

FOR OFFICIAL USE ONLY
PRIVACY ACT INFORMATION

Electronic Questionnaires for Investigations Processing (e-QIP)

Investigation Request #31451729

REVIEW COPY - DO NOT RETAIN

Applicant SSN: 216-41-6174

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Note: To conserve paper only the first entry in multiple-entry lists displays completion instructions. The completion instructions for the first entry also applies to each additional entry unless otherwise noted.

Form Completion Instructions

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 documentation; (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.
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. The month and day should be entered as two character numbers (i.e., 01 for January and 29 for the 29th day of the month). The year should be entered as a four character number (i.e., 1978 or 2001.). If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Estimated" box.

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.
- 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.

Statement of Understanding

PERSONS COMPLETING THIS FORM SHOULD BEGIN 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: { ☐ }

Sections 1-4 - Identifying Information

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: Dell First: David Middle: Parker Suffix:

Provide your date of birth

Month/Day/Year: **04/15/1994**

Provide your place of birth

City: **Baltimore** County: **Baltimore** State: **MD** Country: **United States**

Provide your U.S. Social Security Number (Not Applicable: { })

216 - 41 - 6174

Section 5 - Other Names Used

Provide your other names used and the period of time you used them (for example: your maiden name, name(s) by a former marriage(s), former name(s), alias(es), or nickname(s)).

Have you used any other names?

Yes: { **x** } No: { }

Optional Comment

I go by Parker Dell informally (my middle name). My friends, family and work call me by Parker I enter David for all legal paper work.

1. Provide your other name used and the period of time you used it [for example: your maiden name, name by a former marriage, former name, alias, or nickname].

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" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Provide other name used

Last: **Dell** First: **Parker** Middle: **(NMN)** Suffix:

Maiden name?

Yes: { }

No: { **x** }

Provide dates used

From (Month/Year): **04/1994** To (Month/Year): **Present**

Provide the reason(s) why the name changed

My full name is David Parker Dell. My parents always called me by my middle name, "Parker" so that is what all my friends, family and work know me as. It's also what I use for facebook.

(End of List)

Summary

Provide your other names 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)).

Do you have additional names to enter?

Yes: { } No: { **x** }

Section 6 - Your Identifying Information

Provide your identifying information.

Height

(feet): **6**

(inches): **4**

Weight: (in pounds) **230**

Hair color: **Brown**

Eye color: **Brown**

Sex

Female: { }

Male: { **x** }

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: parkerdell94@gmail.com

Work e-mail address: parker.dell@maxar.com

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

Home telephone number

International or DSN: { } Number: 4435472540 Extension: Time: Both

Work telephone number

International or DSN: { } Number: Extension: Time:

Mobile/Cell telephone number

International or DSN: { } Number: 4435472540 Extension: Time: Both

Section 8 - U.S. Passport Information

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

Yes: { **x** } No: { }

Click [HERE](#) for U.S. State Department passport help.

Detail

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

Provide your U.S. passport number: 570512838

Click [HERE](#) for U.S. State Department passport help.

Provide the issue date of passport

Month/Day/Year: 03/27/2017

Provide the expiration date of passport

Month/Day/Year: 03/26/2027

Provide the name in which passport was first issued

Last: Dell First: David Middle: Parker Suffix:

Section 9 - Citizenship

Select the box that reflects your current citizenship status and click Save.

Provide your current citizenship status

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.: { **x** }

I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.: { }

I am a naturalized U.S. citizen.: { }

I am a derived U.S. citizen.: { }

I am not a U.S. citizen.: { }

Section 10 - Dual/Multiple Citizenship Information

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

Yes: { } No: { **x** }

Foreign Passport

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

Yes: { } No: { **x** }

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.

1. Enter residence information.

Provide dates of residence

From (Month/Year): **07/2017** To (Month/Year): **Present**

Is/was this residence

Owned by you: { **x** }

Rented or leased by you: { }

Military housing: { }

Other (Provide explanation): { }

Explanation

Provide the street address

Street: **1100 Patton Farm Rd**

City: **Stuarts Draft** State: **VA** Country: Zip Code: **24477**

Person Who Knew You

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

Provide the full name

Last: **Estes** First: **Ronald** Middle: **(NMN)** Suffix:

Provide date of last contact

Month/Year: **07/2020**

Provide your relationship to this person (check all that apply)

Neighbor: { **x** }

Friend: { }

Landlord: { }

Business associate: { }

Other (Provide explanation): { }

Explanation

Provide the following contact information for this person

Provide evening telephone number for this person (I don't know: { **x** })

International or DSN: { } Number: Extension:

Provide daytime telephone number for this person (I don't know: { **x** })

International or DSN: { } Number: Extension:

Provide cell/mobile telephone number for this person (I don't know: { **x** })

International or DSN: { } Number: Extension:

Provide e-mail address for this person (I don't know: { **x** }) :

Provide street address for this person (including apartment number)

Street: **1084 Patton Farm Road**

City: **Stuarts Draft** State: **VA** Country: Zip Code: **24477**

2. Provide dates of residence

From (Month/Year): **05/2016** To (Month/Year): **07/2017**

Is/was this residence

Owned by you: { }

Rented or leased by you: { **x** }

Military housing: { }

Other (Provide explanation): { }

Explanation

Town house that I rented for a year after college

Provide the street address

Street: **63 Manchester dr**

City: **staunton** State: **VA** Country: Zip Code: **24401**

3. Provide dates of residence

From (Month/Year): **05/1998** To (Month/Year): **05/2016**

Is/was this residence

Owned by you: { }

Rented or leased by you: { }

Military housing: { }

Other (Provide explanation): { **x** }
 Explanation

My parents house were I lived with my parents and siblings until I graduated College

Provide the street address

Street: **600 Johnsville Rd**

City: **Keymar** State: **MD** Country: Zip Code: **21757**

(End of List)

Summary

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.

Do you have an additional residence to report?

Yes: { } No: { **x** }

Section 12 - Where You Went To School

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

Have you attended any schools in the last 10 years?

Yes: { **x** } No: { }

1. Provide the dates of attendance

From (Month/Year): **08/2012** To (Month/Year): **05/2016**

Select the most appropriate code to describe your school

High School: { }

College, university, or military college: { **x** }

Vocational, technical, or trade school: { }

Correspondence, distance, extension, or online school: { }

Provide the name of the school: **Bridgewater College**

Provide the street address of the school. For correspondence, distance, extension, or online schools, provide the address where the records are maintained.

Street: **402 East College Street**

City: **Bridgewater** State: **VA** Country: Zip Code: **22812**

For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/Search.aspx>

Degree or Diploma Received

Did you receive a degree/diploma?

Yes: { **x** } No: { }

Degree/Diploma Detail

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

1. Degree/diploma: **Bachelor's**

Other degree/diploma:

Date awarded

Month/Year: **05/2016**

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

2. Provide the dates of attendance

From (Month/Year): **09/2019** To (Month/Year): **Present**

Select the most appropriate code to describe your school

High School: { }
 College, university, or military college: { x }
 Vocational, technical, or trade school: { }
 Correspondence, distance, extension, or online school: { }
 Provide the name of the school: **Boston University**
 Provide the street address of the school. For correspondence, distance, extension, or online schools, provide the address where the records are maintained.
 Street: **1010 Commonwealth Avenue, 5th Floor**
 City: **Boston** State: **MA** Country: Zip Code: **02215**

Person Who Knew You

Provide the name of person who knows/knew you at school (I don't know: { })
 Last: **Hancock** First: **William**
 Provide current address for this person (including apartment number)
 Street: **50 Gosling Circle Apt 304**
 City: **Fishersville** State: **VA** Country: Zip Code: **22939**
 Provide telephone number for this person
 International or DSN: { } Number: **5405782070** Extension: Time:
 Provide email address for this person (I don't know: { x }) :

Degree or Diploma Received

Did you receive a degree/diploma?
 Yes: { } No: { x }

Optional Comment
I will receive my degree May 2021

(End of List)

Summary

Do you have additional education to enter (include education within the last 10 years, as well as degrees or diplomas more than 10 years ago)?
 Yes: { } No: { x }

Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses.

Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

1. Select your employment activity: **Non-government employment (excluding self-employment)**

Explanation

Provide dates of employment

From (Month/Year): **08/2019** To (Month/Year): **Present**

Non-Military Employment

Provide most recent position title: **Youth Minister**

Select the employment status for this position

Full-time: { }

Part-time: { x }

Provide the name of your employer: **St Paul's United Methodist Church**

Provide the address of employer

Street: **200 Shutterlee Mill Road**

City: **Staunton** State: **VA** Country: Zip Code: **24401**

Provide telephone number

International or DSN: { } Number: **5408862317** Extension: Time:

Additional Periods of Activity with this Employer

Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate

periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below.

Additional Periods of Activity with this Employer (Not Applicable: { x })
(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: { } No: { x }

Non-Military Employment - Supervisor

Provide the name of your supervisor: Ryan Oswald
Provide the position title of your supervisor: Pastor
Provide the email address of your supervisor (I don't know: { }) : ryanoswald@vaumc.org
Provide the physical work location of your supervisor
Street: 200 Shutterlee Mill Road
City: Staunton State: VA Country: Zip Code: 24401
Provide the telephone number for this supervisor
International or DSN: { } Number: 5408862317 Extension: Time:

Received Discipline or Warning

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?
Yes: { } No: { x }

2. Select your employment activity: **Non-government employment (excluding self-employment)**

Explanation

Provide dates of employment

From (Month/Year): 08/2020 To (Month/Year): Present

Non-Military Employment

Provide most recent position title: Full-Stack Developer

Select the employment status for this position

Full-time: { x }

Part-time: { }

Provide the name of your employer: Radiant Missions Solutions

Provide the address of employer

Street: 4501 Singer Court, Suite 220

City: Chantilly State: VA Country: Zip Code: 20151

Provide telephone number

International or DSN: { } Number: 5715218617 Extension: Time:

Additional Periods of Activity with this Employer (Not Applicable: { x })

(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: { x } No: { }

Non-Military Employment - Physical Location

Provide the work address where you are/were physically located

Street: 1100 Patton Farm Rd

City: Stuarts Draft State: VA Country: Zip Code: 24477

Provide telephone number

International or DSN: { } Number: 4435472540 Extension: Time:

Optional Comment

I work from home

Non-Military Employment - Supervisor

Provide the name of your supervisor: Pedro Sorto

Provide the position title of your supervisor: Staff Software Engineer

Provide the email address of your supervisor (I don't know: { }) : pedro.sorto@maxar.com

Provide the physical work location of your supervisor

Street: 71 Pineapple St Apt B3

City: Brooklyn State: NY Country: Zip Code: 11201

Provide the telephone number for this supervisor

International or DSN: { } Number: **7039454528** Extension: Time:**Received Discipline or Warning**

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

Yes: { } No: { x }

3. Select your employment activity: **Non-government employment (excluding self-employment)**

Explanation

Provide dates of employment

From (Month/Year): **01/2016** To (Month/Year): **08/2020****Non-Military Employment**Provide most recent position title: **Software Engineer**

Select the employment status for this position

Full-time: { x }

Part-time: { }

Provide the name of your employer: **Innovative Refrigeration Systems Inc**

Provide the address of employer

Street: **373 Mt Torrey Road**City: **Lyndhurst** State: **VA** Country: Zip Code: **22952**

Provide telephone number

International or DSN: { } Number: **5402460494** Extension: Time:

Additional Periods of Activity with this Employer (Not Applicable: { x })

(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?

Yes: { } No: { x }

Non-Military Employment - SupervisorProvide the name of your supervisor: **Chris Gillis**Provide the position title of your supervisor: **VP of Safety Amp**Provide the email address of your supervisor (I don't know: { }) : **chris@safetyamp.com**

Provide the physical work location of your supervisor

Street: **373 Mt Torrey Road**City: **Lyndhurst** State: **VA** Country: Zip Code: **22952**

Provide the telephone number for this supervisor

International or DSN: { } Number: **5402460494** Extension: Time:**Reason for Leaving**

Provide the reason for leaving the employment activity

I was overworked and burnt out and was ready to take the next step in my career and I found an amazing career opportunity with Maxar.

Reason for Leaving QuestionFor this employment have any of the following happened to you **in the last seven (7) years**?

- o Fired
- o Quit after being told you would be fired
- o Left by mutual agreement following charges or allegations of misconduct
- o Left by mutual agreement following notice of unsatisfactory performance

Yes: { } No: { x }

Received Discipline or Warning

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

Yes: { } No: { x }

4. Select your employment activity: **Non-government employment (excluding self-employment)**

Explanation

Provide dates of employment

From (Month/Year): **08/2014** To (Month/Year): **05/2016**

Non-Military EmploymentProvide most recent position title: **WEPA Student Technician**

Select the employment status for this position

Full-time: { }

Part-time: { **x** }Provide the name of your employer: **Wepa**

Provide the address of employer

Street: **PO Box 1569**City: **Pelham** State: **AL** Country: Zip Code: **35124**

Provide telephone number

International or DSN: { } Number: **8006757639** Extension: Time:Additional Periods of Activity with this Employer (Not Applicable: { **x** })

(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?

Yes: { **x** } No: { }**Non-Military Employment - Physical Location**

Provide the work address where you are/were physically located

Street: **402 East College Street**City: **Bridgewater** State: **VA** Country: Zip Code: **22812**

Provide telephone number

International or DSN: { } Number: **8006757639** Extension: Time:

Optional Comment

This was a part time job opportunity that arose through me working at the IT center. This company partnered with the IT department at Bridgewater so I would report to the head of Bridgewater IT Aaron Klein

Non-Military Employment - SupervisorProvide the name of your supervisor: **Aaron Klein**Provide the position title of your supervisor: **IT Manager**Provide the email address of your supervisor (I don't know: { }) : **aaron@bridgewater.edu**

Provide the physical work location of your supervisor

Street: **402 East College Street**City: **Bridgewater** State: **VA** Country: Zip Code: **22812**

Provide the telephone number for this supervisor

International or DSN: { } Number: **5408285493** Extension: Time:**Reason for Leaving**

Provide the reason for leaving the employment activity

I graduated college and received a full-time job**Reason for Leaving Question**

For this employment have any of the following happened to you in the last seven (7) years?

- Fired
- Quit after being told you would be fired
- Left by mutual agreement following charges or allegations of misconduct
- Left by mutual agreement following notice of unsatisfactory performance

Yes: { } No: { **x** }**Received Discipline or Warning**

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

Yes: { } No: { **x** }

5. Select your employment activity: **Non-government employment (excluding self-employment)**

Explanation

Provide dates of employment

From (Month/Year): **07/2013** To (Month/Year): **05/2016****Non-Military Employment**Provide most recent position title: **Student IT Technician**

Select the employment status for this position

Full-time: { }

Part-time: ☒ }
Provide the name of your employer: **Bridgewater College**
Provide the address of employer
Street: **402 East College Street**
City: **Bridgewater** State: **VA** Country: Zip Code: **22812**
Provide telephone number
International or DSN: ☐ } Number: **5408288000** Extension: Time:
Additional Periods of Activity with this Employer (Not Applicable: ☒)
(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: ☐ } No: ☒ }

Non-Military Employment - Supervisor

Provide the name of your supervisor: **Aaron Klein**
Provide the position title of your supervisor: **IT Manager**
Provide the email address of your supervisor (I don't know: ☐) : **aaron@bridgewater.edu**
Provide the physical work location of your supervisor
Street: **402 East College Street**
City: **Bridgewater** State: **VA** Country: Zip Code: **22812**
Provide the telephone number for this supervisor
International or DSN: ☐ } Number: **5408285493** Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity
I graduate college and received a full time job offer with another company.

Reason for Leaving Question

For this employment have any of the following happened to you in the last seven (7) years?

- ☐ Fired
 - ☐ Quit after being told you would be fired
 - ☐ Left by mutual agreement following charges or allegations of misconduct
 - ☐ Left by mutual agreement following notice of unsatisfactory performance
- Yes: ☐ } No: ☒ }

Received Discipline or Warning

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?
Yes: ☐ } No: ☒ }

6. Select your employment activity: Non-government employment (excluding self-employment)

Explanation

Provide dates of employment

From (Month/Year): **11/2015** To (Month/Year): **01/2016**

Optional Comment

not sure the exact date range of this part time job. I started this job before I received my full time job offer at innovative refrigeration systems inc

Non-Military Employment

Provide most recent position title: **Intern**
Select the employment status for this position

Full-time: ☐ }

Part-time: ☒ }

Provide the name of your employer: **Sentara RMH Medical Center**

Provide the address of employer

Street: **2010 Health Campus Dr**

City: **Harrisonburg** State: **VA** Country: Zip Code: **22801**

Provide telephone number

International or DSN: ☐ } Number: **5406897520** Extension: Time:

Additional Periods of Activity with this Employer (Not Applicable: ☒)
(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?

Yes: { } No: { x }

Non-Military Employment - Supervisor

Provide the name of your supervisor: **Katie Budd**

Provide the position title of your supervisor: **eCorp Analyst Team Lead**

Provide the email address of your supervisor (I don't know: { }) : **clbudd1@sentara.com**

Provide the physical work location of your supervisor

Street: **2010 Health Campus Dr**

City: **Harrisonburg** State: **VA** Country: Zip Code: **22801**

Provide the telephone number for this supervisor

International or DSN: { } Number: **5406897520** Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity

I accepted this part time position and then received my full-time job offer from Innovative and left the part time job for the full-time job

Reason for Leaving Question

For this employment have any of the following happened to you in the last seven (7) years?

- o Fired
- o Quit after being told you would be fired
- o Left by mutual agreement following charges or allegations of misconduct
- o Left by mutual agreement following notice of unsatisfactory performance

Yes: { x } No: { }

Optional Comment

I don't remember the exact details, but because of all the part time jobs I was working I couldn't commit fully to the internship and my performance suffered and they gave me the option to quit which I was planning on doing anyways since I had a full time job offer in my actual career.

Reason for Leaving - Summary

Summary of Reasons for Leaving

1. Select the type of incident: **Left by mutual agreement following notice of unsatisfactory performance**

Provide the reason(s) for unsatisfactory performance

I was working too many part time jobs as a college student and couldn't commit fully to this part time job . Also the part time job was hard in the sense that it required working late hours. Also I was planning on quitting once I received my full time job offer through a different company.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance

Month/Year: **01/2016**

(End of List)

In the last seven (7) years do you have another reason for leaving to report for this employment?

Yes: { } No: { x }

Received Discipline or Warning

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

Yes: { x } No: { }

Received Discipline or Warning - Summary

Summary of Discipline and Warnings

1. Provide the month and year you were warned, reprimanded, suspended or disciplined

Month/Year: **01/2016**

Provide the reason(s) for being warned, reprimanded, suspended or disciplined

I don't remember the exact details, but because of all the part time jobs I was working I couldn't commit fully to the internship and my performance suffered and they gave me the option to quit which I was planning on doing anyways since I had a full time job offer in my actual career.

(End of List)

Do you have another instance of discipline or a warning to provide?

Yes: { } No: { x }

7. Select your employment activity: **Unemployment**

Explanation

I was unemployed part of my time while in college

Provide dates of employment

From (Month/Year): **04/2012** To (Month/Year): **08/2013**

Unemployment

Provide the name of someone who can verify your unemployment activities and means of support

Last: **Dell** First: **David**

Provide the address of this verifier

Street: **600 Johnsville Rd**

City: **Keymar** State: **MD** Country: Zip Code: **21757**

Provide the telephone number for this person

International or DSN: { } Number: **4433984287** Extension: Time:

(End of List)

Summary

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses.

Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Do you have an additional employment activity to enter?

Yes: { } No: { x }

Section 13B - Former Federal Service

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

Yes: { } No: { x }

Section 13C - Employment Record

Have any of the following happened to you **in the last seven (7) years** at employment activities that you have not previously listed? (If 'Yes', you will be required to add an additional employment in Section 13A.)

- Fired from a job?
- Quit a job after being told you would be fired?
- Have you left a job by mutual agreement following charges or allegations of misconduct?
- Left a job by mutual agreement following notice of unsatisfactory performance?
- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

Yes: { } No: { x }

Section 14 - Selective Service Record

Were you born a male after December 31, 1959?

Yes: { x } No: { }

Detail

Have you registered with the Selective Service System (SSS)?

Yes: { x } No: { } I don't know: { }

Selective Service Registration Number

The Selective Service website, www.sss.gov, can help provide the registration number for persons who have registered.

Note: Selective Service Number is not your Social Security Number

Provide registration number: **9402450069**

Section 15 - Military History

Have you **EVER** served in the U.S. Military?

Yes: { } No: { **x** }

Foreign Military Service

Have you **EVER** served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?

Yes: { } No: { **x** }

Section 16 - People Who Know You Well

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers **at least the last seven (7) years**. Do not list your spouse, former spouse(s), other relatives, or **anyone listed elsewhere on this form**.

1. Provide dates known

From (Month/Year): **05/2013** To (Month/Year): **Present**

Provide full name

Last: **Gee** First: **Jonathan** Middle: **(NMN)** Suffix:

Provide rank/title (Not Applicable: { **x** }) :

Provide relationship to you (Check all that apply)

Neighbor: { **x** }

Friend: { **x** }

Work associate: { **x** }

Schoolmate: { **x** }

Other (Provide explanation): { }

Explanation

Friend that I have known through college and is currently my Roommate

Provide telephone number for this person (I don't know: { })

International or DSN: { } Number: **9107231983** Extension: **443** Time:

Provide mobile/cell telephone number for this person (I don't know: { **x** })

International or DSN: { } Number: Extension: Time:

Provide e-mail address for this person (I don't know: { }) : **jsg006@eagles.bridgewater.edu**

Provide home or work address for this person

Street: **1100 Patton Farm Rd**

City: **Stuarts Draft** State: **VA** Country: Zip Code: **24477**

2. Provide dates known

From (Month/Year): **05/2008** To (Month/Year): **Present**

Provide full name

Last: **Beall** First: **Robert** Middle: **(NMN)** Suffix:

Provide rank/title (Not Applicable: { **x** }) :

Provide relationship to you (Check all that apply)

Neighbor: { }

Friend: { **x** }

Work associate: { }

Schoolmate: { **x** }

Other (Provide explanation): { }

Explanation

Childhood friend that I've known since high school

Provide telephone number for this person (I don't know: { })

International or DSN: { } Number: **4435474479** Extension: Time:

Provide mobile/cell telephone number for this person (I don't know: { **x** })

International or DSN: { } Number: Extension: Time:

Provide e-mail address for this person (I don't know: { x }) :

Provide home or work address for this person

Street: **11729 Lone Tree Ct**

City: **Columbia** State: **MD** Country: Zip Code: **21044**

3. Provide dates known

From (Month/Year): **01/2016** To (Month/Year): **Present**

Provide full name

Last: **Mullanex** First: **Jarred** Middle: **(NMN)** Suffix:

Provide rank/title (Not Applicable: { x }) :

Provide relationship to you (Check all that apply)

Neighbor: { }

Friend: { x }

Work associate: { x }

Schoolmate: { }

Other (Provide explanation): { }

Explanation

Coworker and friend for the last four years

Provide telephone number for this person (I don't know: { })

International or DSN: { } Number: **5408490541** Extension: Time:

Provide mobile/cell telephone number for this person (I don't know: { x })

International or DSN: { } Number: Extension: Time:

Provide e-mail address for this person (I don't know: { }) : **jarred.mullanex@maxar.com**

Provide home or work address for this person

Street: **311 Grubert Ave**

City: **Staunton** State: **VA** Country: Zip Code: **24401**

4. Provide dates known

From (Month/Year): **05/2019** To (Month/Year): **Present**

Provide full name

Last: **Keifer** First: **Katie** Middle: **Lynne** Suffix:

Provide rank/title (Not Applicable: { x }) :

Provide relationship to you (Check all that apply)

Neighbor: { }

Friend: { x }

Work associate: { }

Schoolmate: { }

Other (Provide explanation): { }

Explanation

Fiance. We will be married come December 19th 2020

Provide telephone number for this person (I don't know: { })

International or DSN: { } Number: **4342825296** Extension: Time:

Provide mobile/cell telephone number for this person (I don't know: { x })

International or DSN: { } Number: Extension: Time:

Provide e-mail address for this person (I don't know: { }) : **katielynn13@gmail.com**

Provide home or work address for this person

Street: **135 Woodgate Ct #104**

City: **Charlottesville** State: **VA** Country: Zip Code: **22901**

(End of List)

Summary

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood and whose combined association with you covers **at least the last seven (7) years**. Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form**.

Do you have an additional person who knows you well to list?

Yes: { } No: { x }

Section 17 - Marital/Relationship Status

Provide your current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership: **Divorced/Dissolved**

Optional Comment

I will be married again December 19, 2020

1. Provide information about any person from whom you are divorced/dissolved, annulled, or widowed

Provide the full name

Last: **Alexander** First: **Janelle** Middle: **Nichole** Suffix:

Provide the date of birth

Month/Day/Year: **12/14/1994**

Provide the place of birth

City: **Frederick** State: **MD** Country: **United States**

Provide the country(ies) of citizenship

1. Country: **United States**

(End of Provide the country(ies) of citizenship List)

Provide the telephone number (I don't know: { })

International or DSN: { } Number: **3016399101** Extension: Time:

Provide the date your civil marriage, civil union, or domestic partnership was legally recognized

Month/Day/Year: **10/21/2017**

Provide the location

City: **Staunton** State: **VA** Country:

Provide the status

Divorced/Dissolved: { **x** }

Widowed: { }

Annulled: { }

Provide the date divorced/dissolved, annulled or widowed

Month/Day/Year: **10/15/2019****Divorced or Annulled Detail (1)**

Provide where the record of divorce/dissolution or annulment is located

City: **Staunton** State: **VA** Country: Zip Code: **24401**

Is this person deceased?

Yes: { } No: { **x** } I don't know: { }**Divorced or Annulled Detail (2)**

Provide last known address of the person from whom you are divorced/dissolved or annulled (I Don't

Know: { **x** })

Street:

City: State: Country: Zip Code:

(End of List)

Former Marital/Relationship Status Summary

Do you have any additional person(s) from whom you are divorced/dissolved, annulled, or widowed to report?

Yes: { } No: { **x** }**Cohabitant**

Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share bonds of affection, obligation or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate)? If so, complete the following. If the person was born outside the U.S., provide citizenship information.

Yes: { } No: { **x** }**Section 18 - Relatives**

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)

Check all that apply

Mother: { **x** }Father: { **x** }

Stepmother: { }

Stepfather: { }

Foster Parent: { }

Child (including adopted/foster): { }

Stepchild: { }

Brother: { ☒ }
Sister: { ☒ }
Stepbrother: { }
Stepsister: { }
Half-brother: { }
Half-sister: { }
Father-in-law: { }
Mother-in-law: { }
Guardian: { }

1. Provide relative type: **Mother**

Provide your relative's full name

Last: **Dell** First: **Judy** Middle: **Arlene** Suffix:

Provide your relative's date of birth

Month/Day/Year: **03/14/1967**

Provide your relative's place of birth

City: **Baltimore** State: **MD** Country: **United States**

Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Mother's Maiden Name

Provide your mother's maiden name (Same as listed: { })

Last: **Miles** First: **Judy** Middle: **Arlene** Suffix:

Other Names Used

Has this relative used any other names?

Yes: { } No: { ☒ }

Relative Deceased Question

Is your relative deceased?

Yes: { } No: { ☒ }

Address

Provide your relative's current address

Street: **600 Johnsville Rd**

City: **Keymar** State: **MD** Country: Zip Code: **21757**

2. Provide relative type: **Father**

Provide your relative's full name

Last: **Dell** First: **David** Middle: **Walter** Suffix:

Provide your relative's date of birth

Month/Day/Year: **12/03/1965**

Provide your relative's place of birth

City: **Baltimore** State: **MD** Country: **United States**

Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Other Names Used

Has this relative used any other names?

Yes: { } No: { ☒ }

Relative Deceased Question

Is your relative deceased?

Yes: { } No: { ☒ }

Address

Provide your relative's current address

Street: **600 Johnsville Rd**

City: **Keymar** State: **MD** Country: Zip Code: **21757**

3. Provide relative type: **Brother**

Provide your relative's full name

Last: **Dell** First: **Noah** Middle: **Scott** Suffix:

Provide your relative's date of birth

Month/Day/Year: **03/04/1998**

Provide your relative's place of birth

City: **Baltimore** State: **MD** Country: **United States**

Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Other Names Used

Has this relative used any other names?

Yes: { } No: { x }

Relative Deceased Question

Is your relative deceased?

Yes: { } No: { x }

Address

Provide your relative's current address

Street: **1100 Patton Farm Rd**

City: **Stuarts Draft** State: **VA** Country: Zip Code: **24477**

4. Provide relative type: **Sister**

Provide your relative's full name

Last: **Dell** First: **Emily** Middle: **Faith** Suffix:

Provide your relative's date of birth

Month/Day/Year: **03/06/2001**

Provide your relative's place of birth

City: **baltimore** State: **MD** Country: **United States**

Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Other Names Used

Has this relative used any other names?

Yes: { } No: { x }

Relative Deceased Question

Is your relative deceased?

Yes: { } No: { x }

Address

Provide your relative's current address

Street: **600 Johnsville Rd**

City: **Keymar** State: **MD** Country: Zip Code: **21757**

5. Provide relative type: **Brother**

Provide your relative's full name

Last: **Dell** First: **Jacob** Middle: **Paul** Suffix:

Provide your relative's date of birth

Month/Day/Year: **12/27/2005**

Provide your relative's place of birth

City: **baltimore** State: **MD** Country: **United States**

Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Other Names Used

Has this relative used any other names?

Yes: { } No: { x }

Relative Deceased Question

Is your relative deceased?

Yes: { } No: { **x** }

Address

Provide your relative's current address

Street: **600 Johnsville Rd**

City: **Keymar** State: **MD** Country: Zip Code: **21757**

(End of List)

Summary

Do you have an additional relative to enter?

Yes: { } No: { **x** }

Section 19 - Foreign Contacts

A foreign national is defined as any person who is not a citizen or national of the U.S.

Do you have, or have you had, close and/or continuing contact with a foreign national **within the last seven (7) years** with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.

Yes: { } No: { **x** }

Section 20A - Foreign Activities

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)

Yes: { } No: { **x** }

Foreign Financial Interests Controlled on Your Behalf

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf?

Yes: { } No: { **x** }

Foreign Financial Interests Real Estate

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?

Yes: { } No: { **x** }

Foreign Financial Interests - Foreign Benefit

As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received **in the last seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?

Yes: { } No: { **x** }

Foreign Financial Interests - Foreign National Support

Have you **EVER** provided financial support for any foreign national?

Yes: { } No: { **x** }

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts

Have you **in the last seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer 'No' if **all**

your advice or support was authorized pursuant to official U.S. Government business.)

Yes: { } No: { x }

Foreign Consulting

For this question, 'Immediate Family' means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you, your spouse, cohabitant, or any member of your immediate family **in the last seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer 'No' if **all** the advice or support was authorized pursuant to official U.S. Government business.)

Yes: { } No: { x }

Foreign National Job Offer

Has any foreign national **in the last seven (7) years** offered you a job, asked you to work as a consultant, or consider employment with them?

Yes: { } No: { x }

Other Foreign Business Ventures

Have you **in the last seven (7) years** been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?

Yes: { } No: { x }

Foreign Conferences, Trade Shows, Seminars, and Meetings

Have you **in the last seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)

Yes: { } No: { x }

Foreign Government Contact

For Section 20B, 'Immediate Family' means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

Have you or any member of your immediate family **in the last seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.)

Yes: { } No: { x }

Sponsorship of a Foreign National

Have you **in the last seven (7) years** sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?

Yes: { } No: { x }

Holding Foreign Political Office

Have you **EVER** held political office in a foreign country?

Yes: { } No: { x }

Voting in a Foreign Election

Have you **EVER** voted in the election of a foreign country?

Yes: { } No: { x }

Section 20C - Foreign Travel

Have you traveled outside the U.S. **in the last seven (7) years**?

Yes: { x } No: { }

U.S. Government Business Travel

Has your travel **in the last seven (7) years** been **solely** for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)?

Yes: { } No: { x }

1. Your response indicates you have traveled outside of the U.S. **in the last seven (7) years** for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

Provide the country visited: **Greece**

Provide the dates of your travel to this country

From (Month/Year): **10/2017** To (Month/Year): **10/2017**

Provide the total number of days involved in the visit

1-5: { }

6-10: { }

11-20: { x }

21-30: { }

More than 30: { }

Many short trips: { }

Provide the purpose of the travel to this country (check all that apply)

Business/Professional conference: { }

Volunteer activities: { }

Education: { }

Tourism: { x }

Trade shows, conferences, and seminars: { }

Visit family or friends: { }

Other: { }

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you involved in any encounter with the police?

Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

Yes: { } No: { x }

If 'Yes' provide explanation

Optional Comment

Went to Greece on my Honeymoon in 2017

(End of List)

Foreign Countries You Have Visited - Summary

Respond for the time frame **of the last seven (7) years**, beginning with the most recent and working backwards (Do not list trips that ONLY involved travel on official U.S. Government business on official government orders, but you must include any personal trips made in conjunction with the official U.S. Government travel).

Do you have additional travel outside the U.S. **in the last seven (7) years** for other than solely U.S. Government business on official government orders?

Yes: { } No: { x }

Section 21 - Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

Mental health treatment and counseling, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

Mental Competency

Has a court or administrative agency **EVER** issued an order declaring you mentally incompetent?

Yes: { } No: { x }

Ordered to Consult with a Mental Health Professional

Has a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.)

Yes: { } No: { x }

Hospitalized

Have you EVER been hospitalized for a mental health condition?

Yes: { } No: { x }

Diagnosed

The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?

Yes: { } No: { x }

Adversely Affected

Do you have a mental health or other health condition that **substantially adversely** affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today?

Yes: { } No: { x }

Note: If your judgment, reliability, or trustworthiness is not substantially adversely affected by a mental health or other condition, then you should answer "no" even if you have a mental health or other condition requiring treatment.

For example, if you are in need of emotional or mental health counseling as a result of service as a first responder, service in a military combat environment, having been sexually assaulted or a victim of domestic violence, or marital issues, but your judgment, reliability or trustworthiness is not substantially adversely affected, then answer "no."

Section 22 - Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report 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. Be sure to include all incidents whether occurring in the U.S. or abroad.

Police Record

Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- **In the last seven (7) years** have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- **In the last seven (7) years** have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Yes: { x } No: { }

1. Provide the date of offense

Month/Year: **10/2014**

Provide a description of the specific nature of the offense

Received a charge of possess of alcohol as a minor. The case was dismissed with supervised probation and referral to an alcohol class

Did this offense involve any of the following?

Yes: { x } No: { }

Select all that apply

Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?: { }

Involve firearms or explosives?: { }

Involve alcohol or drugs?: { **x** }

Provide the location where the offense occurred

City: **Harrisonburg** County: **Rockingham** State: **VA** Country: Zip Code: **22801**

Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

Yes: { **x** } No: { }

Optional Comment

I received a summons.

Arresting or Citing Agency - Details

Provide the name of the law enforcement agency that arrested/cited/summoned you: **Bridgewater Police Department**

Provide the location of the law enforcement agency

City: **Bridgewater** County: **Rockingham** State: **VA** Country: Zip Code: **22812**

Result of Offense

As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

Yes: { } No: { **x** }

Charges - Responded 'No'

You responded 'No' to "As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?"

Provide explanation

The case was dismissed

(End of List)

Police Record - Summary

Do you have any other offenses where any of the following has happened to you?

- **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not include citations involving traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- **In the last seven (7) years** have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in a Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- **In the last seven (7) years** have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Yes: { } No: { **x** }

Police Record (EVER)

Other than those offenses already listed, have you **EVER** had the following happen to you?

- Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?

- Have you **EVER** been charged with an offense involving firearms or explosives?
- Have you **EVER** been charged with an offense involving alcohol or drugs?

Yes: { } No: { x }

Domestic Violence Protective Order

Is there currently a domestic violence protective order or restraining order issued against you?

Yes: { } No: { x }

Section 23 - Illegal Use of Drugs or Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government.

The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity in accordance with Federal laws, even though permissible under state laws.

Illegal Use of Drugs or Controlled Substances

In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.

Yes: { x } No: { }

1. You answered 'Yes' to **in the last seven (7) years** having illegally used a drug or controlled substance.

Provide the type of drug or controlled substance: **THC (Such as marijuana, weed, pot, hashish, etc.)**

Explanation

I experimented with marijuana a few times. I have smoked less than a dozen times though.

Provide an estimate of the month and year of first use

Month/Year: **08/2012**

Provide an estimate of the month and year of most recent use

Month/Year: **08/2018**

Provide nature of use, frequency, and number of times used

I experimented with marijuana with close friends in high school once and I tried it again while on a camping trip in 2018 with some friends as well. Less than a dozen times

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

Yes: { } No: { x }

Was your use while possessing a security clearance?

Yes: { } No: { x }

Do you intend to use this drug or controlled substance in the future?

Yes: { } No: { x }

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future

I do not intend to use marijuana in the future. It has never appealed to me and my current job and federal law does not allow me to use drugs of any type

(End of List)

Illegal Use of Drugs or Controlled Substances - Summary

Do you have an additional instance(s) of illegal use of a drug or controlled substance to enter?

Yes: { } No: { x }

Illegal Drug Activity

In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?

Yes: { } No: { **x** }

While Possessing a Security Clearance

Have you **EVER** illegally used or otherwise been **illegally** involved with a drug or controlled substance while possessing a security clearance other than previously listed?

Yes: { } No: { **x** }

Employed as Law Enforcement

Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?

Yes: { } No: { **x** }

Misuse of Prescription Drugs

In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?

Yes: { } No: { **x** }

Treatment for the Use of Drugs

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

Yes: { } No: { **x** }

Voluntary Treatment

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Yes: { } No: { **x** }

Section 24 - Use of Alcohol

In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

Yes: { } No: { **x** }

Ordered to Seek Counseling

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?

Yes: { **x** } No: { }

-
1. You responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)

An employer, military commander, or employee assistance program: { }

A medical professional: { }

A mental health professional: { }

A court official / judge: { **x** }

I have not been ordered, advised, or asked to seek counseling or treatment by any of the above: { }

Other (Provide explanation): { }

Explanation

Mentioned in prior section. I received possession of alcohol charge which was dismissed if I went to a state sponsored alcohol event

Did you take action to seek counseling or treatment?

Yes: { ☒ } No: { ☐ }

Counseling or Treatment Sought - Details for 'Yes' Answer

You responded 'Yes' to having taken action to seek counseling or treatment.

Provide dates of counseling or treatment

From (Month/Year): 01/2015 To (Month/Year): 03/2015

Provide the name of the individual counselor or treatment provider: Rockingham Harrisonburg ASAP

Provide the full address of the counseling/treatment provider

Street: 350 N Main St

City: Harrisonburg State: VA Country: Zip Code: 22802

Provide telephone number

International or DSN: { } Number: 5404340154 Extension: Time:

Did you successfully complete the treatment program?

Yes: { ☒ } No: { ☐ }

(End of List)

Ordered to Seek Counseling - Summary

Do you have additional instances of having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol to enter?

Yes: { } No: { ☒ }

Sought Counseling or Treatment

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?

Yes: { } No: { ☒ }

EVER Received Counseling/Treatment

Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?

Yes: { } No: { ☒ }

Section 25 - Investigations and Clearance Record

Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?

Yes: { } No: { ☒ }

Denied Clearance

Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)

Yes: { } No: { ☒ }

Government Debarment

Have you **EVER** been debarred from government employment?

Yes: { } No: { ☒ }

Section 26 - Financial Record

In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?

Yes: { } No: { ☒ }

Gambling

Have you **EVER** experienced financial problems due to gambling?

Yes: { } No: { x }

Taxes

In the last seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

Yes: { } No: { x }

Employer Travel or Credit Card

In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?

Yes: { } No: { x }

Assistance for Financial Difficulties

Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?

Yes: { } No: { x }

Delinquency Involving Enforcement

Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below)

- **In the last seven (7) years**, you have been delinquent on alimony or child support payments.
- **In the last seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the last seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Yes: { } No: { x }

Delinquency Involving Routine Accounts

Other than previously listed, have any of the following happened?

- **In the last seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years**, you were evicted for non-payment?
- **In the last seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason?
- **In the last seven (7) years**, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Yes: { } No: { x }

Section 27 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this

particular section, this applies whether or not you are currently employed by the Federal government.

The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

Unauthorized Access

In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system?

Yes: { } No: { x }

Modified, Destroyed, Manipulated or Denied Access

In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?

Yes: { } No: { x }

Unauthorized / Unlawful Use

In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?

Yes: { } No: { x }

Section 28 - Non-Criminal Court Actions

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form?

Yes: { } No: { x }

Section 29 - Association Record

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

Terrorist Organization

Are you now or have you **EVER** been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?

Yes: { } No: { x }

Knowingly Engaged in Terrorism

Have you **EVER** knowingly engaged in any acts of terrorism?

Yes: { } No: { x }

Advocating Acts

Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

Yes: { } No: { x }

Member of Organization

Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?

Yes: { } No: { x }

Member of Organization Advocating Violence

Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?

Yes: { } No: { **x** }

Activities Designed to Overthrow the U.S. Government

Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?

Yes: { } No: { **x** }

Associations

Have you **EVER** associated with anyone involved in activities to further terrorism?

Yes: { } No: { **x** }

Additional Comments

Use the space below to continue answers to all other items and to provide any information you would like to add. Before each answer, identify the number of the item.

Note: If you do not have any additional comments to provide, click "Save" to continue.

Additional Comments

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