VENDOR FITNESS DETERMINATION TRAINING MANUAL

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Purpose

The purpose of this document is to provide a detailed description to GSA prime vendor POCs and applicants of how to properly complete an HSPD-12 background investigation.

Zonal Help Desks

GSA Fitness Determinations will be processed within five work zones as listed below:

Zone A includes regions 1, 2, and 3.
States in Zone A: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, Puerto Rico, West Virginia, Maryland, Delaware, Rhode Island, Virgin Islands and Virginia
Team Lead: Tom Heinze
Email Address: zonea-hspd12@gsa.gov
Phone Number: 617-565-2051

Zone B includes regions 4 and 7.
States in Zone B: Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, Arkansas, Louisiana, Oklahoma, Texas and New Mexico
Team Lead: Cheri Tow
Email Address: zoneb-hspd12@gsa.gov
Phone Number: 404-331-1002

Zone C includes regions 5, 6, and 8.
States in Zone C: Minnesota, Wisconsin, Michigan, Illinois, Indiana, Ohio, Nebraska, Iowa, Missouri, Kansas, Montana, North Dakota, South Dakota, Wyoming, Utah, and Colorado.
Team Lead: Connie Chidester
Email Address: zonec-hspd12@gsa.gov
Phone Number: 312-886-1189

Zone D includes regions 9 and 10.
States in Zone D: Alaska, Washington, Oregon, Idaho, Nevada, Arizona, California, and Hawaii
Team Lead: Kristy Frost
Email Address: zoned-hspd12@gsa.gov
Phone Number: 415-884-9759

Zone E includes regions NCR and CO.
States in Zone E: Washington DC
Team Lead: Phil Ahn
Email Address: hspd12.security@gsa.gov
Phone Number: 202-501-4459

Authorities and References

HSPD-12 http://csrc.nist.gov/drivers/documents/Presidential-Directive-Hspd-12.html

OPM HSPD-12 Credential Standards https://www.opm.gov/investigations/background-investigations/reference/final-credentialing-standards.pdf

GSA Order CIO P 2181.1--HSPD-12
https://insite.gsa.gov/portal/mediaId/681058/fileName/HSPD12_Handbook_v8.action

GSA Order 5400.2--Requesting Official https://insite.gsa.gov/portal/content/533289l

What is HSPD-12?

Homeland Security Presidential Directive 12 (HSPD-12) is a presidential directive for executive agencies that establishes a mandatory, government-wide standard for secure and reliable forms of identification issued by the federal government to its employees and contractors requiring long-term (greater than 180 days) access to federal buildings, facilities, and information technology (IT) systems. Prior to the issuance of these identification credentials, the person's identity and trustworthiness must be proven via a personnel security investigation (fitness determination).

What is a fitness determination?

A fitness determination is the result of a personnel security background investigation. Contractors may be issued a credential upon receipt of a favorable preliminary fitness determination, also known as an enter-on-duty (EOD) determination.

Types of Contractors

1. Long-term contractors are those individuals working on GSA contract(s) for greater than 6 months.

2. Short-term contractors are those individuals working on GSA contract(s) for 6 months or less.

Who needs a background investigation?

1. All GSA contractors (both long-term working more than 6 months and short-term working less than 6 months) who need routine access to GSA facilities. Routine access is defined as a regularly scheduled need to access the facility.

2. Any GSA contractor who requires regularly scheduled access to one or more GSA–controlled facilities, even under multiple contracts, should be treated as having routine access to GSA facilities. Individuals who completed an investigation previously with

another agency must still complete the investigation process before working in GSA facilities.

Who does NOT need an investigation?

1. Contractors who are working in GSA leased facilities with security level I or II and those facilities with security level III that are not 100% occupied by the government.

2. The contractors needed to mitigate emergency situations--broken pipes; failure of HVAC units; elevator repairs; etc. must be escorted at all times, however they are not required to have prior approval from the Zonal Help Desk. Property/building management staff may authorize access for these individuals in these types of situations.

3. Those contractors who will only access public space--lawn maintenance, vending machine technicians and suppliers, and FedEx & UPS delivery personnel.

4. Contractors working on new construction projects prior to occupancy and not yet considered to be substantially complete.

5. Contractors involved in repair and alteration projects where the work spaces are partitioned and/or fully separated from occupied spaces, with isolated access for contractors.

6. Contractors being escorted for 15 days or less. These contractors must be escorted at all times by a federal employee, FPS Security contractor, or GSA contractor who is in possession of a GSA issued PIV credential. Prior review and approval by Zonal Help Desk through the submission of personal information is required for tracking purposes. Escorted personnel must be within line of site from the escort at all times.

Escort-Only Contractors

1. The contractors needed to mitigate emergency situations--broken pipes; failure of HVAC units; elevator repairs; etc. must be escorted at all times, however they are not required to have prior approval from Zonal Help Desk. Property/building management staff may authorize access for these individuals in these types of situations.

2. Non-emergency contractors may be approved for escorted access up to 15 days within a 6-month period. If they need to work for more than 15 days in GSA facilities, they must submit documentation to receive a background investigation for unescorted access.

3. Applicants who have previously been found unfavorable cannot be considered for escort-only access. Also, individuals in the process of completing a GSA Fitness Determination are not allowed to be escorted.

4. Vendors should coordinate with their GSA Requesting Official (RO) to consider the type of project and proximity to escorted contractors when determining the number of personnel reasonably escorted by the same escort. It is suggested that 5-7 people per escort is typically manageable.

5. To receive approval for escort-only access on a GSA project, the prime vendor POC must submit a CIW as well as the full legal name of the individual doing the escorting; whether they are a government employee, a FPS Security contractor, or a GSA contractor with the appropriate credentials; and the dates of escort in the email containing their CIW. Individuals needing escort-only access must be listed on the RO Contractor Approval List. Allow at least 3 business days to process the CIW prior to applicant needing to start work.

6. Escorts are responsible for the whereabouts and activities of escorted personnel at all times, and must remain within line of sight of escorted individuals at all times while in non-public space. The person doing the escorting must be either a federal employee, FPS security contracts, or GSA contractor who is in possession of a GSA issued PIV credential.

Fitness Determination Types

The requesting official is responsible for making decisions regarding whether a contractor is a long-term contractor or a short-term contractor. They are also responsible for monitoring the duration of the project, and should the work exceed 6 months, all short-term contractors must submit the background investigation documentation of a long-term contractor, prior to the expiration of the short-term investigation. Contractors are not authorized to work on GSA contracts prior to receipt of a favorable EOD or final determination.

1. Special Agreement Check (SAC) or Short-Term Investigations: Non-HSPD-12 SACs are good for 6 months from the date of the SAC determination. Short-term contractors must submit a completed CIW (Form 850) and OF306 to Zonal Help Desk then complete fingerprint enrollment. The CIW and OF306 must be submitted together to the Zonal Help Desk via encrypted email. Upon completion of a SAC, a contractor may work up to 6 months only. If additional work is required after the expiration date, a new investigation is required.

2. Tier 1, 2, and 4 or Long-Term Investigations:

    a. Tier 1 (formerly known as low risk or NACI) is designed for contractors working greater than 180 days (6 months) and/or for contractors needing network access.

These investigations are currently valid indefinitely, as long as the contractor continues without a break in service on GSA contracts; however all GSA contractor credentials must be returned when contract work is completed, regardless of the expiration date on the credential. Tier 1 contractors must submit a completed CIW (Form 850) to the Zonal Help Desk via encrypted email. Next (based on email instructions) contractor will submit their on-line e-QIP questionnaire, including uploading the OF306 and GSA3665 and complete fingerprint enrollment.

b. Tier 2 (formerly known as MBI) is designed for contractors working longer than 6 months and whose duties require a higher degree of trust, such as IT system administrators, individuals who handle financial transactions, individuals who deal with personally identifiable information (PII), and other sensitive information. Tier 2 contractors must submit a completed CIW (Form 850) to the Zonal Help Desk via encrypted email. Next (based on email instructions) contractor will submit their on-line e-QIP questionnaire, including uploading the OF306 and GSA3665 and complete fingerprint enrollment.

c. Tier 4 (formerly known as BI) is designed primarily for embedded contractors working in staff-like positions, with access to high-risk information. Tier 4 contractors must submit a completed CIW (Form 850) to the Zonal Help Desk via encrypted email. Next (based on email instructions) contractor will submit their on-line e-QIP questionnaire, including uploading the OF306 and GSA3665 and complete fingerprint enrollment.

NOTE: If Tier 1, 2, or 4 contractors return at a later date for additional and/or new contract work, a new CIW is required (to identify new contract/task order information) and new credentials will be provided at that time, as needed. Those with a break in service longer than 2 years will be required to complete a new background investigation prior to working on GSA contracts.

Requesting Official (RO) Contractor Approval List

1. The prime vendor POC initiates a list of contractors needing to work on each contract for approval by the RO. This list authorizes the Zonal Help Desk to process the appropriate investigation on the listed contractors.

2. If a CIW is received for an applicant who does not appear on this list, the CIW will not be processed and the prime vendor POC will be notified that it cannot be processed until their name appears on the approval list.

3. Each time contractor(s) are added or removed from a contract, the list must be updated, sent through the RO for approval, and forwarded to the Zonal Help Desk with a copy to the prime vendor POC.

4. The items on the RO Contractor Approval List that must be completed by the prime vendor POC are listed below:

    a. Last Name, First Name, Middle Name and Suffix: this information should be their full legal name as it appears on their photo ID.

    b. Position Title: this should reflect the duties they are completing for the GSA contract.

    c. Vendor Name, if subcontractor: if contractor works for a sub of the prime vendor the name of the subcontract company goes here.

    d. If the contractor is to be escorted only, include name of escort and dates to be escorted.

    e. Date Removed from Project/Contract: when appropriate, enter dates individuals are terminated, have completed their portion of the contract, leave the employ of the vendor prime or subcontractor, etc. Effectively, this is the date that person will no longer need access to the facility for this project/contract.

Special Agreement Check (SAC) Investigation Process

1. If assisting the applicant and discussing personal information, always verify the applicant's full legal name, DOB, and SSN.

NOTE: Applicants are not allowed to work on the project until they receive a favorable SAC determination. They are not authorized to work past 6 months from the date of the SAC determination without completing an additional background check.

2. Receive training covering all aspects of the fitness determination process from the Zonal Help Desk. At the completion of training the following forms will be provided: RO Contractor Approval List, CIW template, and OF306 (Declaration for Federal Employment)

3. Prepare RO Contractor Approval List to include the following for all contractors who will be working on the contract/project:

    Full Legal Name
    Position Title
    Dates Required on Project
    Vendor Name (if subcontractor)
    Name of Escort (if escort only)
    Dates of Escort (If escort only)

4. Send completed RO Contractor Approval List to GSA Requesting Official for approval.

5. If personnel are added to or removed from the contract/project a new RO Contractor Approval List must be submitted to GSA RO for approval. Any CIWs received for personnel who do not appear on the RO Approved List will be rejected.

6. Have applicant complete section 1 of the CIW as follows (If an individual changes from one contract to another, a new CIW is always required.):

   a. Name: full legal name, including full middle name. If no middle name, enter NMN. If middle name is only an initial, enter the initial and (IO). The name on the CIW must be the same as it appears on the applicant's photo ID.

   b. Suffix: select the appropriate response from the drop-down window.

   c. Gender: select the appropriate response from the drop-down window.

   d. Social Security Number: from applicant's social security card.

   e. Date of Birth: as it appears on the applicant's birth certificate.

   f. Place of Birth: city of birth and country (as it appears on the birth certificate) are needed for everyone, even if they are born outside the US. State is only required for US, Mexican, and Canadian born applicants. (Province for Canada, but entered in state data field.)

   g. Home Address: must be a physical address; PO Box is not acceptable.

   h. Phone: include work and cell phone numbers as applicable.

   i. Email: should be applicant's personal email (if they have one) or prime vendor POC's email. It is important someone is reviewing emails at the address provided, as this is where instructions will be sent for completing the background investigation processes.

   j. Position Title: for the function the applicant will be performing on this contract/project.

   k. Prior Investigation: if applicant has been investigated before, include date and agency that performed the investigation (estimated dates are acceptable).

   l. US Citizen: select the appropriate radio button--Yes or No. This must be answered by both US-born and non-US Born applicants.

m. Non-US Citizens Only: must complete city and state of entry into US, full date of entry (MM/DD/YYYY), alien registration number, and country of citizenship.

n. Company Name (Sub) (if applicable): if the CIW is for an applicant who works as a subcontractor for the prime, put in the subcontract company name.

7. Have applicant complete and sign OF306 as follows:

   a. Name format must be first middle last. If there is no middle name, put NMN in as the middle name. If initial only, enter the initial followed by (IO). Name should match that provided on the CIW and be the same as it appears on the applicant's photo ID.

   b. All items must be answered, no blanks.

   c. All data must be in the format as directed for each item on the form.

   d. If any item 9-14 is answered "Yes", ensure all information directed by the italicized print is included in the "Continuation Space" item 16.

   e. No extraneous marks of any type are permitted.

   f. If born in the US, Canada (province) or Mexico, state must be entered.

   g. It is recommended the OF306 be typed, but it will be accepted handwritten or in a combination of both, all handwritten portions must be clear and legible.

   h. Any corrections must be crossed out using a single line and each must be initialed and dated by the applicant.

   i. Any corrections not properly lined out and illegible forms will be rejected and resubmission must be typed.

   j. Applicant must sign/date on line 17a. Date must be legible.

8. Send completed CIW (Word document only) and completed/signed OF 306 via email to Zonal Help Desk.

   a. Both documents must be encrypted--no scanned CIWs will be accepted.

   b. File name of CIW/OF306 must be formatted with the applicant's Last, First Middle--document (i.e., Smith, Pete Jack--CIW or Doe, James Mike--OF306).

9. After Zonal Help Desk receives the complete and accurate CIW, the applicant will receive two emails the first is the SAC Investigation Instructions from accesscard@gsa.gov (also sent to the prime vendor POC, Zonal Help Desk, and GSA POC) and the second is the enrollment instructions from HSPD12Admin@usaccess.gsa.gov.

10. Ensure applicant schedules enrollment appointment, following the instructions below (provided in the email).

    a. Schedule an enrollment appointment at the nearest "SHARED" USAccess Credentialing Center and complete the fingerprint enrollment process as soon as possible at https://timetrade.com/app/usaccess/workflows/usaccess001/schedule/?appointmentTypeGroupId=hspd12, by single clicking on "Click to Schedule".

    b. They must bring two valid and non-expired forms of ID to complete their fingerprint enrollment. Two forms are required to validate their identity, one of which must be a government-issued photo ID.

    c. Their first and last names MUST match that submitted on their CIW. To review a complete list of acceptable forms of IDs, please go to the following link: http://www.fedidcard.gov/viewdoc.aspx?id=109.

    d. If they receive an email from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov stating that they do not need to enroll due to their previous enrollment, please email hspd12.security@gsa.gov to notify GSA that they have already gone through the fingerprinting process.

11. If applicant is more than 100 miles from a MSO USAccess Shared Credentialing Station, please email the Zonal Help Desk to determine how to best complete the fingerprinting process.

12. Validate applicant has completed fingerprint enrollment process at an MSO Credentialing Center as scheduled. Failure to enroll within 30 days will result in cancellation of the SAC.

13. Reach out to Zonal Help Desk for any support during the investigation process.

14. Receives SAC Fitness Determination as evidence applicant is authorized to begin work on the GSA contract/project.

Tier 1 or Higher Investigation Process

1. If assisting the applicant and discussing personal information, always verify the applicant's full legal name, DOB, and SSN.

NOTE: Applicants are not allowed to work on the project until they receive an enter on duty or final fitness determination.

2. Receive training covering all aspects of the fitness determination process from the Zonal Help Desk. At the completion of training the following forms will be provided: RO Contractor Approval List, CIW template, and SF 85/85P Worksheet.

3. Prepare RO Contractor Approval List to include the following for all contractors who will be working on the contract/project:

   Full Legal Name
   Position Title
   Dates Required on Project
   Vendor Name (if subcontractor)
   Name of Escort (if escort only)
   Dates of Escort (If escort only)

4. Send completed RO Contractor Approval List to GSA RO for approval.

5. If personnel are added to or removed from the contract/project a new RO Contractor Approval List must be submitted to GSA RO for approval. Any CIWs received for personnel who do not appear on the RO Contractor Approved List will be rejected.

6. Have applicant complete section 1 of the CIW as follows (If an individual changes from one contract to another, a new CIW is always required.):

   a. Name: full legal name, including full middle name. If no middle name, enter NMN. If middle name is only an initial, enter the initial and (IO). The name on the CIW must be the same as it appears on the applicant's photo ID.

   b. Suffix: select the appropriate response from the drop-down window.

   c. Gender: select the appropriate response from the drop-down window.

   d. Social Security Number: from applicant's social security card.

   e. Date of Birth: as it appears on the applicant's birth certificate.

   f. Place of Birth: city of birth and country (as it appears on the birth certificate) are needed for everyone, even if they are born outside the US. State is only required for US, Mexican, and Canadian born applicants. (Province for Canada, but entered in state data field.)

g. Home Address: must be a physical address; PO Box is not acceptable.

h. Phone: include work and cell phone numbers as applicable.

i. Email: should be applicant's personal email (if they have one) or prime vendor POC's email. It is important someone is reviewing emails at the address provided, as this is where instructions will be sent for completing the background investigation processes.

j. Position Title: for the function the applicant will be performing on this contract/project.

k. Prior Investigation: if applicant has been investigated before, include date and agency that performed the investigation (estimated dates are acceptable).

l. US Citizen: select the appropriate radio button--Yes or No. This must be answered by both US-born and non-US Born applicants.

m. Non-US Citizens Only: must complete city and state of entry into US, full date of entry (MM/DD/YYYY), alien registration number, and country of citizenship.

n. Company Name (Sub) (if applicable): if the CIW is for an applicant who works as a subcontractor for the prime, put in the subcontract company name.

7. Send completed CIW (Word document only) via email to Zonal Help Desk.

   a. CIW must be encrypted--no scanned CIWs will be accepted.

   b. File name of CIW must be formatted with the applicant's Last, First Middle--document (i.e., Smith, Pete Jack--CIW).

8. After Zonal Help Desk receives complete and accurate CIW the applicant receives three emails:

   a. Tier 1, 2, and 4 Investigation Instructions from accesscard@gsa.gov (also sent to prime vendor POC, Zonal Help Desk, and GSA POC).

   b. The enrollment instructions from HSPD12Admin@usaccess.gsa.gov.

   c. Registration code from do-not-reply@registration.opm.gov. If not received within 24 hours of Fitness Determination Applicant Instruction email, contact Zonal Help Desk.

9. Ensure applicant schedules enrollment appointment, following the instructions below (provided in the email).

    a. Schedule an enrollment appointment at the nearest "SHARED" USAccess Credentialing Center and complete the fingerprint enrollment process as soon as possible at https://timetrade.com/app/usaccess/workflows/usaccess001/schedule/?appointmentTypeGroupId=hspd12, by single clicking on "Click to Schedule".

    b. They must bring two valid and non-expired forms of ID to enroll for their USAccess credential. Two forms are required to validate their identity, one of which must be a government-issued photo ID.

    c. Their first and last names MUST match that submitted on their CIW. To review a complete list of acceptable forms of IDs, please go to the following link: http://www.fedidcard.gov/viewdoc.aspx?id=109.

    d. If they receive an email from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov stating that they do not need to enroll due to their previous enrollment, please email hspd12.security@gsa.gov to notify GSA that you have already gone through the fingerprinting process.

NOTE: If applicant is more than 100 miles from a MSO USAccess Shared Credentialing Station, please email the Zonal Help Desk to determine how to best complete the fingerprinting process.

10. Validate applicant has completed fingerprint enrollment process at an MSO Credentialing Center as scheduled. Failure to enroll within 30 days will result in cancellation of the investigation.

11. Have applicant complete and sign the OF306, Declaration for Federal Employment. Then separately scan (PDF, TIFF or PNG only) the document in preparation for uploading it to the e-QIP application.

    a. Name format must be first middle last. If there is no middle name, put NMN in as the middle name. If initial only, enter the initial followed by (IO). Name should match that provided on the CIW and be the same as it appears on the applicant's photo ID.

    b. All items must be answered, no blanks.

    c. All data must be in the format as directed for each item on the form.

d. If any item 9-14 is answered "Yes", ensure all information directed by the italicized print is included in the "Continuation Space" item 16.

e. No extraneous marks of any type are permitted.

f. If born in the US, Canada (province) or Mexico, state must be entered.

g. Recommend OF306 be typed, but it will be accepted handwritten or in a combination of both, all handwritten portions must be clear and legible.

h. Any corrections must be crossed out using a single line and each must be initialed and dated by the applicant.

i. Any corrections not properly lined out and illegible forms will be rejected and resubmission must be typed.

j. Applicant must sign/date on line 17a. Date must be legible.

12. Have applicant complete and sign the GSA3665, Authorization to Obtain Credit Report. Then separately scan (PDF, TIFF or PNG only) the document in preparation for uploading it to the e-QIP application.

    a. Name format must be Last, First Middle Suffix. If there is no middle name, put NMN in as middle name. If initial only, enter the initial followed by (IO). The name must appear as it does on both the CIW and the OF306.

    b. Input SSN.

    c. Sign and date. Date must be legible.

13. It is recommended that the applicant use the SF85/85P Worksheet to allow them to collect all required information needed prior to completing the online e-QIP application. **This form must not be submitted in lieu of completing the on-line e-QIP application.** It is a worksheet for the applicant's use only.

14. Assist applicant in accessing e-QIP at http://www.opm.gov/e-qip and click on the "Enter e-QIP Application Site" button.

    a. The e-QIP system will verify if the web browser is approved. Then click "Continue to e-QIP."

    b. Logging into e-QIP

        i. Click the button titled "Register for Username and Password".

ii. Enter Social Security Number.

iii. Answer the golden questions (last name, city of birth, year of birth, and registration code); the answers to these questions are case sensitive.

iv. Create and confirm a Username and Password.

v. Select three (3) challenge questions that can be used in the event of a forgotten password.

NOTE: Applicant will need a username and password to re-enter the application if it times out; if they need to step away from it before completion; or the application is rejected after released for processing.

c. Completing e-QIP--failure to timely complete this process will delay the investigation and prevent them from receiving their enter-on-duty determination (EOD). Do not release the e-QIP application until they have completed their fingerprint enrollment. Without an EOD they will not have access to GSA facilities.

i. Follow the onscreen instructions to complete the security questionnaire. Use the save function often and answer all applicable questions. If they log off without completing the security questionnaire, and return at a later time, they will be able to resume where they left off.

ii. In the residence section--be sure to list a verifier with their complete mailing address (to include St., Ave., Blvd., as applicable) and phone number.

iii. In the employment section--do not use the button that says "supervisor same as employer". They must list their supervisor's name, address (to include St., Ave., Blvd., as applicable) and phone number.

iv. Select "Certify Investigation Request" to complete their security questionnaire.

v. Select "Signature Forms" link.

vi. Select "Yes" next to "Do you agree to utilize the click-to-sign functionality on all relevant forms?"

vii. They must then re-enter their e-QIP password and select "Continue."

viii. Select "Click Here to Sign" link in the signature block.

ix. Select "Yes" next to "Do you have an additional document and/or file that you would like to associate with this request?" This is very important as this is the main reason applications are rejected. Repeat this process for both documents (OF306 and GSA3665).

x. Upload the OF306, Declaration for Federal Employment and the GSA3665, Authorization to Obtain Credit Report into their e-QIP questionnaire.

xi. Ensure they have completed their fingerprint enrollment process and upload both OF306 and GSA3665 before they release their completed e-QIP application. Select "Release Request/Transmit to Agency" to finalize their e-QIP questionnaire.

NOTE: While assisting the applicant in completing their e-QIP application they must be present throughout the process.

15. E-QIP Invitations will be limited to two invitations per applicant. If applicant fails to complete their e-QIP after two attempts, they will be unable to re-apply for a GSA Security Investigation for 1 year.

16. Contact Zonal Help Desk for support during the investigation process.

17. Receive **enter-on-duty and/or final fitness determination** as evidence applicant is authorized to begin work on the GSA contract/project.

18. If applicant receives, **"Must Wait for Final Notification"**, they must wait to receive final determination before beginning work on any GSA project. This notification means there was something that prevented OPM from issuing a favorable EOD.

19. If applicant receives an **unfit determination**, they cannot work on GSA contracts under any circumstances. If they previously received enter-on-duty, they must be removed immediately and credentials must be returned to regional OMA Staff. They must wait 1 year to reapply for a new background investigation.

Escort-Only (EO) Contractor Review Process

1. Zonal Help Desk verifies whether the applicant's name is listed on the RO Contractor Approval List, including dates they will be working. If applicant's name does not appear on the RO Contractor Approval List, the CIW is rejected back to the vendor.

2. Ensure CIW is properly completed. If CIW is incomplete, it will be immediately rejected back to the vendor for corrections.

3. Ensure submittal email contains full legal name of individual escorting applicant and whether they are a federal employee, FPS security contractor or GSA contractor with the appropriate credentials. The email must also contain the dates of escort.

4. If applicant was previously found unfit, request will be rejected back to prime vendor POC and GSA POC(s) indicating due to a previous unfit determination, the individual cannot be escorted in the facility for any reason.

5. Ensure escort is either a federal employee, FPS security contractor, or GSA contractor who is in possession of a GSA issued PIV credential. If escort does not meet these requirements, request will be rejected back to prime vendor POC and GSA POC(s) indicating a new escort meeting the requirements must be submitted.

6. If escort meets requirements and applicant has not previously been found unfit, the following notification will be sent to the prime vendor POC and GSA POC(s) as proof of EO review:

   ESCORT-ONLY CONTRACTOR
   Last, First Middle (Suffix):
   Vendor Prime:
   Contract Location:
   Escort Only Start Date:
   Escort Only End Date:
   GSA POC(s):
   Escort (Last, First, Middle, Suffix):

   The escort-only review has been completed for this individual and the escort listed above has an appropriate background investigation.

   At all times, while being escorted on a GSA contract, this notification should be carried by the individual being escorted, along with a photo ID.

NOTE: Individuals in the process of completing a GSA fitness determination are not allowed to be escorted.

Contractors with Prior Investigations

1. If it has been more than 2 years since an individual has worked on a GSA contract/project, the prior investigation is invalid. The contractor must complete an updated CIW and undergo a completely new fitness determination background investigation and receive their enter-on-duty determination prior to accessing the facility or receiving credentials.

2. If it has been less than 2 years since the individual has worked on a GSA contract/project, a new investigation is not required. However, an updated CIW is required to update their record.

3. Submit updated CIW to the Zonal Help Desk via encrypted email. Ensure individual's name is listed on RO Contractor Approval List prior to submitting CIW.

4. When update has been completed the applicant, the prime vendor POC, and the GSA POC will received the following notification:

   The following individual's record has been updated and they are approved to work on the GSA contract/project, without further investigation. Details are listed below:

   Last, First Middle (Suffix):
   Approved Access (SAC, Tier 1, etc.):
   Vendor Prime:
   Contract Number:
   Contract Expiration:
   Contract Location:
   CO/COR/PM/FM:

   The appropriate credential has been requested as applicable based on the CIW provided and the RO Contractor Approval List.

   NOTE: If you already have an active GAC/PIV this notification is for informational purposes only.

US Residency Requirement

1. A Tier 1 or above investigation cannot be conducted on non-US born applicants who have less than 3 years continuous U.S. residency.

2. Submit a completed Tier 1 or higher investigation package, but OPM will perform only a SAC. If favorable, the individual will be eligible to be on site for 6 months. A new SAC is required every 6 months until the 3-year residency is obtained, at which time a new Tier 1 investigation must be initiated.

Contractor Credential

1. The GSA requesting official determines if contractor requires fitness determination and GAC/PIV. GAC/PIVs are required for building access in some locations and network access in all locations. An EOD determination status must be verified prior to GAC/PIV issuance. Individual must have EOD determination in the process of a final Tier 1 or

above to receive a GAC/PIV. GAC/PIVs are not issued to individuals with only a SAC. SAC credentials are yet to be determined.

2. HSPD-12 PIV or GSA Access card (GAC/PIV) is required when contractors need IT access and/or routine access to GSA facilities for 6 months or more. The expiration date printed on the front of the GAC/PIV card does not represent the contract end date. The credential must be returned to GSA when the individual is no longer working on the GSA contract, regardless of the card expiration date.

3. The IT certificates assigned to the card expire 3 years from the date it is activated. GSA USAccess will send email reminders at 45 days, 30 days, and 15 days prior to certificate expiration. The email will include how to set up a "Certificate Update" appointment at a USAccess Credentialing Center. Some Zonal Help Desks have the ability to refer contractors who need certificate updates to Lightweight Credentialing Stations (not listed on the appointment website). The email notification and certificate update process works, if the following conditions are met: the applicant supplied a monitored email address on the CIW; the card is active--not suspended or terminated; there are no pending data changes, such as the name on the card or a reprint/reissue request; or the certificates have not already expired or are going to expire within 24 hours.

4. Excerpt from FAR 52.204-9 Personal, Identity Verification of Contractor personnel--"The contractor shall comply with agency PIV procedures identified in the contract that implement HSPD-12, OMB guidance M-05-24, and Federal Information Processing Standards Publication (FIPS PUB) Number 201. The contractor shall account for all forms of Government-provided identification issued to the contractor employees in connection with performance under this contract. The contractor shall return such identification to the issuing agency at the earliest of any of the following, unless otherwise determined by the Government: 1) When no longer needed for contract performance. 2) Upon completion of the contractor employee's employment. 3) Upon contract completion or termination. The CO may delay final payment under a contract if the contractor fails to comply with these requirements. The contractor shall insert the substance of this clause, including this paragraph (d), in all subcontracts when the subcontractor's employees are required to have routine physical access to a Federally-controlled facility and/or routine access to a federally-controlled information system. It shall be the responsibility of the prime contractor to return such identification to the issuing agency in accordance with the terms set forth in paragraph (b) of this section, unless otherwise approved in writing by the Contracting Officer."

NOTE: ALL credentials must be turned in to the GSA RO at the end of the contract or when the individual has completed his/her duties on the contract whichever is soonest.

GSA Access Card/PIV

Roles and Responsibilities

1. Prime Vendor POC

    a. Attends training provided by the Zonal Help Desk regarding the investigation process.

    b. Initiates RO Contractor Approval List to include full legal names and associated information for all contractors who will be working on contract/project and sends it to RO for approval.

    c. Assists contractors and subcontractors in completing all investigation requirements within time constraints.

    d. Notifies RO (via an updated RO Contractor Approval List) of anyone being added to contract/project and anyone leaving the contract/project. Ensures all GSA credentials are returned to the RO for those leaving the project or at the end of the project.

2. Vendor Applicant

    a. Completes section 1 of the CIW.

    b. Schedules and enrolls at MSO station for fingerprints per enrollment email.

    c. Completes OF306, GSA3665, and/or e-QIP as applicable for the type of investigation requested.

Investigation Documents

1. SAC
    a. CIW
    b. MSO or SF87 Fingerprints
    c. OF306, Declaration for Federal Employment
2. Tier 1 and above
    a. CIW
    b. MSO or SF87 Fingerprints
    c. SF85 or 85P on-line e-QIP application
    d. OF306, Declaration for Federal Employment
    e. GSA3665, Authorization to Obtain Credit Report

Common Causes of Unfit Determination

This is in no way inclusive and is provided to show examples of unfit determination causes.

1. Use of illegal drugs within the past year.
2. Omissions and/or untruthful information provided.
3. Offenses without completion of court assigned penalties.
4. Recent criminal offenses.

Common Delays and Errors in Investigation Process

This is in no way inclusive and is provided to show examples of delays in the investigation process.

1. Incomplete/inaccurate/inconsistent information provided on CIW.
2. Incomplete/inaccurate/inconsistent information provided on e-QIP questionnaire or attached forms (CIW, OF306, GSA3665, etc.).
3. Not completing fingerprints prior to submitting e-QIP.

4. Hard-copy fingerprints, which take longer than electronic prints.

5. Inconsistent/incorrect SSN and/or full name on all forms.

6. Not attaching required forms in e-QIP.

7. Not responding timely to email inquiries for clarification.

8. Lengthy response times from law enforcement agencies.

9. The contract company's failure to emphasize the importance and priority of the investigation to its employees. Successful companies typically assign a responsible employee to track and review investigation forms being submitted, and assisting with the overall process.

10. Failing to ensure additional information requests are brought to the attention of the employee, and ensure compliance with the request.

11. Individual contract employee's failure to submit all the required documents.

12. Submission of illegible forms.

13. Forms submitted with cross-through or write-overs.

14. Inconsistent information on fingerprint cards, if applicable. They must match all other documents (full name must be the same), and must also match ID used at the time of fingerprinting.

15. Incomplete e-QIP questionnaire. Must include complete addresses (including zips, Ave, St, Blvd, etc.) for residences, schools, and references.

16. Failure to submit electronically-signed e-QIP pages, OF306, and GSA 3665.

17. Failure to submit the forms correctly within specified timeframes and to respond timely to additional information requests.

Notification of Investigation Status

1. An **enter-on-duty determination** is the notification that allows long-term contract employees to begin working on GSA contracts pending the completion of their full Tier 1 or higher investigation. It is at this time that a GAC/PIV may be produced, as needed.

2. There are times that an applicant will receive a notification entitled **"Will Need to Wait for Final Fitness Determination"**. This occurs when something is discovered during the preliminary background investigation that is of concern and/or is unclear. Due to this issue, OPM will not make an enter-on-duty determination until the final investigation results are received. The final fitness determination can sometimes take several months. Until the final results are received, the individual is not authorized to work on GSA contracts, even under escort. The contract company, under consultation with the GSA RO, may need to consider selecting another applicant to work on the GSA contract, if the work they were scheduled to perform will begin soon.

3. A **SAC determination** is typically received within a few days of the applicant submitting all the required information. The SAC determination allows access for only 6 months. If an individual changes from one contract to another, a new CIW is always required.

4. A **final fit determinatio**n will be provided by OPM for all Tier 1 or above investigations. This allows the individual to work continuously on GSA contracts without expiration, provided there is no break in service of greater than 2 years. If an individual changes from one contract to another, a new CIW is always required.

5. In the event an applicant cannot be found suitable to access GSA facilities, a **final unfit** notification will be provided by OPM. This notification will be sent to Zonal Help Desk, applicant, prime vendor POC, and GSA requesting official. An individual receiving this determination cannot work in any GSA facility even under escort. The applicant cannot reapply for a new investigation for a period of 1 year and there is no appeal process.

Note: The Zonal Help Desk, applicant, prime vendor POC, and GSA requesting official will receive all of the above fitness determination notifications via e-mail.

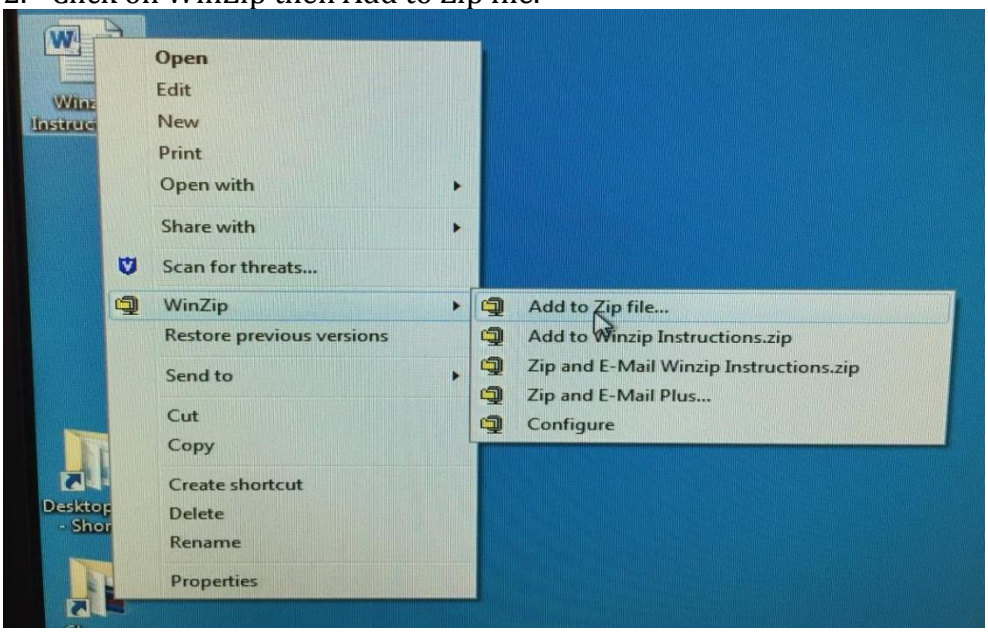
Terms and Acronyms

CIW--Contractor Information Worksheet (Form 850)
CO--Contracting Officer
COR--Contracting Officer's Representative
DOB--Date of Birth
e-QIP--Electronic Questionnaires for Investigation Processing
EOD--Enter on Duty Determination
GAC--GSA Access Card
GSA Form 3665--Authorization to Obtain Credit Report
GQ--Golden Questions
HSPD-12--Homeland Security Presidential Directive 12
IT--Information Technology
IO--Initial Only
MSO--Managed Service Office
OF 306--Declaration for Federal Employment
OMA--Office of Mission Assurance
OPM--Office of Personnel Management
PII--Personally Identifiable Information
PIV card--Personal Identity Verification card
PM--Project Manager
POC--Point of Contact
RO--Requesting Official
SAC--Special Agreement Check
SF--Standard Form
SSN--Social Security Number

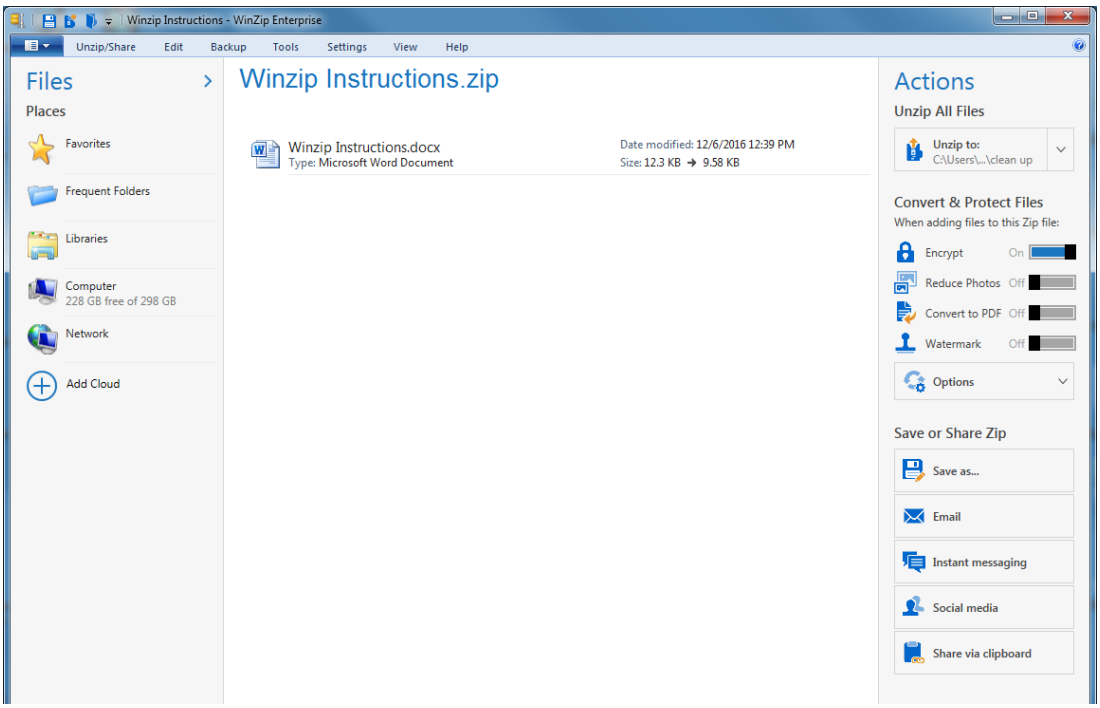
Attachment 1, How to Encrypt Documents Using WinZip

1. Right click on the document you want to zip.

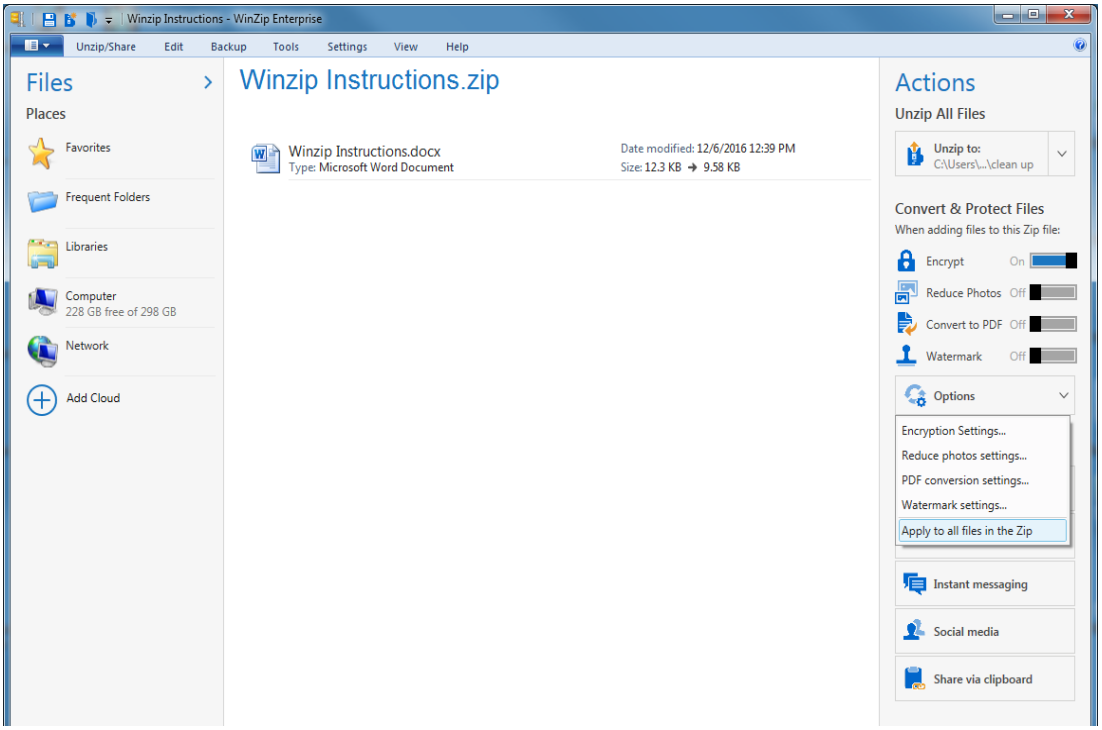
2. Click on WinZip then Add to Zip file.

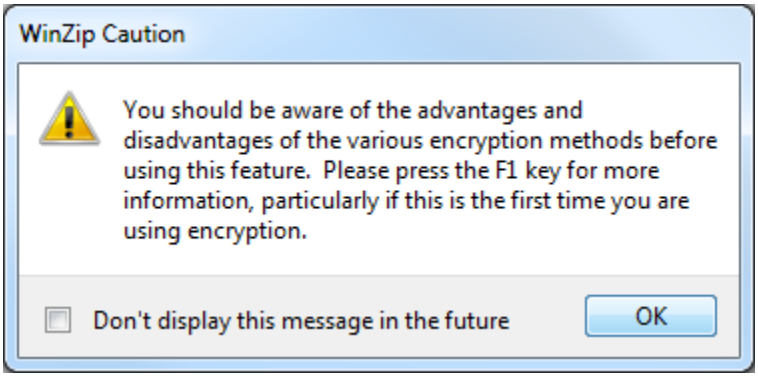


3. Open the zip file wherever it is saved. Switch the Encrypt button to on.

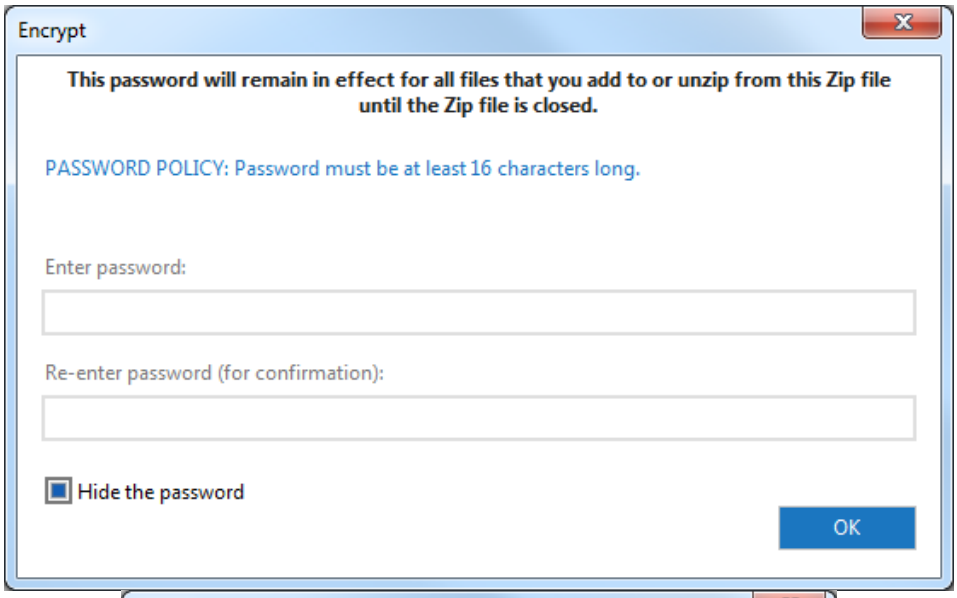


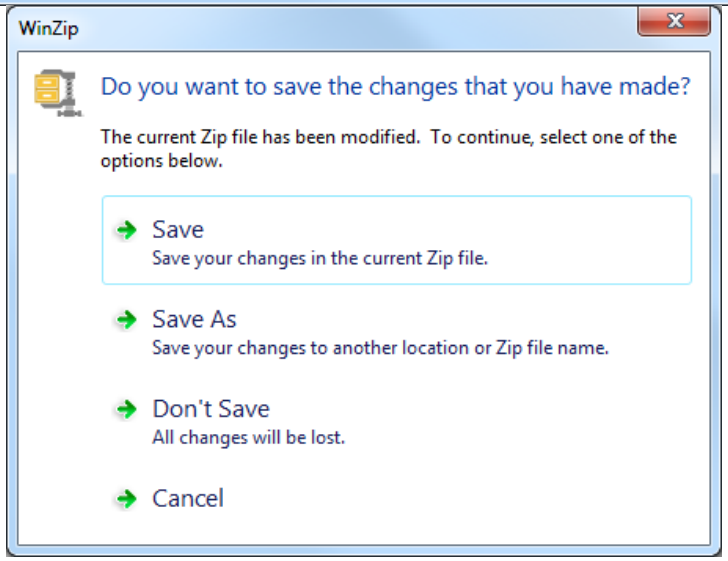
4. Click on Options and select Apply to all files in the Zip.





5. Click Ok to continue. Then create a password and input it into the appropriate blocks. This password must be emailed to the Zonal Help Desk in an email separate from the encrypted documents.



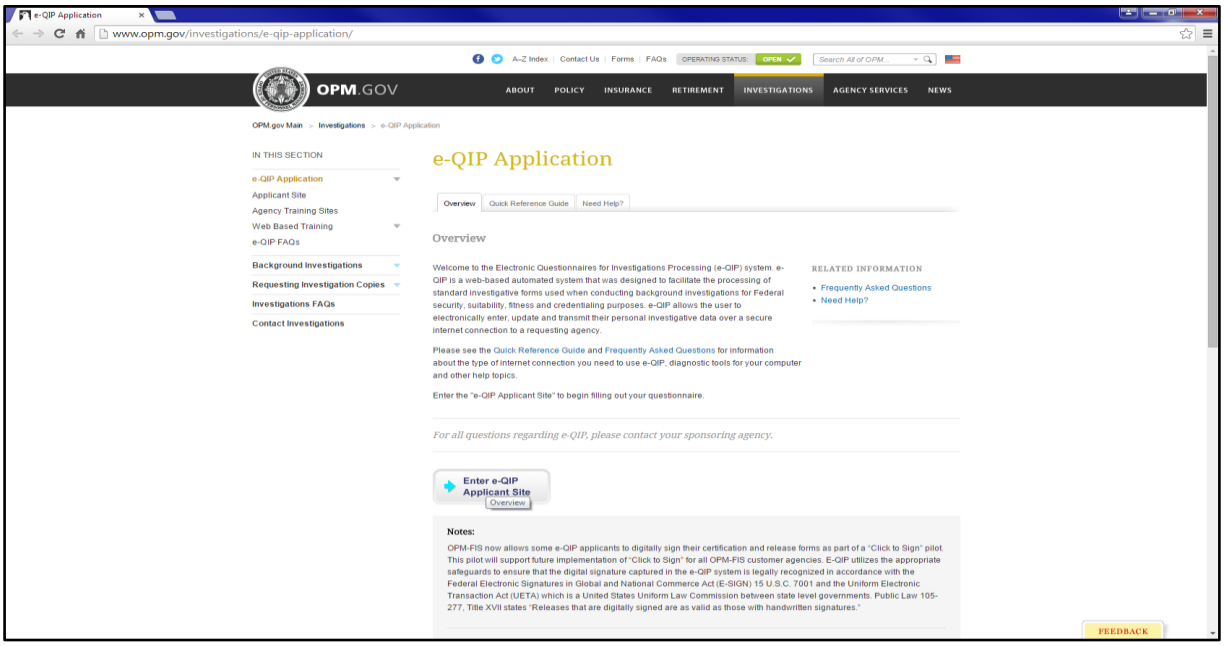


6. Click Save and you are finished.

Attachment 2, Completing the E-QIP

1. The contractor must receive a registration code from OPM at do-not-reply@registration.opm.gov. If the applicant does not receive this code within 24 hours of receiving Fitness Determination Applicant Instruction email, they must contact Zonal Help Desk.

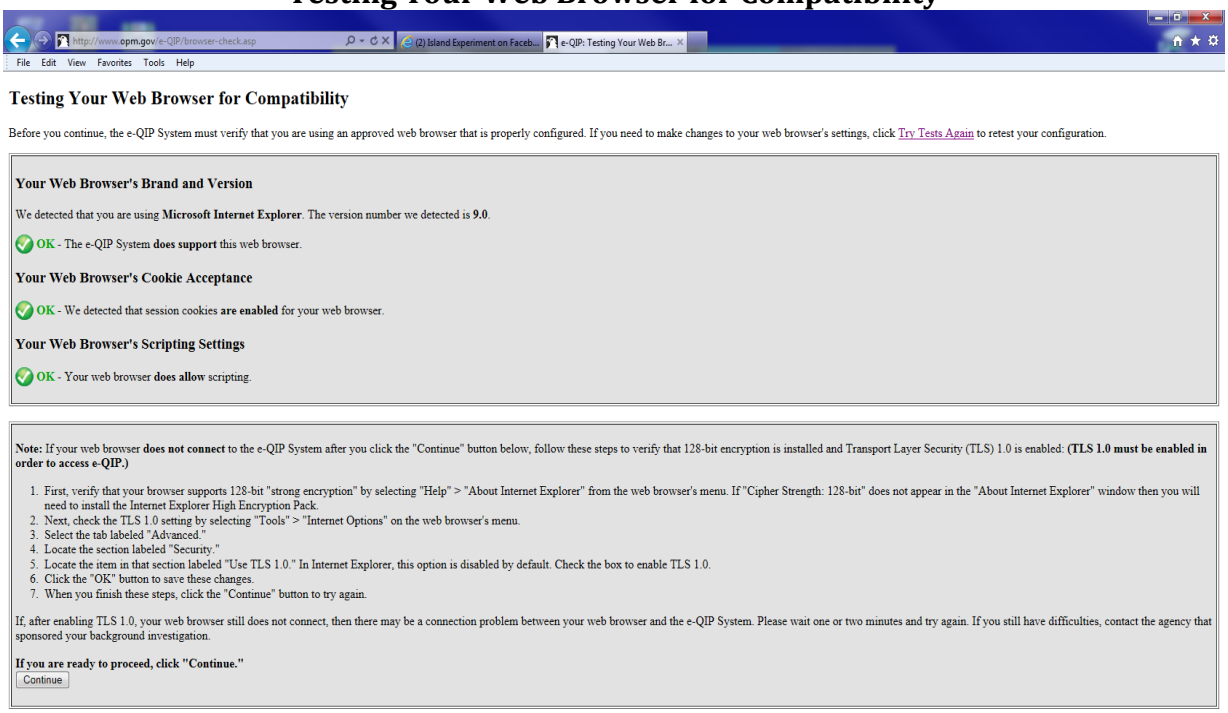
2. Applicant accesses the e-QIP application at http://www.opm.gov/e-qip/. For best results, applicant should copy and paste this link into the address line of their web browser. Then the applicant clicks on the "Enter e-Qip Application Site" button. Zonal Help Desk provides a copy of the SF-85/85P Worksheet. This is a tool used to collect all required application information prior to inputting it into the e-QIP (this worksheet cannot be submitted in lieu of completing the online application; it is for applicant use only).



Accessing the e-QIP Website

3. The system must verify the web browser used is properly configured. If changes are required, retest the configuration. Once properly configured, click continue.

Testing Your Web Browser for Compatibility



http://www.opm.gov/e-QIP/browser-check.asp

File Edit View Favorites Tools Help

Testing Your Web Browser for Compatibility

Before you continue, the e-QIP System must verify that you are using an approved web browser that is properly configured. If you need to make changes to your web browser's settings, click Try Tests Again to retest your configuration.

Your Web Browser's Brand and Version

We detected that you are using **Microsoft Internet Explorer**. The version number we detected is **9.0**.

OK - The e-QIP System **does support** this web browser.

Your Web Browser's Cookie Acceptance

OK - We detected that session cookies **are enabled** for your web browser.

Your Web Browser's Scripting Settings

OK - Your web browser **does allow** scripting.

Note: If your web browser **does not connect** to the e-QIP System after you click the "Continue" button below, follow these steps to verify that 128-bit encryption is installed and Transport Layer Security (TLS) 1.0 is enabled: **(TLS 1.0 must be enabled in order to access e-QIP.)**

1. First, verify that your browser supports 128-bit "strong encryption" by selecting "Help" > "About Internet Explorer" from the web browser's menu. If "Cipher Strength: 128-bit" does not appear in the "About Internet Explorer" window then you will need to install the Internet Explorer High Encryption Pack.
2. Next, check the TLS 1.0 setting by selecting "Tools" > "Internet Options" on the web browser's menu.
3. Select the tab labeled "Advanced."
4. Locate the section labeled "Security."
5. Locate the item in that section labeled "Use TLS 1.0." In Internet Explorer, this option is disabled by default. Check the box to enable TLS 1.0.
6. Click the "OK" button to save these changes.
7. When you finish these steps, click the "Continue" button to try again.

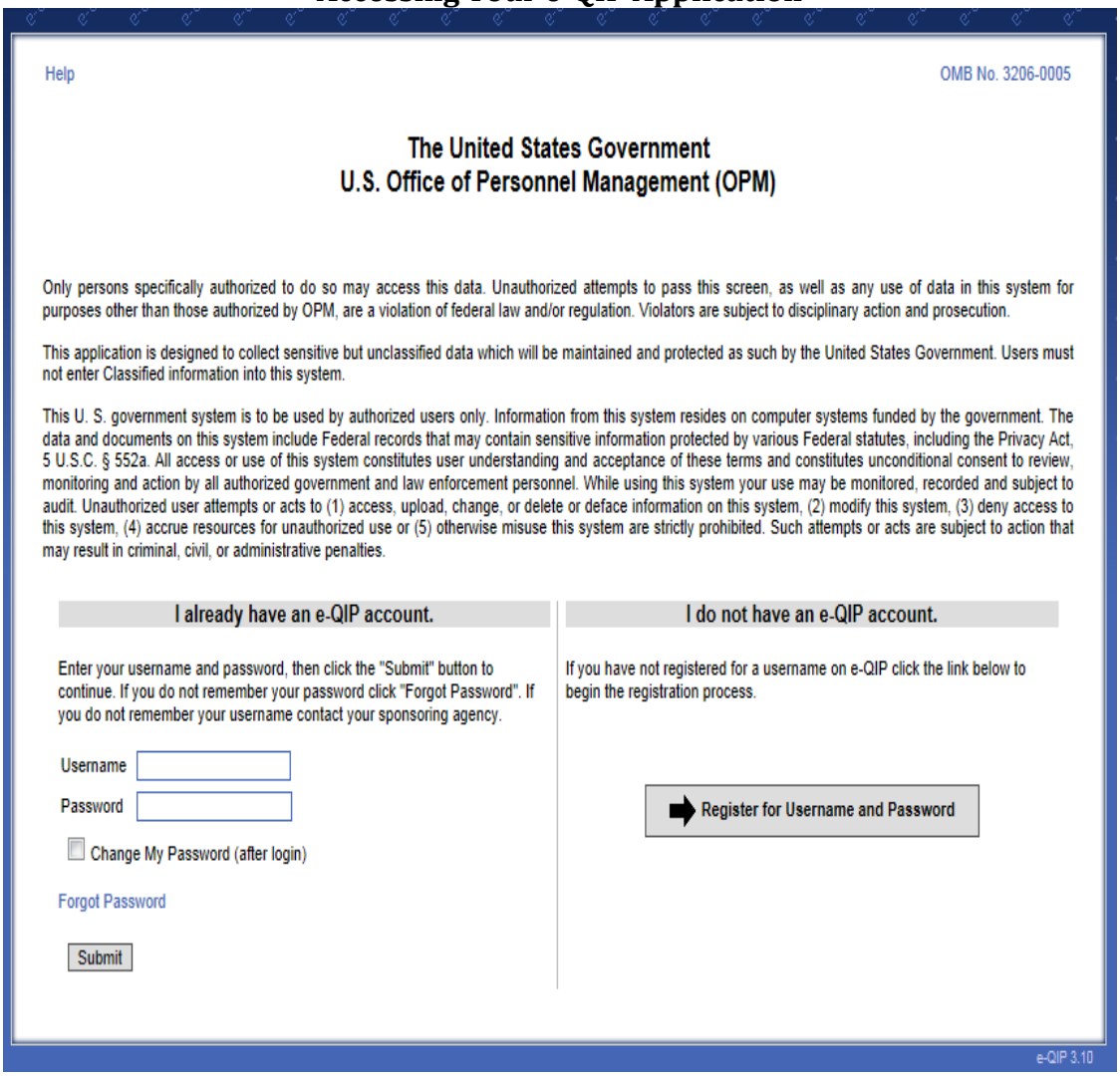
If, after enabling TLS 1.0, your web browser still does not connect, then there may be a connection problem between your web browser and the e-QIP System. Please wait one or two minutes and try again. If you still have difficulties, contact the agency that sponsored your background investigation.

If you are ready to proceed, click "Continue."

Continue

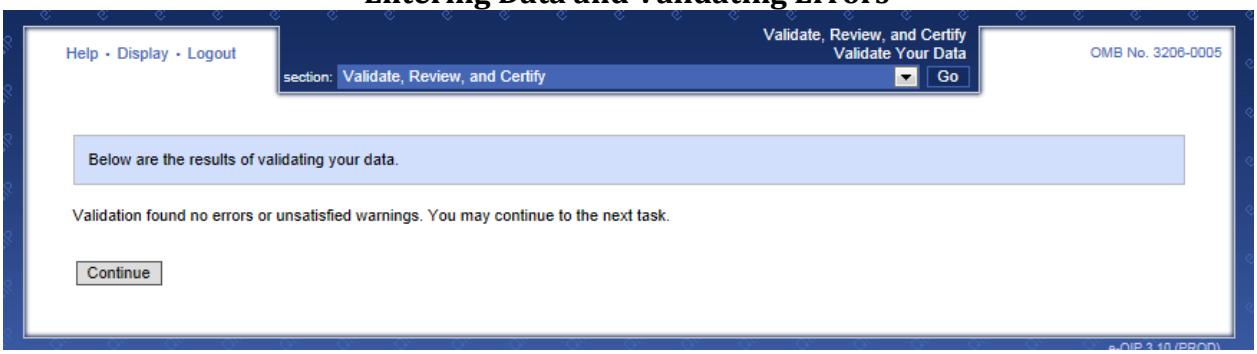
4. Next, applicant must log into e-QIP. If applicant is a first-time user, click the button titled “Register for Username and Password” and enter Social Security Number. The next screen requires applicant to answer three (3) Golden Questions (applicant’s last name, city of birth, and year of birth) and input the registration code. This information must be input just as it appears on the CIW and is case sensitive. Then the applicant creates a username and password. The system then prompts applicant to select three (3) Challenge Questions to be used in the event they forget their password. If they are not a first-time user and have a username and password, they log in using this information. If they have forgotten their username or cannot answer the three challenge questions, they will need to contact the Zonal Help Desk for assistance. If they have forgotten their password, click on “Forgot Password” link and follow instructions.

Accessing Your e-QIP Application

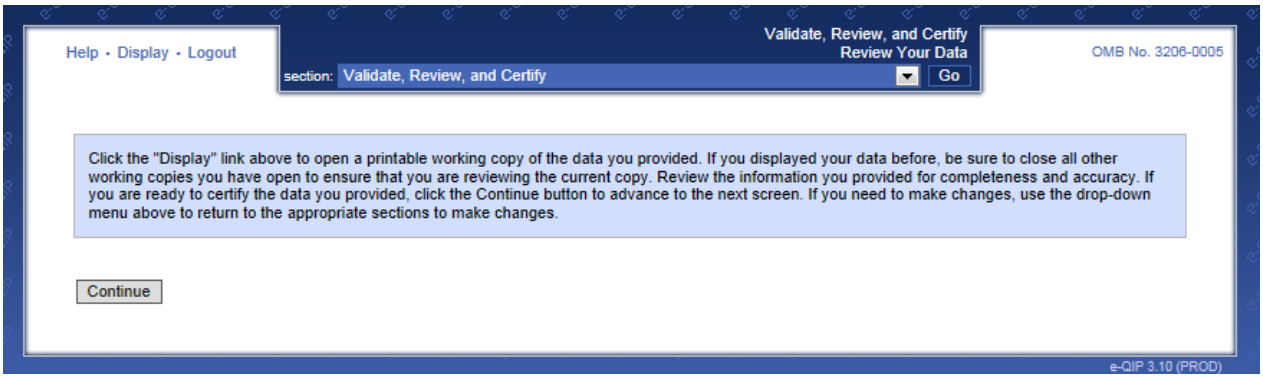


5. Applicant then begins entering all their information as requested in the application by following the onscreen instructions to complete the e-QIP questionnaire. They must use the save function often and answer all applicable questions. (When inputting verifiers, they must use complete mailing addresses (Ave, Blvd, St, etc.) and phone numbers. In the employment section, they must not use the button that says "supervisor same as employer" as they must list their supervisor's name, address, and phone number). If they encounter validation errors, they must be resolved before the process can be completed.

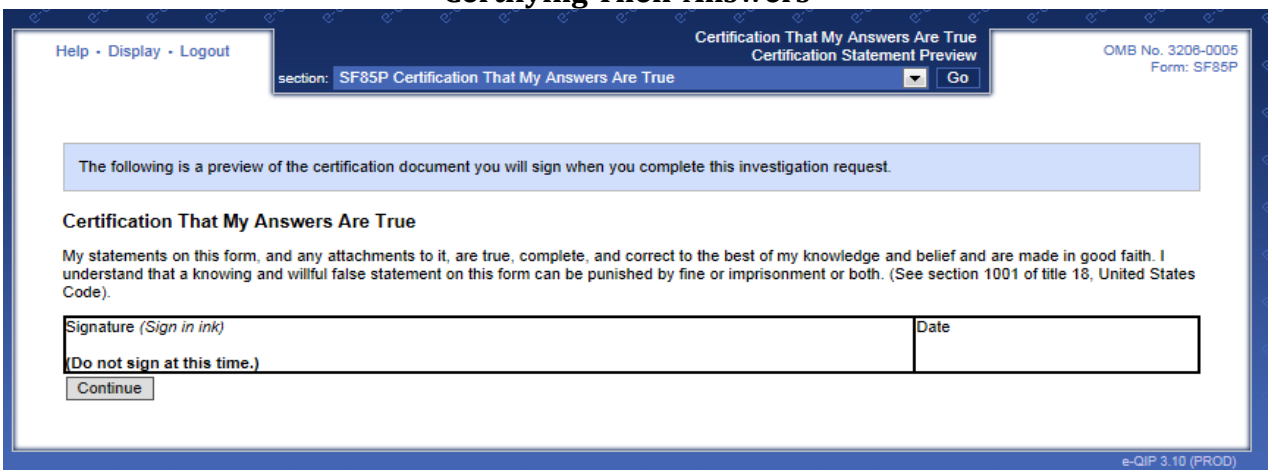
Entering Data and Validating Errors



6. Applicant continues following the instructions in the application to ensure these errors are corrected. Review the information entered by clicking the display button in upper left corner. If information is correct, press continue to go to next screen. After they have completed filling in all the required information, they will see the screen below. Click on Continue. If they log off without completing the e-QIP questionnaire, and return at a later time, they will be able to resume where they left off.



Certifying Their Answers

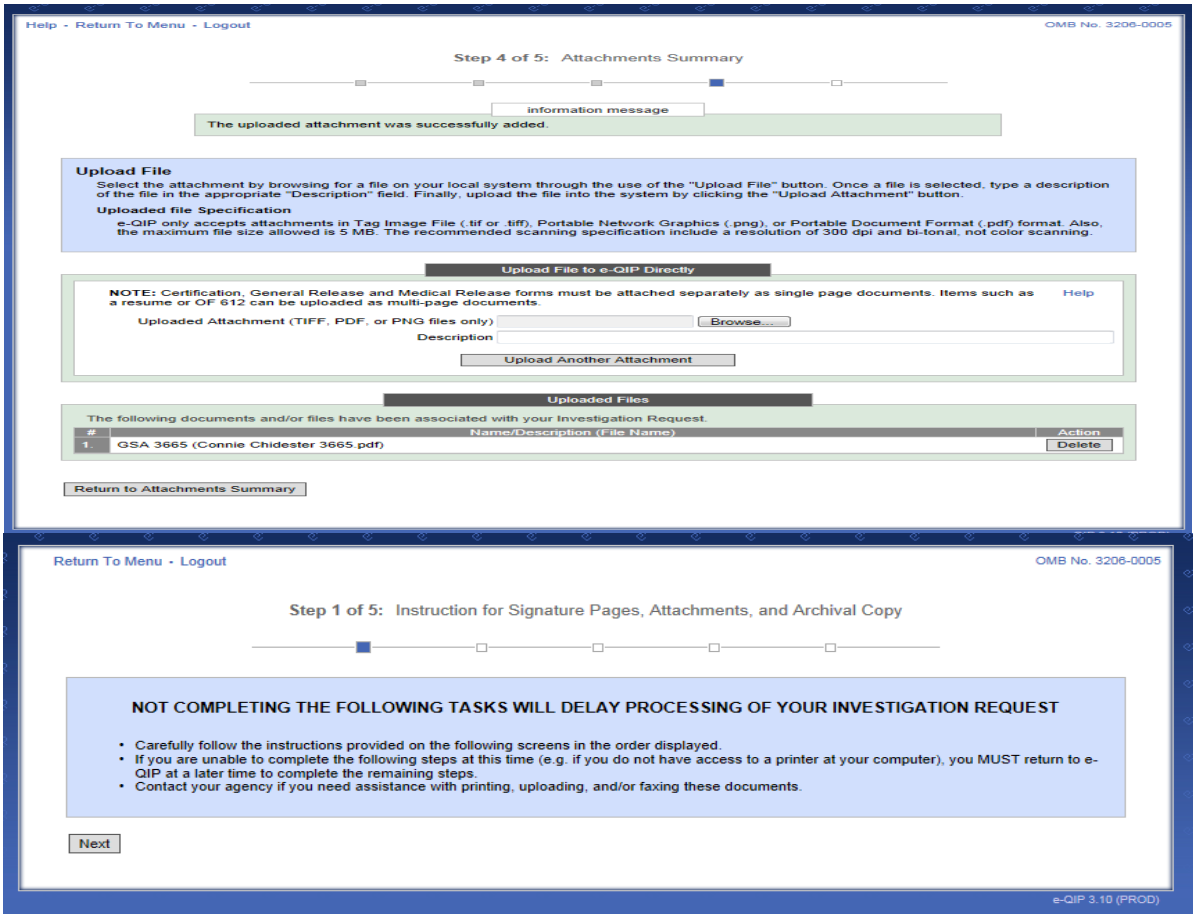


7. Once they have input all of the required application data and reviewed the archival copy, they select "Certify Investigation Request". Then they must electronically sign their signature pages by selecting "Signature Forms" link. To do this, they will need to

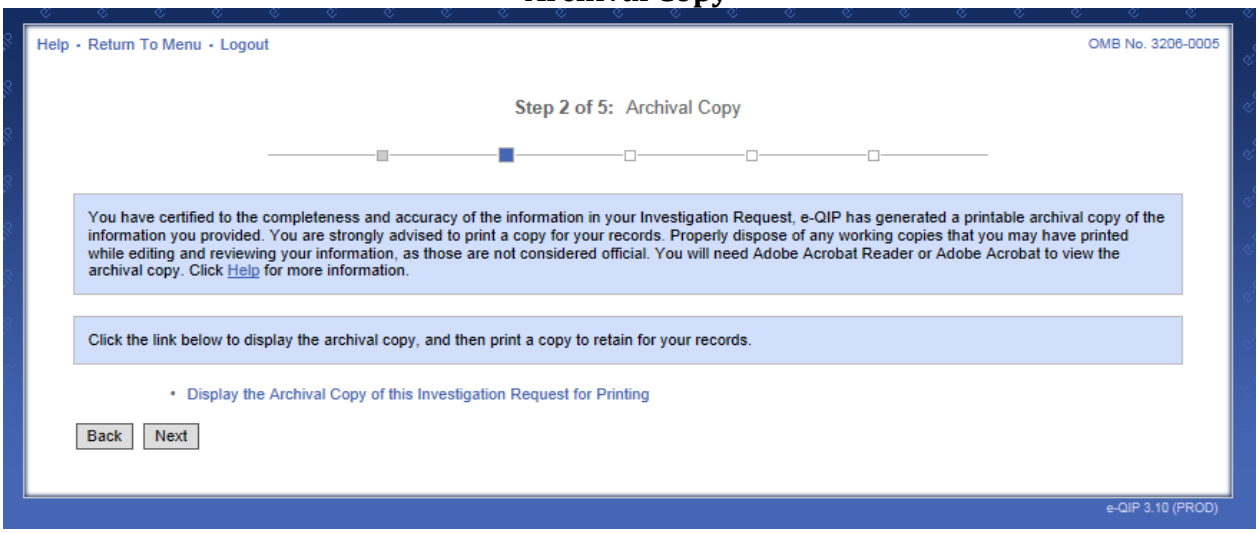
select "Yes" next to "Do you agree to utilize the click-to-sign functionality on all relevant forms" and then re-enter their e-QIP password and select "Continue". The final step is to select the "Click Here to Sign" link in the signature block.

8. **The next five steps in the process are imperative**. If not properly completed, these steps **will** delay and/or cause their investigation to be rejected. Any corrections and/or write-overs on these forms will not be accepted; the forms must be signed and dated very carefully. Then forms must be reviewed prior to submission to ensure that **all** required information is included. The full name on all these forms must be the same as that on their photo ID. Social security number must also match on all the documents. The applicant then completes and signs the OF306, Declaration for Federal Employment and GSA3665, Authorization to Obtain Credit Report, then scans them separately into .pdf, .tiff, or .png files and separately uploads each document into their e-QIP questionnaire. To do this, select "Yes" next to "Do you have an additional document and/or file that you would like to associate with this request?"

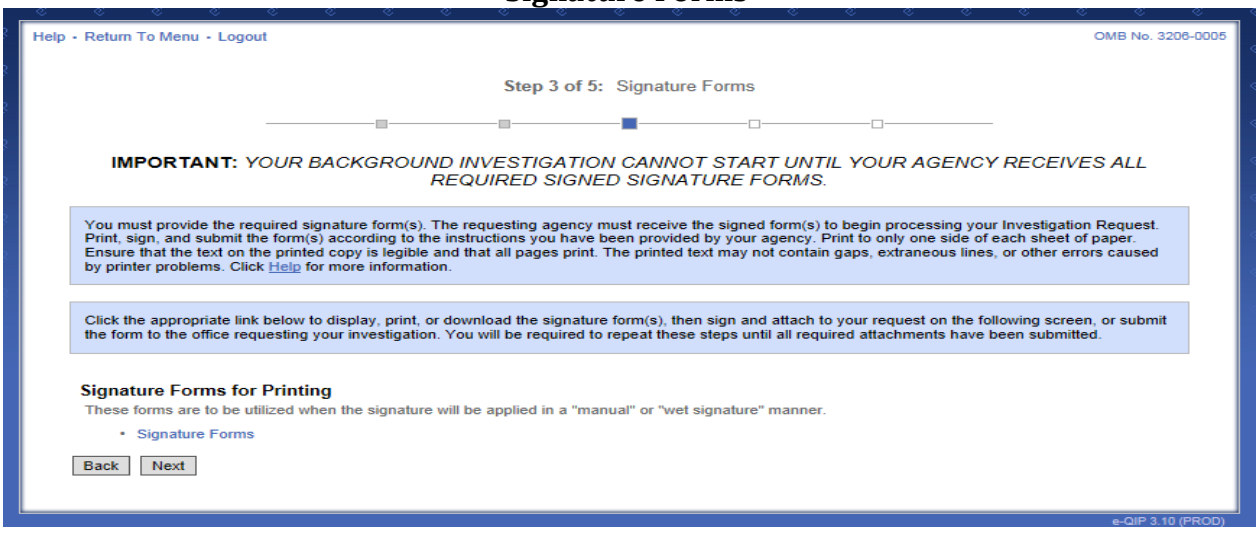
Instructions



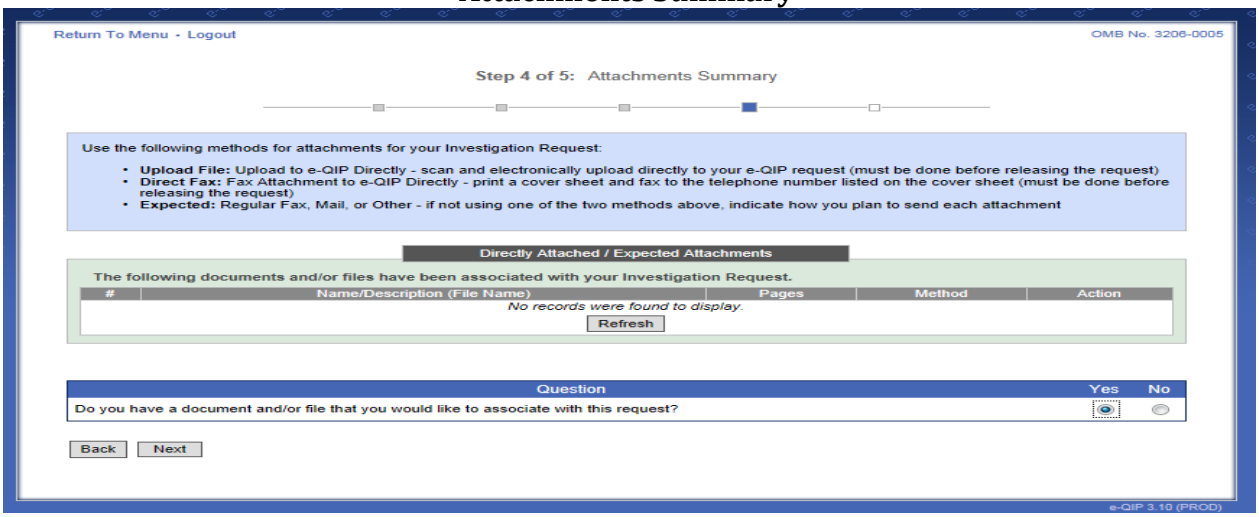
Archival Copy



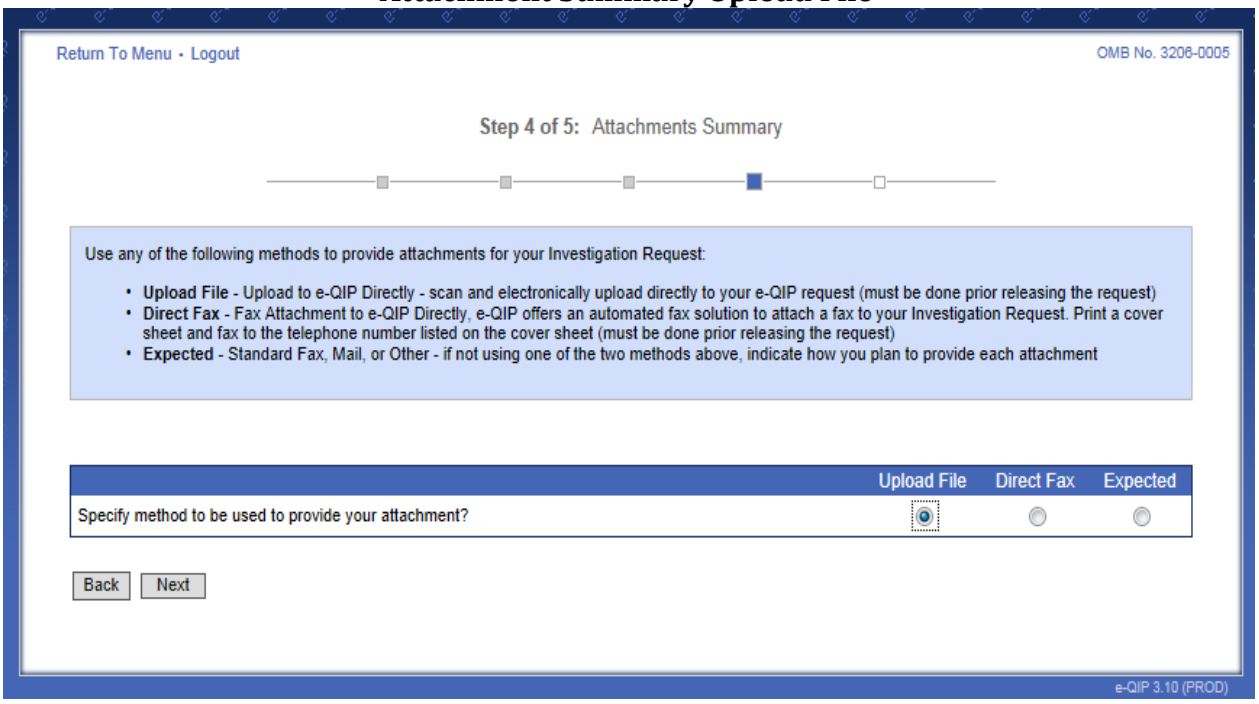
Signature Forms



Attachments Summary

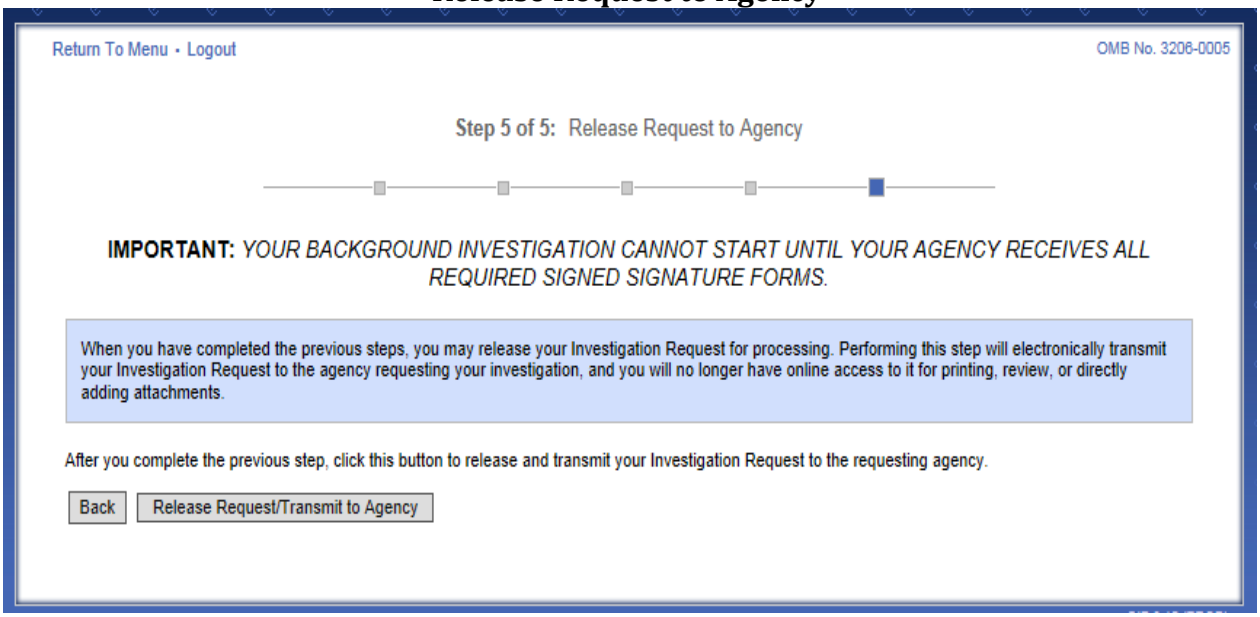


Attachment Summary Upload File



9. Once forms are uploaded, click on the "Return to Attachments Summary" button. Ensure all required documents are uploaded before releasing the application.

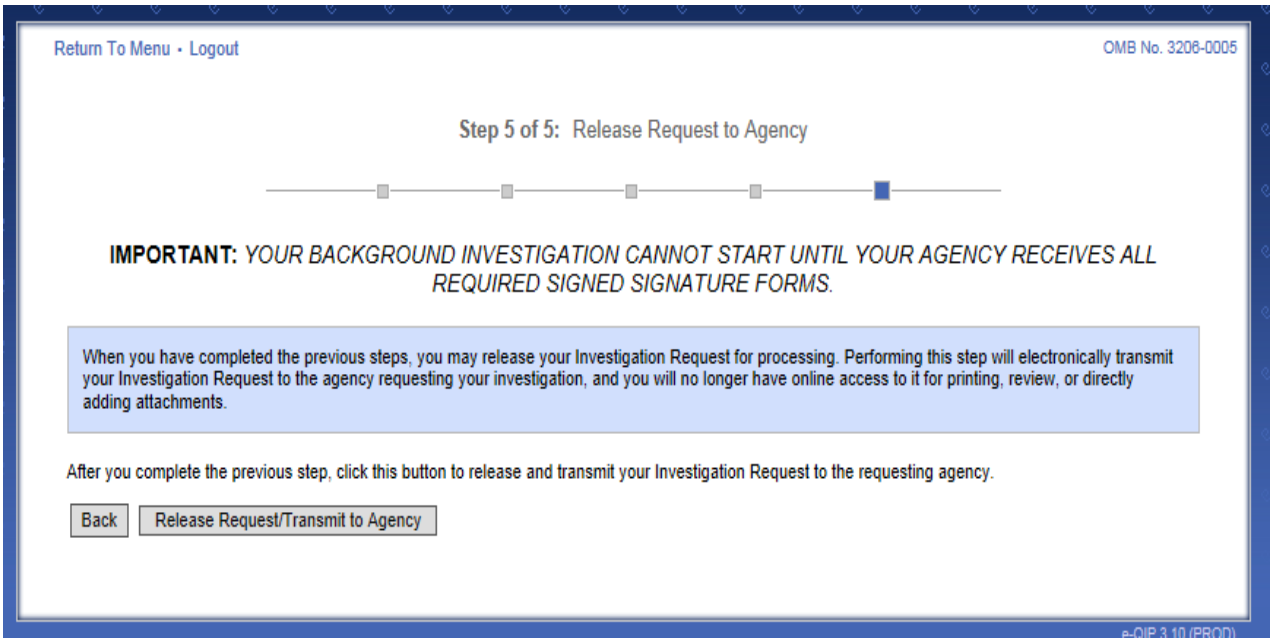
Release Request to Agency



10. The last step is very important, as their investigation will not begin until they have released their application. They do this by selecting "Release Request/Transmit to Agency" to finalize their e-QIP questionnaire. **Make sure they have completed their**

fingerprint/enrollment process before they "Release Request/Transmit to Agency" to complete their e-QIP application.

Confirmation



Attachment 3, Example Email for SAC Applicants

SUBJECT: GSA Special Agreement Check (SAC) Fitness Determination Applicant Instructions (less than 6 month)--APPLICANT NAME

You are not allowed to work on any GSA project until you receive your favorable SAC determination.

You will be receiving a fingerprint enrollment scheduling instructional email from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov. If you do not receive this e-mail, please follow instructions below:

1. Schedule an enrollment appointment at the nearest "SHARED" USAccess Credentialing Center and complete the fingerprint enrollment process as soon as possible at https://timetrade.com/app/usaccess/workflows/usaccess001/schedule/?appointmentTypeGroupId=hspd12, by single clicking on "Click to Schedule".

2. Bring two valid and non-expired forms of ID to enroll for your USAccess credential. Two forms are required to validate your identity, one of which must be a government-issued photo ID.

3. Your first and last names MUST match that submitted on your CIW. To review a complete list of acceptable forms of IDs, please go to the following link: http://www.fedidcard.gov/viewdoc.aspx?id=109.

4. If you receive an email from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov stating that you do not need to enroll due to your previous enrollment, please email accesscard@gsa.gov o let us know that you have already gone through the fingerprinting process.

5. If you are over 100 miles from a MSO USAccess Shared Credentialing Station, please email the Zonal Help Desk at ?? to determine how to best complete your fingerprinting process.

GSA ZONE ?? HELP DESK SUPPORT is available via e-mail at ?? or telephone at ???-???-????, Monday through Friday *(except holidays)*, from 7 a.m. until 4 p.m.

Attachment 4, Example E-mail for Tier 1, 2 and 4 Applicants

SUBJECT: Fitness Determination Applicant Instructions (Tier 1, 2, and 4)--APPLICANT NAME

The Homeland Security Presidential Directive 12 (HSPD-12) requires all United States Federal contractors who will be gaining physical access to federally controlled facilities and/or logical access to federally controlled information systems to successfully complete a background investigation check.

You are not allowed to work on any GSA project until you receive your favorable enter-on-duty determination.

You will receive two emails from this point forward.

The first email is from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov. This email explains the fingerprint scheduling and enrollment process.

The second email you receive will contain your Office of Personnel Management (OPM) registration code from email address "do-not-reply@e-qip.opm.gov. If within 24 hours you do not receive the registration code, first check your spam folder and then contact your Zonal Help Desk at ??.

The attachments listed below include:

1. Step-by-Step Fitness Determination Applicant Process Instruction.

2. Optional Form (OF) 306, Declaration for Federal Employment. Failure to complete and upload this document to your e-QIP application will delay or cancel your investigation.

3. GSA Form 3665, Authorization to Obtain Credit Report. Failure to complete and upload this document to your e-QIP application will delay or cancel your investigation.

4. SF 85/85P Worksheet. This is to be used for you to collect all your specific information to assist you in completing your on-line e-QIP application. Do not submit this document with your e-QIP, it is only meant for you to use as a worksheet.

5. GSA ZONE ?? HELP DESK SUPPORT is available via e-mail at ?? or telephone at ???-???-????, Monday through Friday *(except holidays)*, from 7 a.m. until 4 p.m.

Attachment 5, Fitness Determination Applicant Instructions (Tier 1, 2, & 4)

(Attached to applicant email)

Fitness Determination Applicant Instructions (Tier 1, 2 and 4)
Zonal Help Desk
e-mail/phone#

1. You will be receiving a fingerprint enrollment scheduling instructional email from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov. If you do not receive this email, please follow instructions below.

   a. Schedule an enrollment appointment at the nearest "SHARED" USAccess Credentialing Center and complete the fingerprinting/enrollment process as soon as possible at https://timetrade.com/app/usaccess/workflows/usaccess001/schedule/?appointmentTypeGroupId=hspd12, by single clicking on "Click to Schedule".

   b. Bring two valid and non-expired forms of ID to enroll for your USAccess credential. Two forms are required to validate your identity, one of which must be a government-issued photo ID.

   c. Your first and last names MUST match that submitted on your CIW. To review a complete list of acceptable forms of IDs, please go to the following link: http://www.fedidcard.gov/viewdoc.aspx?id=109.

   d. If you receive an email from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov stating that you do not need to enroll due to your previous enrollment, proceed with the e-QIP application to complete your investigation.

   e. If you are over 100 miles from a MSO USAccess Shared Credentialing Station, please email the Zonal Help Desk at ?? to determine how to best complete your fingerprinting process.

2. Registration Code--you should receive your registration code from OPM (do-not-reply@registration.opm.gov) within 24 hours of receipt of the Fitness Determination Applicant Instruction email. If not, please contact the Zonal Help Desk at ??.

3. Within 24 hours of receiving this email you will have access to complete your OPM Electronic Questionnaire for Investigations Processing (e-QIP).

4. Complete and sign the OF306, Declaration for Federal Employment. Then separately scan (PDF, TIFF or PNG only) the document in preparation for uploading it to your e-QIP application.

    a. Name format must be first middle last. If there is no middle name, put NMN in as middle name. If initial only, enter the initial followed by (IO).

    b. All items must be answered, no blanks.

    c. All data must be in the format as directed for each item on the form.

    d. If any item 9-14 is answered "Yes", ensure all information directed by the italicized print is included in the "Continuation Space" item 16.

    e. No extraneous marks of any type are permitted.

    f. If born in the US, Canada or Mexico, state must be entered (Province for Canada, but enter in same location).

    g. It is recommend the OF306 be typed, but it will be accepted handwritten or a combination of both, all handwritten portions must be clear and legible.

    h. Any corrections must be a single line cross out, and each must be initialed and dated by applicant.

    i. Any corrections not single-lined out and illegible forms will be rejected. The corrected form must be typed when submitted again.

    j. Must be signed and dated on line 17a. Date must be legible.

5. Complete and sign the GSA3665, Authorization to Obtain Credit Report. Then separately scan (PDF, TIFF or PNG only) the document in preparation for uploading it to your e-QIP application.

    a. Name format must be Last, First Middle Suffix. If there is no middle name, put NMN in as middle name. If initial only, enter the initial followed by (IO).

    b. Input SSN.

    c. Sign and date. Date must be legible.

6. Access e-QIP at http://www.opm.gov/e-qip and click on the "Enter e-QIP Application Site" button.

7. The e-QIP system will verify you are using an approved web browser. Then click "Continue to e-QIP."

8. Logging into e-QIP.

    a. Click the button titled "Register for Username and Password".

    b. Enter your Social Security Number.

    c. Answer the golden questions (last name, city of birth, year of birth, and registration code). Answers to these questions are case sensitive and they must appear as they were submitted on the CIW.

    d. Create and confirm a Username and Password.

    e. Select three (3) challenge questions that can be used in the event you forget your password.

NOTE: You will need your username and password to re-enter your application if it times out; you need to step away from it before completion; or your application is rejected after you release it for processing.

9. Completing e-QIP--failure to timely complete this process will delay your investigation and prevent you from receiving your enter-on-duty determination (EOD). **Do not release your e-QIP application until your have completed your fingerprint enrollment.** Without an EOD you will not have access to GSA facilities.

    a. Follow the on-screen instructions to complete the security questionnaire. Use the save function often and answer all applicable questions. If you log off without completing the security questionnaire, and return at a later time, you will be able to resume where you left off.

    b. In the residence section--be sure to list a verifier with their complete mailing address (to include St., Ave., Blvd., as applicable) and phone number.

    c. In the employment section--do not use the button that says "supervisor same as employer". You must list your supervisor's name, address (to include St., Ave., Blvd., as applicable) and phone number

    d. Select "Certify Investigation Request" to complete your security questionnaire.

    e. Select "Signature Forms" link.

f. Select “Yes” next to “Do you agree to utilize the click-to-sign functionality on all relevant forms?”

g. Re-enter your e-QIP password and select “Continue”.

h. Select “Click Here to Sign” link in the signature block.

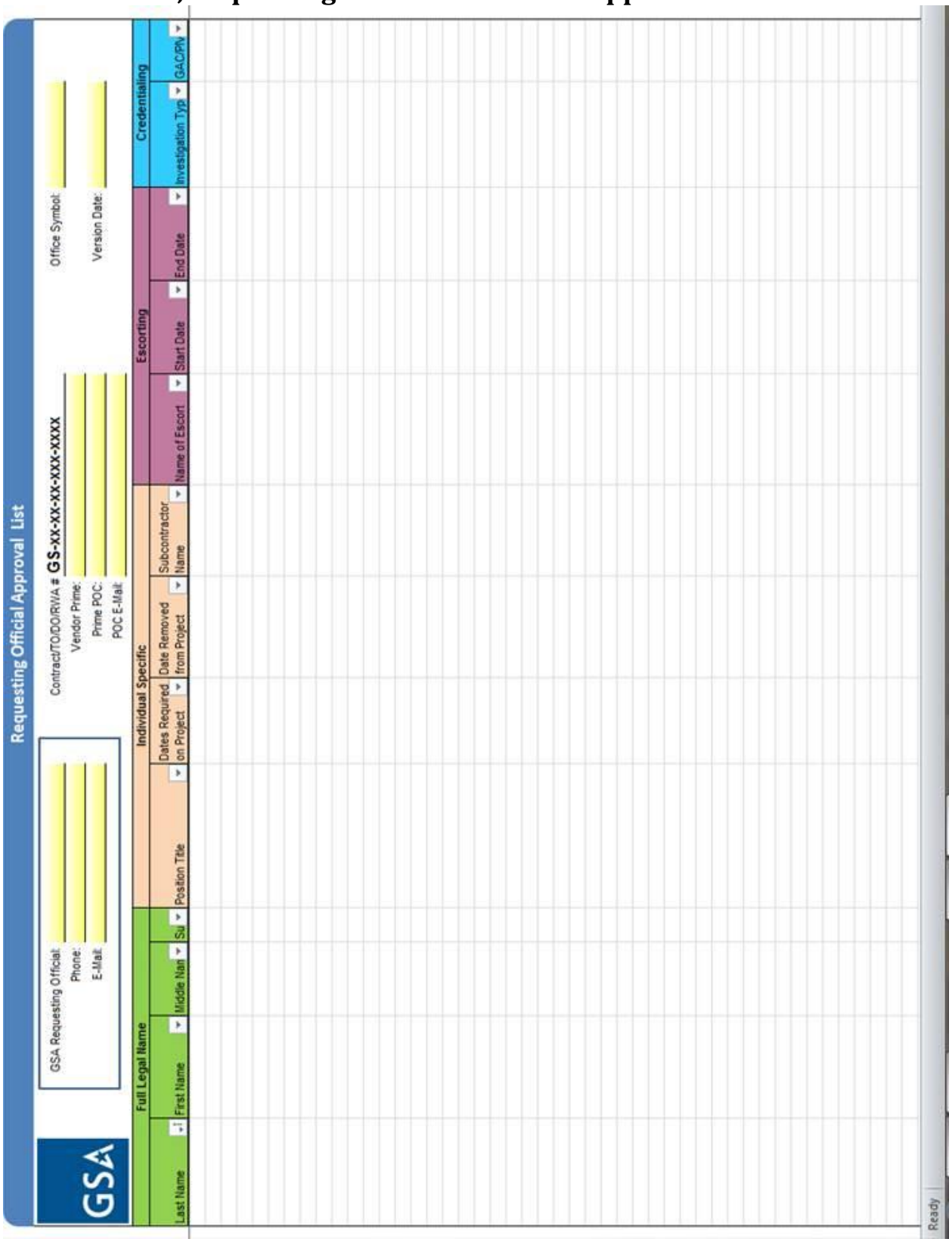
i. Select “Yes” next to “Do you have an additional document and/or file that you would like to associate with this request?” This is very important as this is the main reason applications are rejected. Repeat this process for both documents.

j. Upload the OF306, Declaration for Federal Employment and GSA3665, Authorization To Obtain Credit Report into your e-QIP questionnaire record.

k. Ensure you have completed your fingerprint/enrollment process and uploaded both OF306 and GSA3665 before you release your completed e-QIP application. Select “Release Request/Transmit to Agency” to finalize your e-QIP questionnaire.

10. GSA ZONE ?? HELP DESK SUPPORT is available via e-mail at ?? or telephone at ???-???-????, Monday through Friday *(except holidays)*, from 7 a.m. until 4 p.m.

Attachment 6, Requesting Official Contractor Approval List



Attachment 7, Contractor Information Worksheet

CONTRACTOR INFORMATION WORKSHEET v1 (For Official Use Only) Pg. 1 of 2
OMB Control Number: 3090-0283 Expiration Date: 07/31/2019

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0283. We estimate that it will take 15 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

1. Contract Employee Information – To be completed by Contractor					
Full Last Name(s) (Family) Click here to enter text.	Full First Name (Given) Click here to enter text.	Full Middle Name (or NMN if none) Click here to enter text.	Suffix Choose an item.	Gender Choose an item.	
Social Security Number Click here to enter text.	Date of Birth Enter Date Of Birth	POB: City Click here to enter text.	POB: Country Choose an item.	POB: U.S. State Choose an item.	POB: Mexico (State) /Canada (Province) Choose an item.
Home Address Street Click here to enter text.	Address Street (line 2) Click here to enter text.				
City Click here to enter text.	Country Choose an item.	U.S. State Choose an item.	Mexico (State) /Canada (Province) Choose an item.	Zip Click here to enter text.	
Phone Number (Work Cell) Click here to enter text.	Phone Number (Work Number) Click here to enter text.	Personal Email Click here to enter text.	Position (Job) Title Click here to enter text.		
Prior Investigation Choose an item.	Approx. Investigation Date Click here to enter a date.	Agency Adjudicated Prior Investigation Click here to enter text.	U.S. Citizen Choose an item.		
Non-US Citizens Only: Port of Entry, US City and State Click here to enter text.	Date of Entry Click here to enter a date.	Less than 3 Yrs. U.S. Resident Choose an item.	Alien Registration # Click here to enter text.	Citizenship Country Choose an item.	
2. Contract Information – To be completed by Requesting Official					
Company Name (Primary) Click here to enter text.	Company Name (Sub) (If Applicable) Click here to enter text.	Data Universal Numbering System (DUNS) Number: Click here to enter text.	Task Order (TO) / Delivery Order (DO) Number (Enter Contract Base Number if TO / DO is Not Applicable) Click here to enter text.		
Contract Number Type Choose an item.	Contract Start Date Click here to enter a date.	Contract End Date Click here to enter a date.	Has Option Yrs. Choose an item.	# of Option Years Choose an item.	
Company Point of Contact (POC) First Name Click here to enter text.	Company Point of Contact (POC) Last Name Click here to enter text.	POC Work Phone Number Click here to enter text.	POC Email Address Click here to enter text.		
Alternate Company Point of Contact (POC) First Name Click here to enter text.	Alternate Company Point of Contact (POC) Last Name Click here to enter text.	Alternate POC Work Phone Click here to enter text.	Alternate POC Email Address Click here to enter text.		
Alternate Company Point of Contact (POC) First Name Click here to enter text.	Alternate Company Point of Contact (POC) Last Name Click here to enter text.	Alternate POC Work Phone Click here to enter text.	Alternate POC Email Address Click here to enter text.		
Alternate Company Point of Contact (POC) First Name Click here to enter text.	Alternate Company Point of Contact (POC) Last Name Click here to enter text.	Alternate POC Work Phone Click here to enter text.	Alternate POC Email Address Click here to enter text.		
Alternate Company Point of Contact (POC) First Name Click here to enter text.	Alternate Company Point of Contact (POC) Last Name Click here to enter text.	Alternate POC Work Phone Click here to enter text.	Alternate POC Email Address Click here to enter text.		
3. Reimbursable Work Authorizations (RWA) / Interagency Agreement (IAA) (If Applicable) – To be completed by GSA Requesting Official					
RWA/IAA Number Click here to enter text.	Agency Click here to enter text.				
4. Project/Work Location Information (Government site where contractor is working) – To be completed by GSA Requesting Official					
GSA Building Number (Building Number Search) Click here to enter text.	Other Choose an item.				
Type Contractor (Definitions on Pg. 2) Choose an item.	ARRA Long Term Contractor Choose an item.	Sponsoring Major Org Choose an item.	Sponsoring Office Symbol Click here to enter text.	GSA Region Choose an item.	
5. Type of Investigation Requested – To be completed by GSA Requesting Official					
Investigation Type Request Choose an item. Note: National Security positions are processed by GSA Personnel Security (CIS)	HSPD-12 Card Required? Choose an item.				
6. GSA Requesting Official Information – To be completed by GSA Requesting Official					
Last Name Click here to enter text.	First Name Click here to enter text.	Middle (or NMN if none) Click here to enter text.	Email Address Click here to enter text.	Work Phone Click here to enter text.	Is PM/COR/CO/CS Choose an item.
Alternate Last Name Click here to enter text.	Alternate First Name Click here to enter text.	Middle (or NMN if none) Click here to enter text.	Alternate Email Click here to enter text.	Work Alternate Phone Click here to enter text.	Is PM/COR/CO Choose an item.
Alternate Last Name Click here to enter text.	Alternate First Name Click here to enter text.	Middle (or NMN if none) Click here to enter text.	Alternate Email Click here to enter text.	Work Alternate Phone Click here to enter text.	Is PM/COR/CO Choose an item.
Alternate Last Name Click here to enter text.	Alternate First Name Click here to enter text.	Middle (or NMN if none) Click here to enter text.	Alternate Email Click here to enter text.	Work Alternate Phone Click here to enter text.	Is PM/COR/CO Choose an item.
Alternate Last Name Click here to enter text.	Alternate First Name Click here to enter text.	Middle (or NMN if none) Click here to enter text.	Alternate Email Click here to enter text.	Work Alternate Phone Click here to enter text.	Is PM/COR/CO Choose an item.

Attachment 8, OF306—Declaration for Federal Employment

Declaration for Federal Employment*

Form Approved
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

♦

2. **SOCIAL SECURITY NUMBER** ♦

3a. **PLACE OF BIRTH** (Include city and state or country) ♦

3b. **ARE YOU A U.S. CITIZEN?**

☐ YES ☐ NO (If "NO", provide country of citizenship) ♦

4. **DATE OF BIRTH** (MM / DD / YYYY) ♦

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

♦

♦

6. **PHONE NUMBERS** (Include area codes)

Day ♦

Night ♦

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? ☐ YES (If "YES", proceed to 8.) ☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? ☐ YES (If "YES", provide information below) ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* ☐ YES ☐ NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* ☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* ☐ YES ☐ NO

U.S. Office of Personnel Management

5 U.S.C. 1302, 3301, 3304, 3328 & 8716

Optional Form 306
Revised October 2011
Previous editions obsolete and unusable

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law,mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name,relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* ☐ YES ☐ NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith . **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW

Attachment 9, GSA3665—Authorization to Obtain Credit Report

AUTHORIZATION TO OBTAIN CREDIT REPORT

As part of qualifying for a GSA position or contract, I am undergoing a personal background investigation in order to receive a public trust certification or national security clearance, or a periodic renewal certification or security clearance.

I hereby authorize GSA and its authorized agents to obtain my credit reports from any consumer or credit reporting agency for employment purposes.

NAME OF EMPLOYEE *(Please print or type)*				SOCIAL SECURITY NUMBER
LAST	FIRST	MIDDLE	JR., II, ETC.	
SIGNATURE OF EMPLOYEE				DATE SIGNED

PRIVACY ACT NOTICE

The Fair Credit Reporting Act, as amended (15 U.S. C. § 1681, et seq.) allows GSA to get one or more credit reports on you for employment purposes. Should a decision to take any adverse action against you be made, based ether in whole or in part on the credit report, you should know that the consumer or credit reporting agency that provided the report has played no role in the decision to take action.

GSA is requesting an investigation to determine your(1) fitness for Federal employment, (2)clearance to perform contractual service for the Federal Government, or (3) security clearance. The information in this authorization will be given to the consumer or credit reporting agency so that the agency will release information about you and your credit history. This information may be redisclosed to other Federal agencies (for the above three purposes) and to fulfill official responsibilities, to the extent that the disclosure is permitted by law.

Disclosure of your Social Security Number (SSN) is voluntary. We need your SSN to keep records accurate, because other people may have the same name. Executive Order 9397 also asks Federal agencies to use the SSN to help identify individuals in agency records.

GENERAL SERVICE ADMINISTRATION

GSA FORM **3665** (5-98)
Prescribed by ADM P9732.1C

Attachment 10, SF85 Worksheet

Standard Form 85 (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731 and 736

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Form approved:
OMB No. 3206-0005
NSN 7540-00-634-4035
85-111

OPM USE ONLY — Codes — Case Number

Agency Use Only ***(Complete items A through K using instructions provided by USOPM)***

A Type of Investigation	B Extra Coverage	C Nature of Action Code	D Date of Action	Month	Day	Year			
E Geographic Location	F Position Title	G SON	H SOI						
I OPAC-ALC Number	J Accounting Data and/or Agency Case Number								
K Requesting Official	Name and Title	Signature	Telephone Number ( )	Date					

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN". - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.

Last Name | First Name | Middle Name | Jr., II, etc.

2 DATE OF BIRTH Month | Day | Year

3 PLACE OF BIRTH - Use the two letter code for the State.

City | County | State | Country *(if not in the United States)*

4 SOCIAL SECURITY

5 OTHER NAMES USED
Give other names you used and the period of time you used them *(for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s))*. If the other name is your maiden name, put "nee" in front of it.

Name	Month/Year To Month/Year	Name	Month/Year To Month/Year
#1		#3	
#2		#4	

6 SEX *(Mark one box)* Female ☐ Male ☐

7 CITIZENSHIP

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

- ☐ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. *(Answer items b and d)*
- ☐ I am a U.S. citizen, but I was NOT born in the U.S. *(Answer items b , c and d)*
- ☐ I am not a U.S. citizen. *(Answer items b and e)*

b Your Mother's Maiden Name

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 | City | State | Certificate Number | Month/Day/Year Issued

Citizenship Certificate *(Where was the certificate issued?)*
City | State | Certificate Number | Month/Day/Year Issued

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 | Month/Day/Year | Explanation

U.S. Passport
This may be either a current or previous U.S. Passport. | Passport Number | Month/Day/Year Issued

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. | Country

e ALIEN If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S. Month	Day	Year	Alien Registration Number	Country(ies) of Citizenship

Exception to SF85, SF85P, SF85P-S, SF86, and SF86A approved by GSA September, 1995.
Designed using Perform Pro, WHS/DIOR, Sep 95

Page 1

8 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. 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. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

#1 Month/Year To Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You	Street Address	Apt. #	City (Country)	State	ZIP Code
#2 Month/Year To Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
#3 Month/Year To Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
#4 Month/Year To Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
#5 Month/Year To Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code

9 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 5 years.** List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School **2** - College/University/Military College **3** - Vocational/Technical/Trade School

- For correspondence schools and extension classes, provide the address where the records are maintained.

#1 Month/Year To Month/Year	Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
#2 Month/Year To Month/Year	Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
#3 Month/Year To Month/Year	Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code

Enter your Social Security Number before going to the next page →

10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 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 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- **Code.** Use one of the codes listed below to identify the type of employment:
  - **1** - Active military duty stations
  - **2** - National Guard/Reserve
  - **3** - U.S.P.H.S. Commissioned Corps
  - **4** - Other Federal employment
  - **5** - State Government (Non-Federal employment)
  - **6** - Self-employment (Include business name and/or name of person who can verify)
  - **7** - Unemployment (Include name of person who can verify)
  - **8** - Federal Contractor (List Contractor, not Federal agency)
  - **9** - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, 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 first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

#1 Month/Year To Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor

#2 Month/Year To Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor

#3 Month/Year To Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor
	Month/Year To Month/Year	Position Title	Supervisor

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES *(CONTINUED)*

Month/Year Month/Year #4 To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY *(Block #4)*	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor

Month/Year Month/Year #5 To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY *(Block #5)*	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor

Month/Year Month/Year #6 To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY *(Block #6)*	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor
	Month/Year Month/Year To	Position Title	Supervisor

11 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 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Dates Known Month/Year Month/Year To	Telephone Number Day Night ( )		
Home or Work Address	City (Country)	State	ZIP Code	

Name #2	Dates Known Month/Year Month/Year To	Telephone Number Day Night ( )		
Home or Work Address	City (Country)	State	ZIP Code	

Name #3	Dates Known Month/Year Month/Year To	Telephone Number Day Night ( )		
Home or Work Address	City (Country)	State	ZIP Code	

Enter your Social Security Number before going to the next page →

12 YOUR SELECTIVE SERVICE RECORD

	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 13. If "Yes," go to b.		
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		

Registration Number | Legal Exemption Explanation

13 YOUR MILITARY HISTORY

	Yes	No
a Have you served in the United States military?		
b Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force **2** - Army **3** - Navy **4** - Marine Corps **5** - Coast Guard **6** - Merchant Marine **7** - National Guard

O/E. Mark "O" block for Officer or "E" block for Enlisted.

Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Status				Country
						Active	Active Reserve	Inactive Reserve	National Guard *(State)*	
	To									
	To									

14 ILLEGAL DRUGS

	Yes	No
In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)		

If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year	Month/Year	Type of Substance	Explanation
	To		
	To		
	To		

Continuation Space

Use the continuation sheet(s) (SF86A) for additional answers to items 8, 9, and 10. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security number. Before each answer, identify the number of the item.

After completing this form 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 sign and date the release on Page 6.

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)* | Date

Enter your Social Security Number before going to the next page →

Standard Form 85
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731 and 736

Form approved:
OMB No. 3206-0005
NSN 7540-00-634-4035
85-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and 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 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature *(Sign in ink)*	Full Name *(Type or Print Legibly)*			Date Signed
Other Names Used				Social Security Number
Current Address *(Street, City)*		State	ZIP Code	Home Telephone Number *(Include Area Code)* ( )

Attachment 11, SF85P Worksheet

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions,* call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

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 employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 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. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) 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. 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, misrepresentation, 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.

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. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). 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 marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. 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.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or 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 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 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 one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement 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 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 system 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:

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 21, 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.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 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 Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85P (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

OPM USE ONLY | Codes | Case Number

Agency Use Only ***(Complete items A through P using instructions provided by USOPM)***

A Type of Investigation	B Extra Coverage	C Sensitivity/ Risk Level	D Compu/ ADP	E Nature of Action Code	F Date of Action	Month	Day	Year

G Geographic Location	H Position Code	I Position Title

J SON	K Location of Official Personnel Folder	Other Address	ZIP Code
	None / NPRC / At SON		

L SOI	M Location of Security Folder	Other Address	ZIP Code
	None / At SOI / NPI		

N OPAC-ALC Number	O Accounting Data and/or Agency Case Number

P Requesting Official	Name and Title	Signature	Telephone Number ( )	Date

Persons completing this form should begin with the questions below.

1 FULL NAME
- If you have only initials in your name, use them and state (IO).
- If you have no middle name, enter "NMN".
- If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.

Last Name	First Name	Middle Name	Jr., II, etc.

2 DATE OF BIRTH

Month	Day	Year

3 PLACE OF BIRTH - Use the two letter code for the State.

City	County	State	Country *(if not in the United States)*

4 SOCIAL SECURITY NUMBER

5 OTHER NAMES USED

	Name	Month/Year	Month/Year To		Name	Month/Year	Month/Year To
#1				#3			
#2				#4			

6 OTHER IDENTIFYING INFORMATION

Height *(feet and inches)*	Weight *(pounds)*	Hair Color	Eye Color	Sex *(Mark one box)*
				☐ Female ☐ Male

7 TELEPHONE NUMBERS

Work *(include Area Code and extension)*	Home *(include Area Code)*
☐ Day ☐ Night ( )	☐ Day ☐ Night ( )

8 CITIZENSHIP

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

- ☐ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. *Answer items b and d.*
- ☐ I am a U.S. citizen, but I was NOT born in the U.S. *Answer items b, c and d.*
- ☐ I am not a U.S. citizen. *Answer items b and e.*

b Your Mother's Maiden Name

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	City	State	Certificate Number	Month/Day/Year Issued

Citizenship Certificate *(Where was the certificate issued?)*

City	State	Certificate Number	Month/Day/Year Issued

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.	Month/Day/Year	Explanation

U.S. Passport

This may be either a current or previous U.S. Passport	Passport Number	Month/Day/Year Issued

d DUAL CITIZENSHIP If you are *(or were)* a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country

e ALIEN If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S. Month	Day	Year	Alien Registration Number	Country(ies) of Citizenship

Exception to SF85, SF85P, SF85P-S, SF86, and SF86A approved by GSA September, 1995.
Designed using Perform Pro, WHS/DIOR, Sep 95

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. 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. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that 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). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

#1 Month/Year To Month/Year Present	Street Address	Apt. #	City (Country)			State	ZIP Code
Name of Person Who Knows You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )	
#2 Month/Year To Month/Year	Street Address	Apt. #	City (Country)			State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )	
#3 Month/Year To Month/Year	Street Address	Apt. #	City (Country)			State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )	
#4 Month/Year To Month/Year	Street Address	Apt. #	City (Country)			State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )	
#5 Month/Year To Month/Year	Street Address	Apt. #	City (Country)			State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )	

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years.** List **all** College or University degrees and the dates they were received. 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.

- Use one of the following codes in the "Code" block:

  1 - High School **2** - College/University/Military College **3** - Vocational/Technical/Trade School

- For schools you attended in the past 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.

- For correspondence schools and extension classes, provide the address where the records are maintained.

#1 Month/Year To Month/Year	Code	Name of School	Degree/Diploma/Other			Month/Year Awarded
Street Address and City (Country) of School					State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )
#2 Month/Year To Month/Year	Code	Name of School	Degree/Diploma/Other			Month/Year Awarded
Street Address and City (Country) of School					State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )
#3 Month/Year To Month/Year	Code	Name of School	Degree/Diploma/Other			Month/Year Awarded
Street Address and City (Country) of School					State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ( )

Enter your Social Security Number before going to the next page →

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 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.

- **Code.** Use one of the codes listed below to identify the type of employment:
  - **1** - Active military duty stations
  - **2** - National Guard/Reserve
  - **3** - U.S.P.H.S. Commissioned Corps
  - **4** - Other Federal employment
  - **5** - State Government (Non-Federal employment)
  - **6** - Self-employment (Include business and/or name of person who can verify)
  - **7** - Unemployment (Include name of person who can verify)
  - **8** - Federal Contractor (List Contractor, not Federal agency)
  - **9** - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, 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 first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
#1	To Present			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor
		To		
	Month/Year	Month/Year	Position Title	Supervisor
		To		
	Month/Year	Month/Year	Position Title	Supervisor
		To		

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
#2	To			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor
		To		
	Month/Year	Month/Year	Position Title	Supervisor
		To		
	Month/Year	Month/Year	Position Title	Supervisor
		To		

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
#3	To			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor
		To		
	Month/Year	Month/Year	Position Title	Supervisor
		To		
	Month/Year	Month/Year	Position Title	Supervisor
		To		

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES *(CONTINUED)*

#4	Month/Year	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY *(Block #4)*	Month/Year	Month/Year To	Position Title	Supervisor
	Month/Year	Month/Year To	Position Title	Supervisor
	Month/Year	Month/Year To	Position Title	Supervisor

#5	Month/Year	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY *(Block #5)*	Month/Year	Month/Year To	Position Title	Supervisor
	Month/Year	Month/Year To	Position Title	Supervisor
	Month/Year	Month/Year To	Position Title	Supervisor

#6	Month/Year	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY *(Block #6)*	Month/Year	Month/Year To	Position Title	Supervisor
	Month/Year	Month/Year To	Position Title	Supervisor
	Month/Year	Month/Year To	Position Title	Supervisor

12 **YOUR EMPLOYMENT RECORD**

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.	Yes	No

Use the following codes and explain the reason your employment was ended:

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

Month/Year	Code	Specify Reason	Employer's Name and Address *(Include city/Country if outside U.S.)*	State	ZIP Code

Enter your Social Security Number before going to the next page →

13 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.

Name	Dates Known Month/Year Month/Year To	Telephone Number Day Night ( )		
#1				
Home or Work Address	City (Country)	State	ZIP Code	

Name	Dates Known Month/Year Month/Year To	Telephone Number Day Night ( )		
#2				
Home or Work Address	City (Country)	State	ZIP Code	

Name	Dates Known Month/Year Month/Year To	Telephone Number Day Night ( )		
#3				
Home or Work Address	City (Country)	State	ZIP Code	

14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

- ☐ **1** - Never married *(go to question 15)*
- ☐ **2** - Married
- ☐ **3** - Separated
- ☐ **4** - Legally Separated
- ☐ **5** - Divorced
- ☐ **6** - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth *(Mo./Day/Yr.)*	Place of Birth *(Include country if outside the U.S.)*	Social Security Number

Other Names Used *(Specify maiden name, names by other marriages, etc., and show dates used for each name)*

Country of Citizenship	Date Married *(Mo./Day/Yr.)*	Place Married *(Include country if outside the U.S.)*	State
If Separated, Date of Separation *(Mo./Day/Yr.)*	If Legally Separated, Where is the Record Located? City *(Country)*		State

Address of Current Spouse *(Street, city, and country if outside the U.S.)*	State	ZIP Code

15 YOUR RELATIVES

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

1 - Mother *(first)*
2 - Father *(second)*
3 - Stepmother
4 - Stepfather
5 - Foster Parent
6 - Child *(adopted also)*
7 - Stepchild

	Full Name *(If deceased, check box on the left before entering name)*	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City *(country)* of Living Relatives	State
		1					
		2					

Enter your Social Security Number before going to the next page →

16 YOUR MILITARY HISTORY

	Yes	No
a Have you served in the United States military?		
b Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force **2** - Army **3** - Navy **4** - Marine Corps **5** - Coast Guard **6** - Merchant Marine **7** - National Guard

- **O/E.** Mark "O" block for Officer or "E" block for Enlisted.

- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate No.	O	E	Status: Active	Status: Active Reserve	Status: Inactive Reserve	Status: National Guard *(State)*	Country
	To									
	To									

17 YOUR SELECTIVE SERVICE RECORD

	Yes	No
a Are you a male born after December 31, 1959? If "**No**," go to **18**. If "**Yes**," go to b.		
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "**No**," show the reason for your legal exemption below.		

Registration Number | Legal Exemption Explanation

18 YOUR INVESTIGATIONS RECORD

	Yes	No
a Has the United States Government ever investigated your background and/or granted you a security clearance? If "**Yes**," use the codes that follow to provide the requested information below. If "**Yes**," but you can't recall the investigating agency and/or the security clearance received, enter "**Other**" agency code or clearance code, as appropriate, and "**Don't know**" or "**Don't recall**" under the "**Other Agency**" heading, below. If your response is "**No**," or you don't know or can't recall if you were investigated and cleared, check the "**No**" box.		

Codes for Investigating Agency
1 - Defense Department **4** - FBI
2 - State Department **5** - Treasury Department
3 - Office of Personnel Management **6** - Other *(Specify)*

Codes for Security Clearance Received
0 - Not Required **3** - Top Secret **6** - L
1 - Confidential **4** - Sensitive Compartmented Information **7** - Other
2 - Secret **5** - Q

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

	Yes	No
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? If "**Yes**," give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.		

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

19 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: **1** - Business **2** - Pleasure **3** - Education **4** - Other

- Include short trips to Canada or Mexico. If you have 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. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

- Do not repeat travel covered in items 9, 10, or 11.

	Month/Year	Month/Year	Code	Country		Month/Year	Month/Year	Code	Country
#1		To			#5		To		
#2		To			#6		To		
#3		To			#7		To		
#4		To			#8		To		

Enter your Social Security Number before going to the next page →

20 YOUR POLICE RECORD *(Do not include anything that happened before your 16th birthday.)*

	Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than $150.)		

If you answered "Yes," explain your answer(s) in the space provided.

Month/Year	Offense	Action Taken	Law Enforcement Authority or Court *(City and county/country if outside the U.S.)*	State	ZIP Code

21 ILLEGAL DRUGS

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.

	Yes	No
a In the last year, 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?		
b 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?		

If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	To		
	To		
	To		

22 YOUR FINANCIAL RECORD

	Yes	No
a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.		

Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

	Yes	No
b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.		

If you answered "**Yes**," provide the information requested below:

Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligee	State	ZIP Code

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 sign and date the release on Page 8.

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)*	Date

Enter your Social Security Number before going to the next page →

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

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

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities 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, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, 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 sensitive National Security 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 redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature *(Sign in ink)*	Full Name *(Type or Print Legibly)*			Date Signed
Other Names Used				Social Security Number
Current Address *(Street, City)*		State	ZIP Code	Home Telephone Number *(Include Area Code)* ( )

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

_____

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year 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
Other Names Used				Social Security Number
Current Address *(Street, City)*		State	ZIP Code	Home Telephone Number *(Include Area Code)* ( )