

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.3 Complete the following if employment type is self-employment

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☐ Present

☐ Full-time

Provide most recent position title.

☐ Est.

☐ Est.

☐ Part-time

Provide the name of your employment.

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

Street

City

State

Zip Code

Country

Provide telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

(a) Is your physical work address different than your employment address?

☐ YES ☐ NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the telephone number for this address.

Telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b.2) Do you or did you have an APO/FPO address while at this location?

☐ YES ☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of someone that can verify your self-employment.

Last name

First name

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

Street

City

State

Zip Code

Country

Provide the telephone number for this person.

Telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

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

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

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Does your self-employment verifier have an APO/FPO address?

☐ YES ☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code