QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government**: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 21, 25, and 27, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

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

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations of persons under consideration for, or retention of, public trust positions as defined in 5 CFR 731. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when duties to be performed by an employee of a contractor are equivalent to the duties performed by an employee in a public trust position. For applicants, this form is to be used only after a conditional offer of employment has been made. This form is not to be used for National Security sensitive positions.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a public trust position or your ability to obtain or retain Federal or contract employment, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for a public trust position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF 85P questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, social security number, and date and place of birth.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders, 13764, 10577, 13467, and 13488; sections 3301, 3302, 7301, and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 731, and 736 of title 5, Code of Federal Regulations (CFR), and Federal information processing standards.

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 13478.

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

The Investigative Process

Background investigations for public trust positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form and your Declaration for Federal Employment (OF 306) may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a public trust position or your ability to obtain Federal or contract employment. To avoid such delays, you must request that the consumer reporting agencies lift the freeze in these instances.

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

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

Your Personal Interview

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

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

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Instructions for Completing this Form

- Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
- All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
- Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country drop down feature.
- 4. When entering a U.S. address or location, select the state or territory from the "States" drop down list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" drop down list and leave the "State" field blank.
- The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 6. For telephone numbers in the U.S., ensure that the area code is included.
- 7. All dates provided in this form must be in Month/Day/ Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29,1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Estimate" box.

Final Determination on Your Suitability

Final determination on your suitability for a public trust position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity to explain, refute, or clarify any information before a final decision is made. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, or sexual orientation when making determinations of suitability for a public trust position.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to **five (5)** years imprisonment. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

Office of Personnel Management (OPM) Routine Uses

The Privacy Act routine uses of agencies conducting or requesting investigations, or with authorized custody over your investigative information, commonly include some or all of the following:

- a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- To an element of the U.S. Intelligence Community as identified in E.O.12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative,or judicial branches of the Federal Government in response to its request,in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government,or national security; and (3) the disclosure made to such agencies,entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

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- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- I. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- To disclose information to the National Archives and Records Administration for use in records management inspections.
- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
 - (1) OPM, or any component thereof; or
 - (2) Any employee of OPM in his or her official capacity; or
 - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity(EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.

- To appropriately cleared individuals in Federal agencies, to determine
 whether information obtained in the course of processing the background
 investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counter terrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or man made disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative,or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

Public Burden Information

Public burden reporting for this collection of information is estimated toaverage155minutesperresponse,including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, Attn: OMB Number 3206-0258, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0258, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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LOCATION CODES																
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PERSONS COMPLETING	THIS FORM SHOU	JLD BEGIN	AFTER CAR	REFULLY READIN	IG THE PRECEDING	INSTRUCTIO	NS.
I have read the instructions and penalties for inaccurate or false Service.						YES)NO
Section 1 - Full Name							
Provide your full name. If you he Name". If you are a "Jr.," "Sr.,"			hem and indicate	e "Initial only". If you do	not have a middle name,	ndicate "No Middl	le
Last Name	etc. enter this under our	First Name			Middle Name	Suffix	
Section 2 - Date of Birth	Section 3 - Place of E	irth			I	ı	
Provide your date of	Provide your place of b	rth.					
birth. (Month/Day/Year)	City		County		State Country (Requir	ed)	
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Section 4 - Social Security N Provide your U.S. Social Secu							
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Section 5 - Other Names Use							
Have you used any other name					YES NO (If NO, pro	acad to Saction 6)	
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Provide your other name(s) u	<u> </u>			vour maiden name n	ame(s) by a former marria	ne former name(s	2)
alias(es), or nickname(es)]. If Middle Name" (NMN). If you a	you have only initials in	/our name(s), p	provide them and				
Provide other name used							
#1 Last name		First name			Middle name	Suffix	
From (Month/Year)	To (Month/Year)	Present Ma	aiden name?	Provide the reason(s)	why the name changed	· · · · · · · · · · · · · · · · · · ·	
Est	. 🗀		YES ONO				
Provide other name used		•					
#2 Last name		First name			Middle name	Suffix	
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Provide other name used		First name			Middle name	Suffix	
#4 Last name		First flame					
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Section 6 - Your Identifying In							
Provide your identifying inform							
Height	Weight (in pounds)	Hair color		Eye co	lor	Sex Fema	ale
(feet) (inc	ches)					O Male	

Enter your Social Security Number before going to the next page

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Section 7 - Your Contact	Information											
Provide three contact num background investigation.	bers. At least	one telepho	one number is	required. Add	litional numbe	rs provided	I may assist in the completion of y	our				
Home e-mail address					Work e-mail	address						
International or DSN pl	hone number	○ Day	Internation	nal or DSN pl	none number	○ Day	International or DSN phone	number	○ Day			
Home telephone number	Extension	○ Night	Work telephor	ne number	Extension	○ Nigh	Mobile/Cell telephone number	Extension	Night			
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Section 8 - U.S. Passport	Information											
Do you possess a U.S. pas	ssport (currer	nt or expired)?									
YES NO (If NO, p	roceed to Secti	ion 9)										
Provide the following inform Passport number	mation for the		e (Month/Day/Ye		y possess. ion date <i>(Mont</i>	h/Day/Year)	Click HERE for U.S. State Departn http://travel.state.gov/passport	nent passpor	t help			
Provide the name in which passport was first issued.												
Last name Middle name Suffix												
Section 9 - Citizenship												
Select the box that reflects	your current	citizenship	status.									
I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth. (Proceed to Section 10)												
I am a U.S. citizen or (Complete 9.1)	national by b	irth, born to	U.S. parent(s)	, in a foreign	country.	◯ I an	n not a U.S. citizen. (Complete 9.4)					
I am a naturalized U.S	S. citizen. (Co	mplete 9.2)										
-				citizen or na	ational by birt	th, born to	U.S. parent(s) in a foreign coun	try.				
Provide type of docume	_		_	vida avalanat	ion)							
		FS 545 (` `	ride explanat		umont woo	issued. (Month/Day/Year)					
Provide document numb	per for U.S. ci	tizen born a	broad.	Flovide tile	date the doc	umem was	Sissued. (Month/Day/Year)	st				
Provide the name in whi	ich document	was issued										
Last name	cii document	. was issued	First name				Middle name	Suffix				
Provide your citizenship	certificate nu	ımber.	Provide the da	te the certific	ate was issue	d. (Month/D	ay/Year)					
							Est.					
Provide the place of issu	uance.											
City		ı	State	Country								
Provide the name in whi	ich the certific	cate was iss	ued. First name				Middle name	Suffix				
Last name			riist iiaiiie			l'	viiddie name	Julia				
Were you born on a U.S	5. military insta	allation?	Provide the na	ame of the ba	ase.							
YES NO (If NO), proceed to Se	ection 10)										

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

ection 9 - Citizenship - (Continued)										
9.2 Complete the following if you answered	I that you ar	e a naturaliz e	ed U.S. cit	izen.						
Provide the date of entry into the U.S.	,	Provide the le			U.S.					
(Month/Day/Year)	☐ Est.	City						State 		
Provide country(ies) of prior citizenship. #1 Country				#2 Country						
Do/did you have a U.S. alien registration nu	ımber?			1						
YES — Provide your U.S										
NO Naturalization - u			registratior	n, I-551, I-766	6.					
Provide your Certificate of Naturalization nu	ımber (N550	0 or N570).	Provide	the date the	Certificat	e of Naturaliz	ation was	s issued. (Mor	nth/Day/Year)	Est
Provide the name of the court that issued the	ne Prov	ide the addres	ss of the co			ertificate of Na	aturalizatio			
Certificate of Naturalization.	Stree	et		ı,	City			State	Zip Code	
Provide the name in which the Certificate o Last name		tion was issue name	ed.			Middle name	Э		Suffix	
Provide the basis of naturalization.										
Based on my own individual naturalizat	ion applicat	ion								
Other (Provide explanation)										
9.3 Complete the following if you answered	I that you ar	e a derived L	J.S. citizer	1.						
Provide your alien registration number (on				ermanent Re	esident C			our Certificat		nip
Citizenship — utilize USCIS, CIS or INS req	gistration nu	ımber) num 	ber (I-551))		ı	number (l	N560 or N56 ²	1)	
Provide the name in which the document w	an innued									
Last name		name				Middle nam	e		Suffix	
Provide the date document was issued (Mo	l onth/Day/Yea	r) Provide	the basis o	of derived citiz	zenship.					
	Est.		peration of	law through	my U.S.	citizen parent	İ			
		Othe	r (Provide	explanation)	•					
9.4 Complete the following if you answered	I that you ar	e not a U.S.	citizen.							
		of entry in the		n/Day/Year)						
					Es	t.				
Provide your country(ies) of citizenship.				" "						
#1 Country				#2 Country						
							ls ··			
Provide your place of entry in the U.S. City		State	•	Provide you number (I-5				document ex 66 ONLY)	piration <i>(Month/Day/Ye</i>	ear)
•				,		•				Est
Provide type of document issued. (I-94, U.S			I-20, DS-20	019, etc.)						
☐ I-94 ☐ U.S. Visa (red foil number) ☐) I-20 (DS-2019								
○ Other (Provide explanation) ▶										
Provide document number.	Provide the	date docume	nt was issu	ued (Month/L	Day/Year)	Provide d	ocument	expiration da	te. (Month/D	ay/Year
] Est.					Est.
Provide the name in which the document w Last name		name				Middle name	a		Suffix	
Last name		пашь			١	wildule Halli	5			
er your Social Security Number befo	re going	to the next	nago							

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 10 - Dual/Multiple Citizenship & Foreign P	assport Information					
10.1 Do you now or have you EVER held dual/multip	le citizenships?			YES	○ NO (If NO, p	roceed to 10.2)
Complete the following if you answered 'Yes' to have	ring EVER held dual/mult	iple citizenships.				
Entry #1						
Provide country of citizenship.		(Provide the dawas acquired the	te range tha rough its te	at you held thi	Present," whiche	inning with the date it ver is appropriate.)
How did you acquire this non-U.S. citizenship you n	low have or previously ha	d? From Date (Moi	nth/Year)	Est.	To Date (Month	<i>Year</i>) ☐ Present ☐ Est.
Do you currently hold citizenship with this country?						
YES NO Provide explanation:						
Entry #2						
Provide country of citizenship. How did you acquire this non-U.S. citizenship you n	now have or previously ha	(Provide the da was acquired th	te range tha rough its te	at you held thi		inning with the date it ver is appropriate.)
	, ,	·	,	Est.	, '	Est.
Do you currently hold citizenship with this country?)	L				
YES NO Provide explanation:						
10.2 Have you EVER been issued a passport (or ide	ntity card for travel) by a	country other than th	e U.S.?	○ YES	NO (If NO, pro	oceed to Section 11)
Complete the following if you answered 'Yes' to have	ving been issued a passp	ort (or identity card fo	or travel) b	y a country of	ther than the U.S	S.
Entry #1						
Provide the country in which the passport (or ident	ity card) was issued.	Provide the da	te the pass	sport (or ident	tity card) was iss	ued. (Month/Day/Year)
Provide the place the passport (or identity card) was City	as issued.	·	Country			
			Country			
Provide the name in which passport (or identity ca Last name	rd) was issued. First name		Middle n	ame		Suffix
Last name				umo		
Provide the passport (or identity card) number.		Provide the pa	assport (or	identity card)	expiration date.	(Month/Day/Year) Est.
Have you EVER used this passport (or identity car	rd) for foreign travel?					
○ YES ○ NO						
Provide the countries to which you traveled on this	s passport (or identity car	d) and the dates invo	olved with	each.		
Country	Fro	m date (Month/Year)		To date (Mo	onth/Year)	,
<u>#1</u>			Est.			st. Present
#2			Est.		E	st. Present
#3			Est.		E	st. Present
#4			Est.		E	st. Present
<u>#</u> 5			Est.		E	st. Present
#6			Est.		D	st. Present

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 10 - Dual/Multiple Citizenship & Foreign Passp	oort Information - (Cont	inued)		
Complete the following if you answered 'Yes' to having b	peen issued a passport (or identity card for travel)	by a country other than th	e U.S.
Entry #2				
Provide the country in which the passport (or identity ca	ard) was issued.	Provide the date the pas	ssport (or identity card) wa	as issued. (Month/Day/Year)
Provide the place the passport (or identity card) was iss City	sued.	Country	,	
Provide the name in which passport (or identity card) was Last name	as issued. t name	Middle	name	Suffix
Provide the passport (or identity card) number.		Provide the passport (o	r identity card) expiration	date. <i>(Month/Day/Year)</i>
Have you EVER used this passport (or identity card) for YES NO Provide the countries to which you traveled on this pas	-	nd the dates involved with	each	
Country	, ,	ate (Month/Year)	To date (Month/Year)	
#1		Est.		Est. Present
#2		Est.		Est. Present
#3		Est.		Est. Present
#4		Est.		Est. Present
#5		Est.		Est. Present
#6		Est.		Est. Present

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **7 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for periods of residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for residence.

Enter residence information.				
Entry #1				
Provide dates of residence.	Is/was this	residence:		
From (Month/Year) To (Month/Year)	Present Owned	_	or leased by you	
Est.		,,	Provide explanation	n) >
		Treatming Carter ('	,·
Provide the street address. (Provide City and Country i	f outside the United States; otherw	ise, provide City, State an	nd Zip Code.)	
Street	City	State Zi	ip Code	Country
If you have indicated an APO/FPO address, comple				
 (a) Provide physical location data with street addrestif outside the United States; otherwise, provide City, S 			n or home port/fleet	headquarter. (Provide City and Country
Street Address/Unit/Duty Location	City or Post Name		ip Code	Country
,			·	,
(b) Did you have an APO/FPO address while at thi	!is location?		!	
○ YES → Address		O or FPO	APO/FP0	O State Code Zip Code
O NO				
Provide the name of a neighbor, landlord (if rental)	or other person who knows v	ou at this address.		Provide date of last contact.
Last name First name	-	ddle name	Suffix	(Month/Year)
				☐ Est.
Provide your relationship to this person (Select all t	that apply).			· ·
☐ Neighbor ☐ Friend ☐ Landlord ☐	Business associate	Other (Provide expl	lanation) ▶	
Provide the following contact information for this pe	erson.			
☐ I don't know	I don't know			DW .
☐ International or DSN phone number	☐ International or DSN pl		I —	nal or DSN phone number
Evening telephone number Extension	Daytime telephone number	Extensio	on Cell/mobile tel	ephone number Extension
Provide e-mail address for this person.				
		☐ I do	n't know	
Provide street address for this person (including ap		_		
Street	City	State Z	Zip Code	Country
If you have indicated an APO/FPO address, comple				
 (a) Provide physical location data with street addrestif outside the United States; otherwise, provide City, S 			n or home port/fleet	headquarter. (Provide City and Country
Street Address/Unit/Duty Location	City or Post Name	·	ip Code	Country
(b) Does the person who knew you have an APO/f	I FPO address?			
○ YES → Address		O or FPO	APO/FP0	O State Code Zip Code
○ NO				
·	•		•	1

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 11 - Where You Have Lived - (Continued)

Enter residence information.											
Entry #2											
Provide dates of residence.			ls/was tl	his resid	ence:						
	fonth/Year)	Present	Owr	ned by y	ou () Rente	ed or leas	sed by you			
Est.		Est.	O Milit	ary hous	sing () Othe	r (Provide	e explanation	on) ▶		
B : 1 !!											
Provide the street address. (Provide City Street	and Country if	City	States; oth	ierwise, p	rovide Cit State	y, State	Zip Code	-	Cou	intry	
Gueet	1	Oity					Zip Cou	-		initi y	
If you have indicated an ADO/FDO add	lraca cample	to (a) If you ha	va indiaat	tad an a	ddraaa	taida	of the Liv	sited Ctates		anlete (h)	
If you have indicated an APO/FPO add (a) Provide physical location data with		` ,								. , ,	e City and Country
if outside the United States; otherwise,							011 01 1101	no portinoc	riou	aquartor: (1 70770	s only and country
Street Address/Unit/Duty Location	1	City or Post Na	me		State		Zip Code	€	Cou	intry	
(b) Did you have an APO/FPO addres	s while at this	s location?					-		•		
				APO oi	r FPO			APO/FF	PO St	ate Code	Zip Code
○ NO											
Provide the name of a neighbor, landlo	ord (if rental),	or other person	who knov	ws you a	nt this ac	ldress.		-		Provide date o	f last contact.
Last name	First name		1	Middle	name			Suffix		(Month/Year)	
											Est.
Provide your relationship to this persor	n (Select all th	hat apply).									
☐ Neighbor ☐ Friend ☐ La	ndlord	Business asso	ociate	Oth	ner (Pro	vide ex	cplanation	n) •			
Provide the following contact information	on for this per	rson.									
I don't know		I don't kno	w				ıΓ	l don't kn	ow		
International or DSN phone number	er	Internation	nal or DSI	N phone	numbe	-		Internation	nal o	r DSN phone nu	mber
Evening telephone number	Extension	Daytime teleph	none num	ber		Exten	sion C	ell/mobile te	elepho	one number	Extension
Provide e-mail address for this person.					!		I				
							don't kno	w			
Provide street address for this person	(including apa	artment number)). (Provide	City and	Country is	outside	the United	States; othe	rwise.	provide City, State	and Zip Code.)
Street	,	City	•	•	State		Zip Code		Cou	-	, ,
If you have indicated an APO/FPO add	Iress. comple	te (a). If you ha	ve indicat	ted an a	ddress o	outside	of the Ur	nited States	. com	nplete (b).	
(a) Provide physical location data with	street addres	ss, base, post, e	mbassy,	unit, and	d country	y locati					e City and Country
if outside the United States; otherwise,	provide City, St			the Unite		.)	7: 0 !		0		
Street Address/Unit/Duty Location	1	City or Post Na	me		State I		Zip Code	9	Cou I	intry	
(b) Does the person who knew you ha	ve an APO/F	PO address?		APO o	r EDO			^ D∩/E	OO S+	ate Code	Zip Code
O 125					IFO			 	0 31	ate Code	Zip Code
NO											

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Section 11 - Where You Have Lived - (Continued)

Enter residence information.												
Entry #3												
Provide dates of residence.			Is/was tl	his resid	lence:							
From (Month/Year)	To (Month/Year)	Present	Owr	ned by y	ou (Rent	ed or le	eased by	you			
Est.		Est.	Milit	ary hou	sing () Othe	r (Prov	vide expla	nation) ▶		
	•											
Provide the street address. (Prov	ride City and Country i		States; oth	erwise, p	_	ty, State						
Street		City I			State		Zip C I	ode		Country		
If you have indicated an APO/FF		` ,								,		
(a) Provide physical location da if outside the United States; other							ion or l	home port	/fleet h	neadquarter.	(Provide	e City and Countr
Street Address/Unit/Duty Lo		City or Post Na	-		State	/	Zip C	ode		Country		
(b) Did you have an APO/FPO a	address while at th	I is location?			<u> </u>							
○ YES → Address				APO o	r FPO			AP	O/FPC	State Code		Zip Code
○ NO												
Provide the name of a neighbor,	landlord (if rental)	or other person	who know	NS VOLLA	at this a	ddress		<u> </u>		Provide	date of	f last contact.
Last name	First name		WIIO KIIO	Middle		aarooo.		Suf	fix	(Month/		
												Est.
Provide your relationship to this	nerson (Select all	that apply)								ı		
Neighbor Friend	Landlord	Business asso	nciate		ner (Pro	wide e	vnlana	tion) N				
Provide the following contact info					101 (110	71140 07	крішни	4011/ /				
I don't know	omitation for this pe	I I don't kno	ow.					□ I dor	n't knov	M/		
International or DSN phone	number	Internation		N nhone	numbe	r				┅ al or DSN ph	one nu	mber
Evening telephone number	Extension	Daytime telepl				Exten	sion			ephone numb		Extension
	1											
Provide e-mail address for this p	person											
r revide e man address for and p	,010011.						don't k	now				
Provide street address for this p	orson (including or	partment number) (Provide	City and	Country				othony	ioo provido Cit	v Stata	and Zin Code)
Street	erson (including ap	City). (Flovide	City and	State	i outside	Zip C			Country	y, State	and zip Code.)
										,		
If you have indicated an ADO/ED	O addraga compl	oto (a) If you bo	vo indicat	tod on o	ddrooo	outoido	of the	Linited Ct	totoo	complete (h)		
If you have indicated an APO/FF (a) Provide physical location da												e Citv and Countr
if outside the United States; other	erwise, provide City, S	State and Zip Code	for ports in							, , , , , , , , , , , , , , , , , , , ,	(,
Street Address/Unit/Duty Lo	cation	City or Post Na	ime		State		Zip C	ode	(Country		
(b) Does the person who knew	you have an APO/	FPO address?										
○ YES → Address				APO o	r FPO			AP(O/FPC	State Code		Zip Code
O NO												

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Section 11 - Where You Have Lived - (Continued)

Enter residence information											
Enter residence information.											
Entry #4 Provide dates of residence.			le/was t	his resid	lonco:						
From (Month/Year)	To (Month/Year)	Present		ned by y		\ D4-					
, , ,	To (Month real)		_	, ,	_			sed by you			
Est.		Est.	() Milit	tary hou	sing () Other	r (Provid	e explanation	on) ▶		
Provide the street address. (Prov Street	ide City and Country i	f outside the United City	States; oth	nerwise, p	rovide Cit State	ty, State	and Zip Code	-	Cou	ntry	
If you have indicated an APO/FF (a) Provide physical location dat if outside the United States; othe Street Address/Unit/Duty Local Control of the Indicate Address (Unit/Duty Local Control of the Indicate Address)	ta with street addre	ess, base, post, e	embassy, for ports in	unit, and	d countr	y locati		me port/flee		dquarter. <i>(Provid</i>	e City and Country
(b) Did you have an APO/FPO a	address while at thi	is location?			•	•			•		
○ YES → Address				APO o	r FPO			APO/FF	PO Sta	ate Code	Zip Code
Provide the name of a neighbor,	landlord (if rental)	, or other person	who kno	ws you a	at this ac	ddress.				Provide date of	of last contact.
Last name	First name	9		Middle	name			Suffix		(Month/Year)	
											Est.
Provide your relationship to this	person (Select all t	that apply).		-							
Neighbor Friend	Landlord	Business asso	ociate	Oth	ner (Pro	vide ex	cplanatio	n) ▶			
Provide the following contact info	ormation for this pe	erson.			•			<u> </u>			
☐ I don't know		I I don't kno	ow				ıГ	l don't kr	now		
International or DSN phone	number	Internation		N phone	numbe	r	1 7			r DSN phone nu	umber
Evening telephone number	Extension	Daytime telepl				Exten	sion C			one number	Extension
•											1
Provide e-mail address for this p	erson										
							don't kno	\ \ \			
Provide street address for this p	oreon (including or	partmont number	\ (Provido	City and	Country				nuico	provide City State	and Zin Code)
Street	ersori (iriciddirig ap	City). (Frovide	City and	State	outside	Zip Cod		Cou		and zip Code.)
3331										,	
15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 11 1		. ,.		<u> </u>					1.4.41	
If you have indicated an APO/FF (a) Provide physical location date											le City and Country
if outside the United States; other							OII OI IIOI	ne port/nee	i iica	aquarter. (Fronc	e City and Country
Street Address/Unit/Duty Lo		City or Post Na	-		State		Zip Cod	е	Cou	ntry	
(b) Does the person who knew	vou have an APO/F	I FPO address?									
YES Address	,			APO o	r FPO			APO/FF	PO Sta	ate Code	Zip Code
○ NO											
											.1

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

	ore your 18th birthday, un	less to prov	ide a minim	um of two vea	rs of education	on history			
								ro than 7 years are?	
	ny schools in the last 7 y	ears?						re than 7 years ago ?	
YES NO				O YES) NO (If NO to	12(a) and 12(b),	proceed	to Section 13A)	
Entry #1			101						
Provide the dates of at			Select th	ie most approj	oriate below t	to describe you	ır schoo	l.	
From Date (Month/Year	r) To Date (Month/Year)	Presen	it	School		○ Vocati	onal/Te	chnical/Trade School	
Es	t.	Est.	○ Colle	ege/University	Military Colle	ege Corres	ponden	ce/Distance/Extension/On	line Sch
Provide the name of the	ne school.		!						
	g the school address, refe							nere the records are mainta outside the United States; other	
Street	•	City			State	Zip Code		Country	
								ist people for education pe	
·				sion/online sch	nools, list son	neone who kne	w you v	vhile you received this edu	cation.
Provide the name of the	ne person who knows/kne	ew you at so	chool: Last na	ame			First ı	name	
		l don't know	1	anic				idillo	
Dravida aurrant addras				(Dravida City and	Country if out	aida tha Unitad Ci	ataa: ath	erwise, provide City, State and	Zin Cada
Street	ss for triis person (includii	City	it fluffiber). (Provide City and	State	Zip Code	ales, oln	Country	zip Code
Did you receive a degr	Extension		al or DSN p light	hone number					
0		and data(a)	\ avvardad						
) awarded.						
7, 5	es(s)/diploma(s) received		achalar'a • I	Maatar'a				Data awardad	
Degree/diploma (• Hig	es(s)/diploma(s) received gh School Diploma, • Assi ional Degree (e.g. MD, D	ociate's, • B		Master's,	Othe	er degree/diplo	ma	Date awarded (Month/Year)	Est
Degree/diploma (• Hig	gh School Diploma, • Ass	ociate's, • B		Master's,	Othe	er degree/diplo	ma		Est
Degree/diploma (• Hig	gh School Diploma, • Ass	ociate's, • B		Master's,	Othe	er degree/diplo	ma		Est
Degree/diploma (• Hig	gh School Diploma, • Ass	ociate's, • B		Master's,	Othe	er degree/diplo	ma		Est
Degree/diploma (• Hig • Doctorate, • Professi	gh School Diploma, • Ass	ociate's, • B		Master's,	Othe	er degree/diplo	ma		Est
Degree/diploma (• Hig • Doctorate, • Profess	gh School Diploma, • Assi ional Degree (e.g. MD, D	ociate's, • B	Other)			er degree/diplo			Est
Degree/diploma (• Hig • Doctorate, • Professi • Intry #2	gh School Diploma, • Assi ional Degree (e.g. MD, D	ociate's, • B	Select the i	most appropria		describe your s	school.	(Month/Year)	Est
Degree/diploma (• Hig • Doctorate, • Profession of the Provide the dates of atternation of the Provide the Date of the Date of the Provide the Date of the Dat	gh School Diploma, • Assi ional Degree (e.g. MD, D	ociate's, • B	Select the I	most appropria	ate below to	describe your s	school. al/Techi	(Month/Year)	
Degree/diploma (• Higes Doctorate, • Professional Provide the dates of atternation of the Doctorate (Month/Year) Est.	ndance.	ociate's, • B	Select the I	most appropria	ate below to	describe your s	school. al/Techi	(Month/Year)	
Degree/diploma (• Hige • Doctorate, • Profess Entry #2 Provide the dates of attel from Date (Month/Year) Est.	ndance.	ociate's, • B	Select the I	most appropria	ate below to	describe your s	school. al/Techi	(Month/Year)	
Degree/diploma (• Hige • Doctorate, • Profess Entry #2 Provide the dates of atter rom Date (Month/Year) Est. Provide the name of the elements of the second of the sec	ndance. To Date (Month/Year) school. Ses of the school. For corrected school address, refer to	Present Est.	Select the I	most appropria chool e/University/M	ate below to	describe your s Vocation Correspo	school. al/Techi andence	(Month/Year)	e Schooled. For
Degree/diploma (• Hige • Doctorate, • Profess • Doctorate, • Profess Fintry #2 Provide the dates of attention of the street address ssistance determining the provide City, State and Zip Co	ndance. To Date (Month/Year) school. Ses of the school. For corrected school address, refer to	Present Est.	Select the I	most appropria chool e/University/M	ate below to desire schools, procedures (Prov	describe your s Vocation Correspo	school. al/Techlondence	(Month/Year) nical/Trade School //Distance/Extension/Onlin te the records are maintain	e Schooled. For
Degree/diploma (• Hig • Doctorate, • Profess • Doctorate, • Profess Provide the dates of atter From Date (Month/Year) Est. Provide the name of the elements of the second of the sec	ndance. To Date (Month/Year) school. Ses of the school. For corrected school address, refer to	Present Est.	Select the I High So College	most appropria chool e/University/M	ate below to desire schools, procedures (Prov	describe your s Vocation Correspondent Ovide the addre	school. al/Techlondence	nical/Trade School //Distance/Extension/Onlin te the records are maintain side the United States; otherwis	e Schooled. For
Degree/diploma (• Hige • Doctorate, • Profess • Doctorate, • Profess Entry #2 Provide the dates of attent From Date (Month/Year) Est. Provide the name of the selection of t	ndance. To Date (Month/Year) school. Se of the school. For corresponde.)	Present Est. Espondence o http://ope City	Select the I High So College /distance/ex.ed.gov/accr	most appropria chool e/University/M ttension/online reditation/sear	ate below to dilitary College schools, prochaspx (Province Laspx)	describe your s Vocation Correspond Voide the addre Voide City and County Voide City an	school. al/Techlondence ss where	nical/Trade School //Distance/Extension/Onlin te the records are maintain side the United States; otherwis	e Schooled. For se,
Degree/diploma (• Hige • Doctorate, • Profess	ndance. To Date (Month/Year) school. Se of the school. For corresponde.)	Present Est. City person who dence/distar	Select the I High So College /distance/ex.ed.gov/accr	most appropria chool e/University/M etension/online reditation/sear S at the school (n/online school	ate below to dilitary College schools, prochaspx (Province Laspx)	describe your s Vocation Corresponded the addrective City and Could City and Could City and Couldent, etc.). Do one who knew	school. al/Techi ondence ss where ntry if out cont list you whi	(Month/Year) nical/Trade School n/Distance/Extension/Onlin te the records are maintain side the United States; otherwis puntry people for education peric ile you received this educa	ed. For se,
Degree/diploma (• Hige • Doctorate, • Profess • Doctorate, • Profess • Drovide the dates of attention of the street address and the control of the street address are determining the control of the street address are determined to	ndance. To Date (Month/Year) school. ss of the school. For corresponder.) d in the last 3 years, list a rears ago. For corresponders ago. For corresponders ago. For corresponders ago.	Present Est. City person who dence/distar	Select the I High So College /distance/ex.ed.gov/accr	most appropria chool e/University/M etension/online reditation/sear S at the school (n/online school	ate below to dilitary College schools, prochaspx (Province Laspx)	describe your s Vocation Corresponded the addrective City and Could City and Could City and Couldent, etc.). Do one who knew	school. al/Techlondence ss where	(Month/Year) nical/Trade School n/Distance/Extension/Onlin te the records are maintain side the United States; otherwis puntry people for education peric ile you received this educa	e Schooled. For se,

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 12 - Where You Went to School - (Continue	ed)				
Entry #2 (Continued)					
Provide current address for this person (including ap		d Country if outsi	de the United States; oth	erwise, provide City, State and 2	Zip Code.)
Street	City	State	Zip Code I	Country	
Provide telephone number for this person.	I don't know	Provide ema	il address for this pers	son.	on't know
Telephone number Extension Inte	rnational or DSN phone number				
Day	/ Night				
Did you receive a degree/diploma?					
YES ○ NO					
Provide type of degrees(s)/diploma(s) received and	date(s) awarded.				
Degree/diploma (• High School Diploma, • Associate	e's, • Bachelor's, • Master's,	Othe		Date awarded	F-4
• Doctorate, • Professional Degree (e.g. MD, DVM,	JD), • Other)	Otne	r degree/diploma	(Month/Year)	Est.
<u> </u>					
Fm4m, #2					
Entry #3 Provide the dates of attendance.	Select the most appro	priata balaw ta	doscribo vour schoo	ı	
		priate below to	describe your scribo	ı.	
From Date (Month/Year) To Date (Month/Year)	Present High School		○ Vocational/Te	chnical/Trade School	
Est.	Est. College/University	//Military Colle	ge Corresponder	nce/Distance/Extension/Onl	ine School
Provide the name of the school.	·				
Provide the street address of the school. For corresp	oondence/distance/extension/on	line schools, p	rovide the address wh	nere the records are mainta	ined. For
assistance determining the school address, refer to	http://ope.ed.gov/accreditation/s	<u>earch.aspx</u> (Pr	ovide City and Country if	outside the United States; other	wise,
provide City, State and Zip Code.) Street	City	State	Zip Code	Country	
	Oity		Zip Code		
For orbital and other ded in the least 2 years, list and		al /imatouratao	tudant eta) De net l	int un auda fau advantiau una	.i
For schools you attended in the last 3 years, list a percompleted more than 3 years ago. For corresponder	nce/distance/extension/online sc	hools, list som	eone who knew you i	while you received this edu	cation.
Provide the name of the person who knows/knew yo					
, , , , , , , , , , , , , , , , , , , ,	Last name		First	name	
☐ I don	't know				
Provide current address for this person (including ap	partment number). (Provide City an	d Country if outsi	de the United States; oth	erwise, provide City, State and 2	Zip Code.)
Street	City	State	Zip Code	Country	
Provide telephone number for this person.	I don't know	Provide ema	il address for this pers	son. I d	on't know
Telephone number Extension Inte	rnational or DSN phone number				
Day	/ Night				
Did you receive a degree/diploma?		•			
YES NO					
Provide type of degrees(s)/diploma(s) received and	date(s) awarded.				
Degree/diploma (• High School Diploma, • Associate				Date awarded	
Doctorate, • Professional Degree (e.g. MD, DVM,		Othe	r degree/diploma	(Month/Year)	Est.
		1			
		+			
		<u> </u>			
	·			·	

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Provide the dates of attendance. From Date (Month/Year)	
From Date (Month/Year)	
Est.	
Provide the name of the school. Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintain assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherword City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education pericompleted more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this educe Provide the name of the person who knows/knew you at school: Last name I don't know Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zing Code Country Provide telephone number for this person. I don't know Provide email address for this person.	
Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintain assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherword City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education pericompleted more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this educe Provide the name of the person who knows/knew you at school: Last name Last name First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Country Provide telephone number for this person. [I don't know] Provide email address for this person. [I don't know] Provide email address for this person. [I don't know] Provide email address for this person.	and For
Assistance determining the school address, refer to http://ope.ed.gov/accreditation/search.aspx (Provide City and Country if outside the United States; otherwinde City, State and Zip Code.) Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periodic perio	and For
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Street City State Zip Code Country For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education period to more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this educe Provide the name of the person who knows/knew you at school: Last name First name Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Country Provide telephone number for this person. First name Provide telephone number for this person. International or DSN phone number Day Night	
For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education period period more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this educe Provide the name of the person who knows/knew you at school: Last name The person who knows/knew you at school: Last name The person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zity Code City State The person (including apartment number). International or DSN phone number Extension International or DSN phone number Day Night	,
Provide the name of the person who knows/knew you at school: Last name I don't know Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zistreet City State Zip Code Country Provide telephone number for this person. Felephone number Extension International or DSN phone number Day Night	
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Last name I don't know	ation.
Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zoutreet City State Zip Code Country Provide telephone number for this person. Felephone number Extension International or DSN phone number Day Night	
Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Z. State Zip Code Country Provide telephone number for this person. Felephone number Day Night Night	
Street City State Zip Code Country Provide telephone number for this person. Felephone number Extension International or DSN phone number Day Night	n Code)
Felephone number Extension ☐ International or DSN phone number ☐ Day ☐ Night	o Code.)
Felephone number Extension ☐ International or DSN phone number ☐ Day ☐ Night	
Day Night	n't know
old you receive a degree/diploma?	
○ YES ○ NO	
Provide type of degrees(s)/diploma(s) received and date(s) awarded.	
Degree/diploma (+ High School Diploma + Associate's + Bachelor's + Master's	
• Doctorate, • Professional Degree (e.g. MD, DVM, JD), • Other) Other degree/diploma (Month/Year)	Est.
er your Social Security Number before going to the next page	

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 13A - Employment Activities

List all of your employment activit must be accounted for without br duty station. Provide separate en before your 18th birthday unless	eaks. If the employr tries for employmen	nent activity nt activities w	was military du vith the same e	ıty, list s mployer	eparate em	oloyment ac	tivity peri	ods to show each c	hange of military
Entry #1	·	,	, ,						
Select your employment activit	y:								
Active military duty station and 13A.6)		(Com	e Government (plete 13A.2, 13A			yment) (nent (excluding self- A.2, 13A.5 and 13A.6)
National Guard/Reserve (Cand 13A.6)	Complete 13A.1, 13A.5	○ Self- 13A.6	employment (C 5)	Complete	13A.3, 13A.5	and		·	
USPHS Commissioned Co	orps (Complete 13A.1,	Uner	mployment (Cor	mplete 13	A.4)				
Other Federal employment 13A.5 and 13A.6)	t (Complete 13A.2,	○ Fede 13A.6	eral Contractor	(Complet	e 13A.2, 13A.	5 and (Other (13A.5 a	(Provide explanation a nd 13A.6) 😛	nd complete 13A.2,
13A.1 Complete the following if	employment type is	s Active Duty	, National Gua	ard/Rese	rve, or USP	HS Commis	ssioned C	Corps.	
Provide dates of employment.			Select the em	nployme	nt status for	Provide	your assi	igned duty station d	uring this period.
From Date (Month/Year)	To Date (Month/Year)	_	this position:						
, ,	(<i>Monthly real)</i>	Present	Full-time			Provide	your mos	st recent rank/positi	on title.
Est.		Est.	Part-time						
Provide address of duty station Street	n. (Provide City and Co	ountry if outside City	the United State		se, provide Cii ate	ty, State and 2 Zip Code	-	Country	
Telephone number	Extens	sion	ternational or D	SN pho	ne number	ı			
			ay Night	:					
(a) Provide physical location of if outside the United States; of Street Address/Unit/Duty L (b) Do you or did you have an Address	lata with street addr therwise, provide City, ocation APO/FPO address	ress, base, p State and Zip City or Po	ost, embassy, <i>Code for ports in</i> st Name	unit, and	d country loo ed States.) State		me port/fle		zip Code
Ŏ NO									
Provide the name of your supe	ervisor.			Provide	the rank/po	sition title o	f your sup	pervisor.	
Provide the email address of y								Day Night	DSN phone number
Provide physical work location Street	of your supervisor.	(Provide City a	and Country if out		Inited States; (ate	otherwise, pro Zip Code		State and Zip Code.) Country	
If you have indicated an APO/I (a) Provide physical location of if outside the United States; of Street Address/Unit/Duty L	lata with street addr herwise, provide City,	ess, base, p	ost, embassy, Code for ports in	unit, and	d country loc		me port/fle		
(b) Do/did your supervisor have a YES Address NO		I dress while a	t this location?	APO oi	· FPO	1	APO/I	FPO State Code	Zip Code
·									

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Provide the hollowing if employment spots is other federal employment, siate government, federal contractor, non-government, or other.															
Provide dates of employment. From Date Month? Year)	Section 13A - Em _l	ployment Activ	rities - (Con	tinued	()										
Provide dates of employment. From Date Month? Year)	13A.2 Complete	the following if	emplovment	type is	s other federa	al employme	ent.	state	aovernment. f	federal	contra	ctor. no	on-gove	ernment, or oth	er.
Provide the address of employer: Provide Description Provide Description Description Provide Descr	•			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Select the	emp			1		-		*	
Provide the address of employer. (Provide City and Country of address to thinked States, chemise, provide City. State and Zip Code						this positio	n:								
Provide the address of employer, (Provide City and County if outside the United States; orlevwise, provide City, State and Zip Code Street City State Zip Code Country Not 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 Plumbring in Denvier, 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 entires velocity. Not Applicable From date (Montor/Year) Est. Est. Est. Est. Est. Est. Est. Est. Est. State Zip Code Country YES \ No (if No, proceed to pix) Provide the work address where you aretwere physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street (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) Provide physical location data with street address, base, post, embassy, unit, and country location or home portifieet headquarter. (Provide City and Country if outside the funder States, complete (b.2). (b) Provide physical location data with street address, base, post, embassy, unit, and country location or home portifieet headquarter. (Provide City and Country if outside the funder States, complete (b.2). (c) Provide physical location of your supervisor. If you have indicated an APO/FPO address while at this location? Provide the email address of your supervisor. Frovide the email address of your supervisor. If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). State Zip Code Country Note the manual address of your supervisor. Frovide the email address of your supervisor. Frovide the email address of your supervisor.	(Month/Year)	1	(Month/Year)		Present	Full-tin	ne			Pro	vide the	e name	of you	ır employer.	
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 Plumbhing in Deriver, 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		Est.		[Est.	Part-tir	me								
Provide telephone number	Provide the addr	ress of employe	er. (Provide Cit	y and C	Country if outsid	le the United S	State	s; oth	erwise, provide C	ity, Stat	te and Zi	p Code.)		
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 entires below). Not	Street			ı	City			1	State	Zip Co	ode	1	Country	y	
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 entires below). Not															
Additional Periods of Activity with this Employer-Provide additional periods of activity if you worked for this employer on more than one accession at the same physical location (for example, if you worked all XY Pluming) in Denvey, CO. Auting 3 separates periods of time, you did enter information oncerning 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	Provide telephor	ne number	Extension	ı I			N ph	none	number						
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			<u> </u>												
Applicable	same physica concerning the	I location (for ex e most recent p	xample, if yo	u work	ed at XY Plu	ımbing in De	enve	er, Co	O, during 3 sep	oarate	periods	of time	e, you v	would enter info	ormation
Applicable	☐ Not	From date (Mo	onth/Year)		To date (Mo	onth/Year)			Pos	sition 7	Title			Super	visor
Est.				Est.	- ($\overline{}$	Est.							
Est							_	Est.							
(a) Is/was your physical work address different than your employer's address? YES NO (If No, proceed to (b))							_								
(a) Isiwas your physical work address different than your employer's address? \[\text{YES} \ NO (if NO, proceed to (b)) \] Provide the work address where you arelwere physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street \[\text{City} \ State \ Zip Code \ Country \] Provide telephone number \[\text{Extension} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							_								
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				-	<u> </u>										
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, chemese, provide City, State and Zip Code for ports in the United States 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? APO or FPO APO/FPO State Code Zip Code Provide the email address of your supervisor. Provide the email address of your supervisor. International or DSN phone number. 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, complete (b). City or Post Name State Zip Code Country City Or Post Name State Zip Code Country APO/FPO State Code Zip Code Country (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code Country					an your empl	oyer's addre	ess?	,							
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? APO or FPO APO/FPO State Code Zip Code Provide the email address of your supervisor. I don't know Provide supervisor's telephone number. Extension International or DSN phone number 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. (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code (b) Did/does your supervisor have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code Zip Code Or PPO APO/FPO State Cod	<u> </u>								10 1 15 11						
Provide telephone number Day Night		work address w	nere you are	/were		cated. (Provi	ide C	-	_				_	-	te and Zip Code.)
(b.1) 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.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO/FPO State Code Zip Code APO/FPO State Code Zip Code APO/FPO State Code Zip Code Provide the email address of your supervisor. Provide the email address of your supervisor. Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City. State and Zip Code City State Zip Code APO/FPO State Code Zip Code Zip Code APO/FPO State Code Zip Code Country No 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 Address APO or FPO APO/FPO State Code Zip Code Zip Code APO/FPO State Code Zip Code	Circot				O.t.y					Zip Oc	Juo		ooun	,	
(b.1) 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.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip Code Provide the email address of your supervisor. Provide the email address of your supervisor. Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code City State Zip Code APO/FPO State Code Zip Code Zip Code APO/FPO State Code Zip Code Country State Street Address 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 Country APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip Code APO/FPO State Code Zip Code Ountry APO or FPO APO/FPO State Code Zip Code	Dunida talan				Cytopolon										
(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 APO/FPO State Code Zip Code APO/FPO State Code Zip Code APO/FPO State Code Zip Code Provide the email address of your supervisor. Provide the email address 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 and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, 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 APO/FPO State Code Zip Code Zip Code NO APO/FPO State Code Zip Code Zip Code	Provide telep	onone number			Exterision	= -			•	ımber					
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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? APO or FPO APO/FPO State Code Zip Code Provide the name of your supervisor. Provide the email address of your supervisor. Provide the email address 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 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 APO/FPO State Code Zip Code Zip Code Zip Code Zip Code Zip Code															•
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Provide the name of your supervisor. Provide the email address of your supervisor.		•		o add	aress while a	it this location		APO	or FPO			APO/	FPO St	ate Code	Zip Code
Provide the name of your supervisor. Provide the email address 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 the email address of your supervisor.			visor.				F	Provi	de the position	title of	f your s	upervis	sor.		
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? APO or FPO APO/FPO State Code Zip Code		, ,							·		•				
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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 APO or FPO APO/FPO State Code Zip Code		,	'	ш.	uon in mon		•		•		1		=		or phone namber
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 APO or FPO APO/FPO State Code Zip Code	Provide physical	l work location o	of your super	visor	(Provide City a	nd Country if	outsi	ide the	- United States: o	otherwisi	e provid	le City 5			
(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 → Address APO or FPO APO/FPO State Code Zip Code			o. you. oupo.				.								
(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 → Address APO or FPO APO/FPO State Code Zip Code															
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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 APO or FPO APO/FPO State Code Zip Code	•														:4: 0" · · · · · · 0 · · · · · ·
(b) Did/does your supervisor have an APO/FPO address while at this location? Or YES Address APO or FPO APO/FPO State Code Zip Code NO										ation o	r nome	port/110	eet nea	aquarter. (Prov	ide City and Country
YES → Address APO or FPO APO/FPO State Code Zip Code			-	•					•	Zip	Code		Cou	intry	
YES → Address APO or FPO APO/FPO State Code Zip Code															
○ NO	(b) Did/does you	ur supervisor ha	ave an APO/	FPO a	ddress while	at this loca				•			•		
		Address					1	APO	or FPO		ı	APO/	FPO St	ate Code	Zip Code I
nter your Social Security Number before going to the next page	\sim														
	nter your Social	l Security Nu	mber befo	re go	ing to the i	next page	_								

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Employment Act	tivities - (Continued	d)							
I3A.3 Complete the following if	employment type is	self-employ	ment						
Provide dates of employment. From Date	To Date		Select the er this position:		ent status for	Provide m	ost rece	nt position title.	
(Month/Year)	(Month/Year)	Present Est.	Full-time			Provide th	ne name	of your employmer	nt.
Provide address of this emplo	<u>l</u> yment. <i>(Provide City a</i>	nd Country if o	outside the United	d States; o	otherwise, provi	l ide City, State a	nd Zip Cod	de.)	
Street		City			State	Zip Code	C	ountry	
Provide telephone number.	Extension		onal or DSN ph]Night	one nur	nber				
(a) Is your physical work addr	·	our employm	nent address?						
Provide the work address Street	where you are/were	physically le City	ocated. <i>(Provide</i>	e City and	Country if outs State	ide the United S Zip Code		erwise, provide City, S ountry	tate and Zip Code.)
Provide the telephone nun Telephone number	nber for this address Extension		national or DSN	I phone	number		·		
(b) If you have indicated an A (b.1) Provide physical loca Country if outside the U Street Address/Unit/I	ation data with street nited States; otherwise Duty Location	address, ba , provide City City or	ase, post, emb , <i>State and Zip C</i> Post Name	assy, un Code for p	it, and count	ry location or			
(b.2) Do you or did you ha	ve an APO/FPO add Address	dress while	at this location	? APO o	r FPO		APO/FI	PO State Code	Zip Code
Provide the name of someone Last name	that can verify your First na		/ment.						
Provide the address of this ve Street	rifier. <i>(Provide City and</i>	Country if ou City	tside the United S	States; oth	erwise, provide State	Zip Code	•) ountry	
Provide the telephone number Telephone number	for this person. Extension		onal or DSN ph] Night	none nur	nber		·		
If you have indicated an APO/complete (b).		•	•	·					
(a) Provide physical location of if outside the United States; of Street Address/Unit/Duty	therwise, provide City,		Code for ports in			zation or home		et headquarter. <i>(Pr</i>	ovide City and Counti
(b) Does your self-employme O YES Address NO		PO/FPO ad	dress?	APO o	r FPO	•	APO/F	PO State Code	Zip Code
				1			ı		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

	Section 13A - Employment Activities - (Continued)							
	13A.4 Complete the following if employment type is un-	employment						
	Provide dates of unemployment.	стрюутстк.	Provide	the name of	someone that can	verify your	unemployment	activities
- # >	From Date (Month/Year) To Date(Month/Year)	r) Present	and me	ans of suppo	rt.	First nan		
Ē	Est.	Est.	2401114					
	Provide address of this verifier. (Provide City and Country	if outside the United Stat	es; otherw	ise, provide Cit	y, State and Zip Code)		
	Street City	у		State 	Zip Code	Country		
	Provide the telephone number for this person.							
		nal or DSN phone nu	mber					
		Night						
	If you have indicated an APO/FPO address for your ur complete (b).	nemployment verifier,	complete	e (a) . If you h	ave indicated an a	ddress outs	side of the Unite	d States,
	(a) Provide physical location data with street address, if outside the United States; otherwise, provide City, State				cation or home por	/fleet head	quarter. (Provide	City and Country
	Street Address/Unit/Duty Location C	ity or Post Name		State	Zip Code I	Country		
	(L) D	DO - dda0						
	(b) Does your unemployment verifier have an APO/FF ○ YES → Address	PO address?	APO	or FPO	, AP	O/FPO Stat	te Code	Zip Code
	Ŏ NO							
	13A.5 Complete the following if employment type is Ad Government, Federal Contractor, Non-government					Corps, Othe	r Federal emplo	yment, State
	Provide the reason for leaving the employment activity		i-⊑IIIpioy	ment, or Oth	ы.			
try#								
Ī	For this employment have any of the following happen	•	•					
	 Fired • Quit after being told you would be fired • Left following notice of unsatisfactory performance. 	by mutual agreemen	_	g charges or (If NO, procee	-	onduct • Le	eft by mutual ag	reement
	Select your type of incident: Reason:			(, p	Employment d	eparture da	te	
		e reason for being fire	d.		Provide the da	te you were	e fired. (Month/Ye	ear)
	Fired							Est.
		e reason for quitting.			Provide the da fired. (Month/Ye	, ,	after being told	you would be
	☐ Quit after being told you would be fired				, , , , ,			Est.
	_	e charges or allegatio	ns of mis	conduct.	Provide the da of misconduct.		ollowing charge	s or allegations
	☐ Left by mutual agreement following charges or allegations of misconduct					(,	Est.
		e reason(s) for unsati	sfactory p	erformance.			y mutual agree	
	Left by mutual agreement following notice of unsatisfactory performance				a notice of uns	atisfactory	performance. (M	fonth/Year)
	13A.6 Complete the following if employment type is Acti	ve Duty, National Gu	ard/Rese	rve, USPHS	Commissioned Co	rps, Other I	ederal emplovi	
	Government, Federal Contractor, Non-government	nt employment, Self-I	Employm	ent, or Other				
į.	For this employment, in the last seven (7) years have in the workplace, such as a violation of security policy?		en warnır	ig, been offic	aally reprimanded,	suspended	, or aisciplined t	or misconduct
ntry	○ YES ○ NO							
	#1 Provide the reason(s) for being warned, reprimand	ded, suspended or dis	ciplined.				Date: (Month/Ye	· — I
								Est.
	#2 Provide the reason(s) for being warned, reprimand	ded, suspended or dis	ciplined.			ı	Date: (Month/Ye	ear) Est.
	#3 Provide the reason(s) for being warned, reprimand	ded suspended or dis	cinlined				Date: (Month/Ye	
	"> 1 Toyldo the Todoon(s) for being warned, replittand	iou, suspeniueu on uis	opinieu.				Date. (MONUNY)	Est.
	#4 Provide the reason(s) for being warned, reprimand	ded, suspended or dis	ciplined.				Date: (Month/Ye	
								Est.
ı Eı	nter your Social Security Number before going	to the next page						

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 13A - Employment Activities

List all of your employment activities, including unempl must be accounted for without breaks. If the employment duty station. Provide separate entries for employment a before your 18th birthday unless to provide a minimum	ent activity was military di activities with the same e	uty, list separate emplo employer but having dif	yment activity perio	ods to show each chan	ge of military
Entry #2	, , ,	,			
Select your employment activity:					
Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	State Government (Complete 13A.2, 13A	(Non-Federal employm A.5 and 13A.6)	, ()	overnment employment rment) (Complete 13A.2,	`
National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	Self-employment (0 13A.6)	Complete 13A.3, 13A.5 an		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	Unemployment (Co	mplete 13A.4)			
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contractor	(Complete 13A.2, 13A.5 a	Other (Provide explanation and c nd 13A.6) →	omplete 13A.2,
13A.1 Complete the following if employment type is A	Active Duty, National Gu	ard/Reserve, or USPH	S Commissioned C	orps.	
Provide dates of employment.	Select the en	nployment status for	Provide your assi	gned duty station durin	g this period.
From Date To Date (Month/Year) (Month/Year)	_ '				
Est.	Present Full-time Est. Part-time		Provide your mos	t recent rank/position ti	tle.
Provide address of duty station. (Provide City and Coun	try if outside the United State	s; otherwise, provide City,	State and Zip Code.)		
Street	city	State Z	ip Code	Country	
Telephone number Extension	on ☐ International or [☐ Day ☐ Night	OSN phone number			
	as, base, post, embassy, ate and Zip Code for ports in City or Post Name	unit, and country locat			e City and Country
(b) Do you or did you have an APO/FPO address w O YES Address NO	hile at this location?	APO or FPO	APO/F	FPO State Code	Zip Code
Provide the name of your supervisor.		Provide the rank/posit	tion title of your sup	ervisor.	
Provide the email address of your supervisor.	on't know Provide supe	rvisor's telephone num	nber. Extension 		I phone number Both
Provide physical work location of your supervisor. (P	rovide City and Country if out	side the United States; oth	erwise, provide City, S	State and Zip Code.)	
Street	ity	State Z	ip Code (Country	
If you have indicated an APO/FPO address for your (a) Provide physical location data with street addres if outside the United States; otherwise, provide City, St. Street Address/Unit/Duty Location	s, base, post, embassy,	unit, and country locat			
(b) Do/did your supervisor have an APO/FPO addres YES Address NO	ess while at this location?	APO or FPO	APO/F	PO State Code	Zip Code

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Emp	oloyment Act	ivities - (Conti	nued)								
13A.2 Complete	the following it	f employment t	ype is	other feder	al employme	nt, s	state o	government, fe	deral contra	ctor, no	n-government, or oth	er.
Provide dates of	employment.				Select the e	•	oyme	ent status for	Provide me	ost rece	ent position title.	
From Date (Month/Year)		To Date (Month/Year)		¬ . .	l <u> </u>							
(Months rear)	□ -	(Months real)	[Present	Full-time				Provide the	e name	of your employer.	
	Est.		Ĺ	Est.	Part-tim							
Provide the address Street	ess of employ	er. (Provide City	and C	ountry if outside City	de the United St	ates			<i>y, State and Zi</i> Lip Code		Country	
Olicot				Oity			Ĭ		ip oodc	l`	Southiry	
Provide telephon	ne number	Extension		Interna	tional or DSN	nho	ne ni	umber				
·				Day	Night	Pile	5110 111	umbor				
same physical	I location (for e e most recent	example, if you	work	ed at XY Pl	umbing in Dei	nvei	r, CO	, during 3 sepa	rate periods	of time	on more than one oc , you would enter info wo previous periods o	ormation
Not	From date (M	fonth/Year)		To date (M	onth/Year)			Posi	tion Title		Super	visor
Applicable			Est.] E	≣st.					
			Est.			E	≣st.					
			Est.			E	∃st.					
			Est.] E	Est.					
(a) Is/was your p	_	address differe		n your emp	loyer's addres	ss?	<u>'</u>					
Provide the v Street	work address v	where you are/	were	physically lo City	ocated. (Provid	e Cit	-	-	e the United Si Lip Code		erwise, provide City, Sta Country	te and Zip Code.)
	ohone number			Extension	Day	N	ight	SN phone nun				
(b.1) Provide	e physical loca	ation data with s Inited States; othe	street	address, ba , provide City,	ase, post, eml	oass	sy, un	it, and country	location or		States, complete (b. ort/fleet headquarter. Country	•
	•	ive an APO/FP Address	O add	dress while a	at this location		PO o	r FPO		APO/F	PO State Code	Zip Code
Provide the name		am door					rovida	e the position t	itle of your o	uponio	or	
Flovide the name	e or your supe	ervisor.					TOVICE	e trie position t	ille of your s	upervis	or.	
Provide the emai	il address of y	our sunervisor		don't know	1			4 - 1 - 1 - 1 - 1 - 1 - 1 - 1		i	7.,	
		our supervisor.	'Ш'	don't know	Provide sup	ervi	sors	telephone num	nber. Exter	ision [International or DS DayNight	SN phone number
Provide physical Street	work location	·					le the l	United States; oth		le City, S	Day Night	SN phone number
		of your superv	isor.	(Provide City a	and Country if o	utsid	le the l	United States; oth	nerwise, provia Zip Code	le City, S	Day Night tate and Zip Code.) Country	SN phone number
If you have indicate (a) Provide physic foutside the Use Street Addre	ated an APO/l sical location o <i>United States;</i> or sss/Unit/Duty L	FPO address, odata with street therwise, provide Location	isor.	(Provide City a City lete (a). If your ess, base, p State and Zip City or Po	ou have indicated on the second of the secon	atec	d an a	United States; other tate Z	nerwise, provid Zip Code e of the Unite	le City, S	Day Night tate and Zip Code.) Country	
If you have indicated (a) Provide physical foutside the UStreet Addres (b) Did/does you	ated an APO/l sical location of United States; of ess/Unit/Duty L ur supervisor h	FPO address, odata with street therwise, provide Location	isor.	(Provide City a City lete (a). If your ess, base, p State and Zip City or Po	ou have indicated on the second of the secon	ated	d an a	United States; other tate 2 Inddress outsided d country located States.) State	nerwise, provided in a contract of the United in a contrac	ed State	Day Night Interest Night Nig	ide City and Country
If you have indicate (a) Provide physic foutside the Use Street Address	ated an APO/l sical location of United States; of ess/Unit/Duty L ur supervisor h	FPO address, odata with street therwise, provide Location	isor.	(Provide City a City lete (a). If your ess, base, p State and Zip City or Po	ou have indicated on the second of the secon	ated	d an a	United States; other tate 2 Inddress outside d country located States.)	nerwise, provided in a contract of the United in a contrac	ed State	Day Night Interest Night Nig	

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Employment Ac	tivities - (Continue	ed)							
3A.3 Complete the following in	f employment type is	s self-employ	ment						
Provide dates of employment	To Date		Select the er this position:		nt status foi	Provide m	nost recen	t position title.	
(Month/Year)	(Month/Year)	Present Est.	Full-time			Provide th	ne name c	of your employmen	t.
Provide address of this emplo	oyment. <i>(Provide City</i>)	and Country if o	outside the United	d States; c	therwise, prov	I ∕ide City, State a	nd Zip Code	e.)	
Street		City			tate	Zip Code	Co	ountry	
Provide telephone number.	Extension	= -	onal or DSN ph]Night	none nun	nber				
(a) Is your physical work add	ress different than y	our employm	nent address?						
YES NO (If NO, µ	proceed to (b))								
Provide the work address Street	where you are/were	e physically le City	ocated. (Provide	e City and	Country if out State	side the United S Zip Code		rwise, provide City, St ountry	ate and Zip Code.)
Provide the telephone nu	mber for this addres	S.					!		
Telephone number	Extension	☐ Interr ☐ Day	national or DSN	l phone	number				
(b.1) Provide physical loc Country if outside the C Street Address/Unit	ation data with stree United States; otherwis Duty Location	et address, ba e, provide City City or	ase, post, emb , <i>State and Zip C</i> Post Name	assy, un Code for p	it, and coun	try location or			
(b.2) Do you or did you h	ave an APO/FPO ad Address	idress while	at this location	? APO oi	FPO		APO/FP	O State Code	Zip Code
Provide the name of someon Last name	e that can verify you First r		ment.	•					
Provide the address of this ve Street	erifier. (Provide City an	d Country if ou City	tside the United S	States; oth	erwise, provid State	Zip Code		ountry	
Provide the telephone number Telephone number	er for this person. Extension		onal or DSN ph	none nun	nber				
If you have indicated an APC complete (b).	/FPO address for yo	our self emplo	oyment verifier	, comple	te (a) . If yου	ı have indicate	ed an addı	ress outside of the	United States,
(a) Provide physical location if outside the United States; Street Address/Unit/Duty	otherwise, provide City		Code for ports in			Zip Code	•	t headquarter. <i>(Pro</i> ountry	vide City and Count
(b) Does your self-employme YES Addres		APO/FPO ad	dress?	APO o	r FPO		APO/FF	O State Code	Zip Code
ONO				l					

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

State	s	Section 13A - Employment Activities - (C	ontinued	<u> </u>						
Provide dates of unemployment. From Date (Month/Year) To Date(Month/Year) Present Est E										
To Date (Month/Year)			ent type is	инетпроутпени.	Provide	the name o	of someone that	can verify you	r unemplovment	t activities
Est Float	X # Z	• •	ate(Month/	Year)	and me	ans of supp				
Provide address of this verifier. (Provide City and Country I outside the United States; otherwise, provide City. State		·	,	Present	Lastria	ille			iiic	
Provide the telephone number for this person. Verifier telephone number Day Night			ty and Cou		L tes; otherw	ise, provide Ci	ity, State and Zip (Code.)		
Verifier telephone number		Street	1	City		State	Zip Code	Country		
Verifier telephone number										
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 in Joutside the United States, provide City and Country in Joutside the United States, provide City and Country in Joutside the United States.) Street Address/Unit/Duty Location (b) Does your unemployment verifier have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip C		·	Interna		ımber					
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fileet headquarter. (Provide City and Country for June 1997) (Included the United States With United States) (Included States) (Included State With United States) (Included States) (I			ss for you	r unemployment verifier,	, complet	e (a) . If you	have indicated	an address ou	tside of the Unite	ed States,
Street Address/Unit/Duty Location		(a) Provide physical location data with st	reet addre	ess, base, post, embass	y, unit, ar	nd country lo	cation or home	port/fleet head	dquarter. (Provide	e City and Country
(b) Does your unemployment verifier have an APO/FPO address? \[\text{YES} \rightarrow \text{Address} \\ \text{NO} \] 13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other. Provide the reason for leaving the employment activity. For this employment have any of the following happened to you in the last seven (7) years? Fired \(^{\text{Quit}}\) after being told you would be fired \(^{\text{Left}}\) by mutual agreement following charges or allegations of misconduct \(^{\text{Left}}\) by mutual agreement following charges or allegations of misconduct \(^{\text{Left}}\) by mutual agreement following charges or allegations of misconduct \(^{\text{Left}}\) by mutual agreement following charges or allegations of misconduct \(^{\text{Left}}\) by mutual agreement following charges or allegations of misconduct. Fired \[\text{Provide the reason for being fired.} \] Provide the reason for being fired. Provide the date you were fired. (\(^{\text{Month/Year}}\)) \(^{\text{Est.}}\) Provide the date you uere fired being told you would be fired. (\(^{\text{Month/Year}}\)) \(^{\text{Est.}}\) \[\text{Provide the date you left following charges or allegations of misconduct.} \(^{\text{Provide the date you left by mutual agreement following charges or allegations of misconduct.} \(^{\text{Month/Year}}\) \(^{\text{Est.}}\) \[\text{Provide the date you left by mutual agreement following charges or allegations of misconduct.} \(^{\text{Month/Year}}\) \(^{\text{Provide the date you left by mutual agreement following notice of unsatisfactory performance.} \(^{\text{Month/Year}}\) \(^{\text{Est.}}\) \[\text{Provide the feats goven for your cerved a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? \(^{\text{YES}}\) \(^{\text{NO}}\) \[#1 Provide t		if outside the United States; otherwise, pro	vide City, S	State and Zip Code for ports	in the Uni	ted States.)				
APO or FPO APO/FPO State Code Zip Code		Officer Address/Office daty Education		Oity of 1 ost Name			Zip Code			
13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other. Provide the reason for leaving the employment activity.		(b) Does your unemployment verifier have	e an APC	I D/FPO address?		<u> </u>				
Provide the reason for leaving the employment activity.		U 123 P			APO	or FPO		APO/FPO Sta	ate Code	Zip Code
Provide the reason for leaving the employment activity. For this employment have any of the following happened to you in the last seven (7) years? Fired • Quit after being told you would be fired • Left by mutual agreement following charges or allegations of misconduct • Left by mutual agreement following notice of unsatisfactory performance. Select your type of incident: Reason: Employment departure date Provide the reason for being fired. Provide the date you were fired. (Month/Year) Est. Provide the reason for quitting. Provide the date you quit after being told you would be fired. (Month/Year) Est. Provide the date you left following charges or allegations of misconduct. Provide the date you left following charges or allegations of misconduct. (Month/Year) Left by mutual agreement following charges or allegations of misconduct. (Month/Year) Left by mutual agreement following notice of unsatisfactory performance. Provide the reason(s) for unsatisfactory performance. Provide the date you left following a notice of unsatisfactory performance. (Month/Year) Est. 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est. #2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.								ed Corps, Oth	er Federal empl	oyment, State
Fired Quit after being told you would be fired Left by mutual agreement following notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date					ıт-⊑mpioy	ment, or Otr	ner.			
Fired Quit after being told you would be fired Left by mutual agreement following notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6) Select your type of incident: Reason: Employment departure date	¥			·						
following notice of unsatisfactory performance. Select your type of incident: Reason: Employment departure date	Ξ U	For this employment have any of the follow	wing hap	pened to you in the last	seven (7) years?				
Select your type of incident: Reason: Provide the reason for being fired. Provide the date you were fired. (Month/Year)					_		-	misconduct • L	eft by mutual ag	greement
Provide the reason for being fired. Fired					NO	(If NO, proce				
Fired		Select your type of incident:			-d					(ear)
Provide the reason for quitting. Provide the date you quit after being told you would be fired. Provide the charges or allegations of misconduct. Provide the date you left following charges or allegations of misconduct. Provide the date you left following charges or allegations of misconduct. Provide the date you left following charges or allegations of misconduct. (Month/Year) Provide the date you left by mutual agreement following notice of unsatisfactory performance. Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year) Est. 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Date: (Month/Year)		☐ Fired		The reason for being inc	ou.			e date yed we	io inoa. (monthi i	· _
Quit after being told you would be fired fired. (Month/Year) Est.			Provide	the reason for quitting.			Provide the	e date you quit	after being told	
Provide the charges or allegations of misconduct. Left by mutual agreement following charges or allegations of misconduct. Provide the date you left following charges or allegations of misconduct. Est.		Quit after being told you would be		, -			fired. (Mont	th/Year)		
Left by mutual agreement following charges or allegations of misconduct Provide the reason(s) for unsatisfactory performance. Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est. Date: (Month/Year)		fired	Provide	the charges or allegation	ns of mis	conduct	Provide the	e date vou left	following charge	
charges or allegations of misconduct Provide the reason(s) for unsatisfactory performance. Provide the date you left by mutual agreement following a notice of unsatisfactory performance. Provide the date you left by mutual agreement following a notice of unsatisfactory performance. Month/Year) Est.		Left by mutual agreement following	ı	The charges of anegatio	113 01 11113	conduct.				ss of allegations
Left by mutual agreement following notice of unsatisfactory performance a notice of unsatisfactory performance. (Month/Year) St.										Est.
notice of unsatisfactory performance 13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Date: (Month/Year)			Provide	the reason(s) for unsati	sfactory p	erformance		,	, ,	0
Government, Federal Contractor, Non-government employment, Self-Employment, or Other. For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Date: (Month/Year)							a notice of	unsatisfactory	periorinance. (/	
For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Date: (Month/Year)	1							d Corps, Other	Federal employ	ment, State
YES NO #1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) #2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)		For this employment, in the last seven (7) years h	nave you received a writt				ded, suspende	d, or disciplined	for misconduct
#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est. #2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)	Z # Z	·	ecurity pol	icy?						
#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)	E	<u> </u>								
#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)		#1 Provide the reason(s) for being warne	ed, reprim	anded, suspended or dis	sciplined.				Date: (Month/Y	· — I
		10 D :: 1 : 1 : () () .							D. 1	
		#2 Provide the reason(s) for being warns	ea, reprim	anded, suspended or dis	sciplined.				Date: (Month/Y	
#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)		#3 Provide the reason(s) for being warm	ed reprim	anded suspended or dis	sciplined				Date: (Month/Y	
Est.		Trongo and roughing for boing warne	. a, . opi ii ii	asoa, caoponaca or als	- Sipiniou.				Sato. (World)/1	
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)		#4 Provide the reason(s) for being warns	ed, reprim	anded, suspended or dis	sciplined				Date: (Month/Y	'ear)
Est.		- · · · · · · · · · · · · · · · · · · ·	, -p	,	,					
Enter your Social Security Number before going to the next page	L Fn		fore goi	ng to the next nage				. [1	

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 13A - Employment Activities

must be accounted for without breaks. If the employmenduty station. Provide separate entries for employment a before your 18th birthday unless to provide a minimum of the statement of the state	nt activity was military du ctivities with the same e	ıty, list separate emplo mployer but having dif	oyment activity perio	ods to show each chan	ige of military
Entry #3					
Select your employment activity:					
Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	State Government (Complete 13A.2, 13A	(Non-Federal employn 5 and 13A.6)	, ()	vernment employment ment) (Complete 13A.2,	
National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	Self-employment (C	Complete 13A.3, 13A.5 an	nd	,	
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	Unemployment (Co	mplete 13A.4)			
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contractor 13A.6)	(Complete 13A.2, 13A.5 a	Other (I 13A.5 ar	Provide explanation and c nd 13A.6) →	complete 13A.2,
13A.1 Complete the following if employment type is A	ctive Duty, National Gua	ard/Reserve, or USPH	S Commissioned Co	orps.	
Provide dates of employment.		nployment status for	Provide your assiç	gned duty station durin	ng this period.
From Date To Date	this position:				
(Month/Year) (Month/Year)	Present Full-time Est. Part-time		Provide your mos	t recent rank/position t	itle.
Provide address of duty station. (Provide City and Count.		s: otherwise, provide City.	State and Zip Code.)		
Street		_		Country	
Telephone number Extension	n ☐ International or E	OSN phone number	l.		
	s, base, post, embassy, te and Zip Code for ports in City or Post Name	unit, and country locat			de City and Country
(b) Do you or did you have an APO/FPO address wh ○ YES → Address ○ NO	nile at this location?	APO or FPO	APO/F	PO State Code	Zip Code
Provide the name of your supervisor.		Provide the rank/posi	tion title of your sup	ervisor.	
Provide the email address of your supervisor.	on't know Provide supe	rvisor's telephone num	nber. Extension [☐ International or DSI☐ Day ☐ Night	N phone number
Provide physical work location of your supervisor. (ProStreet Ci		_		tate and Zip Code.) Country	
If you have indicated an APO/FPO address for your s (a) Provide physical location data with street address if outside the United States; otherwise, provide City, States Street Address/Unit/Duty Location (s, base, post, embassy,	unit, and country locat			
(b) Do/did your supervisor have an APO/FPO address YES Address NO	ss while at this location?	APO or FPO	APO/F	PO State Code	Zip Code

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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 APO or FPO APO/FPO State Code Zip Code Zip Code																•
Select the employment status for Provide most recent position title. Imposition: Note	Section 13A - Employm	ent Activi	ties - (Conti	nued)											
From Date Month/Year Present Full-time Provide the name of your employer. Present Full-time Provide the address of employer. Present Full-time Provide the address of employer. Present Full-time Provide the particle Provide	13A.2 Complete the following	owing if e	mployment ty	/pe is	other feder	al employm	ent	, state	government, f	ede	ral contra	ctor, no	n-gove	ernment, or c	other	
From Liste Lo Liste Est.	·	•		•				ployn	nent status for	F	Provide m	ost rece	ent pos	ition title.		
First First Frovide the name of your employer. Provide the your your employer. Provide your your your your your your your your				Г	Dracant	l'										
Street City State Zip Code Country		1	,		_					F	Provide the	e name	of you	ır employer.		
Street City State Zip Code Country	Provide the address of	employer	. (Provide City	and C	ountry if outsid	de the United :	Stat	es; oth	erwise, provide C	ity. S	State and Zi	ip Code.)	1			
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 Benver, CO, during 3 separate periods of fine, 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 Not Applicable From date (Month/Year) To date (Month/Year) Position Title Supervisor		. ,	,		-				_	-				У		
Additional Periods of Activity with this Employee-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 XF Plumbing in Deriver, CO, during 3 separate periods of time, you would enter information as entries below. Not Applicable	Provide telephone num	ıber	Extension	l			Νp	hone	number							
Applicable	same physical locati concerning the most	on (for ex	ample, if you	work	-Provide add	ditional perio	env	er, C	O, during 3 sep	ara	te periods	of time	e, you v	vould enter i	nforr	nation
Applicable	Not From	date (Mon	nth/Year)		To date (M	lonth/Year)			Pos	sitio	n Title			Supe	ervis	or
Est		· ·		Est.				Est.						·		
(a) Is/was your physical work address different than your employer's address? YES NO (if NO, proceed to (b))				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? APO or FPO APO/FPO State Code Zip Code 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 Zip Code Country Zip Code Country Zip Code Zip				Est.				Est.								
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 APO or FPO APO/FPO State Code Zip Code Provide the email address of your supervisor. If you have indicated an APO/FPO address, complete (city and Country if outside the United States) Provide the email address of your supervisor. If you have indicated an APO/FPO address, complete (city and Country if outside the United States; otherwise, provide City, State and Zip Code City State Zip Code Country If you have indicated an APO/FPO address, complete (city and Country if outside the United States; otherwise, provide City, State and Zip Code.) State Zip Code Country City State Zip Code Country City State and Zip Code Country City or Post Name State Zip Code Country Country City or Post Name State Zip Code Country				Est.				Est.								
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 or Post Name State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code No Provide the email address of your supervisor. Idon't know Provide supervisor's telephone number. Extension International or DSN phone number Provide the email address of your supervisor. Idon't know Provide supervisor's telephone number. Extension International or DSN phone number Provide the email address 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). APO or FPO APO/FPO State Code Zip Code) Street 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). APO or FPO APO/FPO State Code Zip Code Country If you have indicated an APO/FPO 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 APO/FPO APO/FPO State Code Zip Code OND APO/FPO State Code Zip Code OND APO/FPO State Code Zip Code					ın your emp	loyer's addre	ess	?								
(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? APO or FPO APO/FPO State Code Zip Code Zip Code Zip Code Provide the name 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 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 City or Post Name State Zip Code Country APO or FPO APO/FPO State Code Zip Code		ddress wh	ere you are/\	were		ocated. (Prov	ide	City ar	_				_	-	State	and Zip Code.)
(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? APO or FPO APO/FPO State Code Zip Code Provide the name of your supervisor. Provide the email address of your supervisor. Provide the email address of your supervisor. 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) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO or FPO APO/FPO State Code Zip Code Country APO or FPO APO/FPO State Code Zip Code Zip Code Country	Provide telephone	number			Extension				•	ımbe	er					
APO or FPO APO/FPO State Code Zip Code NO Provide the name of your supervisor. Provide the email address of your supervisor. Provide the email address 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 Address APO or FPO APO/FPO State Code Zip Code	(b.1) Provide phys Country if outsi	ical location	on data with s ed States; othe	street	address, ba , provide City,	ase, post, en State and Zip	nba	assy,	unit, and countr ports in the Unite	ry lo ed S	cation or l		ort/flee	et headquarte		
Provide the name of your supervisor. Provide the email address of your supervisor.				O add	dress while a	at this location	on?		or FPO	•		APO/F	PO St	ate Code		Zip Code
Provide the email address of your supervisor.								D	d - 41 141	4'41 -						
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 APO or FPO APO/FPO State Code Zip Code	Provide the name of yo	our superv	isor.					Provi	de the position	titie	ot your s	upervis	or.			
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 Address APO or FPO APO/FPO State Code Zip Code	Provide the email addr	ess of you	ır supervisor.		don't know	Provide su	per	rvisor	s telephone nu	mbe	er. Exter	nsion [DSN	phone number
(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 → Address APO or FPO APO/FPO State Code Zip Code		ocation of	f your superv			and Country if	outs	side th			-					
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 APO or FPO APO/FPO State Code Zip Code	If you have indicated a	n APO/FP	O address, o	ompl	ete (a). If y	ou have indi	cat	ed an	address outsid	de o	f the Unite	ed State	es, con	nplete (b).		
○ YES Address ○ NO APO/FPO State Code Zip Code	if outside the United Street Address/Un	States; othe	erwise, provide cation	City, S	State and Zip City or Po	Code for port	s in	the U	nited States.)			port/fle			rovide	e City and Country
	○ YES → /		ve an APO/F	PO a	ddress while	e at this loca	itior		or FPO			APO/F	PO St	ate Code		Zip Code
er your Social Security Number before going to the next page		irity Nur	nher hefor	a uoi	ing to the	next nage										

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Employment Ad	ctivities - (Continue	ed)							
3A.3 Complete the following i	f employment type is	s self-employ	ment						
Provide dates of employment	To Date		Select the er this position:		ent status fo	r Provide n	nost recer	nt position title.	
(Month/Year)	(Month/Year)	Present Est.	Full-time			Provide th	ne name o	of your employmen	t.
Provide address of this emplo	<u> </u>	and Country if o	utside the United	d States; o	otherwise, prov	l vide City, State a	nd Zip Cod	le.)	
Street		City			State	Zip Code	c 	ountry	
Provide telephone number.	Extension	= -	onal or DSN ph]Night	one nur	nber				
(a) Is your physical work add	ress different than y	our employm	nent address?						
YES NO (If NO, µ	proceed to (b))								
Provide the work address Street	where you are/wer	e physically lo City	ocated. (<i>Provide</i>	e City and	Country if out State	side the United S Zip Code		erwise, provide City, St ountry	ate and Zip Code.)
Provide the telephone nu	mber for this addres	s.			ļ	ļ.	ļ		
Telephone number	Extension	☐ Interr ☐ Day	national or DSN	l phone	number				
(b) If you have indicated an A (b.1) Provide physical loc Country if outside the C Street Address/Unit	ation data with stree United States; otherwis Duty Location	et address, ba e, provide City City or	ase, post, emb , <i>State and Zip C</i> Post Name	assy, un Code for p	it, and coun	try location or			
(b.2) Do you or did you h YES NO	ave an APO/FPO ad Address	idress while	at this location	? APO o 	r FPO		APO/FF	O State Code	Zip Code
Provide the name of someon Last name	e that can verify you First r		ment.	•			•		
Provide the address of this vo Street	erifier. (Provide City an	d Country if ou City	tside the United S	States; oth	erwise, provid State	Zip Code	•) ountry	
Provide the telephone number Telephone number	er for this person. Extension		onal or DSN ph	none nur	mber		•		
If you have indicated an APC complete (b).	/FPO address for yo	our self emplo	oyment verifier	, comple	ete (a) . If you	ı have indicate	ed an add	ress outside of the	United States,
(a) Provide physical location if outside the United States; Street Address/Unit/Duty	otherwise, provide City		Code for ports in			zation or homo	•	et headquarter. <i>(Pro</i> ountry	vide City and Countr
(b) Does your self-employment YES Address		APO/FPO ad	dress?	APO c	or FPO		APO/FI	PO State Code	Zip Code
ONO				1			1		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

	Section 13A - Employment Activities - (C	ontinued)							
Ī	13A.4 Complete the following if employment		employment.						
ľ	Provide dates of unemployment.		. ,	Provide	the name of	f someone that	can verify you	r unemploymen	t activities
2 >	From Date (Month/Year) To Date	ate(Month/Yea	r) Present	and me Last na	ans of suppo	ort.	First nar		
Ŧ	☐ Est.		Est.						
١	Provide address of this verifier. (Provide Co	ity and Country	if outside the United Sta	tes; otherw	rise, provide Cit	ty, State and Zip	Code.)		
	Street	City	/		State I	Zip Code I	Country		
	Dravide the telephone number for this person								
	Provide the telephone number for this personal Verifier telephone number Extension		nal or DSN phone nu	ımhar					
		므 _	Night	iiiibei					
	If you have indicated an APO/FPO addre	ss for your ur	nemployment verifier	, complet	e (a) . If you h	nave indicated	an address out	tside of the Unit	ed States,
	complete (b). (a) Provide physical location data with st	-							
	if outside the United States; otherwise, pro	ovide City, State	e and Zip Code for ports		ited States.)				,
	Street Address/Unit/Duty Location		ity or Post Name		State 	Zip Code	Country 		
	(b) Does your unemployment verifier have	/e an ΔPΩ/FE	20 address?						
	YES Address	ve an Ai O/i i	O address:	APO	or FPO		APO/FPO Sta	ate Code	Zip Code
	Ŏ NO								
	13A.5 Complete the following if employm						ned Corps, Othe	er Federal empl	oyment, State
	Government, Federal Contractor, Provide the reason for leaving the emplo			п-⊏птрюу	ment, or Otr	ier.			
ŧ >									
Ī	For this employment have any of the following	owing happen	ed to you in the last	seven (7) years?				
	• Fired • Quit after being told you would be			_		-	misconduct • L	eft by mutual a	greement
	following notice of unsatisfactory perform	iance.	○ YES	○ NO	(If NO, procee	ed to 13A.6)			
	Select your type of incident:	Reason:					ent departure da		()
		Provide the	reason for being fire	ea.		Provide th	e date you wer	e fired. (Month/\	, <u> </u>
	☐ Fired	Provide the	reason for quitting.			Provide th	e date vou quit	after being told	Est.
	Quit after being told you would be		reason for quitting.			fired. (Mon		and being told	you would be
	fired								Est.
	Left by mutual agreement following	Provide the	charges or allegation	ns of mis	conduct.		e date you left [.] duct. <i>(Month/Yea</i>	0 0	es or allegations
	charges or allegations of misconduct						(,	Est.
		Provide the	reason(s) for unsati	sfactory p	performance				ement following
	Left by mutual agreement following notice of unsatisfactory performance					a notice of	unsatisfactory	performance.	<i>Month/Year)</i> ⊟ Est.
1	3A.6 Complete the following if employment	at tuna ia Aati	vo Duty National Cu	ard/Dage	nio Hedde	Commissions	d Carna Othar	Fodoral amplay	
ľ	Government, Federal Contractor, No.						u Corps, Otner	rederal employ	ment, State
,	For this employment, in the last seven (en warni	ng, been offi	cially repriman	ded, suspende	d, or disciplined	for misconduct
*	in the workplace, such as a violation of se	scurity policy :							
Ī	#1 Provide the reason(s) for being warne	ad roprimand	ad suspanded or di	sciplinad				Data: (Manth)	(oor)
	#1 Flovide the reason(s) for being warne	su, reprimanu	eu, suspended of dis	scipiilieu.				Date: (Month/\	Est.
	#2 Provide the reason(s) for being warne	ed reprimand	ed suspended or dis	sciplined				Date: (Month/\)	/ear)
	(e)g	эш, то р ттата							Est.
	#3 Provide the reason(s) for being warne	ed, reprimand	ed, suspended or dis	sciplined.				Date: (Month/\)	'ear)
									Est.
	#4 Provide the reason(s) for being warne	ed, reprimand	ed, suspended or dis	sciplined.				Date: (Month/\	/ear)
									Est.
	nter your Social Security Number be	efore going	to the next page				\ [

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 13A - Employment Activities

List all of your employment activities, including unempl must be accounted for without breaks. If the employment duty station. Provide separate entries for employment before your 18th birthday unless to provide a minimum	ent activity was military du activities with the same e	ıty, list separate emplo mployer but having dif	yment activ	ity periods to show each cha	inge of military
Entry #4	, , ,	,			
Select your employment activity:					
Active military duty station (Complete 13A.1, 13A.5 and 13A.6)	State Government (Complete 13A.2, 13A	(Non-Federal employm 5 and 13A.6)		Non-government employme employment) (Complete 13A.2	
National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)	Self-employment (C	Complete 13A.3, 13A.5 an			,
USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)	Unemployment (Co.	mplete 13A.4)			
Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)	Federal Contractor 13A.6)	(Complete 13A.2, 13A.5 a	and 🔘	Other (<i>Provide explanation and</i> 13A.5 and 13A.6) →	complete 13A.2,
13A.1 Complete the following if employment type is a	Active Duty, National Gua	ard/Reserve, or USPHS	S Commission	oned Corps.	
Provide dates of employment.		nployment status for	Provide yo	ur assigned duty station dur	ing this period.
From Date To Date (Month/Year) (Month/Year)	this position: Present Full-time		Davido	4	4:41 -
Est.	Est. Part-time		Provide yo	our most recent rank/position	uue.
Provide address of duty station. (Provide City and Cour Street	ntry if outside the United State City		State and Zip ip Code	Code.) Country	
Telephone number Extension	on ☐ International or □ ☐ Day ☐ Night	OSN phone number			
If you have indicated an APO/FPO address, comple (a) Provide physical location data with street addres if outside the United States; otherwise, provide City, Statest Address/Unit/Duty Location	ss, base, post, embassy,	unit, and country locat			ide City and Country
(b) Do you or did you have an APO/FPO address w YES Address NO	hile at this location?	APO or FPO		APO/FPO State Code	Zip Code
Provide the name of your supervisor.		Provide the rank/posit	tion title of y	our supervisor.	
Provide the email address of your supervisor.	don't know Provide supe	rvisor's telephone num	nber. Exter	ision International or DS	SN phone number
Provide physical work location of your supervisor. (F Street	Provide City and Country if out City		erwise, provid Zip Code	le City, State and Zip Code.) Country	
If you have indicated an APO/FPO address for your (a) Provide physical location data with street address if outside the United States; otherwise, provide City, Statest Address/Unit/Duty Location	ss, base, post, embassy,	unit, and country locat			
(b) Do/did your supervisor have an APO/FPO addre	ess while at this location?	APO or FPO		APO/FPO State Code	Zip Code
1		ı			1

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

From Date Country Present Full-time Provide the name of your employer. Provide the address of employer. Provide Chy and Country if outside the United States; otherwise, provide Chy, State and Zip Code Country Provide the laddress of employer. Provide the address of employer. Provide the address of employer. Provide the address of employer. Provide the united States; otherwise, provide Chy, State and Zip Code Country Provide telephone number Extension International or DSN phone number Day Night Not no concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entities below). Not Applicable From date (MonthYear) To date (MonthYear) Position Title Supervisor Applicable Est										
Select the employment status for Provide most recent position title. Select the employment status for Provide the name of your employer. 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.	ection 13A - Employment Act	tivities - (Continued	d)							
To Date (Month/Year)	13A.2 Complete the following it	f employment type is	s other feder	al employmen	ıt, state	e government, fe	ederal contrac	tor, non-g	overnment, or of	ther.
From Jate Goldann Present Est. Est. Part-time 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 Country	Provide dates of employment.					nent status for	Provide mo	st recent	position title.	
Est.			□ Dracent	'						
International or DSN phone number							Provide the	name of	your employer.	
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 treent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entires below). Not Not Applicable Est E	Provide the address of employ	l' /er. <i>(Provide City and C</i>	Country if outsid	de the United Sta	ates: otl	nerwise, provide Cit	l ty. State and Zip	Code.)		
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 exceed at XP 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	Street		-			_		-	ıntry	
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 entitles below). Not						number				-
Applicable	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									
Applicable	Not From date (M	/onth/Year)	To date (M	onth/Year)		Pos	ition Title		Supe	ervisor
(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		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.) State Zip Code Country (b.2) Do you or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code NO Provide the name of your supervisor. Provide the name 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. I don't know Provide States; otherwise, provide City, State and Zip Code.) Street 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)		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 and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Provide the name of your supervisor. Provide the name of your supervisor. Identified Country if outside the United States; otherwise, provide City, State and Zip Code.) 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)		Est.			Est.					
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		Est.			Est.					
Provide telephone number Extension International or DSN phone number Day Night			an your empl	oyer's addres	s?					
(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 (b.2) Do you or did you have an APO/FPO address while at this location? YES Address APO or FPO APO/FPO State Code Zip Code Provide the name 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. 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).		where you are/were		cated. (Provide	e City a	_		_		'ate and Zip Code.)
(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 Provide telephone number	r	Extension		_	•	mber				
APO or FPO APO/FPO State Code Zip Code NO Provide the name of your supervisor. Provide the email address of your supervisor. 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	(b.1) Provide physical loca Country if outside the United	ation data with street Inited States; otherwise	t address, ba , provide City,	ase, post, emb State and Zip C	assy,	unit, and country r ports in the United	/ location or h d States.)	ome port/	fleet headquarte	•
Provide the name of your supervisor. Provide the email address of your supervisor. Provide the email address of your supervisor. Provide the email address of your supervisor. 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)			dress while a	at this location		or FPO		APO/FPC) State Code	Zip Code
Provide the email address of your supervisor.					<u> </u>					
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	Provide the name of your supe	ervisor.			Prov	ide the position t	itie of your su	ipervisor.		
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	Provide the email address of y	our supervisor. 🔲	don't know	Provide supe	ervisor	's telephone nun	nber. Extens	Ш.		SN phone number
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country	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/F	FPO address, compl	lete (a). If yo	ou have indica	ited ar	address outside	e of the United	d States,	complete (b).	
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 Address APO or FPO APO/FPO State Code Zip Code NO	○ YES → Address		iddress while	e at this location		or FPO		APO/FPC) State Code	Zip Code
er your Social Security Number before going to the next page	\smile	umber before go	ing to the	next page	1			<u> </u>		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 13A - Employment Acti	vities - (Continued)								
13A.3 Complete the following if e	employment type is s	elf-employı	ment						
Provide dates of employment. From Date	To Date		Select the en this position:	nployme	nt status for	Provide m	ost recer	nt position title.	
(Month/Year)	(Month/Year)	Present Est.	Full-time Part-time			Provide th	ie name (of your employment.	
Provide address of this employ	ment. (Provide City and	d Country if o	utside the United	States; o	therwise, prov	l ide City, State ai	nd Zip Cod	le.)	
Street		City		s	tate	Zip Code	c	ountry	
Provide telephone number.	Extension		onal or DSN ph Night	one nun	nber				
	(a) Is your physical work address different than your employment address? YES NO (If NO, proceed to (b))								
Provide the work address v Street		hysically lo City	ocated. (Provide	City and	Country if outs State	ide the United S Zip Code	_	erwise, provide City, State ountry	e and Zip Code.)
Provide the telephone num Telephone number	ber for this address. Extension	☐ Intern	ational or DSN	phone i	number		'		
(b.1) Provide physical loca Country if outside the Ur Street Address/Unit/D	(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 → A	ddress			APO oi	· FPO		APO/FF	PO State Code	Zip Code
Provide the name of someone Last name	that can verify your s First nar		ment.						
Provide the address of this ver Street		Country if out City	side the United S	tates; oth	erwise, provide State	e City, State and Zip Code	_) ountry	
Provide the telephone number Telephone number	for this person. Extension		onal or DSN ph Night	one nun	nber				
If you have indicated an APO/FPO address for your self employment verifier, complete (a). If you have indicated an address outside of the United States, complete (b).									
(a) Provide physical location of if outside the United States; of Street Address/Unit/Duty L	herwise, provide City, S		Code for ports in			Zip Code		et headquarter. <i>(Provi</i> o	de City and Country
(b) Does your self-employmer YES Address NO		O/FPO add	dress?	APO o	r FPO		APO/FI	PO State Code	Zip Code
				<u> </u>			<u> </u>		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

9	Section 13A - Employment Activities - (C	continued)				
	13A.4 Complete the following if employment					
	Provide dates of unemployment.		Provide the name of	someone that car	verify your unemployn	ment activities
‡ *	• •	ate(Month/Year)	and means of suppo Last name		First name	
1	Est.	Present Est.	Lastrianie		listianie	
	Provide address of this verifier. (Provide Co		tes: otherwise provide City	v. State and Zin Code)	
	Street	City	State	Zip Code	Country	
	Provide the telephone number for this pers	son.	<u> </u>	ı	1	
	Verifier telephone number Extension	International or DSN phone nu	ımber			
	The second secon	Day Night				Juite d Chates
	If you have indicated an APO/FPO addre complete (b).					
	 (a) Provide physical location data with st if outside the United States; otherwise, pro 			cation or home por	t/fleet headquarter. (Pro	ovide City and Country
	Street Address/Unit/Duty Location	City or Post Name		Zip Code	Country	
	(b) Does your unemployment verifier have	ve an APO/FPO address?	l .	<u> </u>		
	○ YES → Address		APO or FPO	AP	O/FPO State Code	Zip Code
	○ NO					
	13A.5 Complete the following if employm				Corps, Other Federal e	mployment, State
ď	Government, Federal Contractor, Provide the reason for leaving the emplo		ir-Employment, or Othe	er.		
‡ *		,				
3	For this employment have any of the follo	owing happened to you in the last	seven (7) years?			
	Fired • Quit after being told you would be			allegations of misc	conduct • Left by mutua	al agreement
	following notice of unsatisfactory perform			-		g
Select your type of incident: Reason: Employment departure date						
- 1	Select your type of incident:	Reason:		Employment d	eparture date	
	_	Reason: Provide the reason for being fire	ed.	. ,	eparture date ate you were fired. (Mon	nth/Year)
	Select your type of incident:		ed.	. ,	<u>'</u>	oth/Year)
	_		ed.	Provide the da	ate you were fired. (Mon	Est.
	☐ Fired ☐ Quit after being told you would be	Provide the reason for being fire	ed.	Provide the da	ate you were fired. (Mon	Est.
	Fired	Provide the reason for being fire Provide the reason for quitting.		Provide the da fired. (Month/Ye	ate you were fired. (Mon	Est.
	☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation		Provide the da fired. (Month/Ye	ate you were fired. (Mon te you quit after being ear)	Est.
	☐ Fired ☐ Quit after being told you would be fired	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation	ons of misconduct.	Provide the da fired. (Month/Ye	ate you were fired. (Mon te you quit after being ear)	Est.
	☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges or allegations of misconduct	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation	ons of misconduct.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da	ate you were fired. (Mon te you quit after being ear) te you left following ch (Month/Year)	Est. told you would be Est. arges or allegations Est. greement following
	☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges or allegations of misconduct ☐ Left by mutual agreement following	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation	ons of misconduct.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da	ate you were fired. (Mon te you quit after being ear) te you left following ch (Month/Year)	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year)
-	☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges or allegations of misconduct ☐ Left by mutual agreement following notice of unsatisfactory performance	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation	ons of misconduct. sfactory performance.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns	ate you were fired. (Mon the you quit after being ear) In the you left following characters: (Month/Year) In the you left by mutual agestisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est.
	☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges or allegations of misconduct ☐ Left by mutual agreement following	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation	sfactory performance.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns	ate you were fired. (Mon the you quit after being ear) In the you left following characters: (Month/Year) In the you left by mutual agestisfactory performance	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est.
*	Quit after being told you would be fired Left by mutual agreement following charges or allegations of misconduct Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employment Government, Federal Contractor, Notice of this employment, in the last seven (**)	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation type is Active Duty, National Guon-government employment, Self- 7) years have you received a written	ons of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other	Provide the date of misconduct. Provide the date of misconduct. Provide the date of misconduct. Provide the date of a notice of unsupplied the date of unsupplied the date of the date	ate you were fired. (Monate you quit after being ear) Inte you left following char. (Month/Year) Inte you left by mutual agree atisfactory performance orps, Other Federal em	Est. told you would be Est. arges or allegations Est. greement following be. (Month/Year) Est. ployment, State
ry #4	☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges or allegations of misconduct ☐ Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employment Government, Federal Contractor, Notice of this employment, in the last seven (in the workplace, such as a violation of secondary).	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation type is Active Duty, National Guon-government employment, Self- 7) years have you received a written	ons of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other	Provide the date of misconduct. Provide the date of misconduct. Provide the date of misconduct. Provide the date of a notice of unsupplied the date of unsupplied the date of the date	ate you were fired. (Monate you quit after being ear) Inte you left following char. (Month/Year) Inte you left by mutual agree atisfactory performance orps, Other Federal em	Est. told you would be Est. arges or allegations Est. greement following be. (Month/Year) Est. ployment, State
	☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges or allegations of misconduct ☐ Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employment Government, Federal Contractor, Note that is employment, in the last seven (in the workplace, such as a violation of second contractor).	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation type is Active Duty, National Guon-government employment, Self- 7) years have you received a writted a security policy?	ons of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other ten warning, been office	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns Commissioned Co.	ate you were fired. (Monate you quit after being ear) Inte you left following char. (Month/Year) Inte you left by mutual agree atisfactory performance orps, Other Federal em	Est. told you would be Est. arges or allegations Est. greement following be. (Month/Year) Est. ployment, State
Entry #4	☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges or allegations of misconduct ☐ Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employment Government, Federal Contractor, Notice of this employment, in the last seven (in the workplace, such as a violation of secondary).	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation type is Active Duty, National Guon-government employment, Self- 7) years have you received a writted a writted the reason for provide the reason for quitting.	ons of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other ten warning, been office	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns Commissioned Co.	ate you were fired. (Monate you quit after being ear) Inte you left following char. (Month/Year) Inte you left by mutual agree atisfactory performance orps, Other Federal em	Est. told you would be Est. arges or allegations Est. greement following be. (Month/Year) Est. ployment, State ned for misconduct
	□ Quit after being told you would be fired □ Left by mutual agreement following charges or allegations of misconduct □ Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employment Government, Federal Contractor, Note that is employment, in the last seven (in the workplace, such as a violation of second yes Note 1.00 No	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation type is Active Duty, National Guon-government employment, Self-recurity policy?	ons of misconduct. sfactory performance. ard/Reserve, USPHS Employment, or Other ten warning, been office sciplined.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns Commissioned Co.	ate you were fired. (Monate you quit after being ear) Inte you left following charter you left by mutual against actory performance orps, Other Federal emanates assisted and the suspended, or discipling the polymer of the polymer.	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State ned for misconduct
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	□ Guit after being told you would be fired □ Left by mutual agreement following charges or allegations of misconduct □ Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employment Government, Federal Contractor, Note that semployment, in the last seven (in the workplace, such as a violation of setence of the provide the reason(s) for being warned. #2 Provide the reason(s) for being warned.	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation Provide the reason for being fire Provide the reason for being fire Provide the reason for puitting.	sfactory performance. sard/Reserve, USPHS Employment, or Other. ten warning, been office sciplined.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns Commissioned Co.	te you were fired. (Monate you quit after being ear) Ite you left following charte you left by mutual against actory performance orps, Other Federal emanates auspended, or discipling Date: (Monate)	Est. told you would be Est. arges or allegations Est. greement following te. (Month/Year) Est. ployment, State ned for misconduct htth/Year) Est. told you would be test. arges or allegations Est. greement following test. Est.
Entry #4	□ Quit after being told you would be fired □ Left by mutual agreement following charges or allegations of misconduct □ Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employment Government, Federal Contractor, Note that is employment, in the last seven (in the workplace, such as a violation of second yes Note 1.00 No	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation Provide the reason for being fire Provide the reason for being fire Provide the reason for puitting.	sfactory performance. sard/Reserve, USPHS Employment, or Other. ten warning, been office sciplined.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns Commissioned Co.	ate you were fired. (Monate you quit after being ear) Inte you left following charter you left by mutual against actory performance orps, Other Federal emanates assisted and the suspended, or discipling the polymer of the polymer.	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State ned for misconduct htth/Year) Est. htth/Year) Est.
Entry #4	□ Quit after being told you would be fired □ Left by mutual agreement following charges or allegations of misconduct □ Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employmer Government, Federal Contractor, Note of this employment, in the last seven (in the workplace, such as a violation of second YES ○ NO #1 Provide the reason(s) for being warned #2 Provide the reason(s) for being warned	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation Provide the reason for being fire Provide the reason for puitting.	ens of misconduct. sfactory performance. sard/Reserve, USPHS Employment, or Other. sten warning, been office sciplined. sciplined.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns Commissioned Co.	ate you were fired. (Montate you quit after being ear) Inte you left following charter you left by mutual against actory performance orps, Other Federal em Suspended, or discipling Date: (Montate: (Montat	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State ned for misconduct htth/Year) Est. toth/Year) Est. toth/Year) Est.
Entry #4	□ Guit after being told you would be fired □ Left by mutual agreement following charges or allegations of misconduct □ Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employment Government, Federal Contractor, Note that semployment, in the last seven (in the workplace, such as a violation of setence of the provide the reason(s) for being warned. #2 Provide the reason(s) for being warned.	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation Provide the reason for being fire Provide the reason for puitting.	ens of misconduct. sfactory performance. sard/Reserve, USPHS Employment, or Other. sten warning, been office sciplined. sciplined.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns Commissioned Co.	te you were fired. (Monate you quit after being ear) Inte you left following charter you left by mutual against actory performance orps, Other Federal emanates assisted and the suspended, or discipling pate: (Monate: (Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State ned for misconduct htth/Year) Est. htth/Year) Est. htth/Year) Est.
Entry #4	□ Quit after being told you would be fired □ Left by mutual agreement following charges or allegations of misconduct □ Left by mutual agreement following notice of unsatisfactory performance 13A.6 Complete the following if employmer Government, Federal Contractor, Note of this employment, in the last seven (in the workplace, such as a violation of second YES ○ NO #1 Provide the reason(s) for being warned #2 Provide the reason(s) for being warned	Provide the reason for being fire Provide the reason for quitting. Provide the charges or allegation Provide the reason(s) for unsation Provide the reason for being fire Provide the reason for puitting.	ens of misconduct. sfactory performance. sard/Reserve, USPHS Employment, or Other. sten warning, been office sciplined. sciplined.	Provide the da fired. (Month/Ye Provide the da of misconduct. Provide the da a notice of uns Commissioned Co.	ate you were fired. (Montate you quit after being ear) Inte you left following charter you left by mutual against actory performance orps, Other Federal em Suspended, or discipling Date: (Montate: (Montat	Est. told you would be Est. arges or allegations Est. greement following e. (Month/Year) Est. ployment, State ned for misconduct htth/Year) Est. toth/Year) Est. toth/Year) Est.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 13B - Employment Activities - Former Federal Service Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report? YES NO (If NO, proceed to Section 13C) Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously. Entry #1 Provide dates of federal civilian employment. Provide the name of the federal agency for From Date (Month/Year) which you are/were employed. To Date (Month/Year) Provide your position title. Present Est. Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street Zip Code Country Entry #2 Provide dates of federal civilian employment. Provide the name of the federal agency for To Date (Month/Year) which you are/were employed. Provide your position title. From Date (Month/Year) Present Est. Est. Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Entry #3 Provide dates of federal civilian employment. Provide the name of the federal agency for To Date (Month/Year) From Date (Month/Year) which you are/were employed. Provide your position title. Present Est. Est. Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Entry #4 Provide dates of federal civilian employment. Provide the name of the federal agency for which you are/were employed. Provide your position title. From Date (Month/Year) To Date (Month/Year) Present Est Est Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City Zip Code Country Section 13C - Employment Record Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed? - Fired from a job? - Quit a job after being told you would be fired? - Have you left a job by mutual agreement following charges or allegations of misconduct? - Left a job by mutual agreement following notice of unsatisfactory performance? - Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy? YES (If YES, you will be required to add an additional employment in Section 13A) NO (If NO, proceed to Section 14) Section 14 - Selective Service Record Were you born a male after December 31, 1959? YES NO (If NO, proceed to Section 15) Have you registered with the Selective Service System (SSS)? The Selective Service website, www.sss.gov, can help provide the registration number for persons who have registered. Note: Selective () Yes Provide registration number: Service Number is not your Social Security Number. \bigcirc No → Provide explanation: ▶ ☐ I don't know → Provide explanation: ▶

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 15 - Military History	
Have you EVER served in the U.S. Military?	
VES. ONO (If NO proceed to 15.2)	

YES NO (If N	O, proceed to 15.2)							
15.1(a) Complete th	ne following if you respond	ded 'Yes' to having served	in the U.S. Military.					
Entry #1								
○ Army	of service you served in. Air National Guard	State of service, if National Guard	Officer or enlisted Not Applicable Officer	Provide your service no	umber.			
Army National Guard Navy Air Force		Provide your status	© Enlisted	Provide your dates of s From Date (Month/Year)	To Date (Month/Year) Present st.			
Were you discharged	Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard? YES NO							
Provide the type of control Honorable Dishonorable	discharge you received: Under Other than Honorable Conditio General	Bad Conduct Other (provide ty	ype) ▶		Provide the date of discharge listed (Month/Year)			
Provide the reason(s	s) for the discharge, if disc	charge is other than Honora	able					
Entry #2								
Army	of service you served in. Air National Guard	State of service, if National Guard	Officer or enlisted Not Applicable	Provide your service no	umber.			
O Army National Guard	Marine Corps	Provide your status Active Duty	Officer Enlisted	Provide your dates of s	service. To Date			
○ Navy○ Air Force	Coast Guard			(Month/Year)	to Date			
Were you discharge	d from this instance of U.	S. military service, to includ	le Reserves, or National (Guard?	•			
Provide the type of of the Honorable Dishonorable	discharge you received: Under Other than Honorable Condition General	Bad Conduct	una) N		Provide the date of discharge listed (Month/Year)			
		charge is other than Honora			Est.			

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

PUBLIC TRUS	T POSITIONS							
Section 15 - Military History - (Continued)								
1(b) In the last seven (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?								
Complete the following if you responded 'Yes' to In the last seven (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.								
Entry #1								
Provide the date of the court martial or other disciplinary procedure. (Month/Ye	ar) Est.							
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.							
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.							
Entry #2	1							
Provide the date of the court martial or other disciplinary procedure. (Month/Ye	ar) Est.							
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.							
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.							

Enter your Social Security Number before going to the next page		
		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

ection 15 - Military History - (Continued)	or military member in a foreign assentials	ilitor	/ intolline	200	O	
	or military member in a foreign country's m er defense force, or government agency?	mtary	y, mileniger	ice, YES	NO (If NO, proceed	d to Section 16)
Complete the following if you responded 'Ye security forces, militia, other defense force, or		nilitaı	ry member	in a foreign country	's military, intelligence	e, diplomatic,
Entry #1	0 0 7					
During your foreign service, which organizat	ion were you serving under?					
Military (Army, Navy, Air Force, Marines	, etc.), Specify ▶					
O Intelligence Service	Security Forces					
Opiplomatic Service	◯ Militia					
Other Government Agency, Specify >						
Other Defense Forces, Specify ▶						
Provide the name of the foreign organization	n.			our period of service e (Month/Year)	To Date (Month/Yea	r) Present Est.
Provide the name of the country.	Provide your highest position/rank held.			Provide division/dep		ch you served.
Provide a description of the circumstances of	f your association with this organization. I	Provi	de a descr	iption of the reason	for leaving this service	e.
Entry #2						
During your foreign service, which organizat	on were you serving under?					
Military (Army, Navy, Air Force, Marines	, etc.), Specify ▶					
☐ Intelligence Service	Security Forces					
Oiplomatic Service	◯ Militia					
Other Government Agency, Specify >						
Other Defense Forces, Specify ▶						
Provide the name of the foreign organization	n.			our period of service e (Month/Year)	To Date (Month/Yea	r) Present Est.
Provide the name of the country.	Provide your highest position/rank held.			Provide division/dep	I partment/office in which	ch you served.
Provide a description of the circumstances of	f your association with this organization	Provi	ide a descr	intion of the reason	for leaving this service	Δ
Tovide a description of the cheamstances of	n your association with this organization.	1001	uc a ucsoi	ipuon oi tile reason	for leaving this service	· · ·
or your Social Socurity Number hefe	re going to the payt page					
er your Social Security Number befo						

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 16 - People Who Know You Well Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least the last seven (7) years. Do not list your spouse, former spouse (s), other relatives, or anyone listed elsewhere on this form. Provide dates known. Provide relationship to you. (Select all that apply) Present Work associate Other (Provide explanation) Neighbor From Date (Month/Year) To Date (Month/Year) ☐ Est. Schoolmate Est. Friend Provide full name. Last name Suffix First name Middle name Provide e-mail address for this person. Provide rank/title ☐ I don't know Not applicable Provide mobile/cell telephone I don't know International or DSN ☐ I don't know International or DSN Provide telephone number for phone number number for this person. phone number this person. Extension Extension Day Night Day Night Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street Zip Code Country Entry #2 Provide relationship to you. (Select all that apply) Provide dates known. Present Neighbor Work associate Other (Provide explanation) From Date (Month/Year) To Date (Month/Year) Est. Est. Friend Schoolmate Provide full name. Last name Suffix First name Middle name Provide e-mail address for this person. Provide rank/title I don't know Not applicable Provide mobile/cell telephone International or DSN I don't know I don't know ☐ International or DSN Provide telephone number for number for this person. phone number phone number this person. Extension Extension ☐ Day Night Day Night Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Entry #3 Provide dates known. Provide relationship to you. (Select all that apply) Work associate Other (Provide explanation) -Present Neighbor From Date (Month/Year) To Date (Month/Year) Est. Est. Friend Schoolmate Provide full name. Last name First name Suffix Middle name Provide e-mail address for this person. Provide rank/title I don't know Not applicable ☐ International or DSN Provide mobile/cell telephone International or DSN Provide telephone number for I don't know I don't know number for this person. this person. phone number phone number Extension Extension Day Night Day Night Provide home or work address for this person. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street Zip Code City State Country Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

ction 17 - Marital/Rel												
vide your current mar	ital/relationship s	status wit	th regard	to civil marriage, le	gally r	ecognized civ	ʻil ur	nion, or legal	ly recogniz	ed domesti	ic partnersh	ip:
Never entered in a ci				vil union, or legally				Sepa	arated (Con	nplete 17.1 a	nd 17.3)	
recognized domestic	partnership (Coi	mplete 17.	'.3)					Ann	ulled (Comp	lete 17.2 and	d 17.3)	
Currently in a civil ma	arriage legally re	ecoanize	ed civil un	ion or legally				☐ Divo	rced/Disso	lved (Comp	lete 17.2 and	1 17 3)
recognized domestic										, ,		17.5)
									owed (Comp	olete 17.2 an	nd 17.3)	
	plete the following	ng about	the pers	a civil marriage, leg on with whom you a ou are currently sep	are in a	a civil marriage						
	isilip, or the pers	SOIT ITOTT	whom yo	die currently sep	arateu	۱.				Drovido	the date of	hirth
Provide full name. Last name		First n	ame		N/	liddle name			Suffix	(Month/D		DITUT.
<u> </u>			iaino			nadio namo				ľ	• ,	
Provide place of birth.			<u>.</u> .						<u>.</u> .			
City			Count	у			١;	State	Country <i>(i</i>	required)		
f the person is foreign	born, provide o	ne type c	of docume	entation that he or s	he po	ssesses and t	the o	document nu	ımber.			
	1 _	-				None (P	rovi	ide explanati	on)			
FS 240 or 545		_ U.S. P	assport (current or most rece	ent)	Thomas (i	1001	ide explanati	OII)			
□ 50 4050		□ Alion F	Registrati	on								
☐ DS 1350		Alleli F	Registrati	OH								
						Other (P	rov	ride explanati	ion)			
U.S. Certificate of	. _	م عال		of Naturalization								
		1 U.S. U	ertificate	oi naturalization		1						
Citizenship		_	ertificate	of Naturalization								
Citizenship			ertificate	of Naturalization								
			еппсате	oi Naturalization			F	Provide U.S.	Social Sec	urity Numb	er.	
Citizenship			ertificate	oi Naturanzation			F	Provide U.S.	Social Sec	urity Numb		applicable
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Citizenship Provide document nui	mber. used (such as m	aiden na	ame, nam	es by other marriag			lega	ally recognize	ed	urity Numb	Not	
Citizenship Provide document nul	mber. used (such as m	aiden na	ame, nam	es by other marriag			lega	ally recognize for each nan	ed	urity Numb	Not	applicable
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Citizenship Provide document num Provide other names of civil unions, or legally #1 Last name	mber. used (such as m recognized dom	aiden na estic par	ame, nam	es by other marriag s, nicknames, etc., a First name	and pro	ovide dates us	lega	ally recognize for each nan	ed ne).	urity Numb	Not	applicable
Citizenship Provide document num Provide other names civil unions, or legally	mber. used (such as m	aiden na estic par	ame, nam rtnerships	es by other marriag s, nicknames, etc., a	and pro	ovide dates us	lega	ally recognize for each nan	ed ne).	urity Numb	Not	applicable
Citizenship Provide document num Provide other names of civil unions, or legally #1 Last name Maiden name?	mber. used (such as m recognized dom	aiden na estic par	ame, nam	es by other marriags, nicknames, etc., a First name To (Month/Year)	and pro	ovide dates us	lega	ally recognize for each nan Middle	ed ne). name	urity Numb	Not	applicable ffix
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Citizenship Provide document num Provide other names or civil unions, or legally #1 Last name Maiden name? #2 Last name Maiden name? #3 Last name Maiden name? #4 Last name Provide country(ies) or legally	mber. used (such as m recognized dom From (Month/Y) From (Month/Y) From (Month/Y)	aiden na estic par ear)	ame, namertnerships Est. Est.	res by other marriag s, nicknames, etc., a First name To (Month/Year) First name To (Month/Year) First name To (Month/Year) First name To (Month/Year)		Present Est. Present Est. Present Est.	legased	Middle Middle	ed ne). name name	tered into y	Not Su Su Su Su our civil	applicable ffix ffix ffix

 \bigcirc YES \longrightarrow

 \bigcirc NO

(Month/Day/Year)

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Country

Zip Code

Section 17 - Marital/Relationship Status - (Continued) 17.1 Complete the following if you selected currently in a civil marriage, legally recognized civil union, or legally recognized domestic partnership or Separated. Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated. (Continued) Provide location. (Provide City and Country if outside the United States; otherwise, provide City or County and State.) County State Country Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Use my current address Country City State Zip Code Provide telephone number. Extension Provide email address. Use my current telephone number Does the person have an APO/FPO address within the United States? \bigcirc YES \longrightarrow Address APO or FPO APO/FPO State Code Zip Code \bigcirc NO If you have indicated an APO/FPO address; 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 Are you separated? If legally separated, provide the location of the record. Not Applicable (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Provide date of separation.

City

Est.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 17 - Marital/Relationship Status - (Continued) Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report? YES ○NO 17.2 Complete the following if you selected divorced/dissolved, annulled, or widowed. Provide information about any person from whom you are divorced/ dissolved, annulled, or widowed. Entry #1 Provide the full name. Provide the date of birth. (Month/Day/Year) Suffix Last name Middle name First name Est Provide the place of birth. City State Zip Code Country (Required) Provide the country(ies) of citizenship. Country #1 Country #2 Provide the date your civil marriage, civil union, or domestic partnership was legally recognized. (Month/Day/Year) Est. Provide the location. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.) City State Country Provide the status. Provide the date divorced/dissolved, annulled or widowed. (Month/Day/Year) O Divorced/Dissolved Annulled Est. Provide where the record of divorce/dissolution or annulment is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) State City Zip Code Country Is this person deceased? YES NO (If NO, complete (a)) O I don't know (a) Provide last known address of the person from whom you are divorced/dissolved or annulled. (Provide City and Country if outside the I don't know United States; otherwise, provide City, State and Zip Code) City Street State Zip Code Country

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 17 - Marital/Relationship Status	- (Continued)						
Do you have a person from whom you a	are divorced/dissolved, and	nulled, or wide	owed to report?		YES (NO	
17.2 Complete the following if you sele divorced/dissolved, annulled, or w		l", "annulled	", or "widowed" . Pi	rovide inform	ation about a	any person from who	om you are
Entry #2							
Provide the full name.						Provide the date of	f birth.
Last name	First name		Middle name		Suffix	(Month/Day/Year)	
							Est.
Provide the place of birth.							
City		State I	Zip Code	Countr	y (Required)		
Provide the country(ies) of citizenship.		C a compton of	40				
Country #1		Country #	72				
Provide the date your civil marriage, civ	vil union, or domestic partn	ership was le	gally recognized. (A	//onth/Day/Yea	r)		
Est.							
Provide the location. (Provide City and Col	untry if outside the United State		ovide City, State and C	ountry.)			
City		State	Country				
Provide the status.		Provide the	date divorced/disso	olved, annulle	ed or widowe	d. (Month/Day/Year)	
Divorced/Dissolved Widow	ved Annulled						Est.
Provide where the record of divorce/dis	solution or annulment is lo	•				wise, provide City, State	and Zip Code)
City		State I	Zip Code	Countr	у		
Is this person deceased?							
YES NO (If NO, complete (a	a))	w					
(a) Provide last known address of the p United States; otherwise, provide City, Sta	person from whom you are ate and Zip Code)	divorced/diss	solved or annulled. (Provide City a	nd Country if ou	itside the	I don't know
Street	City		State Z	Zip Code	Count	ry	

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 17 - Marital/Relationship Status - (Continued) Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic YES NO (If NO, proceed to Section 18) 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. Complete the following if you presently reside with a cohabitant. Entry #1 Provide the cohabitant full name. Provide the cohabitant date of birth. Last name First name Middle name Suffix Date (Month/Day/Year) Est. Provide the cohabitant place of birth. City Country (Required) State For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number. None (Provide explanation) U.S. Passport (current or most recent) FS 240 or 545 Alien Registration DS 1350 Other (Provide explanation) U.S. Certificate of U.S. Certificate of Naturalization Citizenship Provide document number. Provide your cohabitant's U.S. Social Security Number. Not applicable Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each Not applicable name was used). #1 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Est. Est. #2 Last name Suffix First name Middle name From (Month/Year) To (Month/Year) Maiden name? Present Est. Est. #3 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Est. Est. #4 Last name Middle name Suffix First name Maiden name? From (Month/Year) To (Month/Year) Present Est. Provide your cohabitant's country(ies) of citizenship. Provide date cohabitation began. (Month/Day/Year) Country #1 Country #2 Est.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 17 - Marital/Relationship Status - (Continued) Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic YES NO (If NO, proceed to Section 18) 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. Complete the following if you presently reside with a cohabitant. Entry #2 Provide the cohabitant full name. Provide the cohabitant date of birth. Last name First name Middle name Suffix Date (Month/Day/Year) Est. Provide the cohabitant place of birth. City State Country (Required) For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number. ☐ None (Provide explanation) U.S. Passport (current or most recent) FS 240 or 545 Alien Registration DS 1350 Other (Provide explanation) U.S. Certificate of U.S. Certificate of Naturalization Citizenship Provide document number. Provide your cohabitant's U.S. Social Security Number. Not applicable Provide other names used by your cohabitant (such as maiden name, names by other marriages, etc., and provide dates each Not applicable name was used). #1 Last name First name Middle name Suffix Maiden name? From (Month/Year) To (Month/Year) Present Est. Est. #2 Last name Suffix First name Middle name From (Month/Year) To (Month/Year) Maiden name? Present Est. Est. #3 Last name Suffix First name Middle name Maiden name? From (Month/Year) To (Month/Year) Present Est. Est. #4 Last name Middle name Suffix First name Maiden name? From (Month/Year) To (Month/Year) Present Est. Provide your cohabitant's country(ies) of citizenship. Provide date cohabitation began. (Month/Day/Year) Country #1 Country #2 Est.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 18 - Relatives						
Select each type of relative applicable to yo Select all that apply.	u, regardless if	they are living or de	eceased. (An op	portunity	y will be provided to list multiple	relatives for each type.)
Mother Foster pa	rent		Sister		Half-sister	
Father Child (incl	luding adopted/f	foster)	Stepbrother		Father-in-law	
Stepmother Stepchild			Stepsister		Mother-in-law	
Stepfather Brother			Half-brother		Guardian	
Entry #1						
Provide relative type.						
,						
Provide your relative's full name.						
Last name	First na	ame			Middle name	Suffix I
Provide your relative's date of birth. Provide (Month/Year) City	vide your relativ	e's place of birth.	State		Country (Required)	
Est.					Country (Negaliea)	
Provide your relative's country(ies) of citizer	nship.					
Country #1	'	Country #2				
·						
18.1 Complete the following if the relative	e listed is vour l	 Mother Father Sto	enmother Sten	father (Child (including adopted/fost	er) Stenchild Brother
Sister, Stepbrother, Stepsister, H			.,	,	(
If mother, provide your mother's maiden	name.	Same as listed	I don't k	now		
Last name	First na	ame		1	Middle name	Suffix
Has this relative used any other names?						
○ YES ○ NO						
Provide other names used and the period	d of time that yo	ur relative used the	m (such as maic	len, nan	ne by a former marriage, forme	Not applicable
name, alias, or nickname).		First a succession			NA: dalla se assa	
#1 Last name		First name			Middle name	Suffix
Maiden name? From (Month/Yea	A	T- (44-14-04-1-)		Drav	uide the recent(s) why the nem	a shangad
Maiden name? From (Month/Yeal	_	To (Month/Year)	Present		vide the reason(s) why the nam	e changed.
	Est.		Est.			0 "
#2 Last name		First name			Middle name I	Suffix I
Maidan nama?		T- 44 (194)		D	ide the many of North of the many	
Maiden name? From (Month/Yea.	•	To (Month/Year)	Present	Pro\	vide the reason(s) why the nam	e cnangea.
YES NO	Est.		Est.			
#3 Last name		First name I			Middle name	Suffix I
Mil C F W W						
Maiden name? From (Month/Yea	•	To (Month/Year)	Present	Pro\	vide the reason(s) why the nam	e changed.
YES NO	Est.		Est.			
#4 Last name		First name			Middle name	Suffix I
Maiden name? From (Month/Yea.		To (Month/Year)	Present	Prov	vide the reason(s) why the nam	e changed.
○ YES ○ NO	Est.		Est.			
				•		

QUESTIONNAIRE FOR

our relative decease	ed?		○ YES		ONO (f NO, proceed to 1	18.2)	
8.2 Complete the f	ollowing if the relative listenther, Sister, Stepbrothe	ed is your Mother, Fa er, Stepsister, Half-b	ther, Stepmother, rother, Half-sister.	Stepfather, F Father-in-law	ner, Foster parent, Child (including adopted/foster in-law, Mother-in-law, Guardian and is not deceased			
	's current address. (Provid							
Jucci				Ciaic	Zip Gode	Country		
	ve an APO/FPO address			1				
) YES →) NO	Provide your relative's Address	APO/FPO address.	A	PO or FPO	APO/FPO	State Code	Zip Code	
I don't know								

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 18 - Relatives - (Continued)				
Select each type of relative applicable to you, rega	rdless if they are living or de	eceased. (An opportunit	ty will be provided to list multiple rela	atives for each type.)
Select all that apply. Mother Foster parent		Sister	☐ Half-sister	
Father Child (including a	adonted/foster)	Stepbrother	Father-in-law	
Stepmother Stepchild	laoptea/ioster/	Stepsister	Mother-in-law	
Stepfather Brother		Half-brother	Guardian	
Entry #2		rian-brotrier	Guardian	
Provide relative type.				
Flovide relative type.				
Provide your relative's full name.				
Last name	First name		Middle name	Suffix
Provide your relative's date of birth. Date (Month/Year) Provide you City	ır relative's place of birth.	State	Country (Required)	
Est.		State	Country (Nequired)	
Provide your relative's country(ies) of citizenship.				
Country #1	Country #2			
18.1 Complete the following if the relative liste	d is your Mother, Father, S	tepmother, Stepfathe	r, Child (including adopted/foster), Stepchild, Brother,
Sister, Stepbrother, Stepsister, Half-br				
If mother , provide your mother's maiden name	Same as listed	I don't know		
Last name	First name		Middle name	Suffix
Has this relative used any other names?				
○ YES ○ NO				
Provide other names used and the period of tir name, alias, or nickname).	ne that your relative used th	em (such as maiden, n	ame by a former marriage, former	Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	□ Present P	rovide the reason(s) why the name	l changed.
○YES ○NO	□ Est.	Est.	, , ,	-
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present P	rovide the reason(s) why the name	changed.
○YES ○NO	Est.	Est.		
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present	rovide the reason(s) why the name	changed.
○YES ○NO	_ Est.	Est.		
#4 Last name	First name	<u>. </u>	Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present P	rovide the reason(s) why the name	changed.
YES NO	_ Est.	Est.		
·	·	·		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

5 C	CFR Parts 731, 732, and	736	PUBLIC TRUST P						
	Section 18 - Relative	es - (Continued)							
ı	s your relative decea	sed?	○ YES	NO (If NO, proceed to 18.2)					
	18.2 Complete the Stepchild, Br	e following if the relative listed is your rother, Sister, Stepbrother, Step	our Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster) osister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased						
#5		e's current address. (Provide City a							
Entry #2									
		nave an APO/FPO address? Provide your relative's APO/FF	20 address						
	YES → NO	Address	o address.	APO or FPO	APO/FP	O State Code	Zip Code		
	O I don't know								

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QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Section 18 - Relatives -	(Continued)							
Select each type of relativ Select all that apply.	e applicable	to you, rega	dless if	they are living or d	eceased. (An opportunity	y will be provided to list multiple relat	tives for each type.)
Mother	Fost	er parent			Sister		Half-sister	
Father	Chile	d (including a	dopted/f	oster)	Stepb	rother	Father-in-law	
Stepmother	Step	child		Stepsister			Mother-in-law	
Stepfather	Brot	her			Half-b	rother	Guardian	
Entry #3	_				_		-	
Provide relative type.								
Provide your relative's full Last name	name.		First na	ame			Middle name	Suffix
Provide your relative's dat Date (Month/Year)	e of birth.	Provide you City	r relative	e's place of birth.		State	Country (Required)	
Provide your relative's cou	intry(ies) of	citizenship.					.!	
Country #1				Country #2				
18.1 Complete the follo Sister, Stepbroth					epmother	, Stepfather,	Child (including adopted/foster), S	Stepchild, Brother,
If mother, provide your	mother's ma	aiden name.		Same as listed	l d	don't know		
Last name		ı	First na	ame		i	Middle name	Suffix
i								
Has this relative used a	ny other nar	nes?						•
○ YES ○ NO								
Provide other names us name, alias, or nicknam		period of time	that you	ur relative used the	em (such a	s maiden, nan	me by a former marriage, former	Not applicable
#1 Last name	ie).			First name			Middle name	Suffix
Maiden name?	From (Mont	h/Year)		To (Month/Year)	Pres	ent Pro	vide the reason(s) why the name cha	l anged.
○YES ○NO	,		Est.		Est.		()	J
#2 Last name				First name			Middle name	Suffix
Maiden name?	From (Mont	h/Year)		To (Month/Year)	Pres	ent Pro	vide the reason(s) why the name ch	I anged.
○YES ○NO	·		Est.		Est.			
#3 Last name				First name		ļ	Middle name	Suffix
Maiden name?	From (Mont	h/Year)		To (Month/Year)	Pres	ent Pro	ovide the reason(s) why the name cha	anged.
○YES ○NO		П	Est.		Est.			
#4 Last name				First name		ļ.	Middle name	Suffix
Maiden name?	From (Mont	h/Year)		To (Month/Year)	Pres	ent Pro	vide the reason(s) why the name cha	I anged.
○YES ○NO	, ,,,,,	-	Est.]	Est.		(, ,	Ü
				l				

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

FR Parts 731, 732, and		PUBLIC 1	RUST PO	SITIONS			
Section 18 - Relative	es - (Continued)						
your relative decea	sed?		○ YES		○NO	(If NO, proceed to	18.2)
18.2 Complete the Stepchild, Br	following if the relative lister rother, Sister, Stepbrother	d is your <mark>Mother, Fath</mark> e, Stepsister, Half-brot	er, Stepmother her, Half-sister	, Stepfather, F , Father-in-la	Foster parent, Chi w, Mother-in-law,	i <mark>ld (including ad</mark> Guardian and is	opted/foster), not deceased.
Provide your relative	e's current address. (Provide	City and Country if outside City	the United States,	otherwise, provid	de City, State and Zip Zip Code	Code) Country	
Circoi					Zip Gode		
_	ave an APO/FPO address?	O/EDO addraga				!	
YES → NO	Provide your relative's AF Address	O/FFO address.	,	APO or FPO	APO/FPO	O State Code	Zip Code
I don't know							
er vour Social S	ecurity Number before	aoina to the next p	age				

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 18 - Relatives - (Continued)				
Select each type of relative applicable to you, regardless Select all that apply.	f they are living or o	leceased. (An oppor	rtunity will be provided to list multiple re	atives for each type.)
Mother Foster parent		Sister	Half-sister	
Father Child (including adopted	l/foster)	Stepbrother	Father-in-law	
Stepmother Stepchild		Stepsister	Mother-in-law	
Stepfather Brother		Half-brother	Guardian	
Entry #4				
Provide relative type.				
Provide your relative's full name.				
	name		. Middle name	Suffix
Provide your relative's date of birth. Provide your relative	ve's place of birth.		-	
Date (Month/Year) City		State I	Country <i>(Required)</i>	
Est.				
Provide your relative's country(ies) of citizenship. Country #1	Country #2			
Gountly #1				
40.4. O models the fall min of the male fine lists of in-	Nother Follow		steen Obited for the diam of the steen	Otanakiid Boothan
18.1 Complete the following if the relative listed is you Sister, Stepbrother, Stepsister, Half-brother, F		tepmotner, Stepfat	ther, Child (including adopted/foster)	, Stepchila, Brother,
If mother , provide your mother's maiden name.	Same as listed	I don't kno	w	
Last name First	name		Middle name	Suffix
Has this relative used any other names?				
○ YES ○ NO				
Provide other names used and the period of time that y	our relative used the	em (such as maiden	n, name by a former marriage, former	Not applicable
name, alias, or nickname). #1 Last name	First name		Middle name	Suffix
#1 =300s				
Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name o	l
○YES ○NO □ Est.		Est.		•
#2 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name of	hanged.
○YES ○NO □ Est.		Est.		
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name of	hanged.
○YES ○NO □ Est.		Est.		
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the name of	hanged.
○YES ○NO □ Est.		Est.		
<u> </u>	I		1	
Enter your Social Security Number before going	to the next page			

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

	Section 18 - Relatives	s - (Continued)					
	ls your relative deceas	ed?	○ YES		○ NO (If NO, proceed to 18.	2)
		following if the relative listed is you					
Entry #4	Provide your relative Street	's current address. (Provide City an	nd Country if outside the United States City	; otherwise, provid State	e City, State and Zip C Zip Code	Code) Country	
_	Does this relative has YES NO I don't know	ve an APO/FPO address? Provide your relative's APO/FPo Address		APO or FPO	APO/FPO	State Code	Zip Code

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Section 18 - Relatives -	(Continued)				
Select each type of relativ Select all that apply.	e applicable to you, rega	rdless if they are living or d	eceased. (An opportu	unity will be provided to list multi	ple relatives for each type.)
Mother	Foster parent		Sister	Half-sister	
Father	Child (including a	adopted/foster)	Stepbrother	Father-in-law	
Stepmother	Stepchild		Stepsister	Mother-in-law	
Stepfather	Brother		Half-brother	Guardian	
Entry #5			_	_	
Provide relative type.					
Provide your relative's full Last name	name.	First name		Middle name	Suffix
Last name		I i i i i i i i i i i i i i i i i i i		Wilder Hame	Guillix
Provide your relative's dat	e of birth. Provide you	I ur relative's place of birth.		<u> </u>	
Date (Month/Year)	City	·	State I	Country (Required)	
	Est.				
Provide your relative's cou	intry(ies) of citizenship.	Country #2			
Country #1		Country #2			
49.4 Complete the fello	wing if the relative listed	is your Mathew Eather St	anmathau Stanfatha	er, Child (including adopted/fo	notes) Stanobild Brother
•	er, Stepsister, Half-bro	•	epmotner, Stepiathe	er, Child (including adopted/ic	oster), Stepchila, Brother,
If mother, provide your	mother's maiden name.	Same as listed	I don't know		
Last name		First name		Middle name	Suffix
i					
Has this relative used a	ny other names?			•	
○ YES ○ NO					
Provide other names us name, alias, or nicknam		e that your relative used the	em (such as maiden,	name by a former marriage, forr	mer Not applicable
#1 Last name		First name		Middle name	Suffix
Maiden name?	From (Month/Year)	To (Month/Year)	☐ Present	Provide the reason(s) why the na	ame changed.
YES NO		Est.	Est.		
#2 Last name		First name		Middle name	Suffix
Maiden name?	From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the na	ame changed.
YES ○ NO		Est.	Est.		
#3 Last name		First name		Middle name	Suffix
Maiden name?	From (Month/Year)	To (Month/Year)		Provide the reason(s) why the na	ama ahangad
YES NO	Tioni (Month real)	. 1	resent	Frovide the reason(s) willy the hi	ame changed.
		Est.	Est.	Middle verses	Coeffici
#4 Last name		First name		Middle name	Suffix
Maiden name?	From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the na	l ame changed.
○YES ○ NO		Est.	Est.	(-,,	J
	L_				

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QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

5 C	CFR Parts 731, 732, and 7	736	FUBLIC TRUST FOR	31110143			
E	Section 18 - Relatives	s - (Continued)					
I	ls your relative deceas	sed?	○ YES	i	\bigcirc N	NO (If NO, proceed	d to 18.2)
	•	following if the relative listed is you other, Sister, Stepbrother, Steps				•	• • • • • • • • • • • • • • • • • • • •
Entry #5	Provide your relative Street	e's current address. (Provide City an	d Country if outside the United States; City	otherwise, provid State	de City, State and Zip C Zip Code	Code) Country	
	Does this relative has O YES → O NO O I don't know	ave an APO/FPO address? Provide your relative's APO/FPo Address		NPO or FPO	APO/FPO	State Code	Zip Code

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Section 18 - Rela	tives - (Continue	d)					
Select each type of Select all that app	of relative applicab ly.	le to you, regardles	ss if they are living or d	leceased.	(An opportunit	ty will be provided to list m	nultiple relatives for each type.)
Mother	☐ Fo	ster parent		Siste	r	Half-sister	
Father	Ch	ild (including adop	ted/foster)	Stepl	orother	Father-in-law	
Stepmother	Ste	epchild		Step	sister	Mother-in-law	
Stepfather	Br	other		Half-	orother	Guardian	
Entry #6							
Provide relative ty	pe.						
Provide your relat	ve's full name.						0 15
Last name		Fir	st name			Middle name	Suffix
		Dravida vaur ra	lativala place of high				
Provide your relat Date (Month/Year)	ve's date of birth.	City	lative's place of birth.		State	Country (Required)	
	Est.						
Provide your relat	ve's country(ies) c	f citizenship.					
Country #1			Country #2				
				tepmothe	, Stepfather,	Child (including adopte	d/foster), Stepchild, Brother,
	-	ister, Half-brother	, Half-sister.				
#	de your mother's r		Same as listed	I	don't know		
Last name		Fir 	st name			Middle name	Suffix
	e used any other n	ames?					
○ YES ○ N							
Provide other n name, alias, or		e period of time tha	it your relative used the	em (such a	is maiden, nai	me by a former marriage,	former Not applicable
#1 Last name	,		First name			Middle name	Suffix
Maiden nar	ne? From (Mo	nth/Year)	To (Month/Year)	☐ Pre	sent Pro	ovide the reason(s) why th	ie name changed.
○YES (⊃ NO	☐ Est		Est.			
#2 Last name	'		First name			Middle name	Suffix
Maiden nar	ne? From (Ma	nth/Year)	To (Month/Year)	Pre	sent Pro	ovide the reason(s) why th	e name changed.
○YES (⊃ NO	☐ Est		Est.			
#3 Last name	•		First name		•	Middle name	Suffix
Maiden nar	1	nth/Year)	To (Month/Year)	Pre	sent Pro	ovide the reason(s) why th	e name changed.
○YES (⊃ NO	Est		Est.			
#4 Last name			First name			Middle name	Suffix
Maiden nar	1	nth/Year)	To (Month/Year)	Pre	sent Pro	ovide the reason(s) why th	e name changed.
○YES () NO	Est		Est.			
-			1				

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QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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our relative decea	ased?		○ YES	○ NO (If NO, pr	oceed to 18.2)
3.2 Complete the Stepchild, B	e following if the relative listed is rother, Sister, Stepbrother, S	s your Mother, Father, stepsister, Half-brother	Stepmother, Stepfather, Fos , Half-sister, Father-in-law, I	ter parent, Child (including Mother-in-law, Guardian an	g adopted/foster), id is not deceased.
rovide your relati treet	ve's current address. (Provide Ci	ty and Country if outside the City		City, State and Zip Code) Cip Code Country	
oes this relative I YES NO I don't know	nave an APO/FPO address? Provide your relative's APO Address	/FPO address.	APO or FPO	APO/FPO State Code	e Zip Code

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 19 - Foreign Countries You ha	ve Visited							
lave you traveled outside the U.S. in the last seven (7) years?								
Has your travel in the last seven (7) yea assignment on official government orders Government business)?				○ Y	ES (If YES, proce	ed to Section 20) NO		
Complete the following if you responde Provide information about all such trips on official government orders.								
Entry #1								
Provide the country visited.	I number of day	s involved in the visit.						
	·	To (Month/Year)	Present	<u> </u>	<u> </u>	More than 30		
	Est.		Est.	<u> </u>	<u>21-30</u>	Many short trips		
Provide the purpose of the travel to this	s country (Select all that apply).							
Business/Professional	Education	Trade shows,	conference	s, and seminars	□ 0	ther		
Volunteer activities	Tourism	Visit family or f	riends					
While traveling to, or in this country, we customs or security service officials wh	en entering or leaving this count		(other than	for normal custo	oms requiremer	nts) by the local		
While traveling to or in this country, we	re you involved in any encounter	r with the police?						
YES — If yes, provide	explanation.							
○ NO								
While traveling to or in this country, we intelligence, terrorist, security, or militar		ct with any person kn	own or sus	pected of being	involved or ass	ociated with foreign		
YES — If yes, provide	explanation.							
○ NO								
Complete the following if you responde Provide information about all such trips on official government orders.								
Entry #2								
Provide the country visited.	Provide the dates of your travel	I to this country.		Provide the tota	I number of day	s involved in the visit.		
,	_	o (Month/Year)	Present	<u> </u>	<u>11-20</u>	More than 30		
	Est.		Est.	<u>6-10</u>	<u>21-30</u>	Many short trips		
Provide the purpose of the travel to this	s country (Select all that apply).	_		_				
Business/Professional	Education	Trade shows,	conference	s, and seminars	□ 0	ther		
☐ Volunteer activities	Tourism	Visit family or f	riends					
While traveling to, or in this country, we customs or security service officials who YES ———————————————————————————————————	en entering or leaving this count		other than	for normal custo	oms requiremer	nts) by the local		
While traveling to or in this country, we	re you involved in any encounter	r with the police?						
YES — If yes, provide	explanation.							
○ NO								
While traveling to or in this country, we intelligence, terrorist, security, or militar		ct with any person kn	own or sus	pected of being	involved or ass	ociated with foreign		
YES — If yes, provide	, ,							
○ NO	•							

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Section 19 - Foreign Countries You have Visited - Continued

Complete the following if you responded Provide information about all such trips on official government orders.	•		` ,	•	•			
Entry #3								
Provide the country visited. Provide the dates of your travel to this country. Provide the total number of days involved in to								
•	From (Month/Year)	To (Month/Year)	Present	<u> </u>	<u> </u>	More than 30		
□ Est. □ 6-10 □ 21-30 ○ Many short								
Provide the purpose of the travel to this	s country (Select all that apply).						
☐ Business/Professional ☐ Education ☐ Trade shows, conferences, and seminars ☐ Other								
☐ Volunteer activities	Tourism	Visit family	y or friends					
While traveling to, or in this country, we			ned (other than	n for normal cu	stoms requireme	ents) by the local		
customs or security service officials where YES ———————————————————————————————————	•	untry?						
	, схріанацоп.							
While traveling to or in this country, we	are you involved in any encoun	ter with the police?)					
YES — If yes, provide	,	iter with the police:						
○ NO	одранатон.							
While traveling to or in this country, we	ere vou involved in any encoun	iter with the nolice?)					
vville daveling to or in this country, we	ore you involved in any enlocan	ner with the police.						
	e explanation.							
○ NO								
	186 14 1 1 4 1 1 4							
Complete the following if you responded Provide information about all such trips on official government orders.								
Provide information about all such trips								
Provide information about all such trips on official government orders.		tes including perso		in conjunction	with official U.S.			
Provide information about all such trips on official government orders. Entry #4	s made outside the United Stat	tes including perso		in conjunction	with official U.S.	Government business		
Provide information about all such trips on official government orders. Entry #4	s made outside the United State	tes including perso	nal trips made	Provide the to	with official U.S.	Government business bys involved in the visit.		
Provide information about all such trips on official government orders. Entry #4	Provide the dates of your tra	vel to this country. To (Month/Year)	nal trips made	Provide the to	with official U.S.	ays involved in the visit. More than 30		
Provide information about all such trips on official government orders. Entry #4 Provide the country visited.	Provide the dates of your tra	vel to this country. To (Month/Year)	nal trips made	Provide the to	otal number of da	ays involved in the visit. More than 30		
Provide information about all such trips on official government orders. Entry #4 Provide the country visited. Provide the purpose of the travel to this	Provide the dates of your tra From (Month/Year) Est. S country (Select all that apply	vel to this country. To (Month/Year)). Trade sho	nal trips made	Provide the to	otal number of da	ays involved in the visit. More than 30 Many short trips		
Provide information about all such trips on official government orders. Entry #4 Provide the country visited. Provide the purpose of the travel to this Business/Professional Volunteer activities While traveling to, or in this country, we	Provide the dates of your tra From (Month/Year) Est. s country (Select all that apply Education Tourism ere you questioned, searched,	vel to this country. To (Month/Year) . Trade sho Visit family	Present Est. ws, conference y or friends	Provide the to 1-5 6-10	otal number of da	ys involved in the visit. More than 30 Many short trips Other		
Provide information about all such trips on official government orders. Entry #4 Provide the country visited. Provide the purpose of the travel to this Business/Professional Volunteer activities While traveling to, or in this country, we customs or security service officials where the purpose of the travel to this purpose of the travel to the travel to this purpose of the travel to the travel to this purpose of the travel to	Provide the dates of your tra From (Month/Year) Est. s country (Select all that apply Education Tourism ere you questioned, searched, nen entering or leaving this country the dates of your trace.	vel to this country. To (Month/Year) . Trade sho Visit family	Present Est. ws, conference y or friends	Provide the to 1-5 6-10	otal number of da	ys involved in the visit. More than 30 Many short trips Other		
Provide information about all such trips on official government orders. Entry #4 Provide the country visited. Provide the purpose of the travel to this Business/Professional Volunteer activities While traveling to, or in this country, we customs or security service officials where YES If yes, provide	Provide the dates of your tra From (Month/Year) Est. s country (Select all that apply Education Tourism ere you questioned, searched, nen entering or leaving this country the dates of your trace.	vel to this country. To (Month/Year) . Trade sho Visit family	Present Est. ws, conference y or friends	Provide the to 1-5 6-10	otal number of da	ys involved in the visit. More than 30 Many short trips Other		
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Provide information about all such trips on official government orders. Entry #4 Provide the country visited. Provide the purpose of the travel to this Business/Professional Volunteer activities While traveling to, or in this country, we customs or security service officials who yes If yes, provide NO While traveling to or in this country, we yes If yes, provide NO While traveling to or in this country, we yes, provide NO	Provide the dates of your transferom (Month/Year) Est. s country (Select all that apply Education Tourism ere you questioned, searched, nen entering or leaving this couse explanation.	vel to this country. To (Month/Year)). Trade sho Visit family or otherwise detai	Present Est. ws, conference y or friends ned (other than	Provide the to 1-5 6-10 es, and seminal out	otal number of da 11-20 21-30 ars customs requirement	ys involved in the visit. More than 30 Many short trips Other ents) by the local		
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Provide information about all such trips on official government orders. Entry #4 Provide the country visited. Provide the purpose of the travel to this Business/Professional Volunteer activities While traveling to, or in this country, we customs or security service officials who YES If yes, provide NO While traveling to or in this country, we YES If yes, provide NO While traveling to or in this country, we NO While traveling to or in this country, we NO	Provide the dates of your transform (Month/Year) Est. s country (Select all that apply Education Tourism ere you questioned, searched, nen entering or leaving this course explanation. ere you involved in any encounter explanation.	vel to this country. To (Month/Year)). Trade sho Visit family or otherwise detai	Present Est. ws, conference y or friends ned (other than	Provide the to 1-5 6-10 es, and seminal out	otal number of da 11-20 21-30 ars customs requirement	ys involved in the visit. More than 30 Many short trips Other ents) by the local		
Provide information about all such trips on official government orders. Entry #4 Provide the country visited. Provide the purpose of the travel to this Business/Professional Volunteer activities While traveling to, or in this country, we customs or security service officials who YES If yes, provided NO While traveling to or in this country, we yes NO While traveling to or in this country, we intelligence, terrorist, security, or milital	Provide the dates of your transform (Month/Year) Est. s country (Select all that apply Education Tourism ere you questioned, searched, nen entering or leaving this course explanation. ere you involved in any encounter explanation.	vel to this country. To (Month/Year)). Trade sho Visit family or otherwise detai	Present Est. ws, conference y or friends ned (other than	Provide the to 1-5 6-10 es, and seminal out	otal number of da 11-20 21-30 ars customs requirement	ys involved in the visit. More than 30 Many short trips Other ents) by the local		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 20 - Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

- 20.1 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.)

 YES NO (If NO, proceed to 20.2)
 - In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)

convictions or s	entences in any F en (7) years have	e you been arrested by any poli e you been charged with, convi Federal, state, local, military, or e you been or are you currently	non-U.S. court, eve on probation or par	en if previously listed	court? (Includ	e all qualifying charges,
- Are you current		ting a trial on criminal charges?				
try #1		December of decembers	5 (In a series and a series)	f H Canana		
ovide the date of offense	. (Month/Year) Г	Provide a description	of the specific natur	re of the oπense.		
	L] Est.				
Did this offense involve	any of the followi	ing?				
		nce (such as battery or assault er, former spouse or legally red				
Involve firearms or	evnlosives?					
Involve alcohol or d	•					
			The state of the s	O		2: 1: 2: 2: 0: 4:
Provide the location wh	ere the oπense o	ccurred. <i>(Provide City and Countr</i>) County	y if outside the United : State	States; otherwise, prov Zip Code	ide City, County, Country	, State and Zip Code)
,						
	O, proceed to (c))					
Provide the name of the Provide the location of to City As a result of this offens YES Pr (If	e law enforcemen))	untry if outside the Unit	Zip Code	Country	
Provide the name of the Provide the location of to City As a result of this offens YES Pr (If NO Pr	the law enforcements see were you chargovide the name of YES, complete (c.1) ovide explanation	ent agency. (Provide City and Cou County ged, convicted, currently awaiting f the court.	untry if outside the Unit State ng trial, and/or orde	Zip Code	Country Int in a criminal	proceeding against you
Provide the name of the Provide the location of to City As a result of this offens YES Pr (If NO Pr	the law enforcements see were you chargovide the name of YES, complete (c.1) ovide explanation	ent agency. (Provide City and Cou County ged, convicted, currently awaiting f the court.	untry if outside the Unit State ng trial, and/or orde	Zip Code	Country Int in a criminal	proceeding against you
Provide the name of the Provide the location of the City As a result of this offens YES Provide the location of the City ONO Provide the location of the City Provide all the charge	the law enforcements the law e	ent agency. (Provide City and Cou County ged, convicted, currently awaiting f the court.) Provide City and Country if outside to	ng trial, and/or orde the United States; other State outcome of each cha	Zip Code red to appear in cou rwise, provide City, Co Zip Code arged offense (such	Country Int in a criminal unty, State and 2 Country as found guilty	proceeding against you Zip Code) /, found not-guilty, charg
Provide the location of to City As a result of this offens YES Provide the location of to City O NO Provide the location of the City Provide all the charge dropped or "nolle provide prov	the law enforcements the law e	ent agency. (Provide City and Cou County ged, convicted, currently awaiting f the court. Provide City and Country if outside to County t you for this offense, and the o	ng trial, and/or orde the United States; other State outcome of each cha	Zip Code red to appear in cou rwise, provide City, Co Zip Code arged offense (such	Country Int in a criminal unty, State and 2 Country as found guilty	proceeding against you Zip Code) /, found not-guilty, charge
Provide the location of City As a result of this offens YES Provide the location of City One Provide the location of City Provide all the charged dropped or "nolle provide offense.	the law enforcements the law e	ent agency. (Provide City and Cou County ged, convicted, currently awaiting f the court. Provide City and Country if outside to County t you for this offense, and the offense of the count of the county of the count of the	ng trial, and/or orde the United States; other State outcome of each cha	Zip Code red to appear in cou rwise, provide City, Co Zip Code arged offense (such use, list separately be	Country Int in a criminal unty, State and 2 Country as found guilty	Proceeding against you Zip Code) 7, found not-guilty, charge and the lesser Date (Month/Year)
Provide the location of City As a result of this offens YES Provide the location of City One Provide the location of City Provide all the charged dropped or "nolle provide offense.	the law enforcements the law e	ent agency. (Provide City and Cou County ged, convicted, currently awaiting f the court. Provide City and Country if outside to County t you for this offense, and the offense of the count of the county of the count of the	ng trial, and/or orde the United States; other State outcome of each cha	Zip Code red to appear in cou rwise, provide City, Co Zip Code arged offense (such use, list separately be	Country Int in a criminal unty, State and 2 Country as found guilty	Zip Code) /, found not-guilty, charge and the lesser Date (Month/Year)
Provide the location of City As a result of this offens YES Provide the location of City One Provide the location of City Provide all the charged dropped or "nolle provide offense.	the law enforcements the law e	ent agency. (Provide City and Cou County ged, convicted, currently awaiting f the court. Provide City and Country if outside to County t you for this offense, and the offense of the count of the county of the count of the	ng trial, and/or orde the United States; other State outcome of each cha	Zip Code red to appear in cou rwise, provide City, Co Zip Code arged offense (such use, list separately be	Country Int in a criminal unty, State and 2 Country as found guilty	Zip Code) /, found not-guilty, charge and the lesser Date (Month/Year)
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QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 20 - Police Record - (Continued)			
Entry #1			
(d) Were you sentenced as a result of this offense?			
YES (If YES, complete (d.1)) NO (If NO, complete (d.2))			
(d.1)			
Provide a description of the sentence.			
Were you sentenced to imprisonment for a term exceeding 1 year?		○ YES () NO
Were you incarcerated as a result of that sentence for not less than 1 year?		○ YES (ON (
If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date actually were incarcerated.	(Month/Year)	To Date (Month/Year)	Present
actually were incarcerated.	Est.		Est.
If conviction resulted in probation or parole, provide the dates of probation or parole.	(Month/Year)	To Date (Month/Year)	Present
probation or parole.	Est.		Est.
(d.2)			
Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?		○ YES () NO
Provide explanation.			

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 20 - Police Record - (Continued)

Complete the following if you have responded 'Yes' to one of the following;

- In the last seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the last seven (7) years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the last seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Entry #2								
Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.								
☐ Est.								
(a) Did this offense involve	any of the followin	g?						
○ YES ○ NO								
	on/domestic partne	ce (such as battery or assault) r, former spouse or legally reco						
Involve firearms or e	explosives?							
Involve alcohol or di	rugs?							
Provide the location who City		curred. (Provide City and Country of Country of Country	f outside the United S State	States; otherwise, pro Zip Code	vide City, County Country	, State and Zip Code)		
(b) Were you arrested, sun type of law enforcement		lid you receive a ticket to appea	ar as a result of thi	s offense by any po	olice officer, sh	eriff, marshal or any other		
YES NO (If N	O, proceed to (c))							
Provide the name of the	e law enforcement	agency that arrested/cited/sum	moned you					
		-9,	, , , , , , , , , , , , , , , , , , ,					
Provide the location of t	the law enforcemen	nt agency. (Provide City and Cour	stry if outside the Uni	tod Statos: othorwica	provide City Co	unty State and Zin Code)		
City		it agency. (<i>Provide City and Cour</i> County	State	Zip Code	Country	unty, State and Zip Code)		
J.,	ľ							
(c) As a result of this offens	se were vou charge	ed, convicted, currently awaiting	trial and/or orde	red to appear in co	urt in a crimina	I proceeding against you?		
- Dr	ovide the name of		g trial, aria/or orac	red to appear in co	art iir a ommina	r proceeding against you :		
	YES, complete (c.1))	ano ocura, y						
\bigcirc NO \longrightarrow Pro	ovide explanation	>						
(a.4) Dravida the leasti	on of the court (Du	- id- Oit d O t- if t-id- th			t- Otata and	7:- O(-)		
City	on of the court. (Pro	ovide City and Country if outside the County	States; otne State	Zip Code	County, State and Country	ZIP Code)		
O.I.y								
		l you for this offense, and the ου found guilty of or pleaded guil						
Felony/misdemeanor		Charge		Outcome		Date (Month/Year)		
						Est.		
						Est.		
						Est.		
						Est.		
			I					

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Secti	on 20 - Police Record - (Continued)		
En	try #2		
(d)	Were you sentenced as a result of this offense?		
	YES (If YES, complete (d.1)) NO (If NO, complete (d.2))		
	(d.1)		
	Provide a description of the sentence.		
7	Were you sentenced to imprisonment for a term exceeding 1 year?		○ YES ○ NO
	Were you incarcerated as a result of that sentence for not less than 1 year?		○ YES ○ NO
	If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date actually were incarcerated.	(Month/Year)	To Date (Month/Year) Present
		Est.	Est.
	If conviction resulted in probation or parole, provide the dates of Not Applicable From Date	(Month/Year)	To Date (Month/Year) Present
	probation or parole.	Est.	Est.
	(d.2)		
	Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?		○ YES ○ NO
	Provide explanation.		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

0.2	Other than those offe	nses already listed, have you EVER had the fo	llowing happen to yoເ	ı?	S NO (If NO, proceed to 20.3)
	child, dependent	been convicted of an offense involving domest , cohabitant, spouse or legally recognized civil , or someone with whom you share a child in c	union/domestic partne		
En	try #1				
Pr	ovide the date of offense	e. (Month/Year) Provide a descriptio	n of the specific natu	e of the offense.	
(a)	Did this offense involve	any of the following?			
	○YES ○NO				
		or a crime of violence (such as battery or assa ion/domestic partner, former spouse or legally ?			
	Provide the name of th	e court.			
	Provide the location of City	the court. (Provide City and Country if outside the U County	Inited States; otherwise, State	provide City, County, State and Zip Code Cour	-
		es brought against you for this offense, and the colle pros," etc). If you were found guilty of or p			
	Felony/misdemeanor	Charge		Outcome	Date (Month/Year)
					Est.
(b)	Were you sentenced a	s a result of these charges?			
	YES (If YES, compl	ete (b.1)) NO (If NO, complete (b.2))			
	(b.1)				
	Provide a description of	f the sentence.			
	Were you sentenced to	imprisonment for a term exceeding 1 year?			○ YES ○ NO
	Were you incarcerated	as a result of that sentence for not less than 1	year?		○ YES ○ NO
	If the conviction resulte actually were incarcera	d in imprisonment, provide the dates that you ted.	Not Applicable	From Date (Month/Year) Est.	To Date (Month/Year) Present Est.
	If conviction resulted in probation or parole.	probation or parole, provide the dates of	Not Applicable	From Date (Month/Year) Est.	To Date (Month/Year) Present Est.
	(b.2)				
	,	al, awaiting a trial, or awaiting sentencing on croorde explanation.	riminal charges for thi	s offense?	
	YES NO	Supramation.			

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 20 - Police Record - (Con	tinued)						
Entry #2							
Provide the date of offense. (Mon	nth/Year)	Provide a description	n of the specific natu	re of the offense.			
	Est.						
(a) Did this offense involve any of	of the following?						
○ YES ○ NO							
Domestic violence or a crecognized civil union/do a child in common?							are
Provide the name of the cour	t.						
Provide the location of the co	urt. (Provide City and	Country if outside the U	nited States; otherwise,	provide City, County, S	tate and Zip Co	de)	
City	County I		State I	Zip Code	Country I		
Provide all the charges bro charge dropped or "nolle proffense separately.	ught against you for ros," etc). If you wer	this offense, and the e found guilty of or pl	outcome of each characteristics on the eaded guilty to a less	arged offense (such ser offense, list both	as found guilt the original ch	y, found not-guil arge and the les	ty, or sser
Felony/misdemeanor	Cha	ge	Outcome			Date (Month/Year)	
							Est.
							Est.
							Est.
							Est.
(b) Were you sentenced as a res	sult of these charges	5?				1	
YES (If YES, complete (b.1	()) NO (If NO	, complete (b.2))					
(b.1)							
Provide a description of the s	entence.						
Did this offense involve any o	of the following?					○ YES ○) NO
Were you incarcerated as a r	esult of that sentend	ce for not less than 1	year?			○ YES () NO
If the conviction resulted in in actually were incarcerated.	nprisonment, provid	e the dates that you	Not Applicable	From Date (Month/)	′ I	Date (Month/Year)	
					Est.		Est.
If conviction resulted in probation or parole.	ition or parole, provi	de the dates of	Not Applicable	From Date (Month/)	∕ear) To D ☐ Est.	oate (Month/Year)	Present Est.
(b.2)							
Are you currently on trial, awa	aiting a trial, or awai	ting sentencing on cr	iminal charges for thi	s offense?			
YES NO Provide e	explanation.						

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 20 - Police Record - (Continued) 20.3 Is there currently a domestic violence protective order or restraining order issued against you? YES NO (If NO, proceed to Section 21) Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you? Entry #1 Provide explanation. Provide the name of the court or agency that issued the order. Provide the date the order was issued. (Month/Year) Est. Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City Country State Zip Code Entry #2 Provide explanation. Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order. Est. Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City Zip Code Country Entry #3 Provide explanation. Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order. Est. Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Entry #4 Provide explanation. Provide the date the order was issued. (Month/Year) Provide the name of the court or agency that issued the order. Est. Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Country Zip Code

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 21 - Illegal Use of Drugs and Drug Activity

You are required to answer the questions. We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity not in accordance with Federal laws, even though permissible under state laws.

21.1 In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or NO (If NO, proceed to 21.2) controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. Complete the following if you answered 'Yes' to in the last seven (7) years having illegally used a drug or controlled substance. Entry #1 Provide the type of drug or controlled substance. Cocaine or crack cocaine (Such as rock, freebase, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) THC (Such as marijuana, weed, pot, hashish, etc.) Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) (Such as special K, jet, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Steroids (Such as the clear, juice, etc.) (Such as toluene, amyl nitrate, etc.) Other (Provide explanation) > Provide an estimate of the month and Provide an estimate of the month Provide nature of use, frequency, and number of times used. year of most recent use. (Month/Year) and year of first use. (Month/Year) Est. Est. Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in YES NO a position directly and immediately affecting the public safety? Was your use while possessing a security clearance? YES \bigcirc NO Do you intend to use this drug or controlled substance in the future? YES NO Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future. Entry #2 Provide the type of drug or controlled substance. Cocaine or crack cocaine (Such as rock, freebase, etc.) Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) THC (Such as marijuana, weed, pot, hashish, etc.) Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) Ketamine (Such as special K, jet, etc.) Narcotics (Such as opium, morphine, codeine, heroin, etc.) () Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Steroids (Such as the clear, juice, etc.) Other (Provide explanation) > Inhalants (Such as toluene, amyl nitrate, etc.) Provide an estimate of the month and Provide an estimate of the month Provide nature of use, frequency, and number of times used. year of most recent use. (Month/Year) and year of first use. (Month/Year) Est. ☐ Est. Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in YES NO a position directly and immediately affecting the public safety? Was your use while possessing a security clearance? YES \bigcirc NO Do you intend to use this drug or controlled substance in the future? Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 21 - Illegal Use of Drugs and Drug Activity - (Continued)

21.2 In the last seven (7) years, have you been involved in the illegal pure trafficking, production, transfer, shipping, receiving, handling or sale of					
Complete the following if you answered 'Yes' to in the last seven (7) years trafficking, production, transfer, shipping, receiving, handling or sale of a dru					
Entry #1					
Provide the type of drug or controlled substance.					
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)				
◯ THC (Such as marijuana, weed, pot, hashish, etc.)	Oppressants (Such as barbiturates, methaqualone, tranquilizers, etc.)				
○ Ketamine (Such as special K, jet, etc.) ○ Narcotics (Such as opium, morphine, codeine, heroin, etc.)					
O Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Such as the clear, juice, etc.)				
◯ Inhalants (Such as toluene, amyl nitrate, etc.)	Other (Provide explanation) ▶				
Provide an estimate of the month and year of first involvement. (Month/Year) Provide an estimate of the of most recent involvement					
☐ Est.	Est.				
Provide the reason(s) why you engaged in the activity.	,				
Was your involvement while you were employed as a law enforcement office position directly and immediately affecting the public safety?	er, prosecutor, or courtroom official, or while in a YES NO				
Was your involvement while possessing a security clearance?	◯ YES ◯ NO				
Do you intend to engage in this activity in the future?					
○ NO					
Entry #2					
Provide the type of drug or controlled substance.					
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)				
THC (Such as marijuana, weed, pot, hashish, etc.)	Openiessants (Such as barbiturates, methaqualone, tranquilizers, etc.)				
◯ Ketamine (Such as special K, jet, etc.)	Narcotics (Such as opium, morphine, codeine, heroin, etc.)				
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	O Steroids (Such as the clear, juice, etc.)				
◯ Inhalants (Such as toluene, amyl nitrate, etc.)	Other (Provide explanation) ▶				
Provide an estimate of the month and year of first involvement. (Month/Year) Provide an estimate of the of most recent involvement of most recent involvement.	i i i i i i i i i i i i i i i i i i i				
☐ Est.	Est.				
Provide the reason(s) why you engaged in the activity.	<u>'</u>				
Was your involvement while you were employed as a law enforcement office position directly and immediately affecting the public safety?	r, prosecutor, or courtroom official, or while in a				
Was your involvement while possessing a security clearance?	○ YES ○ NO				
Do you intend to engage in this activity in the future?					
Do you intend to engage in this activity in the future? YES Provide explanation.					

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section	21 - Illegal Use of	f Drugs a	and Drug Activity - (C	Continued)	
21.3	substance while e	mployed	as a law enforcement	officer, prosec	e been involved with a drug or controlled cutor, or courtroom official; or while in a previously listed? YES NO (If NO, proceed to 21.4)
substa		ed as a la	aw enforcement officer		even (7) years, illegally used, or otherwise been involved with a drug or controlled or courtroom official; or while in a position directly and immediately affecting the public
Entry	#1				
Provid	de a description of	the drugs	s or controlled substan	ces used and	your involvement.
Provid	de the dates of invo	nlvement	luse		Provide an estimate of the number of times you used and/or were involved with this
	Date (Month/Year)	, .	To Date (Month/Year)	Present	drug or controlled substance while employed in this capacity.
Entry					
		the drugs	s or controlled substan	ces used and	your involvement.
Provid	de the dates of invo	olvement	/use.		Provide an estimate of the number of times you used and/or were involved with this
From	Date (Month/Year)		To Date (Month/Year)	Present	drug or controlled substance while employed in this capacity.
	E	ESI.		Est.	
nter yo	ur Social Secur	rity Nun	nber before going t	to the next p	age

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 21 - Illegal Use of Drugs and Drug Activity - (Continued)

omplete the following if you responded 'Yes' to in the I whether the drugs were prescribed for you or someon	last seven (7) years having intentionally engaged in the misuse of prescription drugs ne else.	, regardless
ntry #1		
ovide the name of the prescription drug that you misus	sed.	
rovide the dates of involvement in the above.	Provide the reason(s) for and circumstances of the misuse of the pres	cription druc
om Date (Month/Year) To Date (Month/Year)	Present	,
Est.	Est.	
	was for a supply of the supply	
osition directly and immediately affecting the public saf		○ NO
as your involvement while possessing a security clear	ance? YES	○ NO
	U100:	
ntry #2 ovide the name of the prescription drug that you misu	sad.	
ovide the harne of the prescription drug that you mist.	30u.	
rovide the dates of involvement in the above. om Date (Month/Year) To Date (Month/Year)	Provide the reason(s) for and circumstances of the misuse of the pres	cription aru
	Present	
Est.	Est.	
as your involvement while you were employed as a la esition directly and immediately affecting the public saf	w enforcement officer, prosecutor, or courtroom official, or while in a	\bigcirc NO
as your involvement while possessing a security clear	ance? YES	○ NO

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

21.5 In the last seven (7) years have ye treatment as a result of your illegal Complete the following if you responded 'result of your illegal use of drugs or control Entry #1 Have any of the following ordered, advise (Select all that apply): An employer, military commander, or A medical professional A mental health professional Provide explanation ▶ Did you take action to receive counseling (a) You have indicated that you did not reprovide explanation.	res' to In the last seven (7) year alled substances. I, or asked you to seek counselinemployee assistance program	nces? rs have you been order ng or treatment as a res A court official / j	red, advised, or asked to s	seek counseling or treatment as a lrugs or controlled substances?			
result of your illegal use of drugs or control Entry #1 Have any of the following ordered, advise (Select all that apply): ○ An employer, military commander, or ○ A medical professional ○ A mental health professional Provide explanation ▶ Did you take action to receive counseling (a) You have indicated that you did not receive.	Illed substances. d, or asked you to seek counselinemployee assistance program or treatment?	ng or treatment as a res A court official / j	sult of your illegal use of d judge ordered, advised, or asked	lrugs or controlled substances?			
Have any of the following ordered, advise (Select all that apply): An employer, military commander, or A medical professional A mental health professional Provide explanation Did you take action to receive counseling (a) You have indicated that you did not receive.	employee assistance program or treatment?	A court official / j	iudge ordered, advised, or asked	d to seek			
(Select all that apply):	employee assistance program or treatment?	A court official / j	iudge ordered, advised, or asked	d to seek			
 A medical professional A mental health professional Provide explanation ▶ Did you take action to receive counseling (a) You have indicated that you did not receive to the professional 	or treatment?	☐ I have not been o	ordered, advised, or asked	d to seek /e.			
O A mental health professional Provide explanation ▶ Did you take action to receive counseling (a) You have indicated that you did not receive that you did not receive the second professional provides the provides action to receive counseling the second professional professional professional provides action to receive counseling the second professional profe		I have not been of counseling or tre	ordered, advised, or asked eatment by any of the abov	d to seek /e.			
Provide explanation Did you take action to receive counseling (a) You have indicated that you did not receive.		○ counseling or tre	eatment by any of the abov	ve.			
Did you take action to receive counseling (a) You have indicated that you did not r							
(a) You have indicated that you did not r							
• •			YES (If YES, comple	lete (b)) NO (If NO, complete (a))			
Provide explanation.	eceive treatment.						
(b) You have indicated that you did rece	ve treatment.						
Provide the type of drug or controlled	substance for which you were tr	reated.					
Cocaine or crack cocaine (Such	as rock, freebase, etc.)	Stimulants (Such	n as amphetamines, speed	d, crystal meth, ecstasy, etc.)			
◯ THC (Such as marijuana, weed,	THC (Such as marijuana, weed, pot, hashish, etc.)			Operessants (Such as barbiturates, methaqualone, tranquilizers, etc.)			
◯ Ketamine (Such as special K, je	○ Ketamine (Such as special K, jet, etc.)			Narcotics (Such as opium, morphine, codeine, heroin, etc.)			
Hallucinogenic (Such as LSD, P	Steroids (Such as the clear, juice, etc.)						
◯ Inhalants (Such as toluene, amy	nitrate, etc.)	Other (Provide e	explanation) ▶				
Provide the name of the treatment policy Last name	ovider. First name						
Provide the address for this treatment Street	t provider. (<i>Provide City and Country</i> City	_	es; otherwise, provide City, Stat Zip Code Count				
Provide a telephone number for the treatment provider.		itional or DSN number	Provide the dates of treat From Date (Month/Year)				
a saanon pronasi.	Day [Est.	Est.			
Did you successfully complete the tr		(Provide explanation					

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 21 - Illegal Use of Drugs and Drug Activity - (Continued)

Complete the following if you responded 'Yes' to In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.			
Entry #2			
Have any of the following ordered, advised, or asked you to seek couns (Select all that apply):	seling or treatment as a result of your illegal use of drugs or controlled substances?		
O An employer, military commander, or employee assistance program	n A court official / judge		
A medical professional	☐ I have not been ordered, advised, or asked to seek		
A mental health professional	ounseling or treatment by any of the above.		
Provide explanation ▶			
Did you take action to receive counseling or treatment?	YES (If YES, complete (b)) NO (If NO, complete (a))		
(a) You have indicated that you did not receive treatment.			
Provide explanation.			
(b) You have indicated that you did receive treatment.			
Provide the type of drug or controlled substance for which you were	e treated.		
Occaine or crack cocaine (Such as rock, freebase, etc.)	Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)		
THC (Such as marijuana, weed, pot, hashish, etc.)	Openessants (Such as barbiturates, methaqualone, tranquilizers, etc.)		
○ Ketamine (Such as special K, jet, etc.)	Narcotics (Such as opium, morphine, codeine, heroin, etc.)		
O Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)	Steroids (Such as the clear, juice, etc.)		
◯ Inhalants (Such as toluene, amyl nitrate, etc.)	Other (Provide explanation) ▶		
Provide the name of the treatment provider. Last name First name			
Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)			
Street City	State Zip Code Country		
Provide a telephone number for the Extension Inte	rnational or DSN Provide the dates of treatment.		
treatment provider. pho	ne number From Date (Month/Year) To Date (Month/Year) Present		
□ Day	/ Night Est.		
Did you successfully complete the treatment? YES NC	(Provide explanation)		
	· 		

Standard Form 85P Revised December 2017 U.S. Office of Personnel Management

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0258

Est.

Present

Est.

CFR Parts 731, 732, an	d 736	PUBLIC IRUS	51 PUSIII	ONS		
Section 21 - Illegal	Use of Drugs and Drug Ac	tivity - (Continued)				
	seven (7) years have you vug or controlled substance?	oluntarily sought counseling or	treatment as a ı	result of your Y	ES NO (If NO, pro	oceed to Section 22)
Complete the follo		to In the last seven (7) years	have you volun	tarily sought counseling	or treatment as a resu	ılt of your use of a
Entry #1						
_	_	ce for which you were treated.				
Cocaine or cr	ack cocaine (Such as rock,	freebase, etc.)	O Depressar	nts (Such as barbiturate	s, methaqualone, tranc	quilizers, etc.)
THC (Such as marijuana, weed, pot, hashish, etc.)			○ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)			
C Ketamine (Su	◯ Ketamine (Such as special K, jet, etc.)			Such as the clear, juice,	, etc.)	
Narcotics (Such as opium, morphine, codeine, heroin, etc.)			O Inhalants	(Such as toluene, amyl	nitrate, etc.)	
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)			Other (Pr	ovide explanation) ▶		
Provide the name Last name	of the treatment provider.	First name				
Provide the addre Street	ss for this treatment provide	r. (Provide City and Country if outsic City	de the United State State	s; otherwise, provide City, S Zip Code	State and Zip Code) Country	
Provide a telepho treatment provide		Extension International of number Day Nigl	or DSN phone	Provide the dates of tr From Date (Month/Yea		Year) Present Est.
Did you successfu	ally complete the treatment?	○ YES ○ NO → (Pro	vide explanatio	n)		
Entry #2						
Provide the type of	of drug or controlled substan	ce for which you were treated.				
Cocaine or cr	ack cocaine (Such as rock,	freebase, etc.)	O Depressar	nts (Such as barbiturate	s, methaqualone, trand	quilizers, etc.)
THC (Such as	s marijuana, weed, pot, hash	nish, etc.)	○ Hallucinog	genic (Such as LSD, PC	P, mushrooms, etc.)	
	ch as special K, jet, etc.)		OSteroids (Such as the clear, juice,	, etc.)	
O Narcotics (Su	ch as opium, morphine, cod	eine, heroin, etc.)	O Inhalants	(Such as toluene, amyl	nitrate, etc.)	
O Stimulants (S	uch as amphetamines, spee	ed, crystal meth, ecstasy, etc.)	Other (Pr	ovide explanation) >		
Provide the name Last name	of the treatment provider.	First name				
Provide the addre Street	ss for this treatment provide	r. (Provide City and Country if outsic City	de the United State State	s; otherwise, provide City, S Zip Code	State and Zip Code) Country	
Provide a telepho		Extension International on number	or DSN phone	Provide the dates of tr From Date (Month/Yea		Year) Present

Enter your Social Security Number before going to the next page		

number Day Night

Did you successfully complete the treatment? \bigcirc YES \bigcirc NO \longrightarrow (Provide explanation)

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section	1 22 - Use of Alcohol	
22.1	In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your	YES NO (If NO, proceed to 22.2)

professional or personal relationships, your finances, or resulted in interver safety personnel?	nion by law emorcement/public
Complete the following if you responded 'Yes' to your alcohol use having had a ne relationships, your finances, or resulted in intervention by law enforcement/public	
Entry #1	
Provide the month/year when this negative impact occurred. From Date (Month/Year) Est.	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Present Est.
Provide an explanation of the circumstances and the negative impact.	
Provide circumstances.	Provide negative impact.
Entry #2	
Provide the month/year when this negative impact occurred. From Date (Month/Year) Est.	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Present Est.
Provide an explanation of the circumstances and the negative impact. Provide circumstances.	Provide negative impact.
Entry #3	
Provide the month/year when this negative impact occurred. From Date (Month/Year) Est.	Provide dates of involvement or use. From Date (Month/Year) To Date (Month/Year) Present Est.
Provide an explanation of the circumstances and the negative impact. Provide circumstances.	Provide negative impact.
Entry #4	
Provide the month/year when this negative impact occurred.	Provide dates of involvement or use.
From Date (Month/Year) Est.	From Date (Month/Year) To Date (Month/Year) Present Est.
Provide an explanation of the circumstances and the negative impact. Provide circumstances.	Provide negative impact.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

ЛІКГА	16 751, 752, and 750
Section 22.2	In the last seven (7) years have you been ordered, advised, or asked to seek counseling or treatment as a YES NO (If NO, proceed to 22.3) result of your use of alcohol?
Con	nplete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.
Ent	ry #1
Did	you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))
(a)	You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.
	Provide explanation.
(b)	You responded 'Yes' to having taken action to seek counseling or treatment.
	Provide the dates of counseling or treatment. From Date (Month/Year) Est. Provide the name of the individual counselor or treatment provider. Provide the name of the individual counselor or treatment provider.
	Provide the full address for the counseling/treatment provider. (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
	Did you successfully complete the treatment program?
Ent	ry #2
Did	you take action to receive counseling or treatment? YES (If YES, complete (b)) NO (If NO, complete (a))
(a)	You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.
	Provide explanation.
(b)	You responded 'Yes' to having taken action to seek counseling or treatment.
	Provide the dates of counseling or treatment. From Date (Month/Year) Est. Provide the name of the individual counselor or treatment provider. Provide the name of the individual counselor or treatment provider.
	Provide the full address for the counseling/treatment provider. (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

International or DSN phone number

Day Night

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

.3 In the last seven (7) years have	you voluntarily sought counse	ling or treatment as a resu	it or your use or aice	phol? YES NO (If NO, proceed to
Complete the following if you respond	ded 'Yes' to voluntarily seekin	g counseling or treatment.		
Entry #1				
Provide the dates of counseling or tre From Date (Month/Year) To	eatment. Di Date (Month/Year) Presi		he individual couns	elor or treatment provider.
Provide the full address of the counse	eling or treatment provider. (P	rovide City and Country if outside	de the United States; or	therwise, provide City, State and Zip Code)
Street	City	State	Zip Code	Country
Provide telephone number.	Extension	☐ International or DSN☐ Day ☐ Night	I phone number	1
Did you successfully complete the tre	eatment program?	TES ○ NO → (Provide	e explanation) 🕨	
Entry #2				
Provide the dates of counseling or tre From Date (Month/Year)	eatment. o Date <i>(Month/Year)</i> Pres		he individual couns	elor or treatment provider.
☐ Est.	Est.			
Provide the full address of the counse Street	eling or treatment provider. <i>(F</i> City	rovide City and Country if outsid State	de the United States; of Zip Code	therwise, provide City, State and Zip Code) Country
Provide telephone number.	Extension	☐ International or DSN ☐ Day ☐ Night	I phone number	
	· · · · · · · · · · · · · · · · · · ·			

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 23 - Investigations and Clearance Record						
23.1 Has the U.S. Government (or a foreign gover a security clearance eligibility/access?	nment) EVER inv	restigated your background and/or granted you YES NO (If NO, proceed to 23.2)				
Complete the following if you responded 'Yes' to the granted you a security clearance eligibility/access.	e U.S. Governme	nt (or a foreign government) having investigated your background and/or having				
Entry #1						
Provide the investigating agency:						
U.S. Department of Defense	U.S. Departn	nent of Homeland Security				
U.S. Department of State	Foreign gove	ernment (Provide name of government) ▶				
U.S. Office of Personnel Management						
☐ Federal Bureau of Investigation ☐ Other (Provide explanation) ▶						
U.S. Department of Treasury (Provide name of	bureau) ▶					
Provide the name of agency that issued the clearar	nce eligibility/acce	ss if different from the investigating agency.				
Date the investigation was completed (Month/Year)	I don't know	Provide the date clearance eligibility/access was granted. (Month/Year)				
Provide the level of clearance eligibility/access grar	nted:					
None	Q					
Confidential	 L					
Secret	I don't know					
Top Secret	Issued by for	eign country				
Sensitive Compartmented Information (SCI)	Other (Provi	de explanation) ▶				
Entry #2						
Provide the investigating agency:						
U.S. Department of Defense	U.S. Departn	nent of Homeland Security				
U.S. Department of State	Foreign gove	ernment (Provide name of government)▶				
U.S. Office of Personnel Management	I don't know					
Federal Bureau of Investigation	Other (Provid	de explanation) ▶				
U.S. Department of Treasury (Provide name of	bureau) ▶					
Provide the name of agency that issued the clearan	ce eligibility/acces	ss if different from the investigating agency.				
Date the investigation was completed (Month/Year)	I don't know					
	Est.	Est.				
Provide the level of clearance eligibility/access gran	ted:					
None	Q					
Confidential	L					
Secret	I don't know					
☐ Top Secret	Issued by for	eign country				
Sensitive Compartmented Information (SCI)	Other (Provid	de explanation) ▶				

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section	23 - Investigations and Clearance	Record	- (Continued)		
23.2	Have you EVER had a security clear	ance eli	gibility/access authorization denied, suspend e or administrative termination of a security of		NO (If NO, proceed to 23.3)
	,				
Com	olete the following if you responded 'Y	es' to ha	iving EVER had a security clearance eligibilit	ty/access authorization denied,	suspended, or revoked.
Entry					
eligibi	de the date security clearance lity/access authorization was denied, ended or revoked. (Month/Year)	☐ Est.	Provide the name of the agency that took the action.	Provide an explanation of the denial, suspension or revocation	
Entry	, #2				
	de the date security clearance		Provide the name of the agency that took	Provide an explanation of the	circumstances of the
eligibi	lity/access authorization was denied, ended or revoked. (Month/Year)		the action.	denial,suspension or revocation	
		Est.			
23.3	Have you EVER been debarred from	governi	ment employment?	○ YES ○ I	NO (If NO, proceed to Section 24)
Comp	plete the following if you responded 'Y	es' to ha	ving EVER been debarred from government	employment.	
Entry					
	de the name of the government cy taking debarment action.	Provid (Month)	e the date the debarment occurred. /Year)	Provide an explanation of the debarment.	circumstances of the
			☐ Est.		
Futur	. #0				
Entry		D	la Mara da Ara Mara da La suscenti a consuma d	Donaida an ambaration of the	
	de the name of the government cy taking debarment action.	(Month)	e the date the debarment occurred. /Year)	Provide an explanation of the debarment.	circumstances of the
			Est.		

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Complete the following if you respon	nded 'Yes' to	in the last seven (7) years havi	ng filed a petiti	ion under a	ny chapte	er of the bar	nkruptcy code	•
Entry #1								
Select the applicable bankruptcy peti	ition type.		Provide the b	ankruptcy	court doc	ket/account	number.	
Chapter 7 Chapter 11	○ Chapt	er 12 Chapter 13						
Provide the date bankruptcy was		Provide the date of bankruptcy			Provide	the total ar	nount (in U.S	
led. (Month/Year)		discharge. (Month/Year)	☐ Not Ap	plicable			the bankrupt	
	Est.		Est.					
Provide the name debt is recorded u	nder.							
ast name		First name		Middle na	ame		Su 	ffix
Provide the name of the court involve	ed.							
Provide the address of the court invo	olved. (Provid				ity, State a			
Street		City	State	Zip Code		Country		
a) If Chapter 13 or Chapter 12 pro	oviously sol	ected:						
Provide the name of the trustee f								
Provide the address of the trus	tee for this b	oankruptcy. (Provide City and Coun	trv if outside the U	United States	: otherwise	provide City.	State and Zip (Code)
Street		City	State	Zip Code	, 00.	Country	otato ana zip	,
		1 -	I	1 '		1		
Vere you discharged of all debts clai	imed in the b	ankruptcy?		YES (Provide ex	planation)	○ NO (Pro	ovide explan
Provide Explanation.	imed in the b	eankruptcy?		YES (Provide ex	planation)	○ NO (Pro	ovide explan
Provide Explanation. Entry #2		ankruptcy?	Provide the b					ovide explan
Provide Explanation.			Provide the b					ovide explan
Provide Explanation. Entry #2 Gelect the applicable bankruptcy peti Chapter 7 Chapter 11	ition type.	er 12 Chapter 13 Provide the date of bankruptcy			court doc	ket/account		
Provide Explanation. Entry #2 Select the applicable bankruptcy peti	ition type.	er 12			court doc	ket/account	number.	
Provide Explanation. Entry #2 Select the applicable bankruptcy peti Chapter 7 Chapter 11 Provide the date bankruptcy was	ition type.	er 12 Chapter 13 Provide the date of bankruptcy		pankruptcy (court doc	ket/account	number.	
intry #2 lelect the applicable bankruptcy peti Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year)	ition type. Chapt	er 12 Chapter 13 Provide the date of bankruptcy	∏ Not Ap	pankruptcy (court doc	ket/account	number.	coy.
rovide Explanation. intry #2 ielect the applicable bankruptcy peti Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year)	ition type. Chapt	er 12 Chapter 13 Provide the date of bankruptcy	∏ Not Ap	pankruptcy (Provide dollars)	ket/account	number. nount (in U.S the bankrupt	coy.
rovide Explanation. Intry #2 elect the applicable bankruptcy peti Chapter 7 Chapter 11 rovide the date bankruptcy was led. (Month/Year) rovide the name debt is recorded unitary to the content of the	ition type. Chapt	er 12 Chapter 13 Provide the date of bankruptcy discharge. (Month/Year)	∏ Not Ap	pankruptcy (Provide dollars)	ket/account	number. nount (in U.S the bankrupt	cy.
Provide Explanation. Entry #2 Select the applicable bankruptcy petion Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year) Provide the name debt is recorded unast name	ition type. Chapt Est.	er 12 Chapter 13 Provide the date of bankruptcy discharge. (Month/Year)	∏ Not Ap	pankruptcy (Provide dollars)	ket/account	number. nount (in U.S the bankrupt	cy.
Provide Explanation. Entry #2 Select the applicable bankruptcy petion Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year) Provide the name debt is recorded unast name	ition type. Chapt Est. Inder.	er 12	☐ Not Ap	pankruptcy opplicable Middle na	Provide dollars)	ket/account the total ar involved in	number. nount (in U.S the bankrupt	cy.
Provide Explanation. Entry #2 Gelect the applicable bankruptcy petic Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year) Provide the name debt is recorded unast name Provide the name of the court involved	ition type. Chapt Est. Inder.	Provide the date of bankruptcy discharge. (Month/Year) First name	Not Ap	pankruptcy opplicable Middle na	Provide dollars)	ket/account the total ar involved in	number. nount (in U.S the bankrupt	cy.
Provide Explanation. Entry #2 Gelect the applicable bankruptcy petic Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year) Provide the name debt is recorded unast name Provide the name of the court involved	ition type. Chapt Est. Inder.	er 12	☐ Not Ap	pankruptcy opplicable Middle na	Provide dollars)	ket/account the total ar involved in	number. nount (in U.S the bankrupt	cy.
cintry #2 delect the applicable bankruptcy petic Chapter 7 Chapter 11 derovide the date bankruptcy was led. (Month/Year) derovide the name debt is recorded unast name derovide the name of the court involved the address of the court involved trovide the address of the court involved	ition type. Chapt Est. Inder.	Provide the date of bankruptcy discharge. (Month/Year) First name Ce City and Country if outside the United City	Not Ap	pankruptcy opplicable Middle na	Provide dollars)	ket/account the total ar involved in	number. nount (in U.S the bankrupt	cy.
Provide Explanation. Entry #2 Select the applicable bankruptcy petic Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year) Provide the name debt is recorded unast name Provide the name of the court involve the address of the court involve treet	ition type. Chapt Est. Inder.	Provide the date of bankruptcy discharge. (Month/Year) First name City and Country if outside the United City lected:	Not Ap	pankruptcy opplicable Middle na	Provide dollars)	ket/account the total ar involved in	number. nount (in U.S the bankrupt	cy.
Provide Explanation. Entry #2 Select the applicable bankruptcy petic Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year) Provide the name debt is recorded unast name Provide the name of the court involve the address of the court involve treet The provide the address of the court involve treet The provide the name of the trustee for the court involve the name of th	Est. cloved. (Provide the provided of this bankr	Provide the date of bankruptcy discharge. (Month/Year) First name The City and Country if outside the United City Dected: Uptcy.	Not Ap Est.	pankruptcy of population of the population of th	Provide dollars) ame	ket/account the total ar involved in and Zip Code) Country	number. nount (in U.S the bankrupt	ffix
Provide Explanation. Entry #2 Select the applicable bankruptcy petic Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year) Provide the name debt is recorded unast name Provide the name of the court involve the address of the court involve treet a) If Chapter 13 or Chapter 12 provide the provide the provide the address of the court involve treet	Est. cloved. (Provide the provided of this bankr	Provide the date of bankruptcy discharge. (Month/Year) First name The City and Country if outside the United City Dected: Uptcy.	Not Ap Est.	pankruptcy of population of the population of th	Provide dollars) ame	ket/account the total ar involved in and Zip Code) Country	number. nount (in U.S the bankrupt	ffix
Provide Explanation. Entry #2 Select the applicable bankruptcy petic Chapter 7 Chapter 11 Provide the date bankruptcy was led. (Month/Year) Provide the name debt is recorded unast name Provide the name of the court involve the address of the court involve the trustee for provide the name of the trustee for the provide the address of the trustee for the address of the addres	Est. Dived. (Provide the bank) Teviously selection this banks.	Provide the date of bankruptcy discharge. (Month/Year) First name Pe City and Country if outside the United City Pected: uptcy. pankruptcy. (Provide City and Country City)	Not Ap Est. d States; otherwis State	pankruptcy poplicable Middle na Se, provide C. Zip Code United States Zip Code	Provide dollars) ame	ket/account the total ar involved in and Zip Code) Country c, provide City, Country	number. nount (in U.S the bankrupt	ffix

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 24 - Financial Record - (Continued)		
24.2 In the last seven(7) years have you failed to meet financial	obligations due to gambling?	YES NO (If NO, proceed to 24.3)
Complete the following if you responded 'Yes' to having failed to m	eet financial obligations due to gambling.	
Entry #1		
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S. of	dollars) of gambling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present		
Est.		
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify you a description of your actions. If you have not	r financial problems due to gambling, provide taken any action(s), provide explanation.
Entry #2		
Provide the date range of your financial problems due to gambling.	Provide an estimate of the amount (in U.S. of	dollars) of gambling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present	· -	, 3
Est.		
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify you a description of your actions. If you have not	r financial problems due to gambling, provide taken any action(s), provide explanation.
24.3 In the last seven (7) years have you failed to file or pay Fed	leral, state, or other taxes when required by la	AW YES NO (If NO, proceed to 24.4)
or ordinance?		1120 (III 110, proceed to 24.4)
Complete the following if you responded 'Yes' to having failed to fil	e or pay Federal, state, or other taxes when r	equired by law or ordinance.
Entry #1		
Did you fail to file, pay as required, or both? Provide the Pay Both	ne year you failed to file or pay your Federal, s	state, or other taxes.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applicable
Est.		Est.
Provide a description of any action(s) you have taken to satisfy this	debt (such as withholdings, frequency and as	
taken any action(s) provide explanation.	debt (such as withholdings, frequency and an	nount of payments, etc. j. If you have not
Entry #2		
	ne year you failed to file or pay your Federal, s	_
◯ File ◯ Pay ◯ Both		Est.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applicable
Est.	(Months 1941)	Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	debt (such as withholdings, frequency and ar	mount of payments, etc.). If you have not

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

complete the following if you respor rovided by your employer.		3	,	,			
ntry #1							
rovide the name of the agency or c	ompany.						
rovide the address of the agency o treet	r company. (F	Provide City and C City	Country if ou	itside the United States; of State	otherwise, provide (Zip Code	City, State and Zip Code) Country	
ucei				Julia	Zip Code		
rovide the reason(s) for the counse	ling, warning,	or disciplinary	action.				
()	3, 3.	, ,					
rovide the amount (in U.S. dollars)		Provide a des	cription of	any action(s) you ha	ve taken to recti	fy this situation. If you	u have not taken any
f violation.		action(s) provi					•
	Est.						
ntry #2		•					
rovide the name of the agency or c	ompany.						
rovide the address of the agency o	r company. (F		Country if ou		· ·		
treet		City I		State I	Zip Code	Country I	
() (
rovide the reason(s) for the counse	eling, warning,	, or disciplinary	action.				
manda tha amannat (in 11 C. dallana)		Dunida a dan		: ti (-) b -	4=1:== 4= ===4:	6.4hii44i 16	. h
rovide the amount (in U.S. dollars) f violation.		action(s) provi			ive taken to recti	ry this situation. If you	ı have not taken any
	Est.		•				
					,		
Are you currently utilizing, or s resolve an inability to meet fin			redit coun:	seling service or othe	er similar resourd	e to YES	NO (If NO, proceed to 24.
complete the following if you respor	nded 'Yes' to		ng, or seel	king assistance from,	a credit counsel	ing service or other s	similar resource to reso
n inability to meet financial obligation	ons.						
ntry #1							
rovide explanation.			1	Provide the name of	f the credit couns	seling organization or	resource.
rovide the telephone number of the elephone number	credit couns Extension			OCN whoma woundhan	Provide the City	location of the credit	counseling organizatio State
eleprione number	Externsion		tional or ∟ Night	OSN phone number	City		State
s a result of this counseling, provid	e a descriptio			ave taken to resolve v	your inability to m	eet financial obligation	ons If you have not tak
ny action(s), provide explanation.	e a descriptio	in or any action	(S) you na	ive taken to resolve y	our mability to m	leet iiriariciai obligatio	ons. If you have not tak
ntry #2							
rovide explanation.				Provide the name of	f the credit couns	seling organization or	resource
TOTIGO OXPIGNACION.					r the orean count	oomig organization of	10004100.
rovide the telephone number of the	credit couns	eling organizati	ion		Provide the	location of the credit	counseling organizatio
elephone number	Extension			OSN phone number	City		State
		Day	Night				
s a result of this counseling, provid	e a descriptio	n of any action	(s) you ha	ve taken to resolve y	our inability to m	eet financial obligation	ons. If you have not tak
ny action(s), provide explanation.							

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 24 - Financial Record - (Continued) 24.6 Other than previously listed, have any of the following happened to you? (You will be asked to provide YES NO (If NO, proceed to 24.7) details about each financial obligation that pertains to the items identified below) - You are currently delinquent on alimony or child support payments. - In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues. Entry #1 Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following? (Select all that apply) YES NO (If NO, proceed to 24.7) You are currently delinquent on alimony or child support payments. In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any). Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. Est. Provide the name of the court involved Provide the date the financial Provide date the financial issue issue began. (Month/Year) was resolved. (Month/Year) Not Resolved Est. Est. Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 24 - Financial Record - (Continued)

Complete the following if you answered 'Ye	s' to having experienced one or more	of the previousl	y stated financial is	sues.				
Entry #2								
Provide the name of agency/organization/individual to which debt is/was owed.								
Did/does this financial issue include any of t	the following? (Select all that apply)			YES NO (If NO, proceed to 24.7)				
You are currently delinquent on alimony	or child support payments.							
In the last seven (7) years, you had a j for which you were a cosigner or guarar	0 , ,	de financial oblig	ations for which you	u were the sole debtor, as well as those				
In the last seven (7) years, you had a l you were the sole debtor, as well as tho			es or other debts. (I	nclude financial obligations for which				
You are currently delinquent on any Feccosigner or guarantor).	leral debt. (Include financial obligatio	ns for which you	are the sole debtor	, as well as those for which you are a				
Provide the associated loan/account number	er(s) involved. Identify/describe the	type of property	involved (if any).					
Provide the amount (in U.S. dollars) of the f	inancial issue. Provide the reason(s	s) for the financia	l issue. Provide	the current status of the financial issue.				
	Est.							
Provide the date the financial	Provide date the financial issue		Provide the name	e of the court involved.				
	was resolved. (Month/Year)	Not Resolved	1					
Est.		Est.						
Provide the address of the court involved. (A	Provide City and Country if outside the Unite	ed States; otherwise	, provide City, State ar	nd Zip Code)				
Street	City	State	Zip Code	Country				
Provide a description of any action(s) you h taken any action(s), provide explanation.	ave taken to satisfy this debt (such a	s withholdings, fr	requency and amou	nt of payments, etc.). If you have not				

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

 In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you were evicted for non-payment? In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are the sole debtor, as well as those for which you are the sole debtor, as well as those for which you are the sole debtor, as well as those for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). 				
 In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the last seven (7) years, you were evicted for non-payment? In the last seven (7) years, you were evicted for non-payment? In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are the sole debtor, as well as those for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). 	Sectio	n 24 - Financial Record - <i>(Continued)</i>		
	24.7	 - In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - In the last seven (7) years, you were evicted for non-payment? - In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason? - In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). - You are currently over 120 days delinquent on any debt? (Include financial obligations for 	○ YES	NO (If NO, proceed to Section 25)
Enter: #4	Con	plete the following if you answered 'Yes' to having experienced one or more of the previously stated finance	ial issues.	
Entry #1	Entr	y #1		

willoff you are the sole deptor, as well as those for w	There you are a congress of guaranter).
Complete the following if you answered 'Yes' to having experienced o	ne or more of the previously stated financial issues.
Entry #1	
Provide the name of agency/organization/individual to which debt is/wa	as owed.
Did/does this financial issue include any of the following? (Select all the	at apply) YES NO (If NO, proceed to Section 25)
In the last seven (7) years, you had any possessions or property which you were the sole debtor, as well as those for which you we	voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for re a cosigner or guarantor).
In the last seven (7) years, you defaulted on any type of loan? (In which you were a cosigner or guarantor).	clude financial obligations for which you were the sole debtor, as well as those for
In the last seven (7) years, you had bills or debts turned over to a as well as those for which you were a cosigner or guarantor).	collection agency? (Include financial obligations for which you were the sole debtor,
In the last seven (7) years, you had any account or credit card su obligations for which you were the sole debtor, as well as those for	spended, charged off, or cancelled for failing to pay as agreed? (Include financial which you were a cosigner or guarantor).
In the last seven (7) years, you were evicted for non-payment?	
In the last seven (7) years, you had wages, benefits, or assets ga	rnished or attached for any reason?
In the last seven (7) years, you were over 120 days delinquent or the sole debtor, as well as those for which you were a cosigner or	n any debt not previously entered? (Include financial obligations for which you were guarantor).
You are currently over 120 days delinquent on any debt? (Include are a cosigner or guarantor).	financial obligations for which you are the sole debtor, as well as those for which you
Provide the associated loan/account number(s) involved. Identify/de	scribe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide th	e reason(s) for the financial issue. Provide the current status of the financial issue.
□ Est.	
	Dravide data the financial issue was resolved (Marth Mart)
Provide the date the financial issue began. (Month/Year)	Provide date the financial issue was resolved. (Month/Year)
Est.	Est.
Provide a description of any action(s) you have taken to satisfy this de taken any action(s), provide explanation.	bt (such as withholdings, frequency and amount of payments, etc.). If you have not

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Form approved: OMB No. 3206 0258

Section 24 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #2
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Select all that apply) O YES NO (If NO, proceed to Section 25)
In the last seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
In the last seven (7) years, you were evicted for non-payment?
In the last seven (7) years, you had wages, benefits, or assets garnished or attached for any reason?
In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year) Provide the financial issue was resolved. (Month/Year) Est. Not Resolved Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

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Section 25 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

			ur use of information technology of communication, transmission, p				
25.1	In the last seven (7) year access any information te		ally or without proper authorization?	on accessed or	r attempted to	○ YES	NO (If NO, proceed to 25.2)
	nplete the following if you resinformation technology system		having in the last seven (7) year	ars illegally or	without proper autho	rization ente	ered or attempted to enter into
ı	ry #1						
Prov	vide the date of the incident.	(Month/Year)	Provide a description of the nat	ure of the incid	lent or offense.		
		Est.					
Prov	vide the location where the ir	ncident took plac	e. (Provide City and Country if outside	the United State	s; otherwise, provide Cit	y, State and 2	Zip Code)
Stre	et	·	City	State	Zip Code	Country	. ,
Prov	vide a description of the action	on (administrativ	e, criminal or other) taken as a re	sult of this inci	ident.		
	ry #2						
Pro\	vide the date of the incident.	· ′	Provide a description of the nat	ure of the incid	lent or offense.		
		Est.					
Pro۱	vide the location where the ir	ncident took plac	e. (Provide City and Country if outside	the United State	s; otherwise, provide Cit	y, State and Z	Zip Code)
Stre	et		City	State	Zip Code	Country	
Prov	vide a description of the action	on (administrativ	e, criminal or other) taken as a re	esult of this inci	ident.	•	
25.2	In the last seven (7) year denied others access to in above?	's have you illeg formation residi	ally or without authorization, moding on an information technology	dified, destroye system or atte	d, manipulated, or mpted any of the	YES	NO (If NO, proceed to 25.3)
			having in the last seven (7) yea an information technology system			, modified,	destroyed, manipulated, or
Enti	ry #1						
Prov	vide the date of the incident.	(Month/Year)	Provide a description of the nat	ure of the incid	lent or offense.		
		Est.					
Prov	vide the location where the ir		Le. (Provide City and Country if outside	the United State	es: otherwise, provide Cit	v State and 7	7in Code)
Stre		loiderit took pide	City	State	Zip Code	Country	ip Gode)
					'		
Prov	vide a description of the action	on (administrativ	l e, criminal or other) taken as a re	l esult of this inci	ident.		
Enti	ry #2						
Prov	vide the date of the incident.	(Month/Year)	Provide a description of the nat	ure of the incid	lent or offense.		
		Est.	·				
Prov	vide the location where the ir	ncident took plac	e. (Provide City and Country if outside	the United State	s; otherwise, provide Cit	y, State and 2	Zip Code)
Stre	et		City	State	Zip Code	Country	
Prov	vide a description of the action	on (administrativ	e, criminal or other) taken as a re	sult of this inci	ident.	•	

Street

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Form approved: OMB No. 3206 0258

Section 25 - Use of Information Technology Systems - (Continued) 25.3 In the last seven (7) years have you introduced, removed, or used hardware, software, or media in YES NO (If NO, proceed to Section 26) connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? Complete the following if you responded 'Yes' to having in the last seven (7) years 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. Entry #1 Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense. Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Entry #2 Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense. Est.

State

Zip Code

Country

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

omplete the following if you responded 'Yes' to even (7) years.	o hav	ing been a party to any publi	c record civil co	ourt action	n(s) not list	ed elsewhere on this form in the las
ntry #1						
rovide the date of the civil action. (Month/Year)		Provide the court name.				
□ E	st.					
rovide the address of the court. (Provide City and	d Cour	try if outside the United States: of	henvise provide l	City State	and Zin Code	2)
reet	City		State	Zip Cod		Country
					•	
ovide details of the nature of the action.		Provide a description of the	results of the a	ction.		ne name(s) of the principal parties
					involved i	n the court action.
atm. #2						
ntry #2 rovide the date of the civil action. (Month/Year)		Provide the court name.				
		TO VIGO GOUIT HAITIE.				
	st.					
rovide the address of the court. (Provide City and		-	•	-	-	
reet	City	1	State I	Zip Cod	е	Country
ovide details of the nature of the action.		Provide a description of the	results of the a	ction.	Provide th	ne name(s) of the principal parties
		'				n the court action.

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Section 27 - Association Pecord

The following pertain to your associations. You are required to answer adverse employment, security, or credentialing decision. For the purpor dangerous to human life and appear to be intended to intimidate or coecoercion or to affect the conduct of a government by mass destruction,	se of this question, terrorism is rce a civilian population to influ	defined as any criminal act	ts that involve violence or are
27.1 Are you now or have you EVER been a member of an organiz awareness of the organization's dedication to that end, or with			NO (If NO, proceed to 27.2)
Complete the following if you responded 'YES' to being or ever having the organization's dedication to that end, or with the specific intent to		zation dedicated to terroris	m, either with an awareness of
Entry #1 Provide the full name of the organization.			
1 Tovide the full flame of the organization.			
Provide the address/location of the organization. (Provide City and Court Street City	_	rwise, provide City, State and Z ip Code Country	ip Code)
Provide the dates of your involvement with the organization.	Provide all positions held in the	ne organization, if any.	No positions held
From Date (Month/Year) To Date (Month/Year) Est. Present Est.			
Provide all contributions made to the organization, if any.	Provide a description of the n organization.	ature of and reasons for yo	our involvement with the
Entry #2			
Provide the full name of the organization.			
Provide the address/location of the organization. (Provide City and Court			ip Code)
Street City	State Zi	ip Code Country	
Provide the dates of your involvement with the organization. From Date (Month/Year) To Date (Month/Year) Present Est. Est.	Provide all positions held in the	ne organization, if any.	No positions held
Provide all contributions made to the organization, if any.	Provide a description of the n organization.	ature of and reasons for yo	our involvement with the

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Complete the following if you responded 'Yes' to EVER having knowingly en	YES NO (If NO, proceed to
	ngaged in any acts of terrorism.
ntry #1 escribe the nature and reasons for the activity.	Provide the dates for any such activities.
escribe the nature and reasons for the activity.	From Date (Month/Year) To Date (Month/Year)
	Est.
entry #2 Describe the nature and reasons for the activity.	Provide the dates for any such activities.
rescribe the flature and reasons for the activity.	From Date (Month/Year) To Date (Month/Year)
	Est.
Have you EVER advocated any acts of terrorism or activities designed force?	ed to overthrow the U.S. Government by YES NO (Proceed to
Complete the following if you responded 'Yes' to having EVER advocated ar orce.	any acts of terrorism or activities designed to overthrow the U.S. Governmen
ntry #1	
rovide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.
	From Date (Month/Year) To Date (Month/Year)
	Est. Es
ntry #2	
rovide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.
()	From Date (Month/Year) To Date (Month/Year)
	Est.

Enter your Social Security Number before going to the next page

Provide all contributions made to the

organization, if any.

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Section 27	- Association Record -	(Continued)						
the	ve you EVER been a me United States Governm panization's dedication to	ent, and which	engaged in activities	s to that end	with an awaren		O YES	NO (If NO, proceed to 27.5)
United St								ce or force to overthrow the t end or with the specific
Entry #1								
Provide th	he full name of the orgar	nization.						
Provide the	he address/location of th	e organization.	(Provide City and Cour	ntry if outside th	e United States; o	therwise, provide City,	State and Zip	Code)
Street			City		State	Zip Code	Country	
Provide the	he dates of your involver	ment with the or	ganization.	Provide all	positions held ir	n the organization, i	f any.	No positions held
From Da	te (Month/Year)	To Date (Month	/Year) Present Est.					
	all contributions made to tion, if any.	the No o	contributions made	Provide a d organizatio	•	e nature of and reas	sons for you	r involvement with the
Entry #2				•				
Provide th	he full name of the orgar	nization.						
Provide th	he address/location of th	e organization.	(Provide City and Cour	ntry if outside th	e United States; o	therwise, provide City,	State and Zip	Code)
Street			City		State	Zip Code	Country	
Provide tl	he dates of your involver	ment with the or	ganization.	Provide all	positions held ir	n the organization, i	f any.	No positions held
From Da	ite (Month/Year)	To Date (Month	/Year) Present					
	Est.		Est.					

organization.

No contributions made

Provide a description of the nature of and reasons for your involvement with the

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Sectio	27 - Association Record - (Continued)
27.5	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?
force	plete the following if you responded 'Yes' to being or EVER having been a member of an organization that advocates or practices commission of acts of or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further action.
Entr	<i>t</i> #1
Prov	de the full name of the organization.
Prov	de the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)
Stree	t City State Zip Code Country
Prov	de the dates of your involvement with the organization. Provide all positions held in the organization, if any. No positions held
	Date (Month/Year) To Date (Month/Year) Present Est.
	de all contributions (in U.S. dollars) No contributions made to the organization, if any. Provide a description of the nature of and reasons for your involvement with the organization.
Entr	. 40
	de the full name of the organization.
Prov Stree	de the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) tt State Zip Code Country
	de the dates of your involvement with the organization. Date (Month/Year) Est. Provide all positions held in the organization, if any. No positions held To Date (Month/Year) Est.
Prov mad	de all contributions (in U.S. dollars) No contributions made to the organization, if any. Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Section 27 - Association Record - (Continued)		
27.6 Have you EVER knowingly engaged in activities designed to overthrow the U.S. 0	Government by force?	YES NO (If NO, proceed to 27.7)
Complete the following if you responded 'Yes' to having EVER knowingly engaged in a	ctivities designed to overthrow the	U.S. Government by force.
Entry #1		
Describe the nature and reasons for the activity.	Provide the dates of such activities	
	From Date (Month/Year)	To Date (Month/Year) Present Est.
Entry #2		
Describe the nature and reasons for the activity.	Provide the dates of such activities	es.
	From Date (Month/Year)	To Date (Month/Year) Present Est.
27.7 Have you EVER associated with anyone involved in activities to further terrorism?)	YES NO
Complete the following if you responded 'Yes' to having EVER associated with anyone	involved in activities to further terro	orism.
Entry #1		
Provide explanation.		
Entry #2		
Provide explanation.		
Enter your Social Security Number before going to the next page		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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Additional Comments

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further affirm that, to the best of my knowledge, I have not included any classified information herein. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, falsifying, or including classified information may have a negative effect on my employment prospects, or job status, or my removal and debarment from Federal service.

Signature (Sign in ink)	Date signed (mm/dd/yyyy)

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities, conduct and character from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, or reinvestigation, or performing continuous vetting, to disclose the record of investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a public trust position.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, and the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a public trust position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved suitability-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization is valid for five(5) years from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full name (Type	or print legibly)		Date signed (mm/dd/yyyy)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (Country)	State	ZIP Code	Telephone number

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

Date signed (mm/dd/yyyy)

Social Security Number

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Section 5 of the Standard Form 85P with the supplemental SF 85P-S, carefully read this authorization to release information about you, then sign and date.

This is an authorization for the investigator to ask your health practitioner (s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present risks, there may be times when such a condition can affect a person's suitability for positions of public trust with the Federal government. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to your suitability determination. Your signature will allow the practitioner (s) to answer only those questions identified below.

Authorization

Signature (Sign in ink)

Other names used

I am seeking assignment to or retention in a public trust position. As part of the investigation process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, and my health practitioner (s) to provide the information requested below, relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to my health care provider/entity. I understand that I may revoke this authorization, except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this authorization is for use by the Federal Government only for purposes provided in the Standard Form 85P and will no longer be subject to the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

Full name (Type or print legibly)

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

				,		
Current street address Apt. #	City (Country)	State	ZIP Code	Telephone number		
or Use By Practitioner(s) Only						
Does the person under investigation have a position of public trust?	condition that could impair his	or her jud	lgment, reliability, c	or ability to perform a		
○ YES ○ NO						
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.						
What is the prognosis?						
Dates of treatment?						
Signature (Sign in ink)	Practitioner name			Date signed (mm/dd/yyyy)		

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206 0258

UNITED STATES OF AMERICA

FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation and reinvestigation, or my eligibility for a public trust position, to request, and any consumer reporting agency to provide, such reports for purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a public trust position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a public trust position.

Print Name	Social Security Number
Signature (Sign in ink)	Date signed (mm/dd/yyyy)