

# ARMY NATIONAL GUARD APPLICATION

LAST: _____	FIRST: _____	MIDDLE: _____	SUFFIX: _____
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**FILL OUT EVERYTHING - Don't hesitate to ask me if you have questions!**

This is your enlistment application to join the Utah Army National Guard (UTARNG). Fill the application out completely. There are instructions for each section. If you have any questions, contact your RRNCO. It can take some time, but this is the start of your commitment to join the UTARNG and a new career.

### DOCUMENTS NEEDED FOR ENLISTMENT

- SOCIAL SECURITY CARD\*
- BIRTH CERTIFICATE\*
- DRIVER'S LICENSE / STATE PHOTO ID\*
- PASSPORT / PERMANENT RESIDENCY CARD (I-551) / NATURALIZATION CERTIFICATE\*
- SPOUSE'S SOCIAL SECURITY CARD / BIRTH CERTIFICATE / DRIVER'S LICENSE (COPY)
- MARRIAGE CERTIFICATE\*
- DIVORCE DECREE (COPY)
- DEPENDENT'S SOCIAL SECURITY CARDS / BIRTH CERTIFICATES (COPY)
- FINANCIAL DOCUMENTS – (Student Loan(s), Bankruptcy Discharge Docs, Voided Check, Lease/Rental, etc.)
- HIGH SCHOOL LETTER – (Given by Recruiter) – For High School Students/College
- HIGH SCHOOL DIPLOMA / TRANSCRIPTS\*
- GED / HISET CERTIFICATE / TRANSCRIPTS\*
- VOCATIONAL DIPLOMA / TRANSCRIPTS\*
- COLLEGE DIPLOMA / TRANSCRIPTS\*
- MEDICAL DOCUMENTS (COPY) – (if applicable)
- COURT DOCUMENTS (COPY) – (if applicable)
- OTHER: \_\_\_\_\_

### PRIOR SERVICE APPLICANTS:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> DD Form 214 / 215</li> <li><input type="checkbox"/> NGB Form 22 (National Guard)</li> <li><input type="checkbox"/> Discharge/Separation Orders</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Last Military Physical</li> <li><input type="checkbox"/> Certs of Training/Schools</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|---|--|

**680-3A-E / PERSONAL SCREENING INFORMATION**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ SUFFIX: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  MALE  FEMALE

**PERSONAL INFORMATION**

Age: \_\_\_\_\_ Date of Birth (DOB): (MM/DD/YYYY) \_\_\_\_\_  
Place of Birth (POB): City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
Primary Phone (home/cell): \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
Primary Email (home/work/school): \_\_\_\_\_  
Current Physical Address: Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: (MM/DD/YYYY) \_\_\_\_\_  
Select one if you don't have a valid Driver's License:  Temporary Permit  Valid State/School ID  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Primary Race: \_\_\_\_\_ Ethnic Category: \_\_\_\_\_ Religion: \_\_\_\_\_  
Aliases Full Name: \_\_\_\_\_ From: (MM/DD/YYYY) \_\_\_\_\_  
\*Include Maiden Names\* To: (MM/DD/YYYY) \_\_\_\_\_  
Marital Status:  Married  Never Married  Divorced  Separated  Widowed  
Children:  YES  NO Ages: \_\_\_\_\_ Spouse Full Name: \_\_\_\_\_  
Number of Minor Dependents (Custody of): \_\_\_\_\_  
Date Married: \_\_\_\_\_ Registered to Vote:  YES  NO  
Citizenship:  U.S. Native Born  Born-Abroad  Immigrant Alien Alien #: \_\_\_\_\_  
**Females Only:** Start of Last Menstrual Cycle: (MM/DD/YYYY) \_\_\_\_\_

**EDUCATION**

High School Name: \_\_\_\_\_ Grad Date: (MM/DD/YYYY) \_\_\_\_\_  
Last College Attended: \_\_\_\_\_ Grad Date: (MM/DD/YYYY) \_\_\_\_\_  
College Credit Hours Earned: \_\_\_\_\_ Degree: \_\_\_\_\_  Semester Hours  Quarter Hours

**ARMED FORCES PRIOR SERVICE**

YES  NO *Information can be found on DD 214 or NGB 22*  
Service Branch: \_\_\_\_\_ RE-Code: \_\_\_\_\_ MOS: \_\_\_\_\_ Pay Grade: \_\_\_\_\_  
Narrative Reason for Separation: \_\_\_\_\_ Separation Code: \_\_\_\_\_  
Enlistment Date: (MM/DD/YYYY) \_\_\_\_\_  
Date of Rank: (MM/DD/YYYY) \_\_\_\_\_  
Discharge Date: (MM/DD/YYYY) \_\_\_\_\_

**FOREIGN LANGUAGES**

1. Do you Speak, Read, Write or understand a Foreign Language?

- If so, which Language(s): \_\_\_\_\_

 YES NO**BENEFICIARIES (Life Insurance - SGLI)**

Life Insurance is offered through the Army National Guard. Pick one coverage amount, then have at least one primary beneficiary and one secondary beneficiary. Pick someone from your family. (Monthly payments are listed in parentheses)

 \$50,000 (\$4.50) \$100,000 (\$8.00) \$150,000 (\$11.50) \$200,000 (\$15.00) \$250,000 (\$18.50) \$300,000 (\$22.00) \$350,000 (\$25.50) \$400,000 (\$29.00)

Primary Beneficiary: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Beneficiary: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CUI (when filled in)**

LAST NAME – FIRST NAME – MIDDLE INITIAL ( <i>Suffix</i> )		SOCIAL SECURITY NUMBER		DoD ID NUMBER ( <i>If applicable</i> )	
<b>SECTION III - MEDICAL HISTORY</b>					
1. Medications: any prescription or over the counter medication(s) taken regularly or as needed ( <i>list each and explain in SECTION IV</i> )			2. Allergies: reaction to food(s), insect bites/stings, medication(s) or other substances ( <i>list each and explain in SECTION IV</i> )		
Read each of the following questions and answer by checking "YES" or "NO". Every question must be answered. Every "YES" answer must be explained in SECTION IV. Explain each item to the best of your ability. Your medical records may be requested to clarify your medical history.					
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:	
YES				YES	
NO				NO	
<b>EYES/VISION:</b>			<b>UPPER EXTREMITIES: (Continued)</b>		
3. Double vision			60. Dislocated shoulder, elbow, or wrist		
4. Detached retina or surgery to repair a detached retina			<b>LOWER EXTREMITIES:</b>		
5. Keratoconus, glaucoma, cataracts or surgery for cataracts			61. Foot conditions such as plantar fasciitis, heel spur, or painful bunions		
6. Vision correction procedure such as Lasik, PRK, or lens implant			62. Knee injury resulting in ligament/cartilage tear, instability, or locking		
7. Night blindness			63. Any pain, swelling, weakness, numbness, or stiffness of the hip, knee, ankle, foot, or toes		
8. Any other eye condition, injury, or surgery/procedure			64. Dislocated hip, knee, ankle, or foot		
<b>EARS/HEARING:</b>			<b>MISCELLANEOUS CONDITIONS OF THE EXTREMITIES:</b>		
9. Cholesteatoma			65. Bone, muscle, or joint deformity, injury, or persistent pain/swelling		
10. Ear drum perforation or tubes inserted into the ear drum(s) in the past 12 months			66. Impaired use of arms, hands, fingers, legs, feet, or toes ( <i>any reason</i> )		
11. Any other ear surgery or procedure including mastoidectomy			67. Joint swelling/inflammation such as arthritis, gout, or bursitis		
12. Loss of balance or vertigo			68. Compartment syndrome, shin splints, or stress reaction/fracture		
13. Hearing loss or use of hearing aid(s)			69. Any surgery of the bone or joint such as placing a screw, plate, rod, pin, prosthetic/graft or arthroscopy		
<b>NOSE, SINUSES, MOUTH, AND LARYNX:</b>			70. Any use of prescribed corrective/prosthetic devices such as a brace, back support, heel lift, or orthotic inserts		
14. Ear, nose, or throat conditions such as vocal cord dysfunction			<b>VASCULAR:</b>		
15. Recurrent nose bleeds, chronic sinus infections, or sinus surgery			71. Abnormal ( <i>high or low</i> ) blood pressure		
16. Absence of, or disturbance of sense of smell			72. Pale, blue, or numb fingers or toes with exposure to cold such as Raynaud's phenomenon/ disease		
17. Any surgery of the face, throat, or jaw			73. Kawasaki disease		
<b>DENTAL: (If you wear braces/aligners, then you must submit a letter from your orthodontist stating that active orthodontic treatment will be completed before beginning active duty)</b>			<b>SKIN:</b>		
18. Braces or aligners			74. Acne that required prescription medication(s)		
19. Any tooth or gum problems			75. Skin rash such as atopic dermatitis, eczema, or psoriasis		
<b>LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM:</b>			76. Any other skin condition such as recurrent hives, abscesses ( <i>hidradenitis</i> ), pilonidal cyst, or cancer ( <i>melanoma</i> )		
20. Asthma, asthmatic bronchitis, wheezing, shortness of breath, or other breathing problems worsened by exercise, weather, pollens, etc.			<b>BLOOD AND BLOOD FORMING SYSTEM:</b>		
21. Prescription for an inhaler, steroids, or any other medication for breathing problem			77. Anemia such as iron deficiency, sickle cell, or thalassemia		
22. Pneumonia			78. Blood clot(s), a clotting disorder, or history of taking a blood thinner		
23. Chronic cough or frequent coughing at night			79. Absence or removal of the spleen		
24. Collapsed lung or other lung condition(s)			80. Prolonged bleeding such as after an injury or dental procedure		
25. History of chest, chest wall, or breast surgery			81. Any other blood or circulation condition		
<b>HEART:</b>			<b>SYSTEMIC:</b>		
26. Heart murmur or valve problem(s)			82. Severe allergic reaction to any substance requiring emergency care		
27. Palpitations, skipped/abnormal heartbeats, or pounding heart			83. Tested positive for tuberculosis ( <i>skin or blood test</i> ), or lived with someone who had it		
28. Chest pain/pressure or an abnormal electrocardiogram (EKG)			84. Immune system condition such as rheumatoid arthritis, lupus, multiple sclerosis, or AIDS		
29. Heart surgery			85. Sexually transmitted disease such as herpes, syphilis, gonorrhea, chlamydia, or HIV		
30. Any other heart condition			86. Rhabdomyolysis		
<b>ABDOMEN AND GASTROINTESTINAL SYSTEM:</b>			<b>ENDOCRINE AND METABOLIC:</b>		
31. Problems of the stomach, esophagus, or intestine such as ulcer(s)			87. Thyroid conditions such as goiter or hypo/hyperthyroidism		
32. Frequent indigestion/heartburn, difficulty swallowing, or eosinophilic esophagitis			88. Diabetes or hypoglycemia ( <i>low blood sugar</i> )		
33. Gallbladder disease or gallstones			89. Any other endocrine ( <i>hormone</i> ) condition such as growth hormone deficiency, adrenal insufficiency, or hypo/hyperparathyroidism		
34. Hepatitis or jaundice ( <i>except neonatal jaundice</i> )			<b>NEUROLOGIC:</b>		
35. Hernia			90. Stroke, aneurysm, or bleeding in or around the brain		
36. Any abdominal surgery/endoscopy such as appendectomy, bowel resection, hernia repair, or colonoscopy			91. Frequent or severe headaches such as migraines, cluster, or tension		
37. Weight loss surgery such as gastric bypass or lap banding			92. A head injury, concussion, or skull fracture		
38. Chronic or recurrent intestinal disease such as irritable bowel syndrome, inflammatory bowel disease, or celiac disease			93. Infection of the brain or spinal cord such as abscess, meningitis, or encephalitis		
39. Anorectal disease, blood from the rectum, or hemorrhoids			94. Seizures, epilepsy, or convulsions		
<b>FEMALES ONLY:</b>			95. Syncope or fainting spells		
40. First day of the last menstrual period (YYYYMMDD)			96. Any other neurologic condition such as paralysis, myasthenia gravis, Tourette's, or memory loss		
41. A change in menstrual pattern ( <i>other than pregnancy</i> )			<b>SLEEP:</b>		
42. Pregnancy			97. Sleep apnea		
43. Any abnormal PAP test			98. Sleepwalking, narcolepsy, or difficulty with sleep such as falling/staying asleep		
44. Endometriosis, uterine fibroid, or ovarian cyst			<b>LEARNING, PSYCHIATRIC, AND BEHAVIORAL:</b>		
45. Any other gynecological disorder that required evaluation, treatment, or surgery			99. Attention Deficit or Hyperactivity disorder ( <i>ADD/ADHD</i> ), dyslexia, autism spectrum, or other learning disorder		
<b>MALES ONLY:</b>			100. A behavioral/mental health condition such as anxiety/panic attacks, depression, adjustment disorder, PTSD, personality disorder, addiction, or drug/substance abuse including alcohol		
46. Undescended/absent testicle(s), or testicular implant			101. Evaluation or treatment either with medication or counseling for any behavioral/mental health condition		
47. Any scrotal mass, swelling, or pain			102. Eating disorder such as anorexia or bulimia		
48. Prostate problems			103. Self-inflicted injury such as cutting or burning		
<b>URINARY SYSTEM:</b>			104. Suicidal thoughts, gesture, or attempt		
49. Absence of, or a congenital abnormality of a kidney such as horseshoe kidney			105. Admission to a hospital for any behavioral/mental health condition		
50. Blood or protein in urine			<b>TUMORS AND MALIGNANCIES:</b>		
51. Painful or difficult urination			106. Any cancer, malignancy, tumor, or cyst		
52. Kidney stone			<b>MISCELLANEOUS:</b>		
53. Kidney or urinary tract disease, surgery, or infection			107. Cold/heat intolerance or injury such as frostbite or heatstroke		
54. Bedwetting or treatment for bedwetting in the past 12 months			<b>SUPPLEMENTAL QUESTIONS:</b>		
<b>SPINE AND SACROILIAC JOINTS:</b>			108. Prosthetic body part or joint		
55. Back or neck pain, or herniated disc			109. Any medical treatment/surgery from a Hospital, Emergency Room, Surgical Center or Urgent Care		
56. Abnormal curvature of any part of the spine			110. Previous medical disqualification for Military Service		
57. Vertebral fracture or stress injury of the spine such as spondylolysis			111. Discharge from Military Service for any reason ( <i>provide reason, date, and type of discharge</i> )		
58. Back or neck surgery			112. Disability award or compensation for an injury or other medical condition		
<b>UPPER EXTREMITIES:</b>					
59. Any pain, swelling, weakness, numbness, or stiffness of the shoulder, elbow, wrist, hand, or fingers					

### APPLICANT COMMENTS (Section IV)

Explain all "YES" answers to questions 1 – 172 above. Begin with the item number. Describe answer(s) fully: provide date(s) of problem(s)/condition(s); provide names of Health Care Providers (HCPs), Clinic(s), and/or Hospital(s), to include the City and State; explain what was done (e.g., evaluation and/or treatment); and describe your current medical status. Attach additional sheet(s) if necessary and sign and date each additional page. Obtain and attach copies of applicable medical evaluation and treatment records.

### ALCOHOL CONSUMPTION

1. How often do you have a drink containing alcohol?

Never    Monthly or Less    2-4 times monthly    2-3 times a week

2. How many drinks containing alcohol do you have on a typical day?

None    1-2    3-4    5-6    7-9    10 or more

3. How often do you have 6 or more drinks on one occasion?

Never    Less than monthly    Monthly    2-3 times a week

### PERSONAL SCREENING CRITERIA

Please answer the questions below. Some questions require additional information. If additional information is required, the associated question appears on the summary under the heading 'Additional Information: Personal Screening'.

1. Do you have a previous marriage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever been divorced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you legally separated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Did you have a marriage annulled? Do you have a former spouse (such as divorced, annulled, widowed, or other spouses) to report?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Did you have a marriage annulled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you been widowed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Do you presently reside with a cohabitant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you used any other names?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you fathered/mothered any children?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Is anyone dependent upon you for financial support?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Do you have custody of any minor children?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Have you relinquished custody of any child/children?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Is there any court order or judgment in effect that directs you to provide alimony and/or child support?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Have you served in any branch of Armed Services to include the National Guard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

15. Been rejected for military service (temporary or permanent) for medical or other reasons?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Do you have an immediate relative (father, mother, brother or sister) who: (1) Is now a prisoner of war or is missing in action (MIA); or (2) Died or became 100% permanently disabled while serving in the Armed Services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Are you the only living child in your immediate family?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### **MORAL SCREENING CRITERIA**

Report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. List all involvement with any agency if you have ever been arrested, charged, cited, held, or detained in any way by any law enforcement agency (to include juvenile authorities, Police Officers, Sheriff, Department of Natural Resources, Fish and Game Wardens, Military Police, etc.) regardless of the disposition (whether the case resulted in no charges filed, fine, probation, dismissal, or other disposition). This includes traffic tickets. Do not list charges more than once.

<p><b>This question is related to your Security Clearance</b> 1. Have any of the following happened? (If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.)</p> <ul style="list-style-type: none"> <li>• <b>In the last seven (7) years</b> have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.)</li> <li>• <b>In the last seven (7) years</b> have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?</li> <li>• <b>In the last seven (7) years</b> have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).</li> <li>• <b>In the last seven (7) years</b> have you been or are you currently on probation or parole? Are you currently on trial or awaiting a trial on criminal charges?</li> </ul>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><b>This question is related to your Security Clearance</b> 2. Other than those offenses already listed, have you <b>EVER</b> had the following happen?</p> <ul style="list-style-type: none"> <li>• Have you <b>EVER</b> been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form.)</li> <li>• Have you <b>EVER</b> been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses.)</li> <li>• Have you <b>EVER</b> been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?</li> <li>• Have you <b>EVER</b> been charged with an offense involving firearms or explosives?</li> <li>• Have you <b>EVER</b> been charged with an offense involving alcohol or drugs?</li> </ul>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><b>This question is related to your Security Clearance</b> Other than those offenses already listed, have any of the following happened? (If 'Yes', you will be asked to provide details for each offense that pertains to the actions that are identified below.)</p> <ul style="list-style-type: none"> <li>• Have you <b>EVER</b> been issued a summons, citation, or ticket to appear in court in a proceeding against you? (Include all traffic infractions regardless of the fine amount.)</li> <li>• Have you <b>EVER</b> been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?</li> <li>• Have you <b>EVER</b> been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form.)</li> <li>• Have you <b>EVER</b> been or are you currently on probation or parole?</li> </ul>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Is there currently a domestic violence protective order or restraining order issued against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. <b>In the last ten (10) years</b> , have you been a party to any public record civil court action not listed elsewhere on this form?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. <b>In the last seven (7) years</b> has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you <b>EVER</b> been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you <b>EVER</b> voluntarily sought counseling or treatment as a result of your use of alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you <b>EVER</b> received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. <b>In the last seven (7) years</b> , have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. <b>In the last seven (7) years</b> , have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Have you <b>EVER</b> illegally used or otherwise been <b>illegally</b> involved with a drug or controlled substance while possessing a security clearance other than previously listed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Have you <b>EVER</b> illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. <b>In the last seven (7) years</b> have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Have you <b>EVER</b> been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Have you <b>EVER</b> voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><b>FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION</b></p> <p>19.</p> <p><b>Disclosure:</b> One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.</p> <p><b>Purpose:</b> Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your</p> <ol style="list-style-type: none"> <li>1) fitness for Federal employment,</li> <li>2) clearance to perform contractual service for the Federal government, and/or</li> <li>3) eligibility for a sensitive position or access to classified information.</li> </ol> <p>The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.</p> <p><b>Authorization:</b> I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above. Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EXPERIMENTAL DRUG USE**

When was the last time you smoked marijuana? (MM/DD/YYYY) \_\_\_\_\_  Never  
List all occasions and explain why:

\_\_\_\_\_  
\_\_\_\_\_

**Provide information on any tickets or charges you have ever had against you:  
Traffic, Non-Traffic, Misdemeanor, or Felonies.**

1.  
**Date of Offense:** (MM/DD/YYYY) \_\_\_\_\_ **Charge:** \_\_\_\_\_  
Disposition: \_\_\_\_\_ Has the Fine been Paid in Full?:  YES  NO Fine Amount \$: \_\_\_\_\_  
Ticket or Arresting Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Court where ticket or case was overseen: \_\_\_\_\_  
Court Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_

2.  
**Date of Offense:** (MM/DD/YYYY) \_\_\_\_\_ **Charge:** \_\_\_\_\_  
Disposition: \_\_\_\_\_ Has the Fine been Paid in Full?:  YES  NO Fine Amount \$: \_\_\_\_\_  
Ticket or Arresting Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Court where ticket or case was overseen: \_\_\_\_\_  
Court Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_

3.  
**Date of Offense:** (MM/DD/YYYY) \_\_\_\_\_ **Charge:** \_\_\_\_\_  
Disposition: \_\_\_\_\_ Has the Fine been Paid in Full?:  YES  NO Fine Amount \$: \_\_\_\_\_  
Ticket or Arresting Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Court where ticket or case was overseen: \_\_\_\_\_  
Court Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_

4.  
**Date of Offense:** (MM/DD/YYYY) \_\_\_\_\_ **Charge:** \_\_\_\_\_  
Disposition: \_\_\_\_\_ Has the Fine been Paid in Full?:  YES  NO Fine Amount \$: \_\_\_\_\_  
Ticket or Arresting Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Court where ticket or case was overseen: \_\_\_\_\_  
Court Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_



5.  
**Date of Offense:** (MM/DD/YYYY) \_\_\_\_\_ **Charge:** \_\_\_\_\_  
Disposition: \_\_\_\_\_ Has the Fine been Paid in Full?:  YES  NO Fine Amount \$: \_\_\_\_\_  
Ticket or Arresting Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Court where ticket or case was overseen: \_\_\_\_\_  
Court Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_

6.  
**Date of Offense:** (MM/DD/YYYY) \_\_\_\_\_ **Charge:** \_\_\_\_\_  
Disposition: \_\_\_\_\_ Has the Fine been Paid in Full?:  YES  NO Fine Amount \$: \_\_\_\_\_  
Ticket or Arresting Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Court where ticket or case was overseen: \_\_\_\_\_  
Court Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_

7.  
**Date of Offense:** (MM/DD/YYYY) \_\_\_\_\_ **Charge:** \_\_\_\_\_  
Disposition: \_\_\_\_\_ Has the Fine been Paid in Full?:  YES  NO Fine Amount \$: \_\_\_\_\_  
Ticket or Arresting Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Court where ticket or case was overseen: \_\_\_\_\_  
Court Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_

8.  
**Date of Offense:** (MM/DD/YYYY) \_\_\_\_\_ **Charge:** \_\_\_\_\_  
Disposition: \_\_\_\_\_ Has the Fine been Paid in Full?:  YES  NO Fine Amount \$: \_\_\_\_\_  
Ticket or Arresting Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Court where ticket or case was overseen: \_\_\_\_\_  
Court Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_

9.  
**Date of Offense:** (MM/DD/YYYY) \_\_\_\_\_ **Charge:** \_\_\_\_\_  
Disposition: \_\_\_\_\_ Has the Fine been Paid in Full?:  YES  NO Fine Amount \$: \_\_\_\_\_  
Ticket or Arresting Department: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Court where ticket or case was overseen: \_\_\_\_\_  
Court Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_

**LAW VIOLATION EXPLANATIONS:**

Enter all additional information to further explain each specific incident.

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**PSYCHOLOGICAL & EMOTIONAL HEALTH SCREENING**

1. Has a court or administrative agency <b>EVER</b> issued an order declaring you mentally incompetent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has a court or administrative agency <b>EVER</b> ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you <b>EVER</b> been hospitalized for a mental health condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. <i>The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, <b>is not a reason</b> to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.</i> Have you <b>EVER</b> been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you have a mental health or other health condition that <b>substantially adversely</b> affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today? <i>Note: If your judgment, reliability, or trustworthiness is not substantially adversely affected by a mental health or other condition, then you should answer "no" even if you have a mental health or other condition requiring treatment. For example, if you're in need of emotional or mental health counseling as a result of service as a first responder, service in a military combat environment, having been sexually assaulted or a victim of domestic violence, or marital issues, but your judgment, reliability or trustworthiness isn't adversely affected, then answer "no."</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## TECHNOLOGY INFORMATION

The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage, or protection of information. 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. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

1. <b>In the last seven (7) years</b> have you illegally or without proper authorization accessed or attempted to access any information technology system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. <b>In the last seven (7) years</b> have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. <b>In the last seven (7) years</b> have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EXPLANATIONS:** Any and all "YES" answers from above require an explanation (Use number as reference)


## GROUP/MEMBER ASSOCIATIONS

The following questions pertain to your Group/Member Associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

1. Are you now or have you <b>EVER</b> been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you <b>EVER</b> knowingly engaged in any acts of terrorism?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you <b>EVER</b> advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you <b>EVER</b> been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you <b>EVER</b> been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you <b>EVER</b> knowingly engaged in activities designed to overthrow the U.S. Government by force?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Have you <b>EVER</b> associated with anyone involved in activities to further terrorism?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EXPLANATIONS:** Any and all "YES" answers from above require an explanation (Use number as reference)


## ALIASES

Provide your other name used and the period of time you used it [for example: your maiden name, name by a former marriage, former name, alias, or nickname]. If you do not have a middle name, indicate "No Middle Name" (NMN).

### Types:

1. ALIAS (AKA) 2. Former Married 3. Former Name 4. Maiden Name 5. Married Name 6. Nickname

TYPE	FIRST	MIDDLE	LAST	SUFFIX	From Date	To Date

**\*\*\*READ THIS\*\*\***

**\*\*\*READ THIS\*\*\***

**\*\*\*READ THIS\*\*\***

### THROUGHOUT THE REST OF THIS PACKET, YOU WILL NEED:

- **REFERENCES** FOR **RESIDENCES** YOU'VE LIVED IN, PLACE YOU'VE BEEN **EMPLOYED** AT, AND THE **SCHOOLS** YOU'VE GONE TO.
- **3 CHARACTER REFERENCES** THAT KNOW YOU WELL.
- YOU CAN ONLY USE A REFERENCE **ONE TIME** THROUGHOUT THE WHOLE PACKET.
- YOU **CANNOT** USE FAMILY MEMBERS, TO INCLUDE IN-LAWS OR A FIANCE.

#### HINT:

- FOR RESIDENCES: USE NEIGHBORS, FAMILY FRIENDS, ROOMMATES, OR ANYONE WHO CAN CONFIRM THAT YOU LIVED OR HAVE LIVED AT A SPECIFIC ADDRESS.
- FOR EMPLOYMENT: USE YOUR BOSS OR SUPERVISOR. GIVE THEIR FULL NAME AND ADDRESS / PHONE OF THE COMPANY.
- FOR SCHOOLS: USE A SCHOOLMATE, ADMINISTRATOR, OR TEACHER.
- FOR THE THREE CHARACTER REFERENCES: SHOULD BE PERSONS WHO KNOW YOU WELL AND AT LEAST 1 SHOULD HAVE KNOWN YOU FOR AT LEAST 10 YEARS, IF POSSIBLE.

**\*DON'T FORGET MIDDLE NAMES!\***

## RESIDENCES

- List the places where you have lived beginning with your present residence and working back 10 years.
- Residences for the entire period must be accounted for without breaks.
- Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there.
- If you split your time between one or more residences during a time period, you must list all residences.
- **Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.**
- You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.
- For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3 year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

1.

**Current Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_  Rent/Lease  Own  Parents  Other: \_\_\_\_\_

Date Moved into Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

**Reference Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship:  Business Associate  Friend  Landlord  Neighbor  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2.

**Former Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_  Rent/Lease  Own  Parents  Other: \_\_\_\_\_

Date Moved into Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

Date Moved out of Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

**Reference Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship:  Business Associate  Friend  Landlord  Neighbor  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3.

**Former Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_  Rent/Lease  Own  Parents  Other: \_\_\_\_\_

Date Moved into Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

Date Moved out of Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

**Reference Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship:  Business Associate  Friend  Landlord  Neighbor  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4.

**Former Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_  Rent/Lease  Own  Parents  Other: \_\_\_\_\_

Date Moved into Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

Date Moved out of Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

**Reference Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship:  Business Associate  Friend  Landlord  Neighbor  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

5.

**Former Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_  Rent/Lease  Own  Parents  Other: \_\_\_\_\_

Date Moved into Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

Date Moved out of Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

**Reference Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship:  Business Associate  Friend  Landlord  Neighbor  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6.

**Former Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_  Rent/Lease  Own  Parents  Other: \_\_\_\_\_

Date Moved into Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

Date Moved out of Address: (MM/DD/YYYY) \_\_\_\_\_  Estimated

**Reference Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship:  Business Associate  Friend  Landlord  Neighbor  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMPLOYMENT HISTORY & Military Service History (if applicable)

- List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years.
- The entire period must be accounted for without breaks.
- If the employment activity was military duty, list separate employment activity periods to show each change of military duty station.
- Provide separate entries for employment activities with the same employer but having different physical addresses.
- Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.**
- To add former federal civilian employment greater than 10 years ago, use the Add Former Federal Employment button.
- If you did not have employment, write "Unemployed" and we still need a reference to vouch for this period of time.
- Do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

### Use one of the codes listed below to identify the types of employment:

1. Active Military Duty	6. Self-employed (With business name / who can verify)
2. National Guard / Reserves	7. Unemployment (With name of person / who can verify)
3. U.S.P.H.S Commissioned	8. Federal Contractor (List contractor, not Federal agency)
4. Other Federal Employment	9. Other (All other employment)
5. State Government (Non-Federal Employment)	

1. **Employer:** \_\_\_\_\_ Is this your Current Employer?:  YES  NO

Date Started: (MM/DD/YYYY) \_\_\_\_\_ | Date Left: (MM/DD/YYYY) \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Responsibilities: \_\_\_\_\_

Work type:  Full Time  Part Time  Seasonal/Temporary  Other: \_\_\_\_\_

#### Supervisor Information:

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. **Employer:** \_\_\_\_\_

Date Started: (MM/DD/YYYY) \_\_\_\_\_ | Date Left: (MM/DD/YYYY) \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Responsibilities: \_\_\_\_\_

Work type:  Full Time  Part Time  Seasonal/Temporary  Other: \_\_\_\_\_

#### Supervisor Information:

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. **Employer:** \_\_\_\_\_

Date Started: (MM/DD/YYYY) \_\_\_\_\_ | Date Left: (MM/DD/YYYY) \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Responsibilities: \_\_\_\_\_

Work type:  Full Time  Part Time  Seasonal/Temporary  Other: \_\_\_\_\_

**Supervisor Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. **Employer:** \_\_\_\_\_

Date Started: (MM/DD/YYYY) \_\_\_\_\_ | Date Left: (MM/DD/YYYY) \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Responsibilities: \_\_\_\_\_

Work type:  Full Time  Part Time  Seasonal/Temporary  Other: \_\_\_\_\_

**Supervisor Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

5. **Employer:** \_\_\_\_\_

Date Started: (MM/DD/YYYY) \_\_\_\_\_ | Date Left: (MM/DD/YYYY) \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Responsibilities: \_\_\_\_\_

Work type:  Full Time  Part Time  Seasonal/Temporary  Other: \_\_\_\_\_

**Supervisor Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6. **Employer:** \_\_\_\_\_

Date Started: (MM/DD/YYYY) \_\_\_\_\_ | Date Left: (MM/DD/YYYY) \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Responsibilities: \_\_\_\_\_

Work type:  Full Time  Part Time  Seasonal/Temporary  Other: \_\_\_\_\_

**Supervisor Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_



### MILITARY SERVICE HISTORY (if applicable)

For Prior Service military. Give full information on your service. Enter all Military Schools.

**Service Branch:** \_\_\_\_\_  Officer  Enlisted  
 Service Status:  Active  National Guard / Active Reserve  Individual Ready Reserve (IRR)  
**(IRR) Entry Date:** (MM/DD/YYYY) \_\_\_\_\_  
**Discharge Date:** (MM/DD/YYYY) \_\_\_\_\_ Rank Discharged: \_\_\_\_\_  
 Highest Rank Acquired: \_\_\_\_\_ Date of Rank (DOR): Month: (MM/DD/YYYY) \_\_\_\_\_  
 Discharge Type: \_\_\_\_\_ Narrative Reason: \_\_\_\_\_  
 SPD Code: \_\_\_\_\_ Re-Entry Code (RE-Code): \_\_\_\_\_ MOS or Specialty Code: \_\_\_\_\_  
**Unit Name:** \_\_\_\_\_  
 Unit Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
**Supervisor Information:**  
 Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### MILITARY SERVICE SCHOOLS (if applicable)

Complete the information below regarding Service School.

1. From: _____ To: _____ (MM/DD/YYYY) (MM/DD/YYYY) Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Name: _____ Course Name: _____
2. From: _____ To: _____ (MM/DD/YYYY) (MM/DD/YYYY) Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Name: _____ Course Name: _____
3. From: _____ To: _____ (MM/DD/YYYY) (MM/DD/YYYY) Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Name: _____ Course Name: _____

### FOREIGN HISTORY

It may be helpful to have the documents and information listed below before you begin answering the questionnaire.  
 -- Passport -- Travel Records -- Foreign Government Records

1. Do you have, or have you had, close and/or continuing contact with a foreign national within <b>the last seven (7) years</b> with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Family & Associates.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children <b>EVER</b> had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

3. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children <b>EVER</b> had any foreign financial interests that someone controlled on your behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children <b>EVER</b> owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received <b>in the last seven (7) years</b> , or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you <b>EVER</b> provided financial support for any foreign national?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Have you <b>in the last seven (7) years</b> provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer "No" if <b>all</b> your advice or support was authorized pursuant to official U.S. Government business.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. For this question, "Immediate Family" means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or any member of your immediate family <b>in the last seven (7) years</b> been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer "No" if <b>all</b> the advice or support was authorized pursuant to official U.S. Government business.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Has any foreign national <b>in the last seven (7) years</b> offered you a job, asked you to work as a consultant, or consider employment with them?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you <b>in the last seven (7) years</b> been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Have you <b>in the last seven (7) years</b> attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. " <b>Immediate Family</b> " means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you or any member of your immediate family <b>in the last seven (7) years</b> had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer "No" if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Have you <b>in the last seven (7) years</b> sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Have you <b>EVER</b> held political office in a foreign country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Have you <b>EVER</b> voted in the election of a foreign country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Have you <b>EVER</b> been issued a passport (or identity card for travel) by a country other than the U.S.? ( <b>if answered, "YES" to 16, fill in the information below</b> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a) Provide the name in which passport (of identity card) was issued: LAST: _____ FIRST: _____ MIDDLE: _____ SUFFIX: _____		
b) Provide the place the passport (or identity card) was issued: City: _____ Country: _____		
c) Passport (or identity card) Information: - Provide Country in which the passport was issued: _____ - Provide the passport (or ID) number: _____ - Provide date passport was issued: (MM/DD/YYYY) _____ <input type="checkbox"/> Estimated - Provide date passport expire(s)(ed): (MM/DD/YYYY) _____ <input type="checkbox"/> Estimated		

d) Travel with foreign passport (of ID card)		
- Have you <b>EVER</b> used this passport for foreign travel? <input type="checkbox"/> YES <input type="checkbox"/> NO		
- Comments: _____		
17. Have you traveled outside the U.S. in the last seven (7) years? (if answered, "YES" to 17, fill in the information below):		<input type="checkbox"/> YES <input type="checkbox"/> NO
a) Has your travel in the last seven (7) years been solely for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)? (if answered, "NO" to 17b, fill in the information below):		<input type="checkbox"/> YES <input type="checkbox"/> NO
b) List foreign countries you have visited, except on travel under official Government orders, beginning with the most current and working back 7 years.		
From: _____ (MM/DD/YYYY)	To: _____ (MM/DD/YYYY)	Purpose of Visit: _____ Country: _____
From: _____ (MM/DD/YYYY)	To: _____ (MM/DD/YYYY)	Purpose of Visit: _____ Country: _____
From: _____ (MM/DD/YYYY)	To: _____ (MM/DD/YYYY)	Purpose of Visit: _____ Country: _____
From: _____ (MM/DD/YYYY)	To: _____ (MM/DD/YYYY)	Purpose of Visit: _____ Country: _____

<b>EXPLANATIONS:</b> Any and all "YES" answers from above require an explanation (Use number as reference)

<b>BACKGROUND / INVESTIGATION</b>		
The background check may be primarily for prior service, but still read all questions. -- Passport -- Travel Records -- Foreign Government Records		
1. Have you EVER served in the U.S. Military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you EVER served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you EVER received a discharge that was not honorable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. In the last 7 years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's mast, Article 135 Court of Inquiry, etc?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Are you now or have you ever been a deserter from any branch of the armed forces of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you ever been employed by the United States Government?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or pension from any agency of the government of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability?)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

11. Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Has the U.S. Government (or a foreign government) <b>EVER</b> investigated your background and/or granted you a security clearance eligibility/access?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Have you <b>EVER</b> had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Have you <b>EVER</b> been debarred from government employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Were you born a male after December 31, 1959?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Have you registered with the Selective Services System (SSS)?	<input type="checkbox"/> I don't know	<input type="checkbox"/> YES <input type="checkbox"/> NO
* If yes, go to <a href="http://www.sss.gov">www.sss.gov</a> and check your registration number. Simply input the basic information about yourself. You only need your name, birthday and social security number. If it doesn't have one for you, register for one. It's instant.	<b>Registration Number for SSS:</b> _____	

## EDUCATION

It may be helpful to have the documents and information listed below before you begin answering the questionnaire.

- High School Transcripts/Diploma      -- GED/HiSET Certification      -- College Transcripts/Diploma  
 -- Professional Licensing Information      -- Professional Certifications

### 1. Check One:

- HS Junior     HS Senior     HS Graduate     GED/HiSET Certification     Home School  
 Associates Degree     Bachelor's Degree     Other: \_\_\_\_\_

2. When did you graduate high school or obtain your GED/HiSET? (MM/DD/YYYY) \_\_\_\_\_

3. Did you graduate from a traditional (Tier I school)?  YES  NO

4. Do you have a post-secondary certificate or diploma?  YES  NO

5. Do you have any college credits? If "yes", how many: \_\_\_\_\_  YES  NO

6. Do you have any student loans? Federal loans? If "yes", how much? \_\_\_\_\_  YES  NO

### College Student Loans:

What is the total amount of Federal student loans in your name only: \$ \_\_\_\_\_

FAFSA Info: \_\_\_\_\_ Username: \_\_\_\_\_ Password: \_\_\_\_\_

Visit <https://www.nslds.ed.gov/npas/index.htm> to check the status of your current loans.

7. Check any program you have been enrolled in:

- Eagle Scout     ROTC/JROTC     Other: \_\_\_\_\_

8. For GED Holders Only: What is the highest grade you completed? \_\_\_\_\_

**List all the educational institutions you have attended.**

(High School, College, Post-College, Professional Licensing and professional certifications)

If you have trouble finding a reference, call the school and use the person at the registration desk.

**\*\*\*BEGIN WITH FRESHMAN YEAR IN HIGH SCHOOL AND WORK TOWARDS THE PRESENT\*\*\***

1. From: \_\_\_\_\_ To: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Graduated?  YES  NO Online School?  YES  NO

Online School website address (if applicable): \_\_\_\_\_

Type of Degree/Diploma Obtained: \_\_\_\_\_ Graduation Date: (MM/DD/YYYY) \_\_\_\_\_

Credits Earned: \_\_\_\_\_ Credit Type:  Semester Hours  Quarter Hours

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Reference Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. From: \_\_\_\_\_ To: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Graduated?  YES  NO Online School?  YES  NO

Online School website address (if applicable): \_\_\_\_\_

Type of Degree/Diploma Obtained: \_\_\_\_\_ Graduation Date: (MM/DD/YYYY) \_\_\_\_\_

Credits Earned: \_\_\_\_\_ Credit Type:  Semester Hours  Quarter Hours

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Reference Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. From: \_\_\_\_\_ To: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Graduated?  YES  NO Online School?  YES  NO

Online School website address (if applicable): \_\_\_\_\_

Type of Degree/Diploma Obtained: \_\_\_\_\_ Graduation Date: (MM/DD/YYYY) \_\_\_\_\_

Credits Earned: \_\_\_\_\_ Credit Type:  Semester Hours  Quarter Hours

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Reference Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## FINANCIAL HISTORY

It may be helpful to have the documents and information listed below before you begin answering the questionnaire.

-- Child Support Records      -- IRS Lien Records      -- Bankruptcy Records

<b>1. In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>2. Have you EVER experienced financial problems due to gambling?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>3. In the last seven (7) years</b> have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>4. In the last seven (7) years</b> have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>5.</b> Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>6.</b> Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below). <ul style="list-style-type: none"> <li>• <b>In the last seven (7) years</b>, you have been delinquent on alimony or child support payments.</li> <li>• <b>In the last seven (7) years</b>, you had a judgement entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor.)</li> <li>• <b>In the last seven (7) years</b>, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li>• You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are cosigner or guarantor).</li> </ul>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>7.</b> Other than previously listed, have any of the following happened? <ul style="list-style-type: none"> <li>• <b>In the last seven (7) years</b>, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li>• <b>In the last seven (7) years</b>, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li>• <b>In the last seven (7) years</b>, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li>• <b>In the last seven (7) years</b>, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li>• <b>In the last seven (7) years</b>, you were evicted for non-payment?</li> <li>• <b>In the last seven (7) years</b>, you had your wages, benefits, or assets garnished or attached for any reason?</li> <li>• <b>In the last seven (7) years</b>, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> <li>• You are currently over 120 days delinquent on any debt? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).</li> </ul>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EXPLANATIONS:** Any and all "YES" answers from above require an explanation (Use number as reference)


## FAMILY & ASSOCIATES

Enter all Family Members and Associates, regardless if they are living or deceased. (An opportunity will be provided to list multiple relative for each type.) Mother, Father, Stepmother, Stepfather, Foster Parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian...  
**FILL IN ALL INFORMATION REQUESTED BELOW!**

**See Codes of Family/Associates below:**

1 – Mother	6 – Child (also adopted)	11 – Step Sister	16 – Father In-Law
2 – Father	7 – Step Child	12 – Half Brother	17 – Mother In-Law
3 – Step Mother	8 – Brother	13 – Half Sister	18 – Guardian
4 – Step Father	9 – Sister	14 – Spouse	19 - Cohabitant (Boy/Girlfriend, fiancé, or someone you share intimate relationship you live with)
5 – Foster Parents	10 – Step Brother	15 – Former Spouse	

	Full Name: First, Middle, Last (if deceased, check box to the left before entering name)	CODE	Date of Birth (mm/dd/yyyy)	Place of Birth City, State, Country of Birth	Country of Citizenship	Current Physical Address, City, State, Zip Code & Phone Number
		<b>1</b>				
		<b>2</b>				

## YOUR SPOUSE

**Current Spouse Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Last Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Has your spouse ever served in the Military:**  YES  NO

Date of Marriage: (MM/DD/YYYY) \_\_\_\_\_

Location of Marriage: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ From: (MM/YYYY) \_\_\_\_\_ To: (MM/YYYY) \_\_\_\_\_

**Country of Birth: If other than the USA, please fill out the remaining portion below.**

**Citizenship document type:**

U.S. Naturalization Certificate  I-551 Permanent Resident Card  Other: \_\_\_\_\_

**Document Number:**

Name of Court that issued the Citizenship/Certificate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

## OTHER WOMEN IN FAMILY (for background checks)

### (MOTHER / STEP MOTHER / SISTER'S (MARRIED) / DAUGHTER'S MARRIED)

Family Member Code (from page 26, Family & Associates): \_\_\_\_\_

Current Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Marriage #1: (MM/DD/YYYY) \_\_\_\_\_ Last Name Take: \_\_\_\_\_

Date of Marriage #2: (MM/DD/YYYY) \_\_\_\_\_ Last Name Take: \_\_\_\_\_

Date of Marriage #3: (MM/DD/YYYY) \_\_\_\_\_ Last Name Take: \_\_\_\_\_

Family Member Code (from page 26, Family & Associates): \_\_\_\_\_

Current Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Marriage #1: (MM/DD/YYYY) \_\_\_\_\_ Last Name Take: \_\_\_\_\_

Date of Marriage #2: (MM/DD/YYYY) \_\_\_\_\_ Last Name Take: \_\_\_\_\_

Date of Marriage #3: (MM/DD/YYYY) \_\_\_\_\_ Last Name Take: \_\_\_\_\_

Family Member Code (from page 26, Family & Associates): \_\_\_\_\_

Current Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Marriage #1: (MM/DD/YYYY) \_\_\_\_\_ Last Name Take: \_\_\_\_\_

Date of Marriage #2: (MM/DD/YYYY) \_\_\_\_\_ Last Name Take: \_\_\_\_\_

Date of Marriage #3: (MM/DD/YYYY) \_\_\_\_\_ Last Name Take: \_\_\_\_\_



## FORMER SPOUSE

Former Spouse Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Status:  Divorced  Widowed  Annulled  Separated (MM/DD/YYYY) \_\_\_\_\_

Is this former spouse deceased?:  YES  NO Is this former spouse a dependent?:  YES  NO

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Last Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Marriage: (MM/DD/YYYY) \_\_\_\_\_

Location of Marriage: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ From: (MM/YYYY) \_\_\_\_\_ To: (MM/YYYY) \_\_\_\_\_

Court Records Location: City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

## CITIZENSHIP

1. Do you possess a U.S. passport (current or expired)? Go here for U.S. State Department passport help: <a href="http://www.travel.state.gov/passport/">www.travel.state.gov/passport/</a> Date Passport Issued: (MM/DD/YYYY) _____ Date Passport Expired: (MM/DD/YYYY) _____ Passport Number: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you now or have you EVER held dual/multiple citizenships? If "yes" where have and/or do you hold citizenships at? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## CHARACTER REFERENCES

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least **the last seven (7) years**. Do not list your spouse, former spouse(s), other relatives, or **anyone listed elsewhere on this form**.

**Reference/Relationship Code:** 1 – Friend 2 – Neighbor 3 – Schoolmate 4 – Work Associate 5 – Other

1. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Known Since: (MM/DD/YYYY) \_\_\_\_\_ Reference/Relationship CODE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Known Since: (MM/DD/YYYY) \_\_\_\_\_ Reference/Relationship CODE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Known Since: (MM/DD/YYYY) \_\_\_\_\_ Reference/Relationship CODE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<b>TATTOOS</b>			
List all tattoos with a full description, location on your body, and the meaning.			
	<b>TATTOO DESCRIPTION</b>	<b>LOCATION</b>	<b>MEANING</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

<b>GAUGES</b>		
List all gauges with a full description, and the size. <b>Maximum gauge allowance is 1.6mm / .063" / 16 Gauge</b>		
	<b>GAUGE DESCRIPTION</b>	<b>SIZE</b>
1.		
2.		

<b>BRANDINGS/SCARS</b>			
List all brandings with a full description, location on your body, and the meaning. (Include ALL scars)			
	<b>BRANDING DESCRIPTION</b>	<b>LOCATION</b>	<b>MEANING</b>
1.			
2.			
3.			

***This is the END of the Army National Guard Application!***

Ensure you go back through and verify you have completed every section before returning it to your recruiter. **[THIS PACKET IS VITAL TO YOUR ENLISTMENT!](#)**

**You will need to save this document as a different file name if you choose to email it. Ensure YOU Save as "LAST NAME\_ARNG Application"**

**(example: TODD\_ARNG Application)**

**EMAIL: & CALL Recruiter when submitted!**