

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

Continuation Space

Use the space below to continue answers or a blank sheet(s) of paper. Include your name and SSN at the top of each blank sheet(s). Before each answer, identify the number of the item and attempt to maintain sequential order and question format.

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 further affirm that, to the best of my knowledge, I have not included any classified information herein. 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, falsifying, or including classified information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)

First MIDDLE LAST

This form was digitally signed by:  
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.

Date signed (mm/dd/yyyy)

SIGNED\_ON

Enter your Social Security Number before going to the next page

SSN