

QUESTIONNAIRE FOR
NON-SENSITIVE POSITIONS

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

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my employment prospects, or job status, or my removal and debarment from Federal service.

Signature (<i>Sign in ink</i>)	<div>This form was digitally signed by: FIRST MIDDLE LAST <small>in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 105-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1</small></div>	Date signed (<i>mm/dd/yyyy</i>) SIGNED_ON
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