# National Background Investigation Services (NBIS) Investigation Request #24331GUTO1137963

## DRAFT ARCHIVAL COPY - RETAIN FOR YOUR RECORDS

The information contained in this document represents data submitted by **Tyler Gutowski** (Applicant) **for the NBIS Investigation Request #24331GUTO1137963**. Applicant certified the accuracy of this information on **2024-12-12**.

This Investigation Request contains the following documents:

Page 1: Investigation Request Cover Sheet - SF85P 2021-01

Page 2-23: Questionnaire For Public Trust Positions

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**

## **Instructions Provided By Your Agency**

#### QUESTIONNAIRE FOR PUBLIC TRUST 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 21, 25, and 27, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Note: If you complete the SF 85P, an Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) will be provided to you only in the event information arises in an investigation that requires further inquiry for resolution, and only to resolve such issues. This release authorizes an investigator to ask your health practitioner(s) only the questions specified on the release concerning mental health consultations of which the practitioner might be aware. If you are completing the SF 85P with the supplemental SF 85P-S, this release will be provided to you if you respond "yes" to the question regarding Your Medical Record. You may also be asked to complete a specific release if more detailed information is needed from your provider.

### **Purpose of this Form**

This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations of persons under consideration for, or retention of, public trust positions as defined in 5 CFR 731. It is also used for determining fitness of individuals under consideration for, or retention in positions in the excepted service when the duties to be performed are equivalent in degree of trust reposed in the incumbent to a public trust position. 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 fit or eligible for logical or physical access when duties to be performed by an employee of a contractor are equivalent to the duties performed by an employee in a public trust position. For applicants, this form is to be used only after a conditional offer of employment has been made. This form is not to be used for National Security sensitive positions.

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 public trust position or your ability to obtain or retain Federal or contract employment, 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 a public trust 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, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, 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 85P 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, 13764, 10577, 13467, and 13488 as amended; sections 3301, 3302, 7301, and 9101 of title 5, United

States Code (U.S.C.); parts 2, 5, 6, 731, and 736 of title 5, Code of Federal Regulations (CFR), Homeland Security Presidential Directive (HSPD) 12, and Federal information processing standards.

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.

Your spouse's SSN is needed solely to allow the investigative service provider to make inquiries regarding whether there is relevant conduct on your part as a result of your relationship with your spouse. Your spouse is not subject of the investigation.

#### The Investigative Process

Background investigations for public trust 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 and your Declaration for Federal Employment (OF 306) 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.

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

After a suitability /fitness determination is made, you may also be subject to continuous vetting which may include periodic reinvestigations to ensure your continuing suitability for employment

#### Your Personal Interview

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

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

#### Instructions for Completing this Form

- 1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
- 2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
- 3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.

- 4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
- 5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 6. For telephone numbers in the U.S., ensure that the area code is included.
- 7. All dates provided in this form must be in Month/Day/ Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29,1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Estimate" box.

## Final Determination on Your Eligibility

Final determination on your suitability for a public trust position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity to explain, refute, or clarify any information before a final decision is made. 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 making determinations of suitability for a public trust position.

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

The Defense Counterintelligence and Security Agency, the Government's primary investigative service provider, has published its routine uses in the Federal Register at the following address:

https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records. If another agency is conducting your investigation, it will inform you of its routine uses.

#### **Public Burden Information**

Public burden reporting for this collection of information is estimated to average 155 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 OPM Forms Officer, U.S. Office of Personnel Management, Attn: OMB Number 3206-0258, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0258, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

#### Statement of Understanding

#### 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: **Gutowski** First: **Tyler** Middle: **Raymond** Suffix:

Provide your date of birth

Month/Day/Year: 12/20/2001

Provide your place of birth

City: <u>Brick</u> County: State: <u>NJ</u> Country: <u>United States</u>

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

<u>137 - 11 - 2678</u>

#### **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: {} No: {x}

# <u>Section 6 - Your Identifying Information</u>

Provide your identifying information.

Height

(feet): <u>6</u> (inches): <u>2</u>

Weight: <u>160</u> Hair color: <u>Brown</u> Eye color: <u>Green</u>

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: <a href="mailto:tygutowski@gmail.com">tygutowski@gmail.com</a>
Work e-mail address: <a href="mailto:tygutowski@ngc.com">tygutowski@ngc.com</a>

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: Extension: Time:

Work telephone number

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

Mobile/Cell telephone number

International or DSN: {} Number: 3213398099 Extension: Time: Both

## Section 8 - U.S. Passport Information

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

Yes: {} No: {x}

Click HERE for U.S. State Department passport help.

## Section 9 - Citizenship

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

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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}

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 7 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): **05/2022** To (Month/Year): **Present** 

Is/was this residence

Owned by you: {}

Rented or leased by you: {}

Military housing: {}

Other (Provide explanation): { x }

Explanation

#### Owned by my parents

Provide the street address

Street: 429 RIO LN

City: INDIALANTIC State: FL Country: Zip Code: 32903

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

Provide the full name

Last: **Cryan** First: **Suzanne** Middle: **T (IO)** Suffix:

Provide date of last contact Month/Year: 11/2024

```
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: 425 RIO LN
  City: INDIALANTIC State: FL Country: Zip Code: 32903
Provide dates of residence
  From (Month/Year): 05/2019 To (Month/Year): 05/2022
Is/was this residence
  Owned by you: {}
  Rented or leased by you: {}
  Military housing: {}
  Other (Provide explanation): { x }
Explanation
  Owned by my parents.
Provide the street address
  Street: 1790 CANTERBURY DR
  City: INDIALANTIC State: FL Country: Zip Code: 32903
Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.
Provide the full name
  Last: Logan First: Daniel Middle: Austin Suffix:
Provide date of last contact
  Month/Year: 12/2024
Provide your relationship to this person (check all that apply)
  Neighbor: {x}
  Friend: {x}
  Landlord: {}
  Business associate: {}
  Other (Provide explanation): {}
Explanation
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: {})
  International or DSN: {} Number: 3217043065 Extension:
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2.

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Provide e-mail address for this person ( I don't know: { } ): da786265@ucf.edu

Provide street address for this person (including apartment number)

Street: 316 SOUTHAMPTON DR

City: INDIALANTIC State: FL Country: Zip Code: 32903

(End of List)

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 7 years?

Yes: {x} No: {}

Provide the dates of attendance

1. From (Month/Year): **08/2020** To (Month/Year): **05/2024** 

Select the most appropriate code to describe your school

High School: {}

College/University/Military College: { x }

Vocational/Technical/Trade School: {}

Correspondence/Distance/Extension/Online School: {}

Provide the name of the school: Florida Institute of Technology

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

Street: 150 W UNIVERSITY BLVD

City: MELBOURNE State: FL Country: Zip Code: 32901

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

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

Provide the name of person who knows/knew you at school ( I don't know: { } )

Last: Hirsch First: Spencer

Provide current address for this person (including apartment number)

Street: 7925 MILLBROOK AVE

City: MELBOURNE State: FL Country: Zip Code: 32940

Provide telephone number for this person

International or DSN: {} Number: 7023742458 Extension: Time: Both

Provide email address for this person ( I don't know: { } ): spencer.hirsch@ngc.com

Did you receive a degree/diploma?

Yes: {x} No: {}

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

Degree/diploma: Bachelor's

Other degree/diploma:

Date awarded

Month/Year: 05/2024

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

Provide the dates of attendance

<sup>2.</sup> From (Month/Year): **07/2014** To (Month/Year): **05/2020** 

Select the most appropriate code to describe your school

High School: {x}

College/University/Military College: {}

Vocational/Technical/Trade School: {}

Correspondence/Distance/Extension/Online School: {}

Provide the name of the school: West Shore Jr./Sr. High

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

Street: 250 WILDCAT ALY

City: MELBOURNE State: FL Country: Zip Code: 32935

Did you receive a degree/diploma?

Yes: {x} No: {}

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

Degree/diploma: High School Diploma

Other degree/diploma:

Date awarded

Month/Year: 05/2020

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

(End of List)

Do you have additional education to enter (include education within the last 7 years, as well as degrees or diplomas more than 7 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 7 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.

Select your employment activity: Federal Contractor

1. Explanation

Provide dates of employment

From (Month/Year): **05/2024** To (Month/Year): **Present** 

Provide most recent position title: Associate Software Engineer

Select the employment status for this position

Full-time: {x}
Part-time: {}

Provide the name of your employer: **Northrop Grumman Corporation** 

Provide the address of employer Street: 1500 W NASA BLVD # 228

City: MELBOURNE State: FL Country: Zip Code: 32901

Provide telephone number

International or DSN: {} Number: 3219575687 Extension: Time: Both

#### 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: { } )

Dates of employment

From (Month/Year): 05/2022 To (Month/Year): 05/2024

Position title: Intern

Supervisor: Kristiana Henkel

(End of Additional Periods of Activity with this Employer List)

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

Yes: {} No: {x}

**Optional Comment** 

#### Worked 2 years as a part-time intern and 0.5 years as a full-time associate software engineer.

Provide the name of your supervisor: Justin Bennett

Provide the position title of your supervisor: Manager Software Engineering 2

Provide the email address of your supervisor ( I don't know: { } ): justin.bennett@ngc.com

Provide the physical work location of your supervisor

Street: 1500 W NASA BLVD # 228

City: MELBOURNE State: FL Country: Zip Code: 32901

Provide the telephone number for this supervisor

International or DSN: {} Number: 3213612729 Extension: Time: Both

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}

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

2. Explanation

Provide dates of employment

From (Month/Year): 01/2021 (Estimated) To (Month/Year): 05/2022

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

Full-time: {}

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Part-time: { x }

Provide the name of your employer: Mima's Cafe and Tea Bar

Provide the address of employer

Street: 1400 N HIGHWAY A1A STE 102

City: INDIALANTIC State: FL Country: Zip Code: 32903

Provide telephone number

International or DSN: {} Number: 3213721098 Extension: Time: Day Additional Periods of Activity with this Employer (Not Applicable: {x})

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

Yes: {} No: {x}

Provide the name of your supervisor: <u>Jorge Cantos</u>

Provide the position title of your supervisor: **Owner** 

Provide the email address of your supervisor ( I don't know: { x } ):

Provide the physical work location of your supervisor

Street: 1400 N HIGHWAY A1A STE 102

City: INDIALANTIC State: FL Country: Zip Code: 32903

Provide the telephone number for this supervisor

International or DSN: {} Number: 3213721098 Extension: Time: Day

Provide the reason for leaving the employment activity

Was hired at Northrop Grumman.

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}

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}

Select your employment activity: **Unemployment** 

3. Explanation

Provide dates of employment

From (Month/Year): 01/2019 (Estimated) To (Month/Year): 01/2021 (Estimated)

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

Last: <u>Gutowski</u> First: <u>Shawn</u> Provide the address of this verifier

Street: 429 RIO LN

City: INDIALANTIC State: FL Country: Zip Code: 32903

Provide the telephone number for this person

International or DSN: {} Number: 3214316686 Extension: Time: Both

**Optional Comment** 

I was a student at Florida Institute of Technology.

(End of List)

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Do you have an additional employment activity to enter?

Yes: {} No: {x}

#### <u>Section 13B - Former Federal Service</u>

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

Yes: {} No: {x}

## <u>Section 13C - Employment Record</u>

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: {}

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

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

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: 0112322722

# **Section 15 - Military History**

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

Yes: {} No: {x}

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.

```
Provide dates known
1.
        From (Month/Year): 06/2022 To (Month/Year): Present
     Provide full name
       Last: Harris First: Violet Middle: Sage Suffix:
     Provide rank/title ( Not Applicable: { } ): Girlfriend
     Provide relationship to you (Check all that apply)
        Neighbor: {}
        Friend: {x}
       Work associate: { x }
        Schoolmate: {}
       Other (Provide explanation): { x }
     Explanation
        Girlfriend
     Provide telephone number for this person (I don't know: {x})
        International or DSN: {} Number: Extension: Time:
     Provide mobile/cell telephone number for this person ( I don't know: { } )
        International or DSN: {} Number: 7033973945 Extension: Time:
     Provide e-mail address for this person ( I don't know: { } ): violetsageharris@gmail.com
     Provide home or work address for this person
        Street: 8817 QUEEN ELIZABETH BLVD
       City: ANNANDALE State: VA Country: Zip Code: 22003
     Provide dates known
       From (Month/Year): 08/2014 To (Month/Year): Present
     Provide full name
       Last: Paterakis First: Emmanuel Middle: John Suffix:
     Provide rank/title ( Not Applicable: { } ): Friend
     Provide relationship to you (Check all that apply)
        Neighbor: {}
        Friend: {x}
       Work associate: {}
        Schoolmate: { x }
       Other (Provide explanation): {}
     Explanation
     Provide telephone number for this person (I don't know: {x})
        International or DSN: {} Number: Extension: Time:
     Provide mobile/cell telephone number for this person (I don't know: {})
       International or DSN: {} Number: 3214232786 Extension: Time:
     Provide e-mail address for this person ( I don't know: { } ): mannyfailsalot@gmail.com
     Provide home or work address for this person
        Street: 2233 SAINT DUNSTON LN
       City: MELBOURNE State: FL Country: Zip Code: 32935
     Provide dates known
        From (Month/Year): 01/2019 (Estimated) To (Month/Year): Present
     Provide full name
       Last: McCullough First: Matthew Middle: Scott Suffix:
     Provide rank/title ( Not Applicable: { } ): Friend
     Provide relationship to you (Check all that apply)
```

```
Neighbor: {}
Friend: {x}
Work associate: {}
Schoolmate: {x}
Other (Provide explanation): {}
Explanation

Provide telephone number for this person (I don't know: {x} )
International or DSN: {} Number: Extension: Time:

Provide mobile/cell telephone number for this person (I don't know: {} )
International or DSN: {} Number: 3217042263 Extension: Time:

Provide e-mail address for this person (I don't know: {} ): matthewmccullough01@gmail.com

Provide home or work address for this person
Street: 1333 DONNA MARIE DR
City: MELBOURNE State: FL Country: Zip Code: 32904
```

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: Never entered into a civil marriage, legally recognized civil union, or legally recognized domestic partnership

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: { x }
Sister: { }
Stepbrother: { }
Stepsister: { }
Half-brother: { }
Father-in-law: { }

Mother-in-law: {}

Guardian: {} Provide relative type: **Mother** 1. Provide your relative's full name Last: Gutowski First: Jennifer Middle: Ann Suffix: Provide your relative's date of birth Month/Day/Year: 03/24/1970 Provide your relative's place of birth City: Montclaire State: NJ Country: United States Provide your relative's country(ies) of citizenship Country: United States (End of Provide your relative's country(ies) of citizenship List) Provide your mother's maiden name (Same as listed: {}) Last: **Troy** First: **Jennifer** Middle: **Ann** Suffix: Has this relative used any other names? Yes: {} No: {x} Summary of other names used Is your relative deceased? Yes: {} No: {x} Provide your relative's current address Street: 429 RIO LN City: INDIALANTIC State: FL Country: Zip Code: 32903 Provide relative type: Father 2. Provide your relative's full name Last: Gutowski First: Shawn Middle: (NMN) Suffix: Provide your relative's date of birth Month/Day/Year: 05/14/1968 Provide your relative's place of birth City: Montclair State: NJ Country: United States Provide your relative's country(ies) of citizenship Country: United States 1. (End of Provide your relative's country(ies) of citizenship List) Has this relative used any other names? Yes: {} No: {x} Summary of other names used Is your relative deceased? Yes: {} No: {x}

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Street: 429 RIO LN

Provide your relative's current address

City: INDIALANTIC State: FL Country: Zip Code: 32903

Provide relative type: **Brother**Provide your relative's full name

Last: Gutowski First: Brayden Middle: Troy Suffix:

Provide your relative's date of birth Month/Day/Year: <u>06/26/2007</u> Provide your relative's place of birth

City: <u>Melbourne</u> State: <u>FL</u> Country: <u>United States</u> Provide your relative's country(ies) of citizenship

Country: **United States** 

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

Has this relative used any other names?

Yes: {} No: {x}

Summary of other names used

Is your relative deceased?

Yes: {} No: {x}

Provide your relative's current address

Street: 429 RIO LN

City: INDIALANTIC State: FL Country: Zip Code: 32903

(End of List)

Do you have an additional relative to enter?

Yes: {} No: {x}

# Section 19 - Foreign Travel

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

Yes: {x} No: {}

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. You 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: **Bermuda** 

Provide the dates of your travel to this country

From (Month/Year): <u>01/2018</u> To (Month/Year): <u>01/2018</u> Provide the total number of days involved in the visit

1-5: { x }

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PRIVACY ACT INFORMATION

6-10: {}
11-20: {}
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 thi
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 'Voc' provide explanation

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

(End of List)

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 20 - 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.

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.)

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- 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: {} No: {x}

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

 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?

Yes: {} No: {x}

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

Yes: {} No: {x}

## Section 21 - 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.

**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: {} No: {x}

**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}

Have you, **In the last seven (7) years,** 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}

**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?

PRIVACY ACT INFORMATION

Yes: {} No: {x}

Have you, **in the last seven (7) years,** 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}

Have you, in the last seven (7) years, voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Yes: {} No: {x}

#### Section 22 - 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}

In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?

Yes: {} No: {x}

Have you, in the last seven (7) years, voluntarily sought counseling or treatment as a result of your use of alcohol?

Yes: {} No: {x}

# Section 23 - 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: {x} No: {}

You responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

Provide the investigating agency

U.S. Department of Defense: { x }

U.S. Department of State: {}

U.S. Office of Personnel Management: {}

Federal Bureau of Investigation: {}

U.S. Department of Treasury (Provide name of bureau): {}

U.S. Department of Homeland Security: {}

Foreign government (Provide name of government): {}

I don't know: {}

Other (Provide explanation): {}

Explanation or name of government or bureau

Date the investigation was completed ( I don't know: { }

Month/Year: 03/2022

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Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency: Northrop Grumman Corporation Provide the date clearance eligibility/access was granted (I don't know: {}) Month/Year: 03/2023 Provide the level of clearance eligibility/access granted None: {} Confidential: {} Secret: { x } Top Secret: {} Sensitive Compartmented Information (SCI): {} Q: {} L: {} I don't know: {} Issued by foreign country: { } Other (Provide explanation): {} Explanation (End of List) Do you have another investigation to enter? Yes: {} No: {x} 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: {x} Have you **EVER** been debarred from government employment? Yes: {} No: {x} Section 24 - Financial Record In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code? Yes: {} No: {x} In the last seven (7) years, have you experienced financial problems due to gambling? Yes: {} No: {x} 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} 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}

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

Yes: {} No: {x}

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)

- You are currently 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}

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 25 - 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.

**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}

**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}

**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 26 - Non-Criminal Court Actions**

In the last seven (7) years, have you been a party to any public record civil court action(s) not listed elsewhere on this form?

Yes: {} No: {x}

#### Section 27 - 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 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.

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}

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

Yes: {} No: {x}

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

Yes: {} No: {x}

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}

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}

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

Yes: {} No: {x}

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

Yes: {} No: {x}

#### **Additional Comments**

Data Hash Code:

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.

**Additional Comments** 

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