Residency History Worksheet

For individuals requiring a T1 or higher (with SCHR), OFI86C (SCHR) or INTERPOL

CHECK FULL LEGAL NAME

Last	First	Middle

Maiden / Former Name	MM/YY to MM/YY	Maiden / Former Name	MM/YY to MM/YY
Maiden / Former Name	MM/YY to MM/YY	Maiden / Former Name	MM/YY to MM/YY

Place of birth (City, County, State, Country)	Sex ☐ Male ☐ Female	Email address

FEDERAL SERVICE WORK HISTORY/STATUS

1) Have you ever worked in federal service? Federal service is inclusive of all the following APF/NAF Civilian, Contractor, In Home Care Provider, Military, volunteer with existing Investigation etc.

☐ YES- proceed to question 2

☐ NO- **STOP.** Complete residency history below

2) Are you currently working in federal service? (select yes if in LWOP status)

☐ YES- **STOP.** Complete residency history below

☐ NO- proceed to question 3

3) When was the last date worked? (provide month and year)

☐ - Complete residency history below

NOTE: A two year break in federal service requires a new Tiered investigation.

PLEASE LIST PLACES WHERE YOU HAVE LIVED STARTING WITH YOUR *CURRENT* ADDRESS AND GOING BACK *5 or 10* YEARS BASED ON INVESTIGATION REQUIREMENT. DO NOT USE A POST OFFICE BOX, UNLESS STATIONED OVERSEAS, THEN AN APO/FPO **MUST** BE USED INSTEAD OF THE FOREIGN COUNTRY PHYSICAL ADDRESS. YOU MAY OMIT TDY LOCATIONS UNDER 90 DAYS (list permanent address instead). MAKE SURE TO INCLUDE PHYSICAL RESIDENCE ADDRESS WITH A COMPLETE STREET ADDRESS WITH CITY, STATE, ZIP CODE, AND COUNTRY.

(1) (mm/yy) _____ **to** _____ **Address** _____

City _____ **State** _____ **Zip** _____ **Country** _____

(2) (mm/yy) _____ **to** _____ **Address** _____

City _____ **State** _____ **Zip** _____ **Country** _____

(3) (mm/yy) _____ **to** _____ **Address** _____

City _____ **State** _____ **Zip** _____ **Country** _____

(4) (mm/yy) _____ **to** _____ **Address** _____

City _____ **State** _____ **Zip** _____ **Country** _____

(5) (mm/yy) _____ **to** _____ **Address** _____

City _____ **State** _____ **Zip** _____ **Country** _____

(6) (mm/yy) _____ **to** _____ **Address** _____

City _____ **State** _____ **Zip** _____ **Country** _____

Signature:_____ **Date completed:**_____

***If additional space is needed, attach a continuation sheet to this worksheet.**