**US ARMY QUESTIONNAIRE**

**You must fill out the following information throughout the following packet.** Additional documents needed as follows. [ ] High School Diploma; [ ] College Transcript if applicable [ ] SSN Card; [ ] Birth Cert; [ ] SSN Card of Spouse and/or dependent if applicable; [ ] Divorce Decree if applicable; [ ] Custody Documents; [ ] Other:

|  |  |
| --- | --- |
| **Applicant Info:**  **SSN: \_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**  **Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact Method:**  **Mobile #: (\_\_\_\_\_\_)\_\_\_\_\_\_ \_-\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone #: (\_\_\_\_\_\_)\_\_\_\_\_\_ \_-\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Gender: M / F**  **Primary Race: (Check One)**  **[ ] American Indian / Alaskan**  **[ ] Asian / Pacific Islander**  **[ ] Black**  **[ ] White**  **Ethnic Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date and place of birth:**  **Date of Birth: (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Education Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Current Address:**  **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Driver’s License:**  **State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Marital Status: (check one)**  **[ ] single [ ] married [ ] divorce [ ] widow**  **Total # of Dependents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Additional Info: (if applicable)**  **U.S. Passport #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If not born in U.S.**  **City entered the US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **INS#: A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Naturalization certificate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Primary Foreign Language:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Circle all that apply)**  **[ ] speak [ ] understand [ ] write [ ] read**  **Secondary Foreign Language:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- |
| **Physical Info:**  **Height: \_\_\_\_\_\_\_’\_\_\_\_\_\_\_\_\_\_\_”**  **Weight: \_\_\_\_\_\_\_\_\_\_\_lbs.**  **Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Menstrual cycle: (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Additional Info:**  **Registered to Vote: [ ] Yes [ ] No**  **Prior Military Service: [ ] Yes [ ] No** |

**Physical Screening Page 1**

**[ ] YES [ ] NO** Double vision

**[ ] YES [ ] NO** Detached retina or surgery to repair a detached retina

**[ ] YES [ ] NO** Cataracts or surgery for cataracts

**[ ] YES [ ] NO** Eye surgery to improve vision (RK, PRK, LASIK, ect.)

**[ ] YES [ ] NO** Night blindness

**[ ] YES [ ] NO** Glaucoma

**[ ] YES [ ] NO** Strabismus or "lazy eye" or any surgery to correct these

**[ ] YES [ ] NO** Any other eye condition, injury or surgery

**[ ] YES [ ] NO** Worn/wear contact lenses or glasses (Bring your contact lens kit and solution so you can remove contacts during vision testing, or for best results remove 72 hours prior. Bring your eyeglasses no matter how old they are.)

**[ ] YES [ ] NO** Loss of vision in either eye

**[ ] YES [ ] NO** Color vision deficiency or color blindness

**[ ] YES [ ] NO** Perforated ear drum or tubes in ear drum(s)

**[ ] YES [ ] NO** Ear surgery, to include mastoidectomy or repair of perforated ear drum

**[ ] YES [ ] NO** Loss of balance or vertigo

**[ ] YES [ ] NO** Hearing loss or wear a hearing aid

**Physical Screening Page 2**

**[ ] YES [ ] NO** Ear, nose, or throat trouble including tonsillectomy

**[ ] YES [ ] NO** Chronic sinus infections or recurrent nose bleeds

**[ ] YES [ ] NO** Absence of, or disturbance of sense of smell

**[ ] YES [ ] NO** Any surgery of your face, mandible or jaw

**[ ] YES [ ] NO** Do you wear dental braces or plan to wear braces? (If so, your orthodontist must submit a letter stating that active orthodontic treatment will be completed prior to active duty date: release form/sample format can be found in the Recruiter's Medical Guide.)

**[ ] YES [ ] NO** Tooth or gum problems (other than cavities)

**[ ] YES [ ] NO** Asthma

**[ ] YES [ ] NO** Wheezing

**[ ] YES [ ] NO** Shortness of breath

**[ ] YES [ ] NO** Bronchitis

**[ ] YES [ ] NO** Other breathing problems worsened by exercise, weather, pollens, etc.

**[ ] YES [ ] NO** Used inhaler(s) or steroids for breathing problem(s)

**[ ] YES [ ] NO** Chronic cough or frequent coughing at night

**[ ] YES [ ] NO** Collapsed lung or other lung condition

**[ ] YES [ ] NO** History of chest, chest wall, or breast surgery

**Physical Screening Page 3**

**[ ] YES [ ] NO** Heart murmur, valve problem or mitral valve prolapse

**[ ] YES [ ] NO** Palpitation, pounding heart or abnormal heartbeat

**[ ] YES [ ] NO** Heart surgery

**[ ] YES [ ] NO** Pain or pressure in the chest

**[ ] YES [ ] NO** An abnormal electrocardiogram (EKG)

**[ ] YES [ ] NO** Any other heart problems

**[ ] YES [ ] NO** Stomach, esophageal or intestinal ulcer

**[ ] YES [ ] NO** Difficulty swallowing

**[ ] YES [ ] NO** Frequent indigestion or heartburn

**[ ] YES [ ] NO** Gall bladder trouble or gallstones

**[ ] YES [ ] NO** Jaundice (except neonatal) or hepatitis (liver disease)

**[ ] YES [ ] NO** Rupture/hernia

**[ ] YES [ ] NO** Surgery to remove or repair a portion of the intestine or spleen (other than the appendix)

**[ ] YES [ ] NO** Chronic or recurrent intestinal problem of the small or large bowel such as Irritable Bowel Syndrome, Crohn's disease, Ulcerative Colitis, or Celiac disease

**[ ] YES [ ] NO** Rectal disease, hemorrhoids, or blood from the rectum

**Physical Screening Page 4**

**[ ] YES [ ] NO** Hemorrhoid surgery

**[ ] YES [ ] NO** Bariatric surgery (weight loss surgery)

**[ ] YES [ ] NO** Missing a testicle, testicular implant, or undescended testicle

**[ ] YES [ ] NO** Variocele, hydrocele, or any scrotal mass, swelling or pain

**[ ] YES [ ] NO** Prostate problems

**[ ] YES [ ] NO** Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)

**[ ] YES [ ] NO** Missing a kidney

**[ ] YES [ ] NO** Kidney stone, infection or disease

**[ ] YES [ ] NO** Kidney or urinary tract surgery of any kind

**[ ] YES [ ] NO** Blood or protein in urine

**[ ] YES [ ] NO** Painful or difficult urination

**[ ] YES [ ] NO** Bedwetting or treatment for bedwetting (after childhood)

**[ ] YES [ ] NO** Hernia

**[ ] YES [ ] NO** Recurrent back pain or back problem

**[ ] YES [ ] NO** Herniated disk

**Physical Screening Page 5**

**[ ] YES [ ] NO** Recurrent neck pain

**[ ] YES [ ] NO** Back or neck surgery

**[ ] YES [ ] NO** Abnormal curvature of your spine (any part)

**[ ] YES [ ] NO** Painful shoulder, elbow, wrist, hand or fingers

**[ ] YES [ ] NO** Dislocated shoulder, elbow, wrist, hand or fingers

**[ ] YES [ ] NO** Foot trouble (e.g., pain, corns, bunions, warts, ingrown toenails, etc.)

**[ ] YES [ ] NO** Knee trouble (e.g., locking, giving out, or ligament injury, etc.)

**[ ] YES [ ] NO** Painful hip, knee, ankle, foot or toes

**[ ] YES [ ] NO** Dislocated hip, knee, ankle, foot or toes

**[ ] YES [ ] NO** Bone, joint, or other orthopedic deformity

**[ ] YES [ ] NO** Loss of finger or toe, or extra finger or toe

**[ ] YES [ ] NO** Loss of the ability to fully flex (bend) or fully extend a finger, toe, or other joint

**[ ] YES [ ] NO** Impaired use of arms, hands, legs, or feet (any reason)

**[ ] YES [ ] NO** Arthritis, rheumatism, or bursitis

**[ ] YES [ ] NO** Any swollen joint(s)

**Physical Screening Page 6**

**[ ] YES [ ] NO** Surgery on any joint/bone (including arthroscopy)

**[ ] YES [ ] NO** Plate(s), screw(s), rod(s) or pin(s) in any bone

**[ ] YES [ ] NO** Pain or swelling at the site of an old fracture

**[ ] YES [ ] NO** Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics

**[ ] YES [ ] NO** Any other orthopedic, muscle, or sports injury problems

**[ ] YES [ ] NO** High or low blood pressure

**[ ] YES [ ] NO** Raynaud's phenomenon or disease

**[ ] YES [ ] NO** Deep Vein Thrombosis (blood clot; leg or elsewhere)

**[ ] YES [ ] NO** Pulmonary embolism (blood clot in lung)

**[ ] YES [ ] NO** Acne or psoriasis

**[ ] YES [ ] NO** Eczema

**[ ] YES [ ] NO** Atopic dermatitis

**[ ] YES [ ] NO** Large or painful scars

**[ ] YES [ ] NO** Any other skin problems

**[ ] YES [ ] NO** Anemia

**Physical Screening Page 7**

**[ ] YES [ ] NO** Blood clots requiring blood thinner medicine

**[ ] YES [ ] NO** Absence or removal of the spleen

**[ ] YES [ ] NO** Prolonged bleeding (after an injury or tooth extraction)

**[ ] YES [ ] NO** Any other blood or circulation problems

**[ ] YES [ ] NO** Adverse reaction to medication

**[ ] YES [ ] NO** Adverse reaction to serum, insect stings, or tree nuts

**[ ] YES [ ] NO** Allergy to common foods (milk, eggs, fish, meat, etc.)

**[ ] YES [ ] NO** Allergy to wool, latex, or other material

**[ ] YES [ ] NO** Tuberculosis or lived with someone who had tuberculosis

**[ ] YES [ ] NO** Positive test for tuberculosis (PPD or blood test)

**[ ] YES [ ] NO** Malaria

**[ ] YES [ ] NO** Disorder(s) of your immune system (including HIV)

**[ ] YES [ ] NO** Car, train, sea, or air sickness

**[ ] YES [ ] NO** Thyroid trouble or goiter

**[ ] YES [ ] NO** High or low blood sugar

**Physical Screening Page 8**

**[ ] YES [ ] NO** Diabetes or told that you should be tested for diabetes

**[ ] YES [ ] NO** Cerebrovascular incident (stroke)

**[ ] YES [ ] NO** Frequent or severe headaches, including migraines

**[ ] YES [ ] NO** Taking medication to prevent headaches

**[ ] YES [ ] NO** Lost time from work or school due to frequent or severe headaches

**[ ] YES [ ] NO** A skull fracture

**[ ] YES [ ] NO** A head injury, memory loss, or amnesia

**[ ] YES [ ] NO** A period of unconsciousness or concussion

**[ ] YES [ ] NO** Loss of memory or amnesia, or neurological symptoms

**[ ] YES [ ] NO** Paralysis

**[ ] YES [ ] NO** Meningitis, encephalitis, or other neurological problems

**[ ] YES [ ] NO** Seizures, convulsions, epilepsy or fits

**[ ] YES [ ] NO** Dizziness or fainting spells

**[ ] YES [ ] NO** Any other neurologic problems

**[ ] YES [ ] NO** Sleepwalking or narcolepsy

**Physical Screening Page 9**

**[ ] YES [ ] NO** Frequent trouble sleeping

**[ ] YES [ ] NO** Sleep apnea or severe snoring

**[ ] YES [ ] NO** Evaluated or treated for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)

**[ ] YES [ ] NO** Taken (or taking) medication, drugs, or any substance to improve attention, behavior, or physical performance

**[ ] YES [ ] NO** Diagnosed with a learning disorder, to include dyslexia

**[ ] YES [ ] NO** Received counseling of any type

**[ ] YES [ ] NO** Been expelled or suspended from school

**[ ] YES [ ] NO** Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason (inpatient or out-patient) including counseling or treatment for school, adjustment, family, marriage, divorce, depression, anxiety, or treatment of alcohol, drug or substance abuse (Applicant or recruiter will request sealed medical supporting documents from health care providers marked "CONFIDENTIAL: MEPS MEDICAL DEPARTMENT" and submit directly to MEPS medical personnel.)

**[ ] YES [ ] NO** Been kicked out or removed from your home

**[ ] YES [ ] NO** Been arrested or other encounters with law enforcement

**[ ] YES [ ] NO** Been evaluated or treated, either with medication or counseling, for a mental condition, depression or excessive worry

**[ ] YES [ ] NO** Nervous trouble of any sort (anxiety or panic attacks)

**[ ] YES [ ] NO** Anorexia, bulimia, or other eating disorder

**[ ] YES [ ] NO** Habitual stammering or stuttering

**[ ] YES [ ] NO** Have you ever purposely cut or harmed yourself

**Physical Screening Page 10**

**[ ] YES [ ] NO** Have you ever attempted or considered suicide

**[ ] YES [ ] NO** Used illegal drugs or abused prescription drugs

**[ ] YES [ ] NO** Have you been evaluated, treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, prescription medications or other substances)

**[ ] YES [ ] NO** Have you been evaluated, treated, or hospitalized for alcohol abuse, dependence, or addiction

**[ ] YES [ ] NO** Post-traumatic Stress Disorder or excessive stress requiring counseling and/or medication following a traumatic experience

**[ ] YES [ ] NO** Any other learning, psychiatric, or behavioral problems

**[ ] YES [ ] NO** Tumor, growth, cyst, or cancer of any type

**[ ] YES [ ] NO** Cold injury, frostbite or cold intolerance

**[ ] YES [ ] NO** Heat injury, heat stroke or heat intolerance

**[ ] YES [ ] NO** Are you taking any medications, to include over the counter medications (OTCs), vitamin, herbal, or nutritional supplements (If "yes", list all.)

**[ ] YES [ ] NO** Any recent unexplained gain or loss of weight

**[ ] YES [ ] NO** Artificial or replacement body part (eye, bone, palate, hip, knee, joint, leg, arm, etc.)

**[ ] YES [ ] NO** Have you ever had any illness or injury other than those already noted? (If "yes", specify when, where and give details.)

**[ ] YES [ ] NO** Have you ever been treated in an Emergency Room? (If "yes", explain.)

**[ ] YES [ ] NO** Have you ever been a patient in any type of hospital (including being kept overnight)?

**Physical Screening Page 11**

**[ ] YES [ ] NO** Have you ever had, or have you been advised to have any operations or surgery?

**[ ] YES [ ] NO** Have you ever been rejected for military Service for any reason? (If "yes", give date and reason.)

**[ ] YES [ ] NO** Have you ever been discharged from the military Service for any reason? (If "yes", give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability.)

**[ ] YES [ ] NO** Have you ever been refused employment or been unable to hold a job or stay in school because of any of the following: Sensitivity to chemicals, dust, sunlight, etc., Inability to perform certain motions, Inability to stand, sit, kneel, lie down, etc., Other medical reasons

**[ ] YES [ ] NO** Applied for and/or received disability evaluation and/or compensation for an injury or other medical conditions (If "yes", provide details.)

**[ ] YES [ ] NO** Have you ever been denied life insurance? (If "yes", provide reason(s).)

**[ ] YES [ ] NO** Do you use any tobacco products

**[ ] YES [ ] NO** Do you have any current insurance and/or pharmacy benefit manager(s)?

**[ ] YES [ ] NO**  Have you had any previous insurance and/or pharmacy benefit manager(s)?

**[ ] YES [ ] NO** Do you have any current primary care physician(s)/practitioner(s) and/or clinics?

**[ ] YES [ ] NO** Have you had any previous primary care physician(s)/practitioner(s) and/or clinics?

**[ ] YES [ ] NO** Do you have tattoos? What are they?

**[ ] YES [ ] NO** Do you have any body piercings?

**[ ] YES [ ] NO** Do you have any brandings?

**Personal Screening Criteria Page 1**

**[ ] YES [ ] NO** Do you have a previous marriage?

**[ ] YES [ ] NO** Do you ever been divorced?

**[ ] YES [ ] NO** Are you legally separated?

**[ ] YES [ ]**  **NO** Did you have a marriage annulled?

**[ ] YES [ ]**  **NO** Have you been widowed?

**[ ] YES [ ] NO** 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** Have you used any other names?

**[ ] YES [ ] NO** Have you fathered/mothered any children?

**[ ] YES [ ] NO** Is anyone dependent upon you for financial support?

**Personal Screening Criteria Page 2**

**[ ] YES [ ] NO** Do you have custody of any minor children?

**[ ] YES [ ] NO** Have you relinquished custody of any child/children?

**[ ] YES [ ] NO** Is there any court order or judgement in effect that directs you to provide alimony and/or child support?

**[ ] YES [ ] NO** Have you served in any branch of Armed Services to include the Nation Guard?

**[ ] YES [ ] NO** Been rejected for military service (temporary or permanent) for medical or other reasons

**[ ] YES [ ] NO** Do you have an immediate relative (father, mother, brother or sister) who: (1) is now a prisoner of war or is

Missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?

**[ ] YES [ ] NO** Are you the only living child in your immediate family

**[ ] YES [ ] NO** Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces

Of the United States?

**Moral Screening Page 1**

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.  List all involvement with any agency if you have ever been arrested, charged, cited, held, or detained in any way by any law enforcement agency (to include juvenile authorities, Police Officers, Sheriff, Department of Natural Resources, Fish and Game Wardens, Military Police, etc.) regardless of the disposition (whether the case resulted in no charges filed, fine, probation, dismissal, or other disposition). This includes traffic tickets.  Do not list charges more than once.

**[ ] YES [ ] NO** **This question is related to you Security Clearance.**

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.)

* **In the past 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 past seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
* **In the past 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 past 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** **This Question is related to your Security Clearance.**

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

* Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form.)
* Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and nonmilitary/civilian felony offenses.)
* Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against you child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
* Have you **EVER** been charged with an offense involving firearms or explosives?
* Have you **EVER** been charged with an offense involving alcohol or drugs?

**[ ] YES [ ] NO** **This Question is related to your Enlistment Eligibility.**

Other than those offenses already listed, 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.)

* Have you **EVER** been issued a summons, citation, or ticket to appear in court in a proceeding against you? (Include all traffic infractions regardless of the fine amount.)
* Have you **EVER** been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
* Have you **EVER** 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.)
* Have you **EVER** been or are you currently on probation or parole?

**[ ] YES [ ] NO** Is there currently a domestic violence protective order or restraining order issued against you?

**[ ] YES [ ] NO** **In the last seven (7) years,** have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer ‘No’ if the counseling was for any of the following reasons and was not court ordered: 1) Strictly martial, family, grief not related to violence by you; or 2) strictly related to adjustments form service in a military combat environment.

**[ ] YES [ ] NO** **In the last ten (10) years,** have you been a party to any public record civil court action not listed elsewhere on this form?

**[ ] YES [ ] NO** Has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

**[ ] YES [ ] NO** **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** Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your us of alcohol?

**[ ] YES [ ] NO** Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?

**[ ] YES [ ] NO** Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?

**Moral Screening Page 2- LIST ANY AND ALL LAW VIOLATIONS ON THE LAST PAGE OF THIS APPLICATION**

**[ ] YES [ ] NO** **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** **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** Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed?

**[ ] YES [ ] NO** Have you **EVER** 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** **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?

**[ ] YES [ ] NO** Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of you illegal use of drugs or controlled substances?

**[ ] YES [ ] NO** Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

**[ ] YES [ ] NO** Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include Quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician?

**Psychological and Emotional Health Screening Criteria:**

**[ ] YES [ ] NO** Has a court or administrative agency **EVER** issued an order declaring you mentally incompetent?

**[ ] YES [ ] NO** Has a court or administrative agency **EVER** ordered you to consult with a mental professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.)

**[ ] YES [ ] NO** Have you **EVER** been hospitalized for a mental health condition?

**[ ] YES [ ] NO** *The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself,* ***is not a reason*** *to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.*  
  
Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?

**Technology Information:**

**[ ] YES [ ] NO** **In the last seven (7) years,** have you illegally or without proper authorization accessed or attempted to access any information technology system?

**[ ] YES [ ] NO** **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** **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?

**Group/Member Associations**

**[ ] YES [ ] NO** 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** Have you **EVER** knowingly engaged in any acts of terrorism?

**[ ] YES [ ] NO** Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

**[ ] YES [ ] NO** 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** 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** Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?

**Aliases**

**Name Type: [ ] Alias [ ] Former Married [ ] Former Name [ ] Maiden Name [ ] Married [ ] Nickname**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Residences:** Complete the entries below regarding residences lived in over the last **10 YEARS** and individuals who can attest to your residence history. Start with your most recent and work backwards. **DO NOT** use the same person twice as residence reference. **DO NOT** use family. **DO NOT** list someone that lived at the same address as you. **If more room is needed attached another piece of paper and provide the information requested to complete the entry.**

|  |  |
| --- | --- |
| **Dates at residence: (dd/mm/yyyy)**  **From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address of Residence:**  **[ ] Military Housing**  **[ ] Own**  **[ ] Rent**  **[ ] Other – Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_apt\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Reference Info: Someone who knew you lived there**  **Date last spoke to this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship: [ ] Business Associate [ ] Friend**  **[ ] Landlord [ ] Neighbor [ ] Other – Explain**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reference Address:**  **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_apt: \_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile: (\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Dates at residence: (dd/mm/yyyy)**  **From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address of Residence:**  **[ ] Military Housing**  **[ ] Own**  **[ ] Rent**  **[ ] Other – Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_apt\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Reference Info: Someone who knew you lived there**  **Date last spoke to this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship: [ ] Business Associate [ ] Friend**  **[ ] Landlord [ ] Neighbor [ ] Other – Explain**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reference Address:**  **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_apt: \_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile: (\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Dates at residence: (dd/mm/yyyy)**  **From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address of Residence:**  **[ ] Military Housing**  **[ ] Own**  **[ ] Rent**  **[ ] Other – Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_apt\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Reference Info: Someone who knew you lived there**  **Date last spoke to this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship: [ ] Business Associate [ ] Friend**  **[ ] Landlord [ ] Neighbor [ ] Other – Explain**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reference Address:**  **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_apt: \_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile: (\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Dates at residence: (dd/mm/yyyy)**  **From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address of Residence:**  **[ ] Military Housing**  **[ ] Own**  **[ ] Rent**  **[ ] Other – Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_apt\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Reference Info: Someone who knew you lived there**  **Date last spoke to this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship: [ ] Business Associate [ ] Friend**  **[ ] Landlord [ ] Neighbor [ ] Other – Explain**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reference Address:**  **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_apt: \_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile: (\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\* If more room is needed attached another piece of paper to this page and provide the information requested to complete the entry.**

**Employment History:** Complete the entries below regarding your employment history in the last **10 years. Do not** use references that you have used previously. If more room is needed attached another piece of paper to this page and provide the information requested to complete entry.

**[ ] Yes [ ] No** **In the last seven (7) years,** did any of the following happen to you

* Fire 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?

|  |  |
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| **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Job Code: [ ] Federal Contractor [ ] Other**  **[ ] Other Federal Employment [ ] Self Employment**  **[ ] State Employment**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone#: (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_\_**  **REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position/Duty Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Full time [ ] Part time**  **Hours worked per week: \_\_\_\_\_\_\_\_\_\_**  **Supervisor’s Information:**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Job Code: [ ] Federal Contractor [ ] Other**  **[ ] Other Federal Employment [ ] Self Employment**  **[ ] State Employment**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone#: (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_\_**  **REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position/Duty Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Full time [ ] Part time**  **Hours worked per week: \_\_\_\_\_\_\_\_\_\_**  **Supervisor’s Information:**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Job Code: [ ] Federal Contractor [ ] Other**  **[ ] Other Federal Employment [ ] Self Employment**  **[ ] State Employment**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone#: (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_\_**  **REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position/Duty Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Full time [ ] Part time**  **Hours worked per week: \_\_\_\_\_\_\_\_\_\_**  **Supervisor’s Information:**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Job Code: [ ] Federal Contractor [ ] Other**  **[ ] Other Federal Employment [ ] Self Employment**  **[ ] State Employment**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone#: (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_\_**  **REASON FOR LEAVING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position/Duty Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Full time [ ] Part time**  **Hours worked per week: \_\_\_\_\_\_\_\_\_\_**  **Supervisor’s Information:**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Job Code: [ ] Federal Contractor [ ] Other**  **[ ] Other Federal Employment [ ] Self Employment**  **[ ] State Employment**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone#: (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_\_**  **REASON FOR LEAVING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position/Duty Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Full time [ ] Part time**  **Hours worked per week: \_\_\_\_\_\_\_\_\_\_**  **Supervisor’s Information:**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\* If more room is needed attached another piece of paper to this page and provide the information requested to complete the entry.**

**[ ] Yes [ ] No** **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** Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

**Foreign History Page 1**

**[ ] Yes [ ] No** Do you have, or have you had, close and/or continuing contact with a foreign national within **the last seven (7) years** with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relative, not previously listed in Family & Associates.

**[ ] Yes [ ] No** Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)



**[ ] Yes [ ] No** Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf?

**[ ] Yes [ ] No** Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?



**[ ] Yes [ ] No** As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received **in the last seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?

**[ ] Yes [ ] No** Have you **EVER** provided financial support for any foreign national?

**[ ] Yes [ ] No** Have you **in the past seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer 'No' if **all** your advice or support was authorized pursuant to official U.S. Government business.)

**[ ] Yes [ ] No** Have you, your spouse, cohabitant, or any member of your immediate family **in the past seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer 'No' if **all** the advice or support was authorized pursuant to official U.S. Government business.)  For this question, "Immediate Family" means your spouse, parent, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

**[ ] Yes [ ] No** For this question, "Immediate Family" means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or any member of your immediate family **in the last seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer "No" if **all** the advice or support was authorized pursuant to official U.S. Government business.)

**[ ] Yes [ ] No** Has any foreign national **in the past seven (7) years** offered you a job, asked you to work as a consultant, or consider employment with them?

**[ ] Yes [ ] No** Have you **in the past seven (7) years** been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?

**Foreign History Page 2**

**[ ] Yes [ ] No** Have you **in the past seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)

**[ ] Yes [ ] No** Have you or any member of your immediate family **in the past seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel on a U.S. passport.)  "Immediate Family" means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

**[ ] Yes [ ] No** Have you **in the past seven (7) years** sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?

**[ ] Yes [ ] No** Have you **EVER** held political office in a foreign country?

**[ ] Yes [ ] No** Have you **EVER** voted in the election of a foreign country?

**[ ] Yes [ ] No** Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.?

**[ ] Yes [ ] No** Have you traveled outside the U.S. **in the last seven (7) years**?

|  |  |
| --- | --- |
| **Country you have visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **From Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Many small trips: [ ] Yes [ ] No**  **Reason for travel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Country you have visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **From Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Many small trips: [ ] Yes [ ] No**  **Reason for travel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Background / Investigation Page 1**

**[ ] Yes [ ] No** Have you **EVER** served in the U.S. Military?

**[ ] Yes [ ] No** 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** Have you EVER received a discharge that was not honorable?

**[ ] Yes [ ] No** In the last 7 years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's mast, Article 135 Court of Inquiry, etc?

**[ ] Yes [ ] No** Are you now or have you ever been a deserter from any branch of the armed forces of the United States?

**[ ] Yes [ ] No** Have you ever been employed by the United States Government?

**[ ] Yes [ ] No** Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or pension from any agency of the government of the United States?

**[ ] Yes [ ] No** Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)

**[ ] Yes [ ] No** Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability?)

**[ ] Yes [ ] No** Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?

**Background / Investigation Page 2**

**[ ] Yes [ ] No** Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

**[ ] Yes [ ] No** Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

**Background / Investigation Page 3**

**[ ] Yes [ ] No** Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?

**[ ] Yes [ ] No** 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** Have you **EVER** been debarred from government employment?

**[ ] Yes [ ] No** Were you born a male after December 31, 1959?

**Selective Service number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education:** Provide **ALL** information of schools **(High School and higher)** you have attended high school and higher. If more room is needed attached another piece of paper and provide the information requested to complete the entry.

|  |  |
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| **HIGH SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reference: (Teacher, Registrar, Principal, Counselor)**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Dates Attended School:**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Graduated: [ ] Yes [ ] No**  **Reference Phone#: (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_** |

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| **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Education Type: [ ] Associates [ ] Bachelors**  **[ ] High School [ ] Professional** | **Dates Attended School:**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Degree/Diploma/Other Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Credit Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Graduated: [ ] Yes [ ] No** | **Credit Type: [ ] Classroom [ ] Clock [ ] Quarters Hrs**  **[ ] Semester Hours [ ] Vocational**  **Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Reference: (Teacher, Registrar, Principal, Counselor)**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Reference Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ext: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Education Type: [ ] Associates [ ] Bachelors**  **[ ] High School [ ] Professional** | **Dates Attended School:**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Degree/Diploma/Other Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Credit Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Graduated: [ ] Yes [ ] No** | **Credit Type: [ ] Classroom [ ] Clock [ ] Quarters Hrs**  **[ ] Semester Hours [ ] Vocational**  **Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Reference: (Teacher, Registrar, Principal, Counselor)**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Reference Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ext: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\* If more room is needed attached another piece of paper to this page and provide the information requested to complete the entry.**

**[ ] Yes [ ] No** Did you graduate from a traditional High School?

**[ ] Yes [ ] No** Do you have a GED

**[ ] Yes [ ] No** Do you have a post - secondary certificate or Diploma

**[ ] Yes [ ] No** Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol

**Financial History Page 1**

**[ ] Yes [ ] No In the last seven (7) years** have you filed a petition under any chapter of the bankruptcy code?

**[ ] Yes [ ] No** Have you **EVER** experienced financial problems due to gambling?

**[ ] Yes [ ] No In the past seven (7) years** have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

**[ ] Yes [ ] No In the past 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** Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?

**[ ] Yes [ ] No** 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).

* **In the past seven (7) years**, you have been delinquent on alimony or child support payments
* **In the past seven (7) years**, you had a judgement 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 past 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 cosigner or guarantor)

**[ ] Yes [ ] No** Other than previously listed, have any of the following happened?

* **In the past seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you where the sole debtor as well as those where you were a cosigner or guarantor)
* **In the past seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you where the sole debtor as well as those where you were a cosigner or guarantor)
* **In the past seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you where the sole debtor as well as those where you were a cosigner or guarantor)
* **In the past 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 where the sole debtor as well as those where you were a cosigner or guarantor)
* **In the past seven (7) years**, you were evicted for non-payment?
* **In the past seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason?
* **In the past seven (7) years**, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you where the sole debtor as well as those where you were a cosigner or guarantor)
* You are currently over 120 days delinquent on any debt? (Include financial obligations for which you where the sole debtor as well as those where you were a cosigner or guarantor)

**Family & Associates:** Please list you family and associates below providing ALL the information requested. If you are divorced, widowed, or had your marriage annulled list as so on the bottom section of this page. If you are **currently married** also list your father and mother in law. If you need more room attach another piece of paper and provide all the necessary information:

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| **Mother: Deceased?\_\_\_\_**  **Parents Anniversary Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Approximate date of birth?**  **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Place of Birth:**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\* If not born in the U.S.**  **City of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **INS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_**  **Naturalization Cert #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Father: Deceased? \_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Approximate date of birth?**  **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FATHER CONT.**  **Zip: \_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Place of Birth:**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\* If not born in the U.S.**  **City of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **INS #: A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_**  **Naturalization Cert #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Father Cont.**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_ Where issued:\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Approximate date of birth?**  **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Place of Birth:**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\* If not born in the U.S.**  **City of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **INS #: A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_**  **Naturalization Cert #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Approximate date of birth?**  **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Place of Birth:**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\* If not born in the U.S.**  **City of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **INS #: A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_**  **Naturalization Cert #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Approximate date of birth?**  **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Place of Birth:**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\* If not born in the U.S.**  **City of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **INS #: A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_**  **Naturalization Cert #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Approximate date of birth?**  **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Place of Birth:**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\* If not born in the U.S.**  **City of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **INS #: A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_**  **Naturalization Cert #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Approximate date of birth?**  **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Place of Birth:**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\* If not born in the U.S.**  **City of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Naturalization Cert #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_**  **INS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_** | |
| **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Approximate date of birth?**  **Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Place of Birth:**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\* If not born in the U.S.**  **City of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Naturalization Cert #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_\_**  **INS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date issued: \_\_\_\_\_\_\_\_\_\_\_**  **Where issued: \_\_\_\_\_\_\_\_\_\_\_** | |

**\* If more room is needed attached another piece of paper to this page and provide the information requested to complete the entry.**

**CHARACTER REFERENCE: These are Character References used to obtain a security clearance.** Provide three people who know you well who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of you activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least the last ten (10) years. **DO NOT USE ANYONE ELSE LISTED IN THE APPLICATION.DON’T USE FAMILY MEMBERS.**

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| Known From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name Firs Name Middle Name:Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: Apt#: City: State: Zip:

(\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Cell Phone: E-mail:

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| Known From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name Firs Name Middle Name:Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: Apt#: City: State: Zip:

(\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Cell Phone: E-mail:

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| --- |
| Known From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name Firs Name Middle Name:Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: Apt#: City: State: Zip:

(\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Cell Phone: E-mail:

REMARKS

If you answered **Yes** to anything on this application and need more room to explain please attach additional page.

For all Law Violations we need to know the date of violation, City that issued citation/ticket, and how much the fine(s) were.