

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form may become a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, Social Security Number, and date and place of birth.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 13478.

The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse or legally recognized civil union/domestic partner, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.

Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documents; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.

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5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
6. For telephone numbers in the U.S., ensure that the area code is included.
7. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, or sexual orientation when granting access to classified information.

Penalties for Inaccurate or False Statements

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

Disclosure Information

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

You will not receive prior notice of such disclosures under a routine use.

In addition to those disclosures generally permitted under the Privacy Act, all or a portion of the records or information you provide on this form or during your investigation may be disclosed outside of OPM as a routine use as outlined below.

Office of Personnel Management (OPM) Routine Uses

OPM has published the following Privacy Act routine uses for its system of records for background investigations:

- a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- i. To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.
- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- l. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- m. To disclose information to the National Archives and Records Administration for use in records management inspections.

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- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
- (1) OPM, or any component thereof; or
 - (2) Any employee of OPM in his or her official capacity; or
 - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.
- u. To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

Public Burden Information

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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LOCATION CODES

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
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Florida	FL	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
Georgia	GA								
American Samoa	AS	Johnson Atoll	JQ	Midway Islands	MQ	Palmyra Atoll	LQ	Wake Island	WQ
Baker Island	FQ	Kingman Reef	KQ	Navassa Island	BQ	Puerto Rico	PR	APO/FPO America	AA
Guam	GU	Marshall Islands	MH	Northern Mariana Islands	MP	Virgin Islands, United States	VI	APO/FPO Europe	AE
Howland Island	HQ	Micronesia, Federated States	FM	Palau	PW			APO/FPO Pacific	AP
Jarvis Island	DQ								

AGENCY USE BLOCK "AUB"

Investigating agency user only

Codes: (FIPC CODES)

Case Number:

FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.

A Type of investigation		B Extra coverage/Advanced results		C Sensitivity level		D Access/Eligibility		E Nature of action code			
F Date of action (Month/Day/Year)		G Geographic location		H Position code		I Position title		J SON (Submitting Office Number)			
K Location of Official Personnel Folder		<input type="checkbox"/>	None	<input type="checkbox"/>	At SON	<input type="checkbox"/>	Other	Other address/Web address of e-OPF			
		<input type="checkbox"/>	NPRC	<input type="checkbox"/>	e-OPF				Zip Code		
L SOI (Security Office Identifier)		M Location of Security Folder		<input type="checkbox"/>	None	<input type="checkbox"/>	At SOI	Other address			
				<input type="checkbox"/>	NPI	<input type="checkbox"/>	Other	Zip Code			
N IPAC		O TAS			P Obligating document number			Q BETC			
R Accounting data and/or Agency case number							S Investigative requirement		<input type="checkbox"/>	Initial	
									<input type="checkbox"/>	Reinvestigation	
T Requesting Official - Name			Title				Signature				
Email address							Telephone number (Include Ext.)		Date (Month/Day/Year)		
U Secondary Requesting Official - Name					Title						
Email address				Telephone number (Include Ext.)		V Applicant affiliation		<input type="checkbox"/>	FED CIV	<input type="checkbox"/>	CON
								<input type="checkbox"/>	MIL	<input type="checkbox"/>	Other
W Deployment/PCS (if imminent)											

From (Month/Day/Year) Est. To (Month/Day/Year) Est. Reason(s) for temporary duty assignment or PCS
☐ Permanent Relocation

Point of contact at location Telephone number (Include Ext.) Address/Unit/Duty location (Include City or Post Name)

Commercial and Government Entity (CAGE) Code Contract Number

Agency Special Instructions for the Investigative Service Provider.

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PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service.

☐ YES ☐ NO

Section 1 - Full Name

Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Last name First name Middle name Suffix

Section 2 - Date of Birth

Provide your date of birth. (Month/Day/Year)

☐ Est.

Section 3 - Place of Birth

Provide your place of birth.

City County State Country (Required)

Section 4 - Social Security Number

Provide your U.S. Social Security Number.

☐ Not applicable

Section 5 - Other Names Used

Have you used any other names?

☐ YES ☐ NO (If NO, proceed to Section 6)

Complete the following if you have responded 'Yes' to having used other names.

Provide your other name(s) used and the period of time you used it/them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(es)]. If you have only initials in your name(s), provide them and indicate "Initial only." If you do not have a middle name (s), indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

#1 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the reason(s) why the name changed
<input type="checkbox"/> Est.			
#2 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the reason(s) why the name changed
<input type="checkbox"/> Est.			
#3 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the reason(s) why the name changed
<input type="checkbox"/> Est.			
#4 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the reason(s) why the name changed
<input type="checkbox"/> Est.			

Section 6 - Your Identifying Information

Provide your identifying information.

Height Weight (in pounds) Hair color Eye color Sex ☐ Female
(feet) (inches) ☐ Male

Enter your Social Security Number before going to the next page



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Section 7 - Your Contact Information

Provide your contact information. Email addresses may be used as a contact method, and identify subject in records.

Home e-mail address

Work e-mail address

Provide three contact numbers. At least one telephone number is required. Additional numbers provided may assist in the completion of your background investigation.

☐ International or DSN phone number

Home telephone number Extension ☐ Day
☐ Night

☐ International or DSN phone number

Work telephone number Extension ☐ Day
☐ Night

☐ International or DSN phone number

Mobile/Cell telephone number Extension ☐ Day
☐ Night

Section 8 - U.S. Passport Information

Do you possess a U.S. passport (current or expired)?

☐ YES ☐ NO (If NO, proceed to Section 9)

Provide the following information for the most recent U.S. passport you currently possess.

Passport number

Issue date (Month/Day/Year)

Expiration date (Month/Day/Year)

☐ Est.

☐ Est.

The following link will provide U.S. State Department passport help. <http://travel.state.gov/passport>

Provide the name in which passport was first issued.

Last name

First name

Middle name

Suffix

Section 9 - Citizenship

Select the box that reflects your current citizenship status.

☐ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.
(Proceed to Section 10)

☐ I am a derived U.S. citizen. (Complete 9.3)

☐ I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.
(Complete 9.1)

☐ I am not a U.S. citizen. (Complete 9.4)

☐ I am a naturalized U.S. citizen. (Complete 9.2)

9.1 Complete the following if you answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country.

Provide type of documentation of U.S. citizen born abroad.

☐ FS 240 ☐ DS 1350 ☐ FS 545 ☐ Other (Provide explanation) ▶

Provide document number for U.S. citizen born abroad.

Provide the date the document was issued. (Month/Day/Year)

☐ Est.

Provide the place of issuance. (Provide City and Country if outside the United States; otherwise, provide City and State.)

City

State

Country

Provide the name in which document was issued.

Last name

First name

Middle name

Suffix

Provide your Certificate of Citizenship number.

Provide the date the certificate was issued. (Month/Day/Year)

☐ Est.

Provide the name in which the certificate was issued.

Last name

First name

Middle name

Suffix

Were you born on a U.S. military installation?

☐ YES ☐ NO (If NO, proceed to Section 10)

Provide the name of the base.

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Section 9 - Citizenship - (Continued)

9.2 Complete the following if you answered that you are a **naturalized U.S. citizen**.

Provide the date of entry into the U.S. (Month/Day/Year)		Provide the location of entry into the U.S. City		State
<input type="checkbox"/> Est.				
Provide country(ies) of prior citizenship. #1 Country		#2 Country		
Do/did you have a U.S. alien registration number?				
<input type="checkbox"/> YES <input type="checkbox"/> NO		Provide your U.S. alien registration number on Certificate of Naturalization USCIS, CIS, or INS registration, I-551, I-766.		
Provide your Certificate of Naturalization number (N550 or N570).		Provide the date the Certificate of Naturalization was issued. (Month/Day/Year)		
		<input type="checkbox"/> Est.		
Provide the name of the court that issued the Certificate of Naturalization.		Provide the address of the court that issued the Certificate of Naturalization. Street		City
				State
				Zip Code
Provide the name in which the Certificate of Naturalization was issued.				
Last name		First name		Middle name
				Suffix
Provide the basis of naturalization.				
<input type="checkbox"/> Based on my own individual naturalization application				
<input type="checkbox"/> Other (Provide explanation) ▶				

9.3 Complete the following if you answered that you are a **derived U.S. citizen**.

Provide your alien registration number (on Certificate of Citizenship — utilize USCIS, CIS or INS registration number)		Provide your Permanent Resident Card number (I-551)	Provide your Certificate of Citizenship number (N560 or N561)
Provide the name in which the document was issued.			
Last name		First name	Middle name
			Suffix
Provide the date document was issued (Month/Day/Year)		Provide the basis of derived citizenship.	
<input type="checkbox"/> Est.		<input type="checkbox"/> By operation of law through my U.S. citizen parent	
		<input type="checkbox"/> Other (Provide explanation) ▶	

9.4 Complete the following if you answered that you are **not a U.S. citizen**.

Provide your residence status.		Provide your date of entry in the U.S. (Month/Day/Year)	
		<input type="checkbox"/> Est.	
Provide country(ies) of citizenship. #1 Country		#2 Country	
Provide your place of entry in the U.S. City		State	Provide your alien registration number (I-551, I-766)
			Provide document expiration date (I-766 ONLY) (Month/Day/Year)
			<input type="checkbox"/> Est.
Provide type of document issued. (I-94, U.S. Visa - red foil number, I-20, DS-2019, etc.)			
<input type="checkbox"/> I-94 <input type="checkbox"/> U.S. Visa (red foil number) <input type="checkbox"/> I-20 <input type="checkbox"/> DS-2019			
<input type="checkbox"/> Other (Provide explanation) ▶			
Provide document number.		Provide the date document was issued (Month/Day/Year)	Provide document expiration date. (Month/Day/Year)
		<input type="checkbox"/> Est.	<input type="checkbox"/> Est.
Provide the name in which the document was issued.			
Last name		First name	Middle name
			Suffix

Enter your Social Security Number before going to the next page

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Section 10 - Dual/Multiple Citizenship & Foreign Passport Information

10.1 Do you now or have you **EVER** held dual/multiple citizenships?

☐ YES ☐ NO (If NO, proceed to 10.2)

Complete the following if you answered 'Yes' to having EVER held dual/multiple citizenships.

Entry #1

Provide country of citizenship.

During what period of time did you hold citizenship with this country?
(Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

How did you acquire this non-U.S. citizenship you now have or previously had?

From Date (Month/Year) To Date (Month/Year)
☐ Est. ☐ Present
☐ Est.

Have you taken any action to renounce your foreign citizenship?

☐ YES ☐ NO Provide explanation:

Do you currently hold citizenship with this country?

☐ YES ☐ NO Provide explanation:

Entry #2

Provide country of citizenship.

During what period of time did you hold citizenship with this country?
(Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

How did you acquire this non-U.S. citizenship you now have or previously had?

From Date (Month/Year) To Date (Month/Year)
☐ Est. ☐ Present
☐ Est.

Have you taken any action to renounce your foreign citizenship?

☐ YES ☐ NO Provide explanation:

Do you currently hold citizenship with this country?

☐ YES ☐ NO Provide explanation:

10.2 Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.?

☐ YES ☐ NO (If NO, proceed to Section 11)

Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.

Entry #1

Provide the country in which the passport (or identity card) was issued.

Provide the date the passport (or identity card) was issued. (Month/Day/Year)
☐ Est.

Provide the place the passport (or identity card) was issued.
City

Country

Provide the name in which passport (or identity card) was issued.
Last name First name Middle name Suffix

Provide the passport (or identity card) number.

Provide the passport (or identity card) expiration date. (Month/Day/Year)
☐ Est.

Have you **EVER** used this passport (or identity card) for foreign travel?

☐ YES ☐ NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country	From date (Month/Year)	To date (Month/Year)
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 10 - Dual/Multiple Citizenship & Foreign Passport Information - (Continued)

Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.

Entry #2

Provide country in which the passport (or identity card) was issued.

Provide the date the passport (or identity card) was issued. (Month/Day/Year)

☐ Est.

Provide the place the passport (or identity card) was issued.

City

Country

Provide the name in which passport (or identity card) was issued.

Last name

First name

Middle name

Suffix

Provide the passport (or identity card) number.

Provide the passport (or identity card) expiration date. (Month/Day/Year)

☐ Est.

Have you **EVER** used this passport (or identity card) for foreign travel?

☐ YES ☐ NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country	From date (Month/Year)	To date (Month/Year)
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

Enter residence information.

Entry #1

Provide dates of residence.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Is/was this residence:

☐ Owned by you ☐ Rented or leased by you
☐ Military housing ☐ Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Did you have an APO/FPO address while at this location?

☐ YES → Address APO or FPO APO/FPO State Code Zip Code
☐ NO

Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.

Last name First name Middle name Suffix Provide date of last contact. (Month/Year) ☐ Est.

Provide your relationship to this person (Check all that apply).

☐ Neighbor ☐ Friend ☐ Landlord ☐ Business associate ☐ Other (Provide explanation) ▶

Provide the following contact information for this person.

☐ I don't know ☐ I don't know ☐ I don't know
☐ International or DSN phone number ☐ International or DSN phone number ☐ International or DSN phone number
Evening telephone number Extension Daytime telephone number Extension Cell/mobile telephone number Extension

Provide e-mail address for this person.

☐ I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does the person who knew you have an APO/FPO address?

☐ YES → Address APO or FPO APO/FPO State Code Zip Code
☐ NO

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #2

Provide dates of residence.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Is/was this residence:

☐ Owned by you

☐ Rented or leased by you

☐ Est.

☐ Est.

☐ Military housing

☐ Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Did you have an APO/FPO address while at this location?

☐ YES →

Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.

Last name

First name

Middle name

Suffix

Provide date of last contact.

(Month/Year)

☐ Est.

Provide your relationship to this person (Check all that apply).

☐ Neighbor

☐ Friend

☐ Landlord

☐ Business associate

☐ Other (Provide explanation) ▶

Provide the following contact information for this person.

☐ I don't know

☐ I don't know

☐ I don't know

☐ International or DSN phone number

☐ International or DSN phone number

☐ International or DSN phone number

Evening telephone number

Extension

Daytime telephone number

Extension

Cell/mobile telephone number

Extension

Provide e-mail address for this person.

☐ I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Does the person who knew you have an APO/FPO address?

☐ YES →

Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #3

Provide dates of residence.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Is/was this residence:

☐ Owned by you

☐ Rented or leased by you

☐ Est.

☐ Est.

☐ Military housing

☐ Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Did you have an APO/FPO address while at this location?

☐ YES



Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.

Last name

First name

Middle name

Suffix

Provide date of last contact.

(Month/Year)

☐ Est.

Provide your relationship to this person (Check all that apply).

☐ Neighbor

☐ Friend

☐ Landlord

☐ Business associate

☐ Other (Provide explanation) ▶

Provide the following contact information for this person.

☐ I don't know

☐ I don't know

☐ I don't know

☐ International or DSN phone number

☐ International or DSN phone number

☐ International or DSN phone number

Evening telephone number

Extension

Daytime telephone number

Extension

Cell/mobile telephone number

Extension

Provide e-mail address for this person.

☐ I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Does the person who knew you have an APO/FPO address?

☐ YES



Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #4

Provide dates of residence.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Is/was this residence:

☐ Owned by you ☐ Rented or leased by you
☐ Military housing ☐ Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Did you have an APO/FPO address while at this location?

☐ YES → Address APO or FPO APO/FPO State Code Zip Code
☐ NO

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.

Last name First name Middle name Suffix Provide date of last contact. (Month/Year) ☐ Est.

Provide your relationship to this person (Check all that apply).

☐ Neighbor ☐ Friend ☐ Landlord ☐ Business associate ☐ Other (Provide explanation) ▶

Provide the following contact information for this person.

☐ I don't know ☐ I don't know ☐ I don't know
☐ International or DSN phone number ☐ International or DSN phone number ☐ International or DSN phone number
Evening telephone number Extension Daytime telephone number Extension Cell/mobile telephone number Extension

Provide e-mail address for this person.

☐ I don't know

Provide street address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Does the person who knew you have an APO/FPO address?

☐ YES → Address APO or FPO APO/FPO State Code Zip Code
☐ NO

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 12 - Where You Went to School

Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

(a) Have you attended any schools in the last 10 years?

☐ YES ☐ NO

(b) Have you received a degree or diploma more than 10 years ago?

☐ YES ☐ NO (If NO to 12(a) and 12(b), proceed to Section 13A)

Entry #1

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Select the most appropriate code to describe your school.

☐ High School ☐ Vocational/Technical/Trade School
☐ College/University/Military College ☐ Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

☐ I don't know Last name First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number for this person.

Telephone number Extension ☐ International or DSN phone number
☐ Day ☐ Night

☐ I don't know

Provide email address for this person.

☐ I don't know

Did you receive a degree/diploma?

☐ YES ☐ NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Entry #2

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Select the most appropriate code to describe your school.

☐ High School ☐ Vocational/Technical/Trade School
☐ College/University/Military College ☐ Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

☐ I don't know Last name First name

Enter your Social Security Number before going to the next page



QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 12 - Where You Went to School - (Continued)

Entry #2 (Continued)

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
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Provide telephone number for this person. Telephone number	Extension	<input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night	Provide email address for this person. <input type="checkbox"/> I don't know
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Did you receive a degree/diploma?

☐ YES ☐ NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Entry #3

Provide the dates of attendance.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational/Technical/Trade School
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> College/University/Military College	<input type="checkbox"/> Correspondence/Distance/Extension/Online School	

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

<input type="checkbox"/> I don't know	Last name	First name
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Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide telephone number for this person. Telephone number	Extension	<input type="checkbox"/> I don't know <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night	Provide email address for this person. <input type="checkbox"/> I don't know
---	-----------	--	---

Did you receive a degree/diploma?

☐ YES ☐ NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Enter your Social Security Number before going to the next page



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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 12 - Where You Went to School - (Continued)

Entry #4

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) ☐ Present ☐ High School ☐ Vocational/Technical/Trade School
☐ Est. ☐ Est. ☐ College/University/Military College ☐ Correspondence/Distance/Extension/Online School

Select the most appropriate code to describe your school.

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/search.aspx> (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

☐ I don't know

Last name

First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number for this person.

☐ I don't know

Telephone number Extension ☐ International or DSN phone number
☐ Day ☐ Night

Provide email address for this person.

☐ I don't know

Did you receive a degree/diploma?

☐ YES ☐ NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)

Other degree/diploma

Date awarded (Month/Year)

Est.

☐

☐

Enter your Social Security Number before going to the next page