

**Federal Protective Service**

Expires: 10/01/2005  
**Statement of Personal History for Contract and  
 Childcare Personnel**

NOTE : All contractor(s)/childcare personnel must complete all sections on form. If more space is needed for any item, continue under item 24. Failure to disclose any information may result in an unfavorable adjudication decision.

*(See Privacy Act and Public Reporting Burden statements on page 4.)*

<b>1. SOCIAL SECURITY NUMBER</b>		<b>2. TELEPHONE NUMBER</b> (    )		<b>3. DATE OF BIRTH</b>	
<b>4. NAME DATA</b> <i>(Give your full name. Initials and abridgements are not acceptable)</i>	NAME <i>(Last, first, middle)</i>			<b>5. PLACE OF BIRTH</b> <i>(City/State, Country)</i>	
	OTHER NAMES USED <i>(Maiden name, names by former marriages, former name changed legally or otherwise, nicknames, etc. Specify which and show dates used.)</i>			<b>6. SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	<b>7. HEIGHT</b>		<b>8. WEIGHT</b>		
	<b>9. COLOR EYES</b>		<b>10. COLOR HAIR</b>		

<b>11. MARITAL STATUS</b>		<b>12. IF MARRIED, WIDOWED OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE, AND DATE AND PLACE OF MARRIAGE. INCLUDING WIFE'S MAIDEN NAME</b> <i>(Give same information regarding all previous marriages.)</i>
<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW(ER)	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	

<b>13. RACE</b> <i>(Check one)</i>	<input type="checkbox"/> A - Asian or Pacific, including Chinese, Japanese, Filipinos, Polynesians, Indonesians, and Asian Indians	<input type="checkbox"/> B - Black	<input type="checkbox"/> W - White
	<input type="checkbox"/> I - American Indian or Alaskan Native, including Eskimos	<input type="checkbox"/> H - Hispanic	<input type="checkbox"/> O - Other

**14. DATES AND PLACES OF RESIDENCES** *( If actual places of Residence differ from the Mailing addresses, furnish and identify both by placing "R" (for residence) or "M" (for mailing) in column "R/M". Begin with present and go back (10) years. Continue in Item 24 if necessary.)*

R/M	FROM	TO	NUMBER AND STREET	CITY	STATE	ZIP CODE

<b>15. CHECK</b>	<input type="checkbox"/> US CITIZEN	BY BIRTH				
	<input type="checkbox"/> ALIEN	NATURALIZED <i>(Complete A thru E)</i>	A - CERT. NO.	B - PETITION NO.	C - DATE	D - PLACE AND COURT
		DERIVED <i>(Complete F)</i>	E - U.S. PASSPORT NUMBER		F - PARENT'S CERTIFICATION NUMBERS	
<input type="checkbox"/> ALIEN	REGISTRATION NO.	EXPIRATION DATE	DATE OF ENTRY	PORT OF ENTRY		

**16. EDUCATION** ( All schools above elementary )

NAME OF SCHOOL	ADDRESS	CITY	STATE	YEAR FROM	YEAR TO	DEGREES

**17. EMPLOYMENT** ( List employment dates starting with your present employment for the last ten (10) years. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used. )

FROM	TO	NAME OF EMPLOYER ( Firm or Agency) AND NAME OF SUPERVISOR	PHONE NUMBER	TYPE OF WORK	ADDRESS	CITY	STATE	REASON FOR LEAVING

**18. HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY POSITION FOR CAUSE ?**     YES     NO    ( If answer is "YES" furnish details in Item 22 )

**18a. MILITARY SERVICE**  
(Past to Present)

**HAVE YOU EVER BEEN IN VIOLATION OF MILITARY OFFENSE OF COURT MARTIAL OR DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS ?**

YES     NO    ( If answer is "YES" furnish details in Item 22 )

SERIAL NO. ( If none, give grade or rating at separation.)	BRANCH OF SERVICE ( Army, Navy, Air Force, etc.)	YEAR FROM	YEAR TO

**19. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, MILITARY LAW, STATE LAW, COUNTY LAW, MUNICIPALE LAW, REGULATIONS, OR ORDINANCE ?** ( Do not include traffic violations for which a fine of \$25 or less was imposed. All other charges must be included even if they were dismissed.)

YES     NO    ( If answer is "YES" give full details below )

REASON CHARGED OR HELD	DATE	PLACE WHERE CHARGED OR HELD	DISPOSITION

**19a. HAVE YOU EVER BEEN CHARGED, ARRESTED OR HELD BY ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY FOR ANY VIOLATION OR OFFENSE INVOLVING: CHECK YES/NO AS TO ARREST. FAILURE TO PROVIDE ARREST INFORMATION MAY RESULT IN AN UNFAVORABLE ADJUDICATION DECISION. ( If answer is "YES" give full details below )**

- Child                                    — Yes — No
- Sexual offender/registry            — Yes — No
- Domestic Violence                    — Yes — No

REASON CHARGED OR HELD	DATE	PLACE WHERE CHARGED OR HELD	DISPOSITION

**20. RELATIVES ( Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is deceased, so state under "Address" and enter other information at time of death. )**

RELATION	NAME IN FULL	PHONE NUMBER	YEAR OF BIRTH	ADDRESS	CITY	STATE	COUNTRY OF BIRTH	PRESENT CITIZENSHIP

**21. REFERENCES ( Name three persons, not relatives or employers, who are well acquainted with you. )**

NAME	ADDRESS	CITY	STATE	YEARS KNOWN

**22. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS ( Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here. )**

<p><b>23. AUTHORIZATION AND RELEASE</b></p>	<p>I hereby authorize the Department of Homeland Security to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository (Childcare employees only) of each state where I have resided.</p> <p>I have been notified of any employer's obligation to require a criminal history records check as a condition of employment and of my right to obtain a copy of the criminal history report by writing to the Department of Homeland Security, Freedom of Information Officer. I understand that I have a right to challenge the accuracy and competencies of any information contained in the report. I also understand that this information will be treated as privileged and confidential information. Case files are handled under the procedures for safeguarding records.</p> <p>I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p>		
<p><b>24. PRIVACY ACT OF 1974 COMPLIANCE INFORMATION</b></p>	<p><b>Privacy Act of 1974 compliance information.</b> Solicitation of information contained herein is authorized by Executive Order 10450, and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041), and may be used as a basis for suitability determinations. Your social security number is being requested pursuant to Executive Order 9397. Disclosure of the information by you is voluntary. Information may be transferred as a routine use to appropriate federal, state, local, or foreign agencies when relevant to civil, criminal or regulatory investigation, prosecutions, or pursuant to a request by DHS or such other agency is in connection with the hiring or retention of an employee, the issuance of a license, grant, or other benefit. Information also may be transferred as a routine use to a duly authorized official engaged in an investigation or settlement of a grievance, complaint, or appeal filed by an employee. Failure to provide information requested on this form may result in the government's inability to determine your suitability for the position applied for or occupied, and may affect your prospects for employment or continued employment under a government contract, or at a federal facility, or with a government license.</p>		
<p><b>25. PUBLIC REPORTING BURDEN STATEMENT</b></p>	<p>Public reporting burden for this collection of information is estimated to average 8 hours per response, including the 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 this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to Security Division (PSS), Office of Federal Protective Service, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (3090-0006), Washington, DC 20503.</p>		
<p><b>26. CERTIFICATION</b></p>	<p>FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.</p>	<p>Before signing this form, review it carefully to make sure you have answered all questions fully and correctly.</p>	
<p>I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.</p>		<p>SIGNATURE</p>	<p>DATE</p>