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## **Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #9546559**

### **ARCHIVAL COPY - RETAIN FOR YOUR RECORDS**

The information contained in this document represents data submitted by **Jason Michael Larkin** (Applicant) for **the e-QIP Investigation Request #9546559**. Applicant certified the accuracy of this information at **2011-02-02 22:09:47.480**.

This Investigation Request contains the following documents:

**Page 1: Investigation Request Cover Sheet**

**Page 2-17: Questionnaire for Public Trust Positions (SF85P 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.

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## **Form Completion Instructions**

### **Instructions Provided By Your Agency**

YOU HAVE FIVE CALENDAR DAYS TO COMPLETE THIS FORM. If you have any questions call 410-278-4194 or DSN 298-4194. Once you have completed your forms, scan and email your signed and dated releases to [imneapgesi@conus.army.mil](mailto:imneapgesi@conus.army.mil) or fax them to 410-306-3858.

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## **Questionnaire for Public Trust Positions (SF85P 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 and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. 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 Orders 10450 and 10577, sections 3301 and 3302 of title 5, United States Code; and parts 5, 731, 732, 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, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. 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.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

### **Your Personal Interview**

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important 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.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

### **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 list feature.

To use the "Country" list feature, click on the "List" link beside the "Country" title to open a listing of country names in a separate window. Find the desired country name and use your web browser's "Copy" and "Paste" features to copy the country name into the "Country" text field. If the country name is not in the list, manually enter the country name into the "Country" text field.

When entering a United States address or location, select the state or territory from the "States" pull-down list. Selecting a state/territory implies "United States" as the country, so you do not need to enter it into the "Country" text field. For locations outside of the United States and its territories, enter the name of the country into the "Country" text field and leave the "State" field blank.

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 on this form must be in Month/Day/Year or Month/Year format. Use the pull down lists to select the month and day. The year should be entered as all four numbers, i.e., 1978 or 2001. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by checking the "Est." box.

### **Final Determination on Your Eligibility**

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance 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, 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. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

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 investigating you for a position; 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 system 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 21, 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 burden reporting for this collection of information is estimated to average 60 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: Larkin First: Jason Middle: Michael Suffix:

### **Section 2: Date of Birth**

Date of Birth

Month/Day/Year: 07/18/1984

### **Section 3: Place of Birth**

Place of Birth

City: Monroeville County: State: PA Country:

### **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: Other Identifying Information**

Height

Feet: 6

Inches: 2

Weight (Pounds): 200

Hair color: Blonde or Strawberry

Eye color: Blue

Sex

Male: { **x** } Female: { }

## **Section 7: Telephone Numbers**

Provide your telephone numbers and the time of the day that you are most likely available at these numbers. Include the Area Code and extension, where applicable.

Work Telephone

International or DSN: { } Number: 4123988813 Extension: Time: Both

Home Telephone

International or DSN: { } Number: 4123988813 Extension: Time: Both

## **Section 8: 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: Winters

### **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 9: Where You Have Lived

Provide a detailed entry for each place you have lived in the last 7 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.

For addresses in the last five years, if this address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence under Additional Comments below.

Dates of Activity

From (Month/Year): **07/2010** To (Month/Year): **Present**

Street Address

Street: **4763 Sherwood Drive**

City: **Pittsburgh** State: **PA** Country: Zip Code: **15236**

#### Person Who Knew You

For any address in the last 5 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 5-year period, and do not list your spouse, former spouses, or other relatives).

Name: **Jodi Larkin**

Street Address

Street: **4763 Sherwood Drive**

City: **Pittsburgh** State: **PA** Country: Zip Code: **15236**

Telephone Number

International or DSN: { } Number: **4129019999** Extension:

- 
2. Dates of Activity  
From (Month/Year): **09/1998 (Estimated)** To (Month/Year): **07/2010**

Street Address

Street: **204 Karen Drive**

City: **Elizabeth** State: **PA** Country: Zip Code: **15037**

#### Person Who Knew You

Name: **Margaret Larkin**

Street Address

Street: **204 Karen Drive**

City: **Elizabeth** State: **PA** Country: Zip Code: **15037**

Telephone Number

International or DSN: { } Number: **4127515249** Extension:

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(End of List)

### Section 10: Where You Went To School

List the schools you have attended, beyond Junior High School, in the last 7 years. List **all** College or University degrees and the dates they were received. If all of your education occurred more than 7 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): **09/2003** To (Month/Year): **07/2009**

School Type

High School: { }

College/University/Military College: { **x** }

Vocational/Technical/Trade School: { }

School Name: **University of Pittsburgh**

Street Address

Street: **3700 O'Hara Street**

City: **Pittsburgh** State: **PA** Country: Zip Code: **15261**

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

1. Date Awarded  
Month/Year: **07/2009**  
Degree/Diploma/Other: **MS Mechanical Engineering**

2. Date Awarded  
Month/Year: **05/2007**  
Degree/Diploma/Other: **BS Mechanical Engineering**

(End of Degree/Diploma/Other List)

### Person Who Knew You

For schools you attended in the last 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

Name: **Walter Goldberg**

Street Address

Street: **3941 O'Hara St.**

City: **Pittsburgh** State: **PA** Country: Zip Code: **15260**

Telephone Number

International or DSN: { } Number: **4126244444** Extension:

(End of List)

## Section 11: Your Employment Activities

### Validation Responses

Message: Employment Activity #2: Provide a response for previous employment Supervisor.

Response:

I do not know the requested information.: { x }

Provide a detailed entry for each of your employment activities for the last 7 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 7-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): **08/2009** 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: **Carnegie Mellon University**

Your Position Title: **Graduate Student Researcher**

Employer's Street Address

Street: **5000 Forbes Avenue**

City: **Pittsburgh** State: **PA** Country: Zip Code: **15213**

Employer's Telephone Number



International or DSN: { } Number: **4122682500** 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)

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2. Dates of Activity

From (Month/Year): **09/2007 (Estimated)** To (Month/Year): **08/2009**

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: **University of Pittsburgh**

Your Position Title: **Graduate Student Researcher**

Employer's Street Address

Street: **3941 O'Hara St.**

City: **Pittsburgh** State: **PA** Country: Zip Code: **15260**

Employer's Telephone Number

International or DSN: { } Number: **4126244444** 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: { } )

- 
1. Dates of Activity  
From (Month/Year): **01/2005 (Estimated)** To (Month/Year): **01/2007 (Estimated)**  
Position Title: **Student Employee**  
Supervisor:
- 

(End of Previous Periods of Activity List)

- 
3. Dates of Activity  
From (Month/Year): **01/2001 (Estimated)** To (Month/Year): **09/2007 (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: **PDQ Tooling**  
Your Position Title: **Janitor**  
Employer's Street Address  
Street: **940 Greenock Rd**  
City: **McKeesport** State: **PA** Country: Zip Code: **15135**  
Employer's Telephone Number  
International or DSN: { } Number: **4127512214** 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)

(End of List)

## Section 12: Your Employment Record

Has any of the following happened to you in the last 7 years?

1. Fired from a job.
2. Quit a job after being told you'd be fired.
3. Left a job by mutual agreement following allegations of misconduct.
4. Left a job by mutual agreement following allegations of unsatisfactory performance.
5. Left a job for other reasons under unfavorable circumstances.

Yes: { } No: { x }

If you answered "Yes," provide a detailed entry for each occurrence to report.

(No Entry Provided)

## Section 13: 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 7 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): 05/2006 To (Month/Year): Present  
Name: John Harn  
Home or Work Address  
Street: 2516 Jane Street  
City: Pittsburgh State: PA Country: Zip Code: 15203-2216  
Telephone Number  
International or DSN: { } Number: 4124325923 Extension: Time:

2. Dates Known  
From (Month/Year): 09/2007 To (Month/Year): Present  
Name: Walter Goldburg  
Home or Work Address  
Street: 3941 O'Hara St.  
City: Pittsburgh State: PA Country: Zip Code: 15260  
Telephone Number  
International or DSN: { } Number: 4126249014 Extension: Time:

3. Dates Known  
From (Month/Year): 08/2009 To (Month/Year): Present  
Name: Alan McGaughey  
Home or Work Address  
Street: 5000 Forbes Avenue  
City: Pittsburgh State: PA Country: Zip Code: 15213  
Telephone Number  
International or DSN: { } Number: 4122689605 Extension: Time:

(End of List)

## Section 14: Your Marital Status

Mark one item to show your current marital status.

Marital Status

Never Married: { }

Married: { x }

Separated: { }  
Legally Separated: { }  
Divorced: { }  
Widowed: { }  
Other: { }

Current Spouse ( Not Applicable: { } )

- Complete the following about your current spouse only.

If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If only an initial is used as the first name or middle name, enter the initial (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name

Last: Larkin First: Jodi Middle: Rae Suffix:

Date of Birth

Month/Day/Year: 07/19/1980

Social Security Number ( Not Applicable: { } )

162 - 66 - 4921

Place of Birth

City: Pittsburgh State: PA Country:

Provide your current spouse's address only if different than your current address; otherwise, check the "Use My Current Address" box.

Current Address ( Use My Current Address: { x } )

Street:

City: State: Country: Zip Code:

Provide the requested information about your marriage.

Date Married

Month/Day/Year: 12/14/2008

Place Married

City: Ocho Rios State: Country: Jamaica

If separated, provide date of separation.

Date of Separation

Month/Day/Year: ~/~/~

If legally separated, where is the record located?

Location of Separation Record

City: State: Country:

Provide the name of each country that this person is (or was) a citizen of.

Country(ies) of Citizenship

- Country(ies) of Citizenship: Country: United States

*(End of Country(ies) of Citizenship List)*

Specify maiden name, names by other marriages, etc., and show dates used for each name. Check the "nee" box to denote maiden name.

Other Names Used ( Not Applicable: { } )

- Name

Last: Smith First: Jodi Middle: Rae Suffix:

nee: { }

Dates Used

From (Month/Year): 01/2005 (Estimated) To (Month/Year): 01/2009 (Estimated)

- 
2. Name  
Last: **Marks** First: **Jodi** Middle: **Rae** Suffix:  
nee: { x }  
Dates Used  
From (Month/Year): **07/1980** To (Month/Year): **01/2005 (Estimated)**
- 

(End of Other Names Used List)

## Section 15: Your Relatives

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

1. Mother
2. Father
3. Stepmother
4. Stepfather
5. Foster Parent
6. Child (Adopted and Foster Child also)
7. Stepchild

- 
1. Relationship Type: **Mother**  
Full Name  
Last: **Sanchez** First: **Lisa** Middle: **M (IO)** Suffix:  
Deceased  
Yes: { x } No: { }  
Date of Birth  
Month/Day/Year: **12/10/1960**  
Country of Birth  
Country: **United States**  
Country(ies) of Citizenship
- 

1. Country(ies) of Citizenship: Country: **United States**
- 

(End of Country(ies) of Citizenship List)

Provide the following information if this person is living.

Current Address  
Street:  
City: State: Country:

---

2. Relationship Type: **Father**  
Full Name  
Last: **Larkin** First: **Jim** Middle: **Lee** Suffix:  
Deceased  
Yes: { } No: { x }  
Date of Birth  
Month/Day/Year: **07/26/1959**  
Country of Birth  
Country: **United States**  
Country(ies) of Citizenship
- 

1. Country(ies) of Citizenship: Country: **United States**
- 

(End of Country(ies) of Citizenship List)

Current Address  
Street: **204 Karen Drive**  
City: **Eliabeth** State: **PA** Country:

3. Relationship Type: **Stepfather**  
Full Name  
Last: **sanchez** First: **Charles** Middle: **P (IO)** Suffix:  
Deceased  
Yes: { } No: { **x** }  
Date of Birth  
Month/Day/Year: **06/23/1950**  
Country of Birth  
Country: **United States**  
Country(ies) of Citizenship

1. Country(ies) of Citizenship: Country: **United States**

(End of Country(ies) of Citizenship List)

Current Address  
Street: **2782 Belmont Ave**  
City: **San Bernardino** State: **CA** Country:

(End of List)

## **Section 16: 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 17: Your Selective Service Record**

### **Validation Responses**

Message: Provide a response for Registration Number.

Response:

I do not know the requested information.: { **x** }

- 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:

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

## **Section 18: Your Investigations Record**

a. Has the United States Government ever investigated your background and/or granted you a security clearance? If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Yes: { } No: { x }

If you answered "Yes," provide the requested information below.  
(No Entry Provided)

b. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (An administrative downgrade or termination of a security clearance is not a revocation.)

Yes: { } No: { x }

If you answered "Yes," provide the requested information below.  
(No Entry Provided)

## **Section 19: Foreign Countries You Have Visited**

List foreign countries you have visited, except on travel under official Government orders, working back 7 years. (Travel as a dependent or contractor must be listed.) Include short trips to Canada or Mexico. If you lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Do not repeat travel covered in sections 9, 10, or 11.

Foreign Travels ( Not Applicable: { } )

1. Indicate the purpose of your visit. If you lived near a border and have made short (one day or less) trips to the neighboring country, provide the time period, purpose, country and check the "Many Short Trips" box.

Dates of Activity

From (Month/Year): **07/2010 (Estimated)** To (Month/Year): **07/2010**

Purpose of Visit

Business: { } Pleasure: { x } Education: { } Other: { }

Countries Visited

1. Countries Visited: Country: **Jamaica**

(End of Countries Visited List)

Many Short Trips: { }

2. Dates of Activity  
From (Month/Year): **12/2008** To (Month/Year): **12/2008**

Purpose of Visit

Business: { } Pleasure: { x } Education: { } Other: { }

Countries Visited

1. Countries Visited: Country: **Jamaica**

(End of Countries Visited List)

Many Short Trips: { }

(End of List)

## **Section 20: Your Police Record**

(Do not include anything that happened before your 16th birthday.)

In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)

Yes: { } No: { x }

If you answered "Yes," provide an entry for each occurrence to report.

(No Entry Provided)

### **Section 21: Illegal Drugs**

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

a. In the last year, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

Yes: { } No: { x }

b. In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?

Yes: { } No: { x }

If you answered "Yes" to "a" above, 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)

### **Section 22: Your Financial Record**

a. In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt?

Yes: { } No: { x }

If you answered "Yes," provide an entry for each occurrence to report.

(No Entry Provided)

b. Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.

Yes: { } No: { x }

If you answered "Yes," provide an entry for each occurrence to report.

(No Entry Provided)

### **Additional Comments**

Use the space below to continue answers to all other items and any information you would like to add.  
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 (*Sign in ink*)

Date

**(Signature on file--see Investigation Request #9546559 Signature Forms)**