
Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #35328822

ARCHIVAL COPY - RETAIN FOR YOUR RECORDS

The information contained in this document represents data submitted by **Frank Thomas Kobe** (Applicant) for the **e-QIP Investigation Request #35328822**. Applicant certified the accuracy of this information at **2022-07-11 13:05:54**.

This Investigation Request contains the following documents:

Page 1: Investigation Request Cover Sheet

Page 2-15: Questionnaire for Non-Sensitive Positions (SF85 Format)

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 Non-Sensitive Positions (SF85 Format)

OMB No. 3206-0005

Follow instructions fully or we cannot process your form. If you have any questions, call the office that gave you the form.

Purpose of this Form

The United States Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The United States Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, United States Code; and parts 5, 731, and 736 of Title 5, Code of Federal Regulations.

Your Social Security Number is needed to keep records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701, also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form.
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. If you need to estimate a date, an "estimated" box will be available after each date entry blank.
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.

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.
4. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
5. For telephone numbers in the United States, be sure to include the area code, and use one of the following formats: (123)456-7890 or 1234567890.
6. 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 position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The United States Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, 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.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 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 Reports and Forms Management Officer, United States Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address. The OMB No. 3206-0005 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.

Sections 1-6: Your Identifying Information

Provide the following information about your identity.

Section 1: Full Name

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name

Last: Kobe First: Frank Middle: Thomas Suffix:

Section 2: Date of Birth

Date of Birth

Month/Day/Year: 10/19/1996

Section 3: Place of Birth

Place of Birth

City: Monterey County: Monterey State: CA Country:

Section 4: Social Security Number

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

609 - 94 - 4662

Section 5: Other Names Used

Give other names you have used and the period of time you used them (for example: maiden name, name(s) by a former marriage, former name(s), alias(es), nickname(s)). If the other name is your maiden name, check the "nee" box.

Other Names Used (Not Applicable: { x })

(No Entry Provided)

Section 6: Sex

Sex

Female: { }

Male: { x }

Section 7: Citizenship

Item a

Mark the box that reflects your current citizenship status, and follow its instructions.

Citizenship Status

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d):

{ x }

I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d): { }

I am not a U.S. citizen. (Answer items b and e): { }

Item b

Your Mother's Maiden Name: Wiley

Item c, United States Citizenship

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

Naturalization Certificate (Where were you naturalized?)

Court:

Location

City: State:

Certificate Number:

Date Issued

Month/Day/Year: ~/~/~

Citizenship Certificate (Where was the certificate issued?)

Place Issued

City: State:

Certificate Number:

Date Issued

Month/Day/Year: ~/~/~

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

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

Date Form Prepared

Month/Day/Year: ~/~/~

Explanation

U.S. Passport

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

Passport Number:

Date Issued

Month/Day/Year: ~/~/~

Item d, Dual Citizenship

If you are (or were) a dual citizen of the United States and another country, provide the name of that country.

Country(ies) of Dual Citizenship (Not Applicable: { x })

(No Entry Provided)

Item e, Alien

If you are an alien, provide the following information:

Place You Entered the United States

City: State:

Date You Entered U.S.

Month/Day/Year: ~/~/~

Alien Registration Number:

Country(ies) of Citizenship

(No Entry Provided)

Section 8: Where You Have Lived

Provide a detailed entry for each place you have lived in the last 5 years. All periods must be accounted for in your list. Do not list a permanent address when you were actually living at a school address, etc. You may omit temporary military duty locations under 90 days (list your permanent address instead).

-
1. Provide the requested information about this place where you have lived.

Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port.

For temporary military duty locations under 90 days, list your permanent address instead. You should use your APO/FPO address if you lived overseas.

Dates of Activity

From (Month/Year): 10/2021 To (Month/Year): Present

Street Address

Street: 4000 Beaver Lake Ct, Apt 2B

City: Raleigh State: NC Country: Zip Code: 27613

Person Who Knew You

For any address in the last 3 years, list a person who knew you at this address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Name: Veronica Mauro

Street Address

Street: 826 Strahle Street

City: Philadelphia State: PA Country: Zip Code: 19111

-
2. Dates of Activity
From (Month/Year): 05/2019 To (Month/Year): 10/2021

Street Address

Street: 826 Strahle Street

City: Philadelphia State: PA Country: Zip Code: 19111

Person Who Knew You

Name: Anthony Mauro

Street Address

Street: 826 Strahle Street

City: Philadelphia State: PA Country: Zip Code: 19111

-
3. Dates of Activity
From (Month/Year): **08/2017 (Estimated)** To (Month/Year): **05/2019**
Street Address
Street: **1502 N 12th St**
City: **Reading** State: **PA** Country: Zip Code: **19604**
Person Who Knew You
Name: **Eric Hantz**
Street Address
Street: **5144 N High St, Apt 114**
City: **Columbus** State: **OH** Country: Zip Code: **43214**
-

(End of List)

Section 9: Where You Went To School

List the schools you have attended, beyond Junior High School, in the last 5 years. List **all** College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

Schools Attended (Not Applicable: { })

-
1. Provide the requested information about this school you attended. For correspondence schools and extension classes, provide the address where the records are maintained.

Dates of Activity
From (Month/Year): **08/2015** To (Month/Year): **05/2019**
School Type
High School: { }
College/University/Military College: { x }
Vocational/Technical/Trade School: { }
School Name: **Albright College**
Street Address
Street: **1621 N 13th St**
City: **Reading** State: **PA** Country: Zip Code: **19604**

Provide a detailed entry for each degree, diploma, etc. you received from this school.
Degree/Diploma/Other

-
1. Date Awarded
Month/Year: **05/2019**
Degree/Diploma/Other: **Bachelor's of Science**
-

(End of Degree/Diploma/Other List)

(End of List)

Section 10: Your Employment Activities

Provide a detailed entry for each of your employment activities for the last 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

-
1. Dates of Activity
From (Month/Year): **03/2022 (Estimated)** To (Month/Year): **Present**
-

Use one of the codes listed below to identify the type of employment:

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { }
Federal Contractor: { }
Other: { x }

Employer Name: **Guidehouse**

Your Position Title: **Contractor**

Employer's Street Address

Street: **1200 19th St, Northwest Suite 700**

City: **Washington** State: **DC** Country: Zip Code: **20036**

Employer's Telephone Number

International or DSN: { } Number: **2029732400** Extension:

Job Location Street Address (if different than employer address)

Street: **4000 Beaver Lake Ct, Apt 2B**

City: **Raleigh** State: **NC** Country: Zip Code: **27613**

Job Location Telephone Number

International or DSN: { } Number: Extension:

Supervisor Information Same as Employer: { x }

Supervisor's Name:

Supervisor's Street Address (if different than job location)

Street:

City: State: Country: Zip Code:

Supervisor's Telephone Number

International or DSN: { } Number: Extension:

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

Previous Periods of Activity (Not Applicable: { x })

(No Entry Provided)

2. Dates of Activity

From (Month/Year): **10/2021 (Estimated)** To (Month/Year): **03/2022 (Estimated)**

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { x }
Federal Contractor: { }
Other: { }

List the name of the person who can verify your unemployment.

Verifier Name: **Teresa Mauro**

Verifier's Street Address

Street: **4000 Beaver Lake Ct, Apt 2B**

City: **Raleigh** State: **NC** Country: Zip Code: **27613**

Verifier's Telephone Number

International or DSN: { } Number: **2158709732** Extension:

3. Dates of Activity
From (Month/Year): **05/2021 (Estimated)** To (Month/Year): **10/2021 (Estimated)**

Type of Employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment: { }

State Government (Non-Federal employment): { }

Self-employment: { }

Unemployment: { }

Federal Contractor: { }

Other: { **x** }

Employer Name: **Radius Global Solutions**

Your Position Title: **Contractor**

Employer's Street Address

Street: **155 Mid Atlantic Pkwy**

City: **West Deptford** State: **NJ** Country: Zip Code: **08066**

Employer's Telephone Number

International or DSN: { } Number: **8008296113** Extension:

Job Location Street Address (if different than employer address)

Street: **826 Strahle Street**

City: **Philadelphia** State: **PA** Country: Zip Code: **19111**

Job Location Telephone Number

International or DSN: { } Number: Extension:

Supervisor Information Same as Employer: { **x** }

Supervisor's Name:

Supervisor's Street Address (if different than job location)

Street:

City: State: Country: Zip Code:

Supervisor's Telephone Number

International or DSN: { } Number: Extension:

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

Previous Periods of Activity (Not Applicable: { })

(No Entry Provided)

4. Dates of Activity
From (Month/Year): **03/2020 (Estimated)** To (Month/Year): **05/2021 (Estimated)**

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { x }
Federal Contractor: { }
Other: { }

List the name of the person who can verify your unemployment.

Verifier Name: **Teresa Mauro**

Verifier's Street Address

Street: **4000 Beaver Lake Ct, Apt 2B**

City: **Raleigh** State: **NC** Country: Zip Code: **27613**

Verifier's Telephone Number

International or DSN: { } Number: **2158709732** Extension:

5. Dates of Activity
From (Month/Year): **11/2019 (Estimated)** To (Month/Year): **03/2020 (Estimated)**

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { }
Federal Contractor: { }
Other: { x }

Employer Name: **Milestone Behavioral Health**

Your Position Title: **Behavioral Health Technician**

Employer's Street Address

Street: **301 Oxford Valley Road, Suite 103A**

City: **Yardley** State: **PA** Country: Zip Code: **19067**

Employer's Telephone Number

International or DSN: { } Number: **2153372500** Extension:

Job Location Street Address (if different than employer address)

Street:

City: State: Country: Zip Code:

Job Location Telephone Number

International or DSN: { } Number: Extension:

Supervisor Information Same as Employer: { x }

Supervisor's Name:

Supervisor's Street Address (if different than job location)

Street:

City: State: Country: Zip Code:

Supervisor's Telephone Number

International or DSN: { } Number: Extension:

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at

XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { })
(No Entry Provided)

6. Dates of Activity
From (Month/Year): **09/2019 (Estimated)** To (Month/Year): **11/2019 (Estimated)**

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { **x** }
Federal Contractor: { }
Other: { }

List the name of the person who can verify your unemployment.

Verifier Name: **Teresa Mauro**

Verifier's Street Address

Street: **4000 Beaver Lake Ct, Apt 2B**

City: **Raleigh** State: **NC** Country: Zip Code: **27613**

Verifier's Telephone Number

International or DSN: { } Number: **2158709732** Extension:

7. Dates of Activity
From (Month/Year): **05/2019 (Estimated)** To (Month/Year): **09/2019 (Estimated)**

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { }
Federal Contractor: { }
Other: { **x** }

Employer Name: **Chickfila**

Your Position Title: **Team Member**

Employer's Street Address

Street: **9711 Roosevelt Blvd**

City: **Philadelphia** State: **PA** Country: Zip Code: **19114**

Employer's Telephone Number

International or DSN: { } Number: **2159693455** Extension:

Job Location Street Address (if different than employer address)

Street:

City: State: Country: Zip Code:

Job Location Telephone Number

International or DSN: { } Number: Extension:

Supervisor Information Same as Employer: { **x** }

Supervisor's Name:
Supervisor's Street Address (if different than job location)
Street:
City: State: Country: Zip Code:
Supervisor's Telephone Number
International or DSN: { } Number: Extension:

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

Previous Periods of Activity (Not Applicable: { x })
(No Entry Provided)

8. Dates of Activity
From (Month/Year): 10/2018 (Estimated) To (Month/Year): 05/2019 (Estimated)
Type of Employment
Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { x }
Federal Contractor: { }
Other: { }

List the name of the person who can verify your unemployment.

Verifier Name: Teresa Mauro
Verifier's Street Address
Street: 4000 Beaver Lake Ct, Apt 2B
City: Raleigh State: NC Country: Zip Code: 27613
Verifier's Telephone Number
International or DSN: { } Number: 2158709732 Extension:

9. Dates of Activity
From (Month/Year): 10/2016 (Estimated) To (Month/Year): 10/2018 (Estimated)
Type of Employment
Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { }
Federal Contractor: { }
Other: { x }

Employer Name: Albright College Public Safety
Your Position Title: Student Officer
Employer's Street Address
Street: 1311 College Ave

City: **Reading** State: **PA** Country: Zip Code: **19604**
Employer's Telephone Number
International or DSN: { } Number: **6109217670** Extension:
Job Location Street Address (if different than employer address)
Street:
City: State: Country: Zip Code:
Job Location Telephone Number
International or DSN: { } Number: Extension:
Supervisor Information Same as Employer: { **x** }
Supervisor's Name:
Supervisor's Street Address (if different than job location)
Street:
City: State: Country: Zip Code:
Supervisor's Telephone Number
International or DSN: { } Number: Extension:

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

Previous Periods of Activity (Not Applicable: { **x** })
(No Entry Provided)

(End of List)

Section 11: People Who Know You Well

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1. Dates Known
From (Month/Year): **05/2019** To (Month/Year): **Present**
Name: **Tommy Roman**
Home or Work Address
Street: **1066 Surrey Rd**
City: **Philadelphia** State: **PA** Country: Zip Code: **19115**
Telephone Number
International or DSN: { } Number: **2158402631** Extension: Time:
2. Dates Known
From (Month/Year): **10/2016** To (Month/Year): **Present**
Name: **James Allen**
Home or Work Address
Street: **5720 Wissahickon Ave, Apt A-5**
City: **Philadelphia** State: **PA** Country: Zip Code: **19144**
Telephone Number
International or DSN: { } Number: **4849850205** Extension: Time:

-
3. Dates Known
From (Month/Year): 10/2018 To (Month/Year): Present
Name: Thomas Florio
Home or Work Address
Street: 10 Boswell Ct
City: Medford State: NJ Country: Zip Code: 08055
Telephone Number
International or DSN: { } Number: 6097813916 Extension: Time:
-

(End of List)

Section 12: Your Selective Service Record

-
- a. Are you a male born after December 31, 1959?
Yes: { **x** } No: { }
-

- b. Have you registered with the Selective Service System?
Yes: { **x** } No: { }
-

If you answered "Yes" to question b, provide your registration number. If "No," show the reason for your legal exemption.

Registration Number: 96-1226759-2

Legal Exemption Explanation (I Do Not Know: { })

Section 13: Your Military History

-
- a. Have you served in the United States military?
Yes: { } No: { **x** }
-

- b. Have you served in the United States Merchant Marine?
Yes: { } No: { **x** }
-

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. If you had a break in service, each separate period should be listed. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Military History (Not Applicable: { **x** })

(No Entry Provided)

Section 14: Illegal Drugs

In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)

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

If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

(No Entry Provided)

Additional Comments

Use the space below to continue answers to all other items and any information you would like to add.

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

Additional Comments

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature <i>(Sign in ink)</i>	Date
(Signature on file--see Investigation Request #35328822 Signature Forms)	