

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back **10 years**. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

#### Entry #1

Select your employment activity:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)       | <input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)                           | <input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼                       |
| <input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)     | <input type="checkbox"/> Unemployment (Complete 13A.4)   |  |
| <input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)     | <input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)                        |  |

#### 13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment.

From Date  
(Month/Year)

To Date  
(Month/Year)

☐ Present

Select the employment status for this position:

☐ Full-time

☐ Part-time

Provide your assigned duty station during this period.

Provide your most recent rank/position title.

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

Street	City	State	Zip Code	Country

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) 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 your supervisor.

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. ☐ I don't know

Provide supervisor's telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country

Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

### Section 13A - Employment Activities - (Continued)

**13A.2** Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.

From Date  
(Month/Year)

To Date  
(Month/Year)

☐ Present

Select the employment status for  
this position:

☐ Full-time

☐ Part-time

Provide most recent position title.

Provide the name of your employer.

Provide the address of employer. (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

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).

☐ Not  
Applicable

From date (Month/Year)

To date (Month/Year)

Position Title

Supervisor

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

**(a)** Is/was your physical work address different than your employer's 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 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 your supervisor.

Provide the position title of your supervisor.

Provide the email address of your supervisor. ☐ I don't know

Provide supervisor's telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

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)** Did/does your supervisor have an APO/FPO address while at this location?

☐ YES

☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Enter your Social Security Number before going to the next page