the lower right-hand corner of this page.

Question 19 – *Your Military Record*

SF-86 Question 19

Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736	QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS	Form approved: OMB No. 3206-0007 NSN 7540-00-634-4036 86-111
Part 2 OFFICIAL USE ONLY		
19 YOUR MILITARY RECORD	Yes	No
Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Month/Year N/A	Type of Discharge N/A	

Please read this question carefully. If you have never served in the military, or if you did serve in the military and received an HONORABLE discharge, the answer you pick is "No". Only answer, "Yes" if you served in the military and received ANY discharge other than honorable. If you chose "No" indicate "N/A" in the 'Type of Discharge' section of question 19. If you chose "Yes" provide the date in MM/YY format and the type of discharge.

Question 20 – *Your Selective Service Record*

SF-86 Question 20

20 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Registration Number 84-12345678-0	Legal Exemption Explanation N/A	

This question deals with your registration for selective service, if applicable.

20a. If you are male and born after December 31, 1959 your answer to this is "Yes". If you are female or a male born before December 31, 1959 your answer to this is "No".

20b. If you answered “No” to 20a, you can skip to Question 21. If you answered, “Yes” to 20a, you need to indicate “Yes” or “No” to this question. If you chose “Yes”, put your registration number in the same-named block below 20b. If you don’t know your registration number, this website: <https://www4.sss.gov/regver/verification1.asp> enables you to retrieve your registration number. If you chose “No” to this question, provide an explanation in the ‘Legal Exemption Explanation’ block below 20b. Some examples of explanations are: “Applicant is only 17”, “Applicant has been on active duty since 18th birthday”, etc.

Note: All information concerning Selective Service can be found at this website: <http://www.sss.gov/Default.htm>.

Question 21 – Your Medical Record

SF-86 Question 21

21 YOUR MEDICAL RECORD				Yes	No
In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.					
Month/Year	Month/Year	Name/Address of Therapist or Doctor		State	ZIP Code
N/A	To N/A	N/A		N/A	N/A
N/A	To N/A	N/A		N/A	N/A

This question deals with any and all mental health issue(s) that you may have had to deal with. Question 21 is comprised of two parts; the first part asks if you have consulted a mental health professional (Psychiatrist, psychologist, counselor, etc) or other health care provider in the past 7-years about a mental health condition; if you answered “Yes” to the first part, the second part requires you provide the particulars of your treatment including, period that treatment occurred (MM/YY to MM/YY), name/address of Therapist or Doctor including state and zip code. If your consultation(s) involved only marital, family or grief counseling and is not related to violence by you; you need only list the dates of the consultation(s) and indicated “Marital Counseling”, “Family Counseling”, or “Grief Counseling” and “not due to violence by me” (Example - 01/00 to 01/00|Grief Counseling not due to violence by me). If you use one of those three answers, you should provide a brief explanation in the continuation space on page 9, (Example – Q21 – Grief counseling due to death of friend).

Note: In the illustration, Mr. Public answered “No” to the first part, so he put “N/A” in the second part.

Question 22 – Your Employment Record

SF-86 Question 22

22 YOUR EMPLOYMENT RECORD					Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.					<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use the following codes and explain the reason your employment was ended:						
1 - Fired from a job		3 - Left a job by mutual agreement following allegations of misconduct		5 - Left a job for other reasons under unfavorable circumstances		
2 - Quit a job after being told you'd be fired		4 - Left a job by mutual agreement following allegations of unsatisfactory performance				
Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code	
N/A	N/A	N/A	N/A	N/A ▼	N/A	
N/A	N/A	N/A	N/A	N/A ▼	N/A	

Please read and follow the instructions included with this question. Please note that in the illustration Mr. Public indicated he never left a job for any of the 5 reasons mentioned; if you quit a job for other reasons (ex: summer-only employment, left for better job, workforce reduction, etc.), you should mark "No" as your answer.

Question 23 – Your Police Record

SF-86 Question 23

23 YOUR POLICE RECORD					Yes	No
For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain 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.						
a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)					<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Have you ever been charged with or convicted of a firearms or explosives offense?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Are there currently any charges pending against you for any criminal offense?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?					<input checked="" type="checkbox"/>	<input type="checkbox"/>
e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)					<input type="checkbox"/>	<input checked="" type="checkbox"/>
f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)					<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).						
Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code	
04/02	Poss Cont Sub	Aquittal	Orleans Parish Dist Ct, New Orleans	LA ▼	77141	
01/03	Speeding	Fine/\$200	St. Tammany Parish Ct. Metairie	LA ▼	77136	
Enter your Social Security Number before going to the next page →					111-22-1234	

Page 7

Please read the instructions provided with this section and questions carefully. Questions 23a, 23b, and 23d cover your entire life, not just the past 7 years. If you answer "Yes" to any of the questions in this section, provide an explanation as demonstrated in the illustration above.

This concludes page 7 of the SF-86, be sure to put your Social Security Number in the lower right-hand corner of this page in the space provided.

Question 24 – Your Use of Illegal Drugs and Drug Activity

SF-86 Question 24

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY		Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.			
a	Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Have you <u>ever</u> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.			
Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
N/A	To N/A	N/A	N/A
N/A	To N/A	N/A	N/A

It is essential that you read the instructions provided with this question very carefully. You must answer these questions fully and truthfully, failure to do so can affect not only your eligibility for a security clearance, also your suitability for employment in the U. S. Coast Guard. The questions have differences in their scope; question 24a deals with the last 7 years or age 16, whichever is shorter; question 24b deals with your entire life, but only while you held a security clearance, were a law enforcement officer, or officer of the court. If you answer "Yes" to any of these questions, indicate the period of use in MM/YY to MM/YY format, the name of the substance used, and total number of times used. This includes any "experimental" or "just tried it once" type of use. If you need additional space, use the Continuation Space on Page 9. If you answered "No" to question 24a-24c, put "N/A" as shown in the illustration.

Question 25 – Your Use of Alcohol

SF-86 Question 25

25 YOUR USE OF ALCOHOL		Yes	No
In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.			
Month/Year	Month/Year	Name/Address of Counselor or Doctor	State ZIP Code
N/A	To N/A	N/A	N/A
N/A	To N/A	N/A	N/A

This question does not ask if you drink or do not drink. It asks if your use of alcoholic beverages has resulted in any alcohol-related treatment or counseling. Please read the question carefully. If you answer "Yes" provide the period of treatment (MM/YY-to-MM/YY), the name and address of Dr. or Counselor, the state and Zip Code. If your answer is "No" mark "N/A" as shown in the illustration.

Question 26 – Your Investigations Record

SF-86 Question 26

26 YOUR INVESTIGATIONS RECORD								Yes	No
a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.								<input type="checkbox"/>	<input checked="" type="checkbox"/>
Codes for Investigating Agency 1 - Defense Department 2 - State Department 3 - Office of Personnel Management 4 - FBI 5 - Treasury Department 6 - Other (Specify)				Codes for Security Clearance Received 0 - Not Required 1 - Confidential 2 - Secret 3 - Top Secret 4 - Sensitive Compartmented Information 5 - Q 6 - L 7 - Other					
Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code		
N/A	N/A ▼	N/A	N/A ▼	N/A	N/A ▼	N/A	N/A ▼		
N/A	N/A ▼	N/A	N/A ▼	N/A	N/A ▼	N/A	N/A ▼		
b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.								<input type="checkbox"/>	<input checked="" type="checkbox"/>
Month/Year	Department or Agency Taking Action			Month/Year	Department or Agency Taking Action				
N/A	N/A			N/A	N/A				
N/A	N/A			N/A	N/A				

This question deals with any previous background investigations conducted by, and/or security clearance(s) granted by the U. S. Government. This question is in two parts.

26a – Read the question carefully, if you answer “No”, enter “N/A” in the ‘Other Agency’ block. There are two sets of codes in this question, the ‘Agency Code’ and the ‘Clearance Code’; the agency code is derived from the ‘Codes for Investigating Agency’ table and the clearance code is derived from the ‘Codes for Security Clearance Received’ table, (this is only a concern if you answered “Yes” to this question). You can put up to four investigations/clearances in the space provided if you have more investigations/clearances use the Continuation Space on Page 9.

26b – This question has two elements, your security clearance and your eligibility for federal employment. It asks if you have ever lost a security clearance or been prohibited (debarred) from government employment. If your answer is “No” indicate “N/A” in the ‘Department or Agency Taking Action’ block. If you have never had a security clearance, or never applied for government employment, your answer should be “No”. If you have lost a security clearance/access authorization or have been prohibited (debarred) from government employment your answer should be “Yes”; then provide the date (in MM/YY format) and the name of the agency that took the action.

Note: The question notes that an, “administrative downgrade or termination of a security clearance is not a revocation” here is an example for each term:

Administrative Downgrade – You are employed by the U. S. Government (military or civil service) and the current position requires a Top Secret security clearance, then you either are transferred or take a new position that only requires a Secret security clearance, your clearance would be “administratively downgraded” from Top Secret to Secret. This downgrade is done due to circumstances, not due to adverse action on your part.

Termination of Security Clearance – You are currently in the U.S. Military with a Secret security clearance and your enlistment is complete and you elect to get out. Your Security Clearance will be terminated because you are no longer in the military, not because any negative action on your part.

Question 27 – *Your Financial Record*

SF-86 Question 27

27 YOUR FINANCIAL RECORD						Yes	No
a In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
b In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
c In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
d In the last 7 years, have you had any judgments against you that have not been paid?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to a, b, c, or d, provide the information requested below:							
Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Enter your Social Security Number before going to the next page →						111-22-1234	
Page 8							

Read each of these questions carefully. If you answer “Yes” to any of these questions provide the information requested in the spaces below question 27d. In these spaces, you will see the block ‘Name Action Occurred Under’, this will usually be your name or you and your spouse’s name, but it could also be the name of a company or business you owned and had to declare bankruptcy for. If you answered “No” on all these questions, mark “N/A” as show in the illustration.

This ends Page 8 of the SF-86. Enter your Social Security Number in the space provided in the lower right-hand corner.

Question 28 – *Your Financial Delinquencies*

SF-86 Question 28

28 YOUR FINANCIAL DELINQUENCIES							Yes	No
a In the last 7 years, have you been over 180 days delinquent on any debt(s)?							<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Are you currently over 90 days delinquent on any debt(s)?							<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to a or b, provide the information requested below:								
Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	ZIP Code		
08/02	02/03	\$6	Cell Phone	Verizon, 1 Shell Place New Orleans	LA	77149		
N/A	N/A	N/A	N/A	N/A	N/A	N/A		

Read the questions carefully and if you answer, "Yes" to either question, use the illustration as an example on providing the required information. If you answer "No" to both questions, put "N/A" in the 'Type of Loan or Obligation and Account Number' block.

Question 29 – *Public Record of Civil Court Actions*

SF-86 Question 29

29 PUBLIC RECORD CIVIL COURT ACTIONS							Yes	No
In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?							<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes," provide the information about the public record civil court action requested below.								
Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (Include City and county/country if outside U.S.)	State	ZIP Code		
N/A	N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A	N/A		

This question asks if you have been party (ex: plaintiff, defendant, etc.) to a civil court action in the last 7 years. If you answer "Yes" provide the date (MM/YY format), the nature of the action (Personal Injury, Right-of-Way, Breach-of-Contract, etc), the name of the party or parties involved (Acme Inc. et. al.), Court (including city and country if outside U.S), State and Zip Code. If you answer "No" mark "N/A" as shown in illustration.

Question 30 – *Your Association Record*

SF-86 Question 30

30 YOUR ASSOCIATION RECORD							Yes	No
a Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?							<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?							<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to a or b, explain in the space below.								

Read these final two questions carefully. Please note that these questions are about your involvement in organizations or personal acts concerning the **violent** overthrow of the U. S. Government or other **illegal** acts designed to overthrow the U. S. Government. If you answer "Yes" to either of these questions, provide a complete explanation in the Continuation Space on Page 9 (the next section).

UNITED STATES OF AMERICA

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 authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I **Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I **Further Authorize** any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I **Authorize** 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 of any Federal agency authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in Ink) 	Full Name (Type or Print Legibly) John Quinn Public	Date Signed 8/15/03
Other Names Used "Quinn" Public	Social Security Number 111-22-1234	
Current Address (Street, City) 123 Anywhere, New Orleans	State LA	ZIP Code 77141
Home Telephone Number (Include Area Code) (504) 589-7109		

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I **hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed
Other Names Used			Social Security Number	
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code) ()

The next set of illustrations will consist of the entire SF-86 completed by Mr. Public so you can view it without the additional instructions and a blank SF-86 that you can use as "scratch paper". Hopefully this instruction has assisted you in completing this form

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Part 1	Investigating Agency Use Only	Codes	Case Number
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Agency Use Only (Complete items A through P using instructions provided by the Investigating agency).

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address			ZIP Code		
L SOI	M Location of Security Folder	None At SOI NPI	Other Address			ZIP Code		
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title	Signature		Telephone Number	Date			

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN". • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH
Last Name: Public First Name: John Middle Name: Quentin Jr., II, etc.: N/A	Month: 02 Day: 01 Year: 84

3 PLACE OF BIRTH - Use the two letter code for the State. City: Topeka County: Shawnee State: KS Country (if not in the United States): N/A	4 SOCIAL SECURITY 111-22-1234
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5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name , put "nee" in front of it.			
Name: #1 "Quinn" Public	Month/Year: 02/84 To 08/03	Name: #3 N/A	Month/Year: N/A To N/A
Name: #2 N/A	Month/Year: N/A To N/A	Name: #4 N/A	Month/Year: N/A To N/A

6 OTHER IDENTIFYING INFORMATION	Height (feet and inches): 6'10"	Weight (pounds): 190	Hair Color: Brown	Eye Color: Green	Sex (Mark one box) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
--	--	-----------------------------	--------------------------	-------------------------	--

7 TELEPHONE NUMBERS	Work (Include Area Code and extension) <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night (504) 421-0003	Home (Include Area Code) <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night (504) 589-7109
----------------------------	--	--

8 CITIZENSHIP <input checked="" type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d) <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d) <input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)	b Your Mother's Maiden Name Williamson
---	---

c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.				
Naturalization Certificate (Where were you naturalized?)				
Court: N/A	City: N/A	State: N/A	Certificate Number: N/A	Month/Day/Year Issued: N/A
Citizenship Certificate (Where was the certificate issued?)				
City: N/A	State: N/A	Certificate Number: N/A	Month/Day/Year Issued: N/A	
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States				
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year: N/A	Explanation: N/A		

U.S. Passport	Passport Number: N/A	Month/Day/Year Issued: N/A
This may be either a current or previous U.S. Passport.		

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country: None
---	----------------------

e ALIEN If you are an alien, provide the following information:				
Place You Entered the United States:	City: N/A	State: N/A	Date You Entered U.S. Month: N/A Day: N/A Year: N/A	Alien Registration Number: N/A Country(ies) of Citizenship: N/A



**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Part 1	Investigating Agency Use Only	Codes	Case Number
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Agency Use Only (Complete items A through P using instructions provided by the Investigating agency).

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code		I Position Title					
J SON	K Location of Official Personnel Folder	None	Other Address					ZIP Code
		NPRC At SON						
L SOI	M Location of Security Folder	None	Other Address					ZIP Code
		At SOI						
		NPI						
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official Name and Title			Signature			Telephone Number		Date

Persons completing this form should begin with the questions below.

1 FULL NAME	• If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".	• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH
Last Name	First Name	Middle Name	Jr., II, etc.
Public	John	Quentin	N/A
Month	Day	Year	
02	01	84	

3 PLACE OF BIRTH - Use the two letter code for the State.	4 SOCIAL SECURITY		
City	County	State	Country (if not in the United States)
Topeka	Shawnee	KS	N/A
			111-22-1234

5 OTHER NAMES USED
 Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your **maiden name**, put "nee" in front of it.

Name	Month/Year	Month/Year	Name	Month/Year	Month/Year
#1 "Quinn" Public	02/84	To 08/03	#3 N/A	N/A	To N/A
#2 N/A	N/A	To N/A	#4 N/A	N/A	To N/A

6 OTHER IDENTIFYING INFORMATION

Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box)
6'10"	190	Brown	Green	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male

7 TELEPHONE NUMBERS

Work (Include Area Code and extension)	Home (Include Area Code)
<input checked="" type="checkbox"/> Day (504) 421-0003	<input checked="" type="checkbox"/> Day (504) 589-7109
<input type="checkbox"/> Night	<input type="checkbox"/> Night

8 CITIZENSHIP

a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input checked="" type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)	b Your Mother's Maiden Name
	<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)	
	<input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)	
		Williamson

c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
N/A	N/A	N/A	N/A	N/A

Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
N/A	N/A	N/A	N/A

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
U.S. Passport	N/A	N/A

This may be either a current or previous U.S. Passport.

Passport Number	Month/Day/Year Issued
N/A	N/A

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

Country
None

e ALIEN If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S.	Alien Registration Number	Country(ies) of Citizenship
	N/A	N/A	N/A	N/A	N/A



11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

● **Code.** Use one of the codes listed below to identify the type of employment:

- 1 - Active military duty stations
- 2 - National Guard/Reserve
- 3 - U.S.P.H.S. Commissioned Corps
- 4 - Other Federal employment
- 5 - State Government (Non-Federal employment)
- 6 - Self-employment (Include business name and/or name of person who can verify)
- 7 - Unemployment (Include name of person who can verify)
- 8 - Federal Contractor (List Contractor, not Federal agency)
- 9 - Other

● **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

● **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
#1	03/03 To Present	9	Wal-Mart	Associate
Employer's/Verifier's Street Address			City Bentonville (Country) N/A	State AR ZIP Code 71111 Telephone Number (111) 333-6666
Wal-Mart Place			City New Orleans (Country) N/A	State LA ZIP Code 77141 Telephone Number (540) 421-0003
Street Address of Job Location (if different than Employer's Address)			City N/A (Country) N/A	State N/A ZIP Code N/A Telephone Number (504) 421-0003
Supervisor's Name & Street Address (if different than Job Location)			City N/A (Country) N/A	State N/A ZIP Code N/A Telephone Number (504) 421-0003
Tom Thumb				
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor
	06/01	To 01/02	Associate	Arnold Beck
	N/A	To	N/A	N/A
	N/A	To	N/A	N/A
#2	01/02 To 03/03	9	Block Buster Video	Associate
Employer's/Verifier's Street Address			City New Orleans (Country) N/A	State LA ZIP Code 77110 Telephone Number (504) 589-6666
123 Volvo Parkway			City N/A (Country) N/A	State N/A ZIP Code N/A Telephone Number N/A
Street Address of Job Location (if different than Employer's Address)			City N/A (Country) N/A	State N/A ZIP Code N/A Telephone Number (504) 589-6666
Supervisor's Name & Street Address (if different than Job Location)			City N/A (Country) N/A	State N/A ZIP Code N/A Telephone Number (504) 589-6666
Mary Angelo				
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor
	N/A	To N/A	N/A	N/A
	N/A	To N/A	N/A	N/A
	N/A	To N/A	N/A	N/A
#3	02/00 To 06/01	7	Joyce Public	N/A
Employer's/Verifier's Street Address			City New Orleans (Country) N/A	State LA ZIP Code 77141 Telephone Number (504) 589-7109
123 Anywhere			City N/A (Country) N/A	State N/A ZIP Code N/A Telephone Number N/A
Street Address of Job Location (if different than Employer's Address)			City N/A (Country) N/A	State N/A ZIP Code N/A Telephone Number N/A
Supervisor's Name & Street Address (if different than Job Location)			City N/A (Country) N/A	State N/A ZIP Code N/A Telephone Number N/A
N/A				
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor
	N/A	To N/A	N/A	N/A
	N/A	To N/A	N/A	N/A
	N/A	To N/A	N/A	N/A

Enter your Social Security Number before going to the next page →

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YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4 N/A To N/A		N/A		N/A	N/A	N/A		
Employer's/Verifier's Street Address					City	State	ZIP Code	Telephone Number
N/A					N/A	N/A	N/A	N/A
Street Address of Job Location (if different than Employer's Address)					City	State	ZIP Code	Telephone Number
N/A					N/A	N/A	N/A	N/A
Supervisor's Name & Street Address (if different than Job Location)					City	State	ZIP Code	Telephone Number
N/A					N/A	N/A	N/A	N/A
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title		Supervisor			
	N/A	To N/A	N/A		N/A			
	Month/Year	Month/Year	Position Title		Supervisor			
	N/A	To N/A	N/A		N/A			
Month/Year	Month/Year	Position Title		Supervisor				
N/A	To N/A	N/A		N/A				
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#5 N/A To N/A		N/A		N/A	N/A	N/A		
Employer's/Verifier's Street Address					City	State	ZIP Code	Telephone Number
N/A					N/A	N/A	N/A	N/A
Street Address of Job Location (if different than Employer's Address)					City	State	ZIP Code	Telephone Number
N/A					N/A	N/A	N/A	N/A
Supervisor's Name & Street Address (if different than Job Location)					City	State	ZIP Code	Telephone Number
N/A					N/A	N/A	N/A	N/A
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title		Supervisor			
	N/A	To N/A	N/A		N/A			
	Month/Year	Month/Year	Position Title		Supervisor			
	N/A	To N/A	N/A		N/A			
Month/Year	Month/Year	Position Title		Supervisor				
N/A	To N/A	N/A		N/A				
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#6 N/A To N/A		N/A		N/A	N/A	N/A		
Employer's/Verifier's Street Address					City	State	ZIP Code	Telephone Number
N/A					N/A	N/A	N/A	N/A
Street Address of Job Location (if different than Employer's Address)					City	State	ZIP Code	Telephone Number
N/A					N/A	N/A	N/A	N/A
Supervisor's Name & Street Address (if different than Job Location)					City	State	ZIP Code	Telephone Number
N/A					N/A	N/A	N/A	N/A
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title		Supervisor			
	N/A	To N/A	N/A		N/A			
	Month/Year	Month/Year	Position Title		Supervisor			
	N/A	To N/A	N/A		N/A			
Month/Year	Month/Year	Position Title		Supervisor				
N/A	To N/A	N/A		N/A				

12 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name	Dates Known	Telephone Number
#1 Bart Simpson	Month/Year Month/Year 10/90 To 12/03	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night (232) 888-9995
Home or Work Address	City	State ZIP Code
686 Dead End Road	Carson City (Country) N/A	NV 12365
Name	Dates Known	Telephone Number
#2 Robert James	Month/Year Month/Year 01/00 To 12/03	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night (504) 589-2121
Home or Work Address	City	State ZIP Code
338 Dauphin St.	New Orleans (Country) N/A	LA 77141
Name	Dates Known	Telephone Number
#3 Jane Doe	Month/Year Month/Year 08/84 To 08/99	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night (321) 555-2288
Home or Work Address	City	State ZIP Code
123 Centerville Main	Fred (Country) N/A	TX 77625

Enter your Social Security Number before going to the next page → 111-22-1234



13 YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.

1 - Never married
 3 - Separated
 5 - Divorced
 2 - Married
 4 - Legally Separated
 6 - Widowed

a Current Spouse Complete the following about your current spouse only.

Full Name N/A	Date of Birth N/A	Place of Birth (Include country if outside the U.S.) N/A	Social Security Number N/A
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name) N/A			Country(ies) of Citizenship N/A
Date Married N/A	Place Married (Include country if outside the U.S.) N/A		State N/A ▼
If Separated, Date of Separation		If Legally Separated, Where is the Record Located? City (Country) State ▼	
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.) N/A			State N/A ▼ ZIP Code N/A

b Former Spouse(s). Complete the following about your former spouse(s), use blank sheets if needed.

Full Name N/A	Date of Birth N/A	Place of Birth (Include country if outside the U.S.) N/A	State N/A ▼
Country(ies) of Citizenship N/A		Date Married N/A	Place Married (Include country if outside the U.S.) N/A
Check one, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Month/Day/Year N/A	If Divorced, Where is the Record Located? City (Country) N/A
Address of Former Spouse (Street, city, and country if outside the U.S.) N/A			State N/A ▼ ZIP Code N/A Telephone Number N/A

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (first) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (second) | 6 - Child (adopted also) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepchild | 11 - Stepsister | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | |

*Code 17 (Other Relative) - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/> Joyce Anne Public	1	01 06 60	England	USA	123 Anywhere, New Orleans	LA ▼
<input checked="" type="checkbox"/> Robert George Public	2	09 22 57	USA	USA	N/A	N/A ▼
<input type="checkbox"/> Virginia Anne Public	9 ▼	11 13 81	USA	USA	829 East Lansing Road Lansing	MI ▼
<input type="checkbox"/> Robert Eugene Williamson	17 ▼	12 01 33	England	England	123 Anywhere, New Orleans	LA ▼
<input type="checkbox"/> N/A	N/A ▼	N/A	N/A	N/A	N/A	N/A ▼
<input type="checkbox"/> N/A	N/A ▼	N/A	N/A	N/A	N/A	N/A ▼
<input type="checkbox"/> N/A	N/A ▼	N/A	N/A	N/A	N/A	N/A ▼
<input type="checkbox"/> N/A	N/A ▼	N/A	N/A	N/A	N/A	N/A ▼
<input type="checkbox"/> N/A	N/A ▼	N/A	N/A	N/A	N/A	N/A ▼
<input type="checkbox"/> N/A	N/A ▼	N/A	N/A	N/A	N/A	N/A ▼
<input type="checkbox"/> N/A	N/A ▼	N/A	N/A	N/A	N/A	N/A ▼
<input type="checkbox"/> N/A	N/A ▼	N/A	N/A	N/A	N/A	N/A ▼

Enter your Social Security Number before going to the next page →

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15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (*this information is needed to pair it accurately with information in items 13 and 14*).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

#1 Association Mother		Name Joyce Anne Public (nee Williamson)		Date of Birth (Month/Day/Year) 01 06 60	
Certificate/Registration # 1111111111		Document Code 1	Additional Information 03/05/82 US District Court, Norfolk, VA		
#2 Association Grandfather		Name Robert Eugene Williamson		Date of Birth (Month/Day/Year) 12 01 33	
Certificate/Registration # A11122334455		Document Code 2	Additional Information 12/20/90 New York, NY		

16 YOUR MILITARY HISTORY

a Have you served in the United States military?	Yes	No
b Have you served in the United States Merchant Marine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- Code. Use one of the codes listed below to identify your branch of service:
1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

- O/E. Mark "O" block for Officer or "E" block for Enlisted.
- Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.
- Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status					Country
				O	E	Active	Active Reserve	Inactive Reserve	
N/A	To N/A	N/A	N/A	<input type="checkbox"/>	N/A				
N/A	To N/A	N/A	N/A	<input type="checkbox"/>	N/A				

17 YOUR FOREIGN ACTIVITIES

a Do you have any foreign property, business connections, or financial interests?	Yes	No
b Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (<i>Does not include routine visa applications and border crossing contacts.</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d In the last 7 years, have you had an active passport that was issued by a foreign government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
04/01	To 04/01	Mr. J. Smith, PC, ESQ	Inheritance of 5 acres of Land in England
04/01	To 08/03	Min. Inland Revenue, UK	Estate/yrly Property Tax on land listed above

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

#	Month/Year	Month/Year	Code	Country	#	Month/Year	Month/Year	Code	Country
#1	04/01	To 04/01	1	England	#3	06/02	To 01/03	2	Mexico- (many short trips)
#2	04/02	To 05/02	1	England	#4	N/A	To N/A	N/A	N/A

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right: N/A

Enter your Social Security Number before going to the next page → 111-22-1234



**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Part 2 OFFICIAL USE ONLY

19 YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Month/Year
N/A

Type of Discharge
N/A

20 YOUR SELECTIVE SERVICE RECORD

a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Registration Number
84-12345678-0

Legal Exemption Explanation
N/A

21 YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
N/A	To N/A	N/A	N/A	N/A
N/A	To N/A	N/A	N/A	N/A

22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Use the following codes and explain the reason your employment was ended:

- 1 - Fired from a job
- 2 - Quit a job after being told you'd be fired
- 3 - Left a job by mutual agreement following allegations of misconduct
- 4 - Left a job by mutual agreement following allegations of unsatisfactory performance
- 5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

23 YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain 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.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

- a** Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
- b** Have you ever been charged with or convicted of a firearms or explosives offense?
- c** Are there currently any charges pending against you for any criminal offense?
- d** Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
- e** In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
- f** In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code
04/02	Poss Cont Sub	Aquittal	Orleans Parish Dist Ct, New Orleans	LA	77141
01/03	Speeding	Fine/\$200	St. Tammany Parish Ct. Metairie	LA	77136

Enter your Social Security Number before going to the next page → 111-22-1234



24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- a** Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs? Yes No
- b** 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
- c** In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another? Yes No

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
N/A	To N/A	N/A	N/A
N/A	To N/A	N/A	N/A

25 YOUR USE OF ALCOHOL

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Yes No

If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
N/A	To N/A	N/A	N/A	N/A
N/A	To N/A	N/A	N/A	N/A

26 YOUR INVESTIGATIONS RECORD

- a** Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box. Yes No

Codes for Investigating Agency				Codes for Security Clearance Received			
1 - Defense Department	4 - FBI	5 - Treasury Department	6 - Other (Specify)	0 - Not Required	3 - Top Secret	6 - L	7 - Other
2 - State Department	5 - Treasury Department	6 - Other (Specify)		1 - Confidential	4 - Sensitive Compartmented Information		
3 - Office of Personnel Management	6 - Other (Specify)			2 - Secret	5 - Q		
Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

- b** To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation. Yes No

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

27 YOUR FINANCIAL RECORD

- a** In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? Yes No
- b** In the last 7 years, have you had your wages garnished or had any property repossessed for any reason? Yes No
- c** In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts? Yes No
- d** In the last 7 years, have you had any judgments against you that have not been paid? Yes No

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A

Enter your Social Security Number before going to the next page 111-22-1234



UNITED STATES OF AMERICA

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 authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

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

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature <i>(Sign in ink)</i>  Digitally signed by John Quentin Public DN: cn=John Quentin Public, o=US Coast Guard Auxiliary, c=US Date: 2003.12.18 14:29:25 -0500 Location: Plymouth, MI Signature Valid	Full Name <i>(Type or Print Legibly)</i> <p style="text-align: center;">John Quentin Public</p>	Date Signed <p style="text-align: center;">08 15 03</p>	
Other Names Used "Quinn" Public	Social Security Number <p style="text-align: center;">111-22-1234</p>		
Current Address <i>(Street, City)</i> 123 Anywhere New Orleans	State <p style="text-align: center;">LA</p>	ZIP Code <p style="text-align: center;">77141</p>	Home Telephone Number <i>(Include Area Code)</i> 504-589-7109



UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)  <small>Signature Valid</small>	Full Name (<i>Type or Print Legibly</i>) John Quentin Public	Date Signed 08 15 03
Other Names Used "Quinn" Public		Social Security Number 111-22-1234
Current Address (<i>Street, City</i>) 123 Anywhere New Orleans	State LA	ZIP Code 77141
		Home Telephone Number (<i>Include Area Code</i>) 504-589-7109

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Part 1	Investigating Agency Use Only	Codes	Case Number
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Agency Use Only (Complete items A through P using instructions provided by the Investigating agency).

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year	
G Geographic Location	H Position Code		I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code	
L SOI	M Location of Security Folder	None At SOI NPI	Other Address					ZIP Code	
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number								
P Requesting Official	Name and Title			Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

1 FULL NAME ● If you have only initials in your name, use them and state (IO). ● If you have no middle name, enter "NMN".	2 DATE OF BIRTH					
● If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.						
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

3 PLACE OF BIRTH - Use the two letter code for the State.	4 SOCIAL SECURITY		
City	County	State	Country (if not in the United States)

5 OTHER NAMES USED
 Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your **maiden name**, put "nee" in front of it.

#1 Name	Month/Year	To	Month/Year	#3 Name	Month/Year	To	Month/Year
#2 Name	Month/Year	To	Month/Year	#4 Name	Month/Year	To	Month/Year

6 OTHER IDENTIFYING INFORMATION

Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box)
				<input type="checkbox"/> Female <input type="checkbox"/> Male

7 TELEPHONE NUMBERS

Work (Include Area Code and extension)	Home (Include Area Code)
Day	Day
Night	Night

8 CITIZENSHIP

a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	b Your Mother's Maiden Name
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)	
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)	
<input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)	

c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
-------	------	-------	--------------------	-----------------------

Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
------	-------	--------------------	-----------------------

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.

Month/Day/Year	Explanation
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U.S. Passport

This may be either a current or previous U.S. Passport.	Passport Number	Month/Day/Year Issued
---	-----------------	-----------------------

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

Country

e ALIEN If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S.	Alien Registration Number	Country(ies) of Citizenship
			Month Day Year		

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

#1	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
#2	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
#3	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
#4	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
#5	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years**. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

•Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

•For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

•For correspondence schools and extension classes, provide the address where the records are maintained.

#1	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State ZIP Code Telephone Number ()
#2	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State ZIP Code Telephone Number ()
#3	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State ZIP Code Telephone Number ()

Enter your Social Security Number before going to the next page →

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations	5 - State Government (Non-Federal employment)	7 - Unemployment (Include name of person who can verify)
2 - National Guard/Reserve	6 - Self-employment (Include business name and/or name of person who can verify)	8 - Federal Contractor (List Contractor, not Federal agency)
3 - U.S.P.H.S. Commissioned Corps		9 - Other
4 - Other Federal employment		

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

#1	Month/Year To	Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY <i>(Block #1)</i>	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
To							
To							
To							
#2	Month/Year To	Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY <i>(Block #2)</i>	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
To							
To							
To							
To							
#3	Month/Year To	Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY <i>(Block #3)</i>	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
To							
To							
To							

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year #4	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year #5	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year #6	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

12 PEOPLE WHO KNOW YOU WELL
List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Dates Known Month/Year To	Month/Year	Telephone Number Day Night ()
Home or Work Address		City (Country)	State ZIP Code

Name #2	Dates Known Month/Year To	Month/Year	Telephone Number Day Night ()
Home or Work Address		City (Country)	State ZIP Code

Name #3	Dates Known Month/Year To	Month/Year	Telephone Number Day Night ()
Home or Work Address		City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (*this information is needed to pair it accurately with information in items 13 and 14*).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

#1	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information
#2	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information

16 YOUR MILITARY HISTORY

a Have you served in the United States military?	Yes	No
b Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- Code.** Use one of the codes listed below to identify your branch of service:
1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard
- O/E.** Mark "O" block for Officer or "E" block for Enlisted.
- Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.
- Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status				Country
				O	E	Active	Active Reserve	
To								
To								

17 YOUR FOREIGN ACTIVITIES

a Do you have any foreign property, business connections, or financial interests?	Yes	No
b Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?		
c Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (<i>Does not include routine visa applications and border crossing contacts.</i>)		
d In the last 7 years, have you had an active passport that was issued by a foreign government?		

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#3	To		
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

Part 2 OFFICIAL
 USE
 ONLY

19 YOUR MILITARY RECORD	Yes	No
Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.		

Month/Year	Type of Discharge
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20 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.		
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		

Registration Number	Legal Exemption Explanation
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21 YOUR MEDICAL RECORD	Yes	No
In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?		

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
	To			
	To			

22 YOUR EMPLOYMENT RECORD	Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.		

Use the following codes and explain the reason your employment was ended:

- 1 - Fired from a job
- 2 - Quit a job after being told you'd be fired
- 3 - Left a job by mutual agreement following allegations of misconduct
- 4 - Left a job by mutual agreement following allegations of unsatisfactory performance
- 5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

23 YOUR POLICE RECORD	Yes	No
For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain 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.		

- a** Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
- b** Have you ever been charged with or convicted of a firearms or explosives offense?
- c** Are there currently any charges pending against you for any criminal offense?
- d** Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
- e** In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
- f** In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page →

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY		Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.			
a	Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?		
b	Have you <u>ever</u> 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?		
c	In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?		

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	To		
	To		

25 YOUR USE OF ALCOHOL		Yes	No
In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?			

If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
	To			
	To			

26 YOUR INVESTIGATIONS RECORD		Yes	No
a	Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.		

Codes for Investigating Agency	Codes for Security Clearance Received
1 - Defense Department	0 - Not Required
2 - State Department	3 - Top Secret
3 - Office of Personnel Management	4 - Sensitive Compartmented Information
4 - FBI	5 - Q
5 - Treasury Department	6 - L
6 - Other (Specify)	7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b	To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.	Yes	No

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD		Yes	No
a	In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?		
b	In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?		
c	In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?		
d	In the last 7 years, have you had any judgments against you that have not been paid?		

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page

UNITED STATES OF AMERICA

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 authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

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

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature <i>(Sign in ink)</i>	Full Name <i>(Type or Print Legibly)</i>	Date Signed
Other Names Used		Social Security Number
Current Address <i>(Street, City)</i>	State	ZIP Code
		Home Telephone Number <i>(Include Area Code)</i> ()

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)	Date Signed
Other Names Used		Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code
Home Telephone Number (<i>Include Area Code</i>) ()		