

PRIVACY ACT INFORMATION

**Electronic Questionnaires for Investigations
Processing (e-QIP)
Investigation Request #4800237**

REVIEW COPY - DO NOT RETAIN

This copy is for review purposes only. An official copy for archival is generated upon form certification.

Note: To conserve paper only the first entry in multiple-entry lists displays completion instructions. The completion instructions for the first entry also applies to each additional entry unless otherwise noted.

Form Completion Instructions

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

Follow instructions fully or we cannot process your form. *If you have any questions*, call the office that gave you the form.

Purpose of this Form

The United States Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or security clearance prospects.

Authority to Request this Information

Depending upon the purpose of your investigation, the United States Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, United States Code; sections 2165 and 2201 of title 42, United States Code; sections 781 to 887 of title 50, United States Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701, also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, mis-representation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important 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.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Organization of this Form

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. You should retain a copy of the completed form for your records.
2. 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. If you need to estimate a date, an "estimated" box will be available after each date entry blank.
3. 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 list feature.

To use the "Country" list feature, click on the "List" link beside the "Country" title to open a listing of country names in a separate window. Find the desired country name and use your web browser's "Copy" and "Paste" features to copy the country name into the "Country" text field. If the country name is not in the list, manually enter the country name into the "Country" text field.

When entering a United States address or location, select the state or territory from the "States" pull-down list. Selecting a state/territory implies "United States" as the country, so you do not need to enter it into the "Country" text field. For locations outside of the United States and its territories, enter the name of the country into the "Country" text field and leave the "State" field blank.

4. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
5. For telephone numbers in the United States, be sure to include the area code, and use one of the following formats: (123)456-7890 or 1234567890.

6. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use the pull down lists to select the month and day. The year should be entered as all four numbers, i.e., 1978 or 2001. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by checking the "Est." box.

Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The United States Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for a security clearance. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows below.

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, 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.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

PUBLIC BURDEN INFORMATION

Public Burden reporting for this collection of information is estimated to average 90 minutes per response, 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, United States Office of Personnel Management, 1900 E Street NW, Washington DC 20415-7900. Do not send your completed form to this address. The OMB No. 3206-0005 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.

E.O. 12968 Rider for the SF86

Executive Order 12968 Rider for the Questionnaire for National Security Positions (SF86)

Some questions on the current SF86 specify a time frame of seven years, which is not consistent with Executive Order 12968. Until a revised form is in place, interim instructions are needed for some of the items on the current SF86 when an SSBI is required. These questions should be answered with a ten (10) year time frame for the case to meet the new standard:

Section 9: Where You Have Lived

Section 10: Where You Went to School

Section 11: Your Employment Activities

Section 22: Your Employment Record

Section 23, questions e and f: Your Police Record

Section 29: Public Record Civil Court Actions

If you have questions, please contact the official that gave you access to the e-QIP System.

Sections 1-6: Your Identifying Information

Provide the following information about your identity.

Section 1: Full Name

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name

Last: Brennan. First: John. Middle: Owen. Suffix: Field is blank!

Section 2: Date of Birth

Date of Birth

Month/Day/Year: 09/22/1955.

Section 3: Place of Birth

Place of Birth

City: Jersey City. County: Hudson. State: NJ. Country: Field is blank!

Section 5: Other Names Used

Give other names you have used and the period of time you used them (for example: maiden name, name(s) by a former marriage, former name(s), alias(es), nickname(s)). If the other name is your maiden name, check the "nee" box.

Other Names Used (Not Applicable: { Box IS Checked! } .)
(No Entry Provided)

Section 6: Other Identifying Information

Height

Feet: 6.

Inches: 1.

Weight (Pounds): 210.

Hair Color: Brown/gray.

Eye Color: Blue.

Sex

Male: { Box IS Checked! } . Female: { Box NOT Checked! } .

Section 7: Telephone Numbers

Provide your telephone numbers and the time of the day that you are most likely available at these numbers. Include the Area Code and extension, where applicable.

Work Telephone

Number: 703-674-8478. Time: Both.

Home Telephone

Number: 703-435-8772. Time: Night.

Section 8: Citizenship

Item a

Mark the box that reflects your current citizenship status, and follow its instructions.

Citizenship Status

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d): { x Box IS Checked!} .

I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d): { Box NOT Checked! } .

I am not a U.S. citizen. (Answer items b and e): { Box NOT Checked! } .

Item b

Your Mother's Maiden Name: Dunn.

Item c, United States Citizenship

If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court: Field is blank!

Location

City: Field is blank! State: Field is blank!

Certificate Number: Field is blank!

Date Issued

Month/Day/Year: ~/~/~.

Citizenship Certificate (Where was the certificate issued?)

Place Issued

City: Field is blank! State: Field is blank!

Certificate Number: Field is blank!

Date Issued

Month/Day/Year: ~/~/~.

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.

Date Form Prepared

Month/Day/Year: ~/~/~.

Explanation

Field is blank!

U.S. Passport

This may be either a current or previous U.S. Passport.

Passport Number: 219353334.

Date Issued

Month/Day/Year: 11/15/2006.

Item d, Dual Citizenship

If you are (or were) a dual citizen of the United States and another country, provide the name of that country.

Country(ies) of Dual Citizenship (Not Applicable: { x Box IS Checked!} .)
(No Entry Provided)

Item e, Alien

If you are an alien, provide the following information:

Place You Entered the United States

City: Field is blank! State: Field is blank!

Date You Entered U.S.

Month/Day/Year: ~/~/~.

Alien Registration Number: Field is blank!

Country(ies) of Citizenship

(No Entry Provided)

Section 9: Where You Have Lived

Provide a detailed entry for each place you have lived in the last 7 years. All periods must be accounted for in your list. Do not list a permanent address when you were actually living at a school address, etc. You may omit temporary military duty locations under 90 days (list your permanent address instead).

1. Provide the requested information about this place where you have lived.

Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port.

For temporary military duty locations under 90 days, list your permanent address instead. You should use your APO/FPO address if you lived overseas.

For addresses in the last five years, if this address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence under Additional Comments below.

Dates of Activity

From (Month/Year): 07/1999. To (Month/Year): Present.

Street Address

Street: 13351 Point Rider Lane.

City: Herndon. State: VA. Country: Field is blank! Zip Code: 20171.

Person Who Knew You

For any address in the last 5 years, list a person who knew you at this address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives).

Name: Joe McGuiness.

Street Address

Street: 13361 Point Rider Lane.

City: Herndon. State: VA. Country: Field is blank! Zip Code: 20171.

Telephone Number

Number: 7036756804.

2. Dates of Activity

From (Month/Year): 11/1996. To (Month/Year): 07/1999.

Street Address

Street: Diplomatic Quarter.

City: Riyadh. State: Field is blank! Country: Saudi Arabia. Zip Code: Field is blank!

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

3. Dates of Activity

From (Month/Year): 04/1989. To (Month/Year): 11/1996.

Street Address

Street: 13351 Point Rider Lane.

City: Herndon. State: VA. Country: Field is blank! Zip Code: 20171.

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

4. Dates of Activity

From (Month/Year): 12/1984. To (Month/Year): 04/1989.

Street Address

Street: 6857 Lafayette Park Drive.

City: Annandale. State: VA. Country: Field is blank! Zip Code: 22003.

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

5. Dates of Activity

From (Month/Year): 08/1982. To (Month/Year): 11/1984.

Street Address

Street: Embassy Residence.

City: Jeddah. State: Field is blank! Country: Saudi Arabia. Zip Code: Field is blank!

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

6. Dates of Activity

From (Month/Year): 01/1981. To (Month/Year): 02/1982.

Street Address

Street: 6147 Leesburg Pike Apt 309.

City: Falls Church. State: VA. Country: Field is blank! Zip Code: 22042.

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

7. Dates of Activity

From (Month/Year): 08/1980. To (Month/Year): 12/1980.

Street Address

Street: 501 N. Roosevelt Road.

City: Falls Church. State: VA. Country: Field is blank! Zip Code: 22042.

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

8. Dates of Activity

From (Month/Year): 08/1978. To (Month/Year): 08/1980.

Street Address

Street: 5700 Cameron Road Apt. 210.

City: Austin. State: TX. Country: Field is blank! Zip Code: 78710.

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

9. Dates of Activity

From (Month/Year): 01/1976. To (Month/Year): 08/1978.

Street Address

Street: 435 74th Street.

City: North Bergen. State: NJ. Country: Field is blank! Zip Code: 07047.

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

10. Dates of Activity

From (Month/Year): 08/1975. To (Month/Year): 01/1976.

Street Address

Street: American University in Cairo Dormitory.

City: Cairo. State: Field is blank! Country: Egypt. Zip Code: Field is blank!

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

11. Dates of Activity

From (Month/Year): 02/1963. To (Month/Year): 08/1975.

Street Address

Street: 435 74th Street.

City: North Bergen. State: NJ. Country: Field is blank! Zip Code: 07047.

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

(End of List)

Section 10: Where You Went To School

List the schools you have attended, beyond Junior High School, in the last 7 years. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Schools Attended (Not Applicable: { Box NOT Checked! } .)

1. Provide the requested information about this school you attended. For correspondence schools and extension classes, provide the address where the records are maintained.

Dates of Activity

From (Month/Year): 08/1977. To (Month/Year): 05/1980.

School Type

High School: { Box NOT Checked! } .

College/University/Military College: { x Box IS Checked! } .

Vocational/Technical/Trade School: { Box NOT Checked! } .

School Name: University of Texas at Austin.

Street Address

Street: University Boulevard.

City: Austin. State: TX. Country: Field is blank! Zip Code: 78713.

Provide a detailed entry for each degree, diploma, etc. you received from this school.

Degree/Diploma/Other

1. Date Awarded

Month/Year: 05/1980.

Degree/Diploma/Other: M.A.

(End of Degree/Diploma/Other List)

Person Who Knew You

For schools you attended in the last 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

2. Dates of Activity

From (Month/Year): 09/1973. To (Month/Year): 05/1977.

School Type

High School: { Box NOT Checked! } .

College/University/Military College: { x Box IS Checked! } .

Vocational/Technical/Trade School: { Box NOT Checked! } .

School Name: Fordham University.

Street Address

Street: Fordham Road.

City: Bronx, New York City. State: NY. Country: Field is blank! Zip Code: 10458.

Degree/Diploma/Other

1. Date Awarded

Month/Year: 05/1977.

Degree/Diploma/Other: B.A.

(End of Degree/Diploma/Other List)

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

3. Dates of Activity

From (Month/Year): 08/1975. To (Month/Year): 01/1976.

School Type

High School: { Box NOT Checked! } .

College/University/Military College: { Box IS Checked! } .

Vocational/Technical/Trade School: { Box NOT Checked! } .

School Name: American University in Cairo.

Street Address

Street: AUC.

City: Cairo. State: Field is blank! Country: Egypt. Zip Code: Field is blank!

Degree/Diploma/Other

(No Entry Provided)

Person Who Knew You

Name: Field is blank!

Street Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Telephone Number

Number: Field is blank!

(End of List)

Section 11: Your Employment Activities

Provide a detailed entry for each of your employment activities for the last 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

1. Dates of Activity

From (Month/Year): 11/2005. To (Month/Year): Present.

Use one of the codes listed below to identify the type of employment:

Type of Employment

Active military duty stations: { Box NOT Checked! } .

National Guard/Reserve: { Box NOT Checked! } .

U.S.P.H.S. Commissioned Corps: { Box NOT Checked! } .

Other Federal employment: { Box NOT Checked! } .

State Government (Non-Federal employment): { Box NOT Checked! } .

Self-employment: { Box NOT Checked! } .

Unemployment: { Box NOT Checked! } .

Federal Contractor: { Box NOT Checked! } .

Other: { x Box IS Checked!} .

Employer Name: The Analysis Corporation.

Your Position Title: President and CEO.

Employer's Street Address

Street: 1501 Farm Credit Drive.

City: McLean. State: VA. Country: Field is blank! Zip Code: 22102.

Employer's Telephone Number

Number: 703-738-2840.

Job Location Street Address (if different than employer address)

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Job Location Telephone Number

Number: 703-738-2877.

Supervisor's Name: John Hillen.

Supervisor's Street Address (if different than job location)

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Supervisor's Telephone Number

Number: 703-738-2887.

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment

above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { x Box IS Checked!} .)

(No Entry Provided)

2. Dates of Activity

From (Month/Year): 04/2007. To (Month/Year): 11/2008.

Type of Employment

Active military duty stations: { Box NOT Checked! } .

National Guard/Reserve: { Box NOT Checked! } .

U.S.P.H.S. Commissioned Corps: { Box NOT Checked! } .

Other Federal employment: { Box NOT Checked! } .

State Government (Non-Federal employment): { Box NOT Checked! } .

Self-employment: { Box NOT Checked! } .

Unemployment: { Box NOT Checked! } .

Federal Contractor: { Box NOT Checked! } .

Other: { x Box IS Checked!} .

Employer Name: Intelligence and National Security Alliance.

Your Position Title: Chairman of the Board.

Employer's Street Address

Street: 901 N. Stuart Street, Suite 205.

City: Arlington. State: VA. Country: Field is blank! Zip Code: 22203.

Employer's Telephone Number

Number: 703-224-4672.

Job Location Street Address (if different than employer address)

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Job Location Telephone Number

Number: Field is blank!

Supervisor's Name: None.

Supervisor's Street Address (if different than job location)

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Supervisor's Telephone Number

Number: Field is blank!

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { x Box IS Checked!} .)

(No Entry Provided)

3. Dates of Activity

From (Month/Year): 08/1980. To (Month/Year): 11/2005.

Type of Employment

Active military duty stations: { Box NOT Checked! } .

National Guard/Reserve: { Box NOT Checked! } .

U.S.P.H.S. Commissioned Corps: { Box NOT Checked! } .

Other Federal employment: { x Box IS Checked! } .

State Government (Non-Federal employment): { Box NOT Checked! } .

Self-employment: { Box NOT Checked! } .

Unemployment: { Box NOT Checked! } .

Federal Contractor: { Box NOT Checked! } .

Other: { Box NOT Checked! } .

Employer Name: Central Intelligence Agency.

Your Position Title: various.

Employer's Street Address

Street: None.

City: District of Columbia. State: DC. Country: Field is blank! Zip Code: 20505.

Employer's Telephone Number

Number: 703-482-7551.

Job Location Street Address (if different than employer address)

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Job Location Telephone Number

Number: 703-482-6400.

Supervisor's Name: George Tenet.

Supervisor's Street Address (if different than job location)

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Supervisor's Telephone Number

Number: 703-482-6400.

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { x Box IS Checked!} .)

(No Entry Provided)

4. Dates of Activity

From (Month/Year): 08/1978. To (Month/Year): 05/1980.

Type of Employment

Active military duty stations: { Box NOT Checked! } .

National Guard/Reserve: { Box NOT Checked! } .

U.S.P.H.S. Commissioned Corps: { Box NOT Checked! } .

Other Federal employment: { Box NOT Checked! } .

State Government (Non-Federal employment): { Box NOT Checked! } .

Self-employment: { Box NOT Checked! } .

Unemployment: { Box NOT Checked! } .

Federal Contractor: { Box NOT Checked! } .

Other: { x Box IS Checked!} .

Employer Name: University of Texas at Austin.

Your Position Title: Teaching Assistant.

Employer's Street Address

Street: University Boulevard.

City: Austin. State: TX. Country: Field is blank! Zip Code: 78712.

Employer's Telephone Number

Number: Field is blank!

Job Location Street Address (if different than employer address)

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Job Location Telephone Number

Number: Field is blank!

Supervisor's Name: Government Department.

Supervisor's Street Address (if different than job location)

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Supervisor's Telephone Number

Number: Field is blank!

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { x Box IS Checked!} .)

(No Entry Provided)

(End of List)

Section 12: People Who Know You Well

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1. Dates Known

From (Month/Year): 08/1994. To (Month/Year): Present.

Name: George Tenet.

Home or Work Address

Street: 711 5th Avenue.

City: New York. State: NY. Country: Field is blank! Zip Code: 10022.

Telephone Number

Number: 212-339-2403. Time: Field is blank!

2. Dates Known

From (Month/Year): 01/1990 (Estimated). To (Month/Year): Present.

Name: Judith Miscik.

Home or Work Address

Street: 1 Columbus Plaza, Apt 49A.

City: New York. State: NY. Country: Field is blank! Zip Code: 10019.

Telephone Number

Number: 703-725-8551. Time: Night.

3. Dates Known

From (Month/Year): 08/1999. To (Month/Year): Present.

Name: Darlene Connelly.

Home or Work Address

Street: 10201 Grovewood Way.

City: Fairfax. State: VA. Country: Field is blank! Zip Code: 22032.

Telephone Number

Number: 703-764-0697. Time: Night.

(End of List)

Section 13/15: Your Spouse

Mark one item to show your current marital status.

Marital Status

Never Married: { Box NOT Checked! } .

Married: { x Box IS Checked! } .

Separated: { Box NOT Checked! } .

Legally Separated: { Box NOT Checked! } .

Divorced: { Box NOT Checked! } .

Widowed: { Box NOT Checked! } .

Other: { Box NOT Checked! } .

Current Spouse (Not Applicable: { Box NOT Checked! } .)

- Complete the following about your current spouse only.

If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If only an initial is used as the first name or middle name, enter the initial (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name

Last: Brennan. First: Katherine. Middle: (NMN). Suffix: Field is blank!

Date of Birth

Month/Day/Year: 04/07/1956.

Social Security Number (Not Applicable: { Box NOT Checked! } .)

148 - 52 - 1649.

Place of Birth

City: Jersey City. State: NJ. Country: Field is blank!

Provide your current spouse's address only if different than your current address; otherwise, check the "Use My Current Address" box.

Current Address (Use My Current Address: { x Box IS Checked!} .)

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank! Zip Code: Field is blank!

Provide the requested information about your marriage.

Date Married

Month/Day/Year: 08/13/1978.

Place Married

City: West New York. State: NJ. Country: Field is blank!

If separated, provide date of separation.

Date of Separation

Month/Day/Year: ~/~/~.

If legally separated, where is the record located?

Location of Separation Record

City: Field is blank! State: Field is blank! Country: Field is blank!

Provide the name of each country that this person is (or was) a citizen of.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Specify maiden name, names by other marriages, etc., and show dates used for each name. Check the "nee" box to denote maiden name.

Other Names Used (Not Applicable: { Box NOT Checked! } .)

2. Name

Last: Pokluda. First: Katherine. Middle: (NMN). Suffix: Field is blank!

nee: { Box NOT Checked! } .

Dates Used

From (Month/Year): 04/1956. To (Month/Year): 08/1978.

(End of Other Names Used List)

Section 15: Citizenship of Your Relatives and Associates

If your current spouse is a U.S. citizen by other than birth, or an alien residing in the U.S., provide a Proof of Citizenship Status entry below.

Proof of Citizenship Status

(No Entry Provided)

Former Spouse(s) (Not Applicable: { x Box IS Checked!} .)
(No Entry Provided)

Section 14/15: Your Relatives and Associates

Validation Responses

Message: Person #2: Provide a proof of citizenship status document or other explanation for this person, a foreign-born United States citizen. If this person was born in the United States, ensure that you have entered "United States" as the Country of Birth, and not a variation from that spelling (e.g. "USA").

Response:

I do not know the requested information.: { x Box IS Checked!} .

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

1. Mother
2. Father
3. Stepmother
4. Stepfather

5. Foster Parent
6. Child (Adopted and Foster Child also)
7. Stepchild
8. Brother
9. Sister
10. Stepbrother
11. Stepsister
12. Half-brother
13. Half-sister
14. Father-in-law
15. Mother-in-law
16. Guardian
17. Other Relative*
18. Associate*
19. Adult Currently Living with You

*Other Relative - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Associate - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

1. Relationship Type: Mother.

Full Name

Last: Brennan. First: Dorothy. Middle: Helen. Suffix: Field is blank!

Deceased

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

Date of Birth

Month/Day/Year: 09/01/1921.

Country of Birth

Country: US.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Provide the following information if this person is living.

Current Address

Street: 83 Dorset Road.

City: Manchester. State: NJ. Country: Field is blank!

Section 15: Citizenship of Your Relatives and Associates

If your mother, father, sister, brother, child, or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide a Proof of Citizenship Status entry below.

Proof of Citizenship Status

(No Entry Provided)

2. Relationship Type: Father.

Full Name

Last: Brennan. First: Owen. Middle: Vincent. Suffix: Field is blank!

Deceased

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

Date of Birth

Month/Day/Year: 04/02/1920.

Country of Birth

Country: Ireland.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Current Address

Street: 83 Dorset Road.

City: Manchester. State: NJ. Country: Field is blank!

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

3. Relationship Type: Child (Adopted and Foster Child also).

Full Name

Last: Brennan. First: Jaelyn. Middle: Ann. Suffix: Field is blank!

Deceased

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

Date of Birth

Month/Day/Year: 04/05/1988.

Country of Birth

Country: US.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Current Address

Street: 13351 Point Rider Lane.

City: Herndon. State: VA. Country: Field is blank!

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

4. Relationship Type: Child (Adopted and Foster Child also).

Full Name

Last: Brennan. First: Kyle. Middle: Owen. Suffix: Field is blank!

Deceased

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

Date of Birth

Month/Day/Year: 04/30/1986.

Country of Birth

Country: US.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Current Address

Street: 13351 Point Rider Lane.

City: Herndon. State: VA. Country: Field is blank!

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

5. Relationship Type: Child (Adopted and Foster Child also).

Full Name

Last: Brennan. First: Kelly. Middle: Marie. Suffix: Field is blank!

Deceased

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

Date of Birth

Month/Day/Year: 04/05/1988.

Country of Birth

Country: US.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Current Address

Street: 13351 Point Rider lane.

City: Herndon. State: VA. Country: Field is blank!

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

6. Relationship Type: Brother.

Full Name

Last: Brennan. First: Thomas. Middle: Gerard. Suffix: Field is blank!

Deceased

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

Date of Birth

Month/Day/Year: 02/13/1959.

Country of Birth

Country: US.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Current Address

Street: 1400 Hudson Street.

City: Hoboken. State: NJ. Country: Field is blank!

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

7. Relationship Type: Sister.

Full Name

Last: Zukowski. First: Kathleen. Middle: Mary. Suffix: Field is blank!

Deceased

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

Date of Birth

Month/Day/Year: 10/08/1953.

Country of Birth

Country: US.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Current Address

Street: 961 Oakwood Place.

City: Plainfield. State: NJ. Country: Field is blank!

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

8. Relationship Type: Father-in-law.

Full Name

Last: Pokluda. First: John. Middle: Edward. Suffix: Field is blank!

Deceased

Yes: { x Box IS Checked! } . No: { Box NOT Checked! } .

Date of Birth

Month/Day/Year: 08/05/1922.

Country of Birth

Country: US.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Current Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank!

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

9. Relationship Type: Mother-in-law.

Full Name

Last: Pokluda. First: Margaret. Middle: Elizabeth. Suffix: Field is blank!

Deceased

Yes: { x Box IS Checked!} . No: { Box NOT Checked! } .

Date of Birth

Month/Day/Year: 09/19/1924.

Country of Birth

Country: US.

Country(ies) of Citizenship

1. Country: US.

(End of Country(ies) of Citizenship List)

Current Address

Street: Field is blank!

City: Field is blank! State: Field is blank! Country: Field is blank!

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

(End of List)

Section 16: Your Military History

Answer the following questions.

a. Have you served in the United States military?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

b. Have you served in the United States Merchant Marine?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. If you had a break in service, each separate period should be listed. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Military History (Not Applicable: { Box IS Checked! } .)

(No Entry Provided)

Section 17: Your Foreign Activities

Answer the following questions.

a. Do you have any foreign property, business connections, or financial interests?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm or agency?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

c. Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

Yes: { Box IS Checked! } . No: { Box NOT Checked! } .

d. In the last 7 years, have you had an active passport that was issued by a foreign government?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

If you answered "Yes" to one or more of the questions above, provide a detailed entry for each period of foreign activity.

1. Provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Dates of Activity

From (Month/Year): 08/2007. To (Month/Year): Present.

Firm and/or Government: U.K. Government.

Explanation of Your Involvement

I have had lunch twice and dinner once with Alan Lovell, a U.K. colleague with whom I worked closely during the last three years of my government career. Alan is currently posted at the U.K. Embassy in Washington.

2. Dates of Activity

From (Month/Year): 01/2008. To (Month/Year): 10/2008.

Firm and/or Government: United Arab Emirates.

Explanation of Your Involvement

As part of my responsibilities as President and CEO of The Analysis Corporation (TAC), I met twice with UAE officials to describe the commercial offerings of our firm. The first time was in Abu Dhabi in January 2008 and the second time in McLean, VA. Dr. Saeed Abdullah of the State Security Department was present at the first meeting in the UAE and he was the only UAE official at the second meeting in McLean, VA. I have had no other contact with UAE officials outside of my government service.

(End of List)

Section 18: Foreign Countries You Have Visited

List foreign countries you have visited, except on travel under official Government orders, working back 7 years. (Travel as a dependent or contractor must be listed.) Include short trips to Canada or Mexico. If you lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Do not repeat travel covered in sections 9, 10, or 11.

Foreign Travels (Not Applicable: { Box NOT Checked! } .)

1. Indicate the purpose of your visit. If you lived near a border and have made short (one day or less) trips to the neighboring country, provide the time period, purpose, country and check the "Many Short Trips" box.

Dates of Activity

From (Month/Year): 01/2008. To (Month/Year): 01/2008.

Purpose of Visit

Business: { x Box IS Checked! } . Pleasure: { Box NOT Checked! } . Education: { Box NOT Checked! } . Other: { Box NOT Checked! } .

Countries Visited

1. Country: United Arab Emirates.

(End of Countries Visited List)

Many Short Trips: { Box NOT Checked! } .

2. Dates of Activity

From (Month/Year): 09/1975. To (Month/Year): 01/1976.

Purpose of Visit

Business: { Box NOT Checked! } . Pleasure: { Box NOT Checked! } . Education: { x Box IS Checked! } . Other: { Box NOT Checked! } .

Countries Visited

1. Country: Egypt.
2. Country: Jordan.
3. Country: Israel.

(End of Countries Visited List)

Many Short Trips: { Box NOT Checked! } .

3. Dates of Activity

From (Month/Year): 06/1974. To (Month/Year): 08/1974.

Purpose of Visit

Business: { Box NOT Checked! } . Pleasure: { Box NOT Checked! } . Education: { x Box IS Checked! } . Other: { Box NOT Checked! } .

Countries Visited

1. Country: Indonesia.
2. Country: Netherlands.

(End of Countries Visited List)

Many Short Trips: { Box NOT Checked! } .

(End of List)

Section 19: Your Military Record

Answer the following question.

Have you ever received other than an honorable discharge from the military?

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

If "Yes," provide the date of discharge and type of discharge below.

Date of Discharge

Month/Year: ~/~.

Type of Discharge: Field is blank!

Section 20: Your Selective Service Record

Answer the following question.

a. Are you a male born after December 31, 1959?

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

If you answered "Yes" to question a, answer the following question.

b. Have you registered with the Selective Service System?

Yes: { Box NOT Checked! } . No: { Box NOT Checked! } .

If you answered "Yes" to question b, provide your registration number. If "No," show the reason for your legal exemption.

Registration Number: Field is blank!

Legal Exemption Explanation (I Do Not Know: { Box NOT Checked! } .)

Field is blank!

Section 21: Your Medical Record

Answer the following question.

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

Yes: { Box IS Checked! } . No: { Box NOT Checked! } .

If you answered "Yes," provide an entry for each treatment to report, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

(No Entry Provided)

Section 22: Your Employment Record

Answer the following question.

Has any of the following happened to you in the last 7 years?

1. Fired from a job.
2. Quit a job after being told you'd be fired.
3. Left a job by mutual agreement following allegations of misconduct.
4. Left a job by mutual agreement following allegations of unsatisfactory performance.
5. Left a job for other reasons under unfavorable circumstances.

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

If you answered "Yes," provide a detailed entry for each occurrence to report.

(No Entry Provided)

Section 23: Your Police Record

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain 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.

Answer the following questions.

a. Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

b. Have you ever been charged with or convicted of a firearms or explosives offense?

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

c. Are there currently any charges pending against you for any criminal offense?

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

d. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

e. In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

f. In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

If you answered "Yes" to a, b, c, d, e, or f above, provide an entry for each occurrence to report.

(No Entry Provided)

Section 24: Your Use of Illegal Drugs and Drug Activity

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

Answer the following questions.

a. Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

b. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

c. In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

If you answered "Yes" to a or b above, provide an entry for each controlled substance or prescription drug used.

(No Entry Provided)

Section 25: Your Use of Alcohol

Answer the following question.

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

If you answered "Yes," provide an entry for each treatment to report. Do not repeat information reported in response to section 21.

(No Entry Provided)

Section 26: Your Investigations Record

Answer the following question.

a. Has the United States Government ever investigated your background and/or granted you a security clearance? If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Yes: { Box IS Checked! } . No: { Box NOT Checked! } .

If you answered "Yes," provide the requested information below.

1. Provide the requested information about this background investigation. If you do not know the requested information, check the associated "Do Not Know" box.

Date of Action (Do Not Know: { Box IS Checked! } .)

Month/Year: / .

Agency Code (Do Not Know: { Box NOT Checked! } .)

Defense Department: { Box NOT Checked! } .

State Department: { Box NOT Checked! } .

Office of Personnel Management: { Box NOT Checked! } .

FBI: { Box NOT Checked! } .

Treasury Department: { Box NOT Checked! } .

Other: { x Box IS Checked!} .

Other Agency: Central Intelligence Agency.

Clearance Code (Do Not Know: { Box NOT Checked! } .)

Not Required: { Box NOT Checked! } .

Confidential: { Box NOT Checked! } .

Secret: { Box NOT Checked! } .

Top Secret: { Box NOT Checked! } .

Sensitive Compartmented Information: { x Box IS Checked!} .

Q: { Box NOT Checked! } .

L: { Box NOT Checked! } .

Other: { Box NOT Checked! } .

(End of List)

Answer the following question.

b. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (An administrative downgrade or termination of a security clearance is not a revocation.)

Yes: { Box NOT Checked! } . No: { x Box IS Checked!} .

If you answered "Yes," provide the requested information below.

(No Entry Provided)

Section 27: Your Financial Record

Answer the following questions.

a. In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

b. In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

c. In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

d. In the last 7 years, have you had any judgments against you that have not been paid?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

If you answered "Yes" to a, b, c, or d, provide an entry for each occurrence to report.

(No Entry Provided)

Section 28: Your Financial Delinquencies

Answer the following questions.

a. In the last 7 years, have you been over 180 days delinquent on any debt(s)?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

b. Are you currently over 90 days delinquent on any debt(s)?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

If you answered "Yes" to a or b, provide an entry for each occurrence to report.

(No Entry Provided)

Section 29: Public Record Civil Court Actions

Answer the following question.

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

Yes: { Box NOT Checked! } . No: { Box IS Checked! } .

If you answered "Yes," provide the information about each public record civil court action.

(No Entry Provided)

Section 30: Your Association Record

Answer the following questions.

a. Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

b. Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

Yes: { Box NOT Checked! } . No: { x Box IS Checked! } .

If you answered "Yes" to a or b, explain in the space below.

Explanation

Field is blank!

Additional Comments

Use the space below to continue answers to all other items and any information you would like to add.

Additional Comments

Field is blank!

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (*Sign in ink*)

(Signature on file--see Investigation Request #4800237 Signature Forms)

Expected Attachments

If you need to submit additional documents with your request, give a brief title or description of each attachment you plan to provide (e.g., map with directions to residence). Providing this list is optional; however, doing so may assist the processing offices in accounting for all attachments. Include each attachment's page count. (One sheet with content on front and back is two pages.)

Write your social security number and the Investigation Request number on the margin of each attachment you submit.

Expected Attachments
(No Entry Provided)