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PERSONAL HISTORY STATEMENT

C

INSTRUCTION SHEET

READ THIS FIRST

PLEASE REVIEW THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE ATTEMPTING TO COMPLETE THE ENCLOSED APPLICATION FORM.

GENERAL

1. TYPE OR PRINT LEGIBLY. Use *black* or *blue* typewriter ribbon or *black* or *blue* ink.
2. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "UNKNOWN". Use a separate sheet of paper for extra details on individual questions if necessary. Be sure to SIGN EACH SEPARATE SHEET. ALSO, INCLUDE YOUR SOCIAL SECURITY NUMBER ON EACH.
3. Consider each of your answers carefully. Verification of the data furnished will be accomplished during the course of the background investigation. Your signature at the end of the forms will certify their correctness.
4. You are encouraged to *make and retain a copy of this application* for future reference.
5. **Transcripts:**
Include one (1) copy of your college or business school transcripts (including graduate work, if appropriate). If an official transcript is not immediately available, **DO NOT DELAY SUBMISSION OF PHS**. Submit either an unofficial transcript or a list of course titles and grades by semester, that you have completed. Forward an official transcript as soon as it is available. If you are currently enrolled in courses, please list these courses and attach to your transcript or list of completed courses.

NOTE

Upon initiation of the security clearance you will be provided with a point of contact within the Office of Personnel who will keep you apprised of the status of your application. The processing is necessarily time consuming and its length varies with each applicant. *No firm offer of employment can be made until such time as all required clearances have been satisfactorily completed.*

The authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Disclosure by you of your SSN on the enclosed Personal History Statement form is mandatory. Failure to disclose your SSN will result in no further action being taken on your application. Your SSN will be used to identify you precisely during your Federal career. This is necessary because of the large number of persons who have identical names and birth dates.

SUMMARY SHEET

PERSONAL HISTORY STATEMENT

-DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE ENCLOSED INSTRUCTION SHEET-

NOTE: The Agency may disseminate the information which you provide on this form only in accordance with the Privacy Act and Agency regulatory issuances promulgated pursuant thereto and published in the Federal Register. Pursuant to the Privacy Act and Executive Order 12333, the Agency will report possible violations of Federal criminal law by United States Government employees to appropriate governmental authorities. Pursuant to the Privacy Act and Executive Order 12333 and as specified by the Attorney General, the Agency will also report to appropriate governmental authorities possible violations of Federal criminal law by persons who are not employees of the United States Government.

SECTION I GENERAL PERSONAL AND PHYSICAL DATA

| | | | | |
|--|------------|-----------------------------|--|---------------------------|
| 1. Full name (Last-First-Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | | 2. Date of birth (Mo/Da/Yr) | 3. Place of birth (City, State, Country) | 4. Social security number |
| 5. Other names used (including maiden name) (Last-First-Middle) | | | 6. Nicknames | |
| 7. Indicate circumstances (including length of time) under which you have used the names noted in item 5 above | | | | |
| 8. If legal change of name, give particulars (Where and by what authority) | | | 9. Citizenship (if naturalized, indicate date & place of naturalization & certificate no.) | |
| 10. Current address (No., Street, City, State & Zip Code—country if not U.S.) | | | 11. Current phone number () _____ Area code Number | |
| 12. Permanent Address (No., Street, City, State & Zip Code—country if not U.S.) | | | 13. Permanent phone number () _____ Area code Number | |
| 14. Office phone number () _____ Area code Number Extension(s) | | | | |
| 15. Height | 16. Weight | 17. Color of eyes | 18. Color of hair | 19. Build |

SECTION II EDUCATION

**COLLEGE OR UNIVERSITY STUDY
(LIST LATEST STUDIES FIRST)**

Do not claim any degree not yet conferred. Do indicate status of study (and degree) now in progress.

| Name and location of college or university | Subject | | Date attended From-To (Mo/Yr) | Degree Received | Date Received (Mo/Yr) | Grade or Point Average | Number of Sem./Qtr. Hours (Specify) |
|--|---------|-------|-------------------------------|-----------------|-----------------------|------------------------|-------------------------------------|
| | Major | Minor | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

4. If a graduate degree has been noted above which required submission of a written thesis indicate the title of the thesis and briefly describe its content.

HIGH SCHOOLS

| | | | |
|------------------------|--------------------------------|--------------------------|---|
| Name of high school(s) | Address (City, State, Country) | Years attended (From-To) | Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------|--------------------------------|--------------------------|---|

TRADE, COMMERCIAL, SPECIALIZED SCHOOLS AND MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS TELECOMMUNICATIONS, ETC.

| Name and address of school | Study or specialization | From | To | No. of months |
|----------------------------|-------------------------|------|----|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

4. Other education or training not indicated above

SECTION III

MILITARY SERVICE

Complete the following items for current and/or past active military service with the Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organizations. For foreign military organizations, specify both nationality and organization in item 1 below.

| | | | | | |
|--|--|--|-----------------------------------|---|---------------------------------------|
| 1. Military organization (Army, Navy, etc-specify) | | 2. Branch or Corps | | 3. Dates of service (extended active duty) From - To- | |
| 4. Status (Regular, Reserve etc-specify) | 5. Rank, grade or rate (at separation if past service) | 6. Serial, service or file number | | 7. Type of separation from active duty ★ (insert number for type which applies-see list below) | |
| 8. Brief description of military duties (record the duties and skills which best describe your work or function in the military service) | | | | | |
| 9. If you are currently affiliated with a Reserve, National Guard or ROTC unit, identify the unit and its address | | | 10. Current rank, grade or rating | | 11. Expiration of reserve obligations |
| Types of separation from active duty. Record applicable number in ★ item 7 above | | 1-Honorable discharge 2-General discharge 3-Release to inactive duty | | 4-Retirement for age 5-Retirement for service 6-Retirement for combat disability | |
| | | | | 7-Retirement for physical disability 8-Undue hardships Other —specify in item 7 in lieu of number | |

SECTION IV

ACTUAL PLACES OF RESIDENCE FOR THE PAST 15 YEARS

(LIST ONLY RESIDENCE AFTER YOUR 17TH BIRTHDAY)

Include address while at school and in military. For college on-campus residences, give dorm name & room number, city & state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state, and country. If post office box, give location of post office. Please indicate if you own, rent or sublet property.

Record below last two places of residence or places of residence for past two years only—begin with most recent or current address (continue on page 5)

| Address—current residence first (number, street, city, state, country) If apartment, list apartment name and number. | Apt. # | Complete inclusive dates (mo. & yr.) | |
|--|--------|---------------------------------------|-----|
| | | From- | To- |
| | | | |
| | | | |

SECTION V

MARITAL STATUS (continued on page 7)

| | | | | | | | |
|---------------------------------------|--|---------------------------|--|--|--|----------------------------|--|
| 1. Name of spouse (Last-First-Middle) | | 2. Social Security Number | | 3. Date of birth | | 4. Place of birth (spouse) | |
| 5. Date and place of marriage | | | | 6. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.) | | | |
| 7. Former spouse(s)—full name(s) | | | | 8. If divorced, date & place of divorce | | | |

SECTION VI

PARENTS (continued on page 8)

| | | | | | | | |
|--|--|------------------|--|--|--|--|--|
| 1. Father's full name (Last-First-Middle) | | 2. Date of birth | | 3. Place of birth (Father) | | | |
| 4. Father's current address (Number, Street, City, State) (last address if deceased) | | | | 5. Father's citizenship (If naturalized, indicate date & place of naturalization & certificate no.) | | | |
| 6. Mother's full name (Last-First-Middle-Maiden) | | 7. Date of birth | | 8. Place of birth (Mother) | | | |
| 9. Mother's current address (Number, Street, City, State) (last address if deceased) | | | | 10. Mother's citizenship (If naturalized, indicate date & place of naturalization & certificate no.) | | | |

SECTION VII

EMPLOYMENT HISTORY

Complete below for last two employment positions or last two years only—begin with most recent or current position (continued on page 3)

| | | | | | | |
|--|--|--|---|---|---|--|
| 1 | 1. Inclusive dates (From-to-by month & year) | | 2. Name of employing firm or agency | | | |
| | 3. Address (Number, Street, City, State, Country) | | Telephone # | | 4. Indicate specific area or place of employment if other than address noted in item 3. | |
| | 5. Kind of business | | 6. Title of job | | 7. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 1 | 8. Reason for leaving | | 9. Salary or earnings \$ _____ per _____ | | 10. Class, grade if Federal Service | |
| | 11. Description of duties If applicable, list number of persons you supervised. _____ | | | | <input type="checkbox"/> Full time <input type="checkbox"/> Part time; no. of hours per week _____ | |
| | 1. Inclusive dates (From-to-by month & year) | | 2. Name of employing firm or agency | | | |
| 2 | 3. Address (Number, Street, City, State, Country) | | Telephone # | | 4. Indicate specific area or place of employment if other than address noted in item 3. | |
| | 5. Kind of business | | 6. Title of job | | 7. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | 8. Reason for leaving | | 9. Salary or earnings \$ _____ per _____ | | 10. Class, grade if Federal Service | |
| 11. Description of duties If applicable, list number of persons you supervised. _____ | | | | <input type="checkbox"/> Full time <input type="checkbox"/> Part time; no. of hours per week _____ | | |

SECTION VII

EMPLOYMENT HISTORY (continued from page 2)

| | | | | |
|---|--|-----------------|---|--|
| 3 | 1. Inclusive dates (From-to-by month & year) | | 2. Name of employing firm or agency | |
| | 3. Address (Number, Street, City, State, Country) | | Telephone # | 4. Indicate specific area or place of employment if other than address noted in item 3 |
| | 5. Kind of business | 6. Title of job | | 7. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | 8. Reason for leaving | | 9. Salary or earnings \$ _____ per _____ | 10. Class, grade if Federal Service |
| | 11. Description of duties If applicable, list number of persons you supervised. _____ | | | |
| 4 | 1. Inclusive dates (From-to-by month & year) | | 2. Name of employing firm or agency | |
| | 3. Address (Number, Street, City, State, Country) | | Telephone # | 4. Indicate specific area or place of employment if other than address noted in item 3 |
| | 5. Kind of business | 6. Title of job | | 7. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | 8. Reason for leaving | | 9. Salary or earnings \$ _____ per _____ | 10. Class, grade if Federal Service |
| | 11. Description of duties If applicable, list number of persons you supervised. _____ | | | |
| 5 | 1. Inclusive dates (From-to-by month & year) | | 2. Name of employing firm or agency | |
| | 3. Address (Number, Street, City, State, Country) | | Telephone # | 4. Indicate specific area or place of employment if other than address noted in item 3 |
| | 5. Kind of business | 6. Title of job | | 7. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | 8. Reason for leaving | | 9. Salary or earnings \$ _____ per _____ | 10. Class, grade if Federal Service |
| | 11. Description of duties If applicable, list number of persons you supervised. _____ | | | |
| 6 | 1. Inclusive dates (From-to-by month & year) | | 2. Name of employing firm or agency | |
| | 3. Address (Number, Street, City, State, Country) | | Telephone # | 4. Indicate specific area or place of employment if other than address noted in item 3 |
| | 5. Kind of business | 6. Title of job | | 7. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | 8. Reason for leaving | | 9. Salary or earnings \$ _____ per _____ | 10. Class, grade if Federal Service |
| | 11. Description of duties If applicable, list number of persons you supervised. _____ | | | |
| 7 | 1. Inclusive dates (From-to-by month & year) | | 2. Name of employing firm or agency | |
| | 3. Address (Number, Street, City, State, Country) | | Telephone # | 4. Indicate specific area or place of employment if other than address noted in item 3 |
| | 5. Kind of business | 6. Title of job | | 7. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | 8. Reason for leaving | | 9. Salary or earnings \$ _____ per _____ | 10. Class, grade if Federal Service |
| | 11. Description of duties If applicable, list number of persons you supervised. _____ | | | |

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____

SECTION VIII

POSITION DATA

| | | | |
|------------------------------------|--|--|---|
| 1. Type of position desired | | 2. Lowest annual salary acceptable \$ | 3. Availability dates Earliest _____ Latest _____ |
| 4. I am applying for work which is | 5. Indicate your willingness to travel | | 6. Indicate your willingness to accept assignment in the following locations—check (X) each item applicable |
| | Occasionally | Other (Specify) | Washington, D.C. area |
| | Frequently | | Outside continental U.S. |
| full time | As Required | Anywhere in U.S. | Certain locations only (Specify where) |
| part time | | | |

7. Indicate any restrictions you would place on assignments outside the Washington, D.C. area

SECTION IX TYPING AND STENOGRAPHIC SKILLS

| | | | |
|--|--------------------|--|--|
| 1. Typing (WPM) | 2. Shorthand (WPM) | 3. Indicate shorthand system used—check (X) appropriate item <input type="checkbox"/> Gregg <input type="checkbox"/> Speedwriting <input type="checkbox"/> Stenotype <input type="checkbox"/> Other-Specify | |
| 4. Indicate other business machines with which you have had operating experience or training (calculator, computer terminal, MAG card typewriter, Xerox, word-processing equipment, etc.). | | | |

SECTION X FOREIGN LANGUAGE ABILITIES

1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown.

If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.

If you have no proficiency in any foreign language, check (X) box at right and leave other items blank.

If you have noted a proficiency in a language, would you be willing to use this ability in any position for which you might be selected? Yes No

| | Level of Skill | | | | | HOW ACQUIRED | | | | | | | |
|------------------------|----------------|---|---|---|---------------|--------------------------------------|---------------------|------------------------------|----------------|--|--|--|--|
| | (Slight) B | C | D | E | (Native) F | Check (X) Box(es) which apply | | | | | | | |
| | | | | | | A = No proficiency in a skill factor | | | | | | | |
| SKILL FACTORS | | | | | | | | | | | | | |
| Reading Comprehension | | | | | | Native of Country | Prolonged Residence | Contact (with parents, etc.) | Academic Study | | | | |
| Writing Ability | | | | | | | | | | | | | |
| Pronunciation | | | | | | | | | | | | | |
| Conversational Ability | | | | | | | | | | | | | |
| Oral Comprehension | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

2. If you have had experience as a translator, interpreter or instructor—explain and specify in which language(s) you have had such experience.

3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.

SECTION XI SPECIAL QUALIFICATIONS

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each.

2. Indicate any special qualifications resulting from experience or training which may fit you for a particular position or type of work.

3. Excluding business equipment or machines, list any special skills you possess relating to equipment and machines such as operation of an offset press, turret lathe, ADP and other scientific & professional devices; indicate CW speed, sending and receiving speed; proficiency in use of telecommunications equipment.

| | | | |
|--|---|---|---|
| 4. Do you have a valid driver's license? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Are you now or have you ever been a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, medical technician, psychologist, physician, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|---|

6. If you have answered Yes to item 5 above, indicate kind of license or certification and the issuing State, municipality, etc. (Provide license registry number, if known, and year of issue)

7. List any significant published materials of which you are the author (DO NOT submit copies unless requested). Indicate the title, publication date, and type of writing (non-fiction or subjects, novels, short stories, etc.).

8. Indicate any devices which you have invented and state whether or not they are patented.

9. List any honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.

SECTION XII

FOREIGN GEOGRAPHIC AREA KNOWLEDGE AND TRAVEL

List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as geography, industries, utilities, political parties, economic, history, etc.

| Name of Region or Country | Type of Specialized Knowledge | Dates of Travel or Residence | Purpose of Visit Residence or Travel | Dates & Place of Study | Knowledge acquired by— Check (X) | | | |
|---------------------------|-------------------------------|------------------------------|--------------------------------------|------------------------|-------------------------------------|--------|-------|-----------------|
| | | | | | Residence | Travel | Study | Work Assignment |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SECTION XIII

CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country).

| Name and chapter | Address (Number, City, State, Country) | Date of membership | |
|------------------|--|--------------------|-----|
| | | From- | To- |
| | | | |
| | | | |
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| | | | |
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SECTION IV

ACTUAL PLACES OF RESIDENCE FOR THE PAST 15 YEARS

(continued from page 2)

(LIST ONLY RESIDENCE AFTER YOUR 17th BIRTHDAY)

Include address while at school and in military. For college on-campus residences, give dorm name & room number, city & state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state, and country. If post office box, give location of post office. Please indicate if you own, rent, or sublet property.

| Address- current residence first (number, street, city, state, country), if apartment, list apartment name & number. | Apt. # | Complete Inclusive dates (month & year) | |
|--|--------|---|-----|
| | | From- | To- |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

PRINT NAME: _____ **SOCIAL SECURITY NUMBER:** _____

SECTION XIV

REFERENCES

References must be individuals (not relatives) who have known you well for at least 2 years-up to 15 years if possible. They must now be U.S. citizens and residing in the U.S.

1. List three character references (not relatives) in the U.S. who know you well.

| Name (Last-First-Middle) | Sex | Complete Business Address (Business Name, Number, Street, City, State) | Complete Residence Address (Number, Street, City, State) | No. of Years Known |
|--------------------------|--|---|---|--------------------|
| | <input type="checkbox"/> M <input type="checkbox"/> F | Address: Area Code: Phone No.: | Address: Area Code: Phone No.: | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | Address: Area Code: Phone No.: | Address: Area Code: Phone No.: | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | Address: Area Code: Phone No.: | Address: Area Code: Phone No.: | |

2. List three social references in the U.S. Social references are friends (not relatives) of your own age group who know you well.

| Name (Last-First-Middle) | Sex | Complete Business Address (Business Name, Number, Street, City, State) | Complete Residence Address (Number, Street, City, State) | No. of Years Known |
|--------------------------|--|---|---|--------------------|
| | <input type="checkbox"/> M <input type="checkbox"/> F | Address: Area Code: Phone No.: | Address: Area Code: Phone No.: | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | Address: Area Code: Phone No.: | Address: Area Code: Phone No.: | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | Address: Area Code: Phone No.: | Address: Area Code: Phone No.: | |

3. List two neighbors at your current location who know you.

| Name (Last-First-Middle) | Sex | Complete Business Address (Business Name, Number, Street, City, State) | Complete Residence Address (Number, Street, City, State) | No. of Years Known |
|--------------------------|--|---|---|--------------------|
| | <input type="checkbox"/> M <input type="checkbox"/> F | Address: Area Code: Phone No.: | Address: Area Code: Phone No.: | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | Address: Area Code: Phone No.: | Address: Area Code: Phone No.: | |

Use the following space for extra detail. Reference each continued item by section and item number to which it relates and sign your name at the end of the material. If additional space is required use extra pages the same size as this page and sign each such page.

(This section contains a large empty rectangular area for providing extra detail.)

SECTION IV **CITIZENSHIP**

| | | | |
|--|--|---|---------------------|
| 1. Citizenship acquired by <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify) | | 2. Court Issuing Naturalization. Certificate and Petition Numbers | |
| 3. Alien Registration Number | | 4. Date and place of arrival in U.S. | |
| 5. Have you held previous nationalities (if yes, show dates) <input type="checkbox"/> Yes <input type="checkbox"/> No | | 6. If yes, give name of country or countries | |
| 7. Last U.S. visa (number, type, place of issue) | | | 8. Date visa issued |
| 9. United States Passport number & expiration date, if issued | | | |

SECTION V (continued from page 2) MARITAL STATUS

1. Present status (Single, engaged, married, widowed, separated, divorced, annulled, remarried) specify
 2. State date, place and reason for all separations, divorces or annulments

Spouse, Fiance(e); Other If Other, please provide background information on any individual with whom you have a close and continuing personal relationship and with whom you are bound by close ties of affection. If you have been married more than once (including annulments) use page 11 for former wife or husband giving information required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance(e).

3. Name (Last) (First) (Middle) (Maiden) 4. Living Yes No

5. State any other names ever used by spouse

Indicate circumstances (including length of time) under which any names noted in item 5 above were used. If legally changed, give particulars (where and by what authority). Use extra space provided on page 11 of this form to record this information.

| | | | | | |
|--|--|---|---------------------------------------|--|--|
| 6. Former citizenship(s) [country(ies)] | | 7. Alien Registration Number | | 8. Date and place of arrival in U.S. | |
| 9. If deceased, date, place and cause of death | | | | | |
| 10. Current address (Give last address, if deceased) | | | 11. Address of spouse before marriage | | |
| 12. Occupation | | 13. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers.) | | | |
| 14. Employer(s) or business address (Number, Street, City, State, Country) | | | | | |
| 15. Dates of military service (From-to-by month & year) | | 16. Branch of military service | | 17. Country with which military service affiliated | |
| 18. Details of other governmental service, U.S. or foreign | | | | | |

SECTION XVI CHILDREN AND OTHER DEPENDENTS

1. Provide the following information for all dependents (include step-children and adopted children)

| Name | Relationship | Date & Place of Birth | Citizenship | Address |
|------|--------------|-----------------------|-------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

PRINT NAME: _____ SOCIAL SECURITY NUMBER: _____

FORM 444 OBSOLETE PREVIOUS EDITIONS (7-87)

PLEASE TURN PAGE AND COMPLETE BACK

1. Are you now or have you ever been a member of any foreign domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive or which has adopted, or shows, a policy advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means. If you have answered YES to the question above, explain on a separate signed sheet. Yes No

2. Do you associate with anyone not related to you who is associated with a foreign government? If yes, please provide the following information on each individual on a separate sheet. Include your name and SSN on each sheet.

(A) FULL NAME (INCLUDE ALIASES AND MAIDEN NAMES IF APPROPRIATE)
 (B) DATE OF BIRTH (OR APPROXIMATE AGE)
 (C) PLACE OF BIRTH (CITY, COUNTRY)
 (D) CITIZENSHIPS (CURRENT AND PAST)
 (E) CURRENT ADDRESS
 (F) OCCUPATION AND EMPLOYER
 (G) KNOWN SINCE, HOW MET, LAST CONTACT, PLANS FOR FUTURE CONTACT
 (H) SHORT DESCRIPTION OF RELATIONSHIP/DEGREE OF ASSOCIATION
 (I) ANY KNOWN POLITICAL, MILITARY OR INTELLIGENCE ACTIVITIES?
 (J) WITTING OF PROPOSED EMPLOYMENT? HOW AND WHY?

3. Have you ever been a member of, or supported, or had any connection with a foreign intelligence organization or its activities. If answer is Yes, give complete details. Yes No

4. Do you use or have you ever used alcoholic beverages? Yes If so, to what extent?
 No

5. Have you ever been treated for alcohol abuse, or ever been enrolled in an alcohol abuse program? If so, please explain including dates of treatment. Yes No

6. Have you ever tried or used a marijuana product? Yes No
 Have you ever tried or used cocaine? Yes No
 Have you ever tried or used heroin or other narcotic drugs? Yes No
 Have you ever tried or used LSD, mescaline, Psilocybin ("Mushroom"), PCP (Angel dust, "KW," "Animal Tranquilizer"), or other such substances? Yes No
 Have you ever used barbiturates, amphetamines, tranquilizers, steroids or other medications for non-medicinal purposes or without a doctors prescription? Yes No

If you have answered YES to any of the above, please describe below:

a. Substance: _____ First tried _____ Last tried _____ # Occasions _____ Circumstances _____
 b. Substance: _____ First tried _____ Last tried _____ # Occasions _____ Circumstances _____
 c. Substance: _____ First tried _____ Last tried _____ # Occasions _____ Circumstances _____
 d. Substance: _____ First tried _____ Last tried _____ # Occasions _____ Circumstances _____
 e. Substance: _____ First tried _____ Last tried _____ # Occasions _____ Circumstances _____
 f. Substance: _____ First tried _____ Last tried _____ # Occasions _____ Circumstances _____

7. Have you ever taken a polygraph test? If so, please state circumstances. Yes No

8. List the names of Government departments, agencies, or offices to which you have applied for employment (show dates of application).

9. If to your knowledge any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.

| | |
|---------------------------|--|
| Note Special Instructions | If your answer is "Yes" to the following questions 10, 11, 12, 13, 14, 15 or 16, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope. |
|---------------------------|--|

10. Have you ever been granted or denied a security clearance, a Sensitive Compartmented Information access approval or access authorization? If answer is Yes, give complete details. Yes No

11. Have you ever had a security clearance withdrawn for cause (Sensitive Compartmented Information access approval). If answer is Yes, give complete details. Yes No

12. Have you ever been arrested or convicted in the U.S. or abroad of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$100 or less). If so, state name of court, date, nature of offense, and disposition of case in accordance with special instructions above. Yes No

13. While in the military service were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with special instructions above. Yes No

14. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above. Yes No

15. Have you ever been dismissed or asked to resign from any position? Yes No Have you left a position under circumstances which you desire to explain? Yes No

16. If your answer to either or both questions in Item 15 above is Yes, give details on a separate sheet of paper.

SECTION XXII

FINANCIAL STATUS

1. Are you entirely dependent on your salary? Yes No
2. If your answer is NO to the above, state sources of other income:
3. Have you ever been in or petitioned for bankruptcy? Yes No
4. If your answer is YES to the above, give particulars, including court and date(s) on a separate sheet.
5. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military service?
 Yes No
6. If your answer is YES to the above, give complete details.
7. Do you have any financial interest in, or official connection with non-U.S. corporations or business having substantial foreign interests?
 Yes No (If answer is "YES", furnish details in space below—Continue on separate sheet, if necessary)

Use the following space for extra details. Reference each continued item by section and item number to which it relates and sign your name at the end of the material. If additional space is required use extra pages the same size as this page and sign each such page.

SECTION XXIII

CERTIFICATION AND ACCEPTANCE OF EMPLOYMENT CONSIDERATION

YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION MAY BE INVESTIGATED

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I understand that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal, if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

My signature hereon acknowledges my acceptance of the conditions for consideration of my application for employment with the Agency, and further, that I understand that should I be denied employment, the Agency is not required to provide a specific reason for such denial.

1. Date of signature

2. Signature of applicant

3. SOCIAL SECURITY NUMBER

4. PRINT NAME

Declassified and Approved For Release 2013/03/13 : CIA-RDP90-00530R000701680023-0

NAME _____

OFFICE OF MEDICAL SERVICES

PRIVILEGED MEDICAL INFORMATION

THIS ENVELOPE NOT TO BE USED FOR MAILING PURPOSES

Declassified and Approved For Release 2013/03/13 : CIA-RDP90-00530R000701680023-0

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

| | | | | | | | | | | |
|---|----|---|-------------------------------|----------------|--|---------------|--------------------------------|---------------------|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME | | | | | | | | | | |
| 2. HOME ADDRESS (No street or RFD, city or town, State, and ZIP CODE) | | | 3. HEIGHT (inches) | | 4. WEIGHT | | 5. BUILD (S,M,L) | | | |
| 6. DOB (DDMMYY) | | 7. PLACE OF BIRTH | | 8. SEX | | 9. HOME PHONE | | 10. OFFICE PHONE | | |
| 11. FAMILY HISTORY DATA: | | | | | 12. HAS ANY BLOOD RELATIVE HAD: | | | | | |
| Relation | | Age | State of Health | Cause of Death | Age at Death | YES | NO | Check each item | Relationship | |
| Father | | | | | | | | Allergy | | |
| Mother | | | | | | | | Glaucoma | | |
| | | | | | | | | Diabetes | | |
| | | | | | | | | Heart Disease | | |
| | | | | | | | | Lung Disease | | |
| | | | | | | | | Kidney Disease | | |
| | | | | | | | | Emotional Disorders | | |
| | | | | | | | | Cancer | | |
| | | | | | | | | Alcohol Abuse | | |
| 13. HAVE YOU EVER (Please check each item) | | | | | 14. DO YOU (Please check each item) | | | | | |
| YES | NO | (Check each item) | | | YES | NO | (Check each item) | | | |
| | | Lived with anyone who had tuberculosis | | | | | Wear glasses or contact lenses | | | |
| | | Coughed up blood | | | | | Have vision in both eyes | | | |
| | | Bled excessively after injury or tooth extraction | | | | | Wear a hearing aid | | | |
| | | Attempted suicide | | | | | Stutter or stammer habitually | | | |
| | | Been a sleepwalker | | | | | Wear a brace or back support | | | |
| 15. HAVE YOU EVER (Please check at left of each item -explain on reverse) (Use Extra sheet If needed) | | | | | | | | | | |
| YES | NO | DON'T KNOW | (Check each item) | | | YES | NO | DON'T KNOW | (Check each item) | |
| | | | Scarlet fever, erysipelas | | | | | | Cramps in your legs | |
| | | | Rheumatic fever | | | | | | Frequent indigestion | |
| | | | Swollen or painful joints | | | | | | Stomach, liver or intestinal trouble | |
| | | | Frequent or severe headache | | | | | | Gallbladder trouble or gallstones | |
| | | | Dizziness or fainting spells | | | | | | Jaundice or hepatitis | |
| | | | Eye trouble | | | | | | Adverse reaction to serum, drug, or medicine | |
| | | | Ear, nose, or throat trouble | | | | | | Broken bones | |
| | | | Hearing loss | | | | | | Tumor, growth, cyst, cancer | |
| | | | Chronic or frequent colds | | | | | | Rupture/hernia | |
| | | | Severe tooth or gum trouble | | | | | | Piles or rectal disease | |
| | | | Sinusitis | | | | | | Frequent or painful urination | |
| | | | Hay Fever | | | | | | Bed wetting since age 12 | |
| | | | Head injury | | | | | | Kidney stone or blood in urine | |
| | | | Skin diseases | | | | | | Sugar or albumin in urine | |
| | | | Thyroid trouble | | | | | | VD—Syphilis, gonorrhea, etc. | |
| | | | Tuberculosis | | | | | | Recent gain or loss of weight | |
| | | | Asthma | | | | | | Arthritis, Rheumatism, or Bursitis | |
| | | | Shortness of breath | | | | | | Bone, joint or other deformity | |
| | | | Pain or pressure in chest | | | | | | Lameness | |
| | | | Chronic cough | | | | | | Loss of finger or toe | |
| | | | Palpitation or pounding heart | | | | | | Painful or "trick" shoulder or elbow | |
| | | | Heart trouble | | | | | | Recurrent back pain | |
| | | | High or low blood pressure | | | | | | Bloody or tarry stools | |
| | | | Malaria | | | | | | Diabetes or other endocrine disease | |
| 17. WHAT IS YOUR USUAL OCCUPATION? | | | | | 18. ARE YOU (Check one) | | | | | |
| | | | | | <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed | | | | | |

SELF-IDENTIFICATION SHEET

General Instructions

The information from this survey is used to help insure that Agency personnel practices meet the requirements of Federal law. Providing this information is voluntary. Solicitation of your Social Security Number is authorized under provision of Executive Order 9397, dated November 22, 1943. No individual personnel selections are made based on this information. Please answer each of the questions.

1. Name _____
2. Year of birth _____
3. Social Security Number _____
4. Sex Male Female
5. Ethnicity and Race (Please categorize yourself as follows:)
 Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)
 Black (A person having origins in any of the black racial groups of Africa.)
 Asian or Pacific Islander (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.)
 American Indian or Alaskan Native (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.)
 White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
6. Do you have any physical disability? Yes No

GENERAL CONSIDERATIONS

1. The Agency's responsibilities require it to maintain special employment criteria which may be different from those of other Government departments and agencies. The investigation of applicants, which is a prerequisite to employment, is a time consuming process. It includes an initial determination that a suitable position exists, followed by loyalty and security checks and an evaluation of the applicant's competence and physical and emotional fitness.

2. Appointments are highly competitive, and thousands of applications are received for the limited number of positions available each year. All applicants are judged on their competitiveness with other candidates possessing similar qualifications. Employment by the Agency is not a right upon which an applicant can insist. Any offer of employment is subject to full security and medical clearance and does not constitute a commitment of employment on the Agency's part.

3. This comprehensive review may result in a determination that an applicant is not to be offered employment. Frequently, such determination would not be the result of any single event or element in the applicant's personal background or qualifications but would reflect the composite results of the several evaluations involved. *In any event, determinations by the Agency are conclusive and final, and no statement of specific reasons will be provided to the applicant.*

CERTIFICATION

I have read and I understand and agree to the General Considerations. I further understand that if the Agency conducts an investigation on me, and that if I am employed, I will be subject to periodic reinvestigations and polygraph interviews. Should I not be employed, I fully understand that no statement of specific reasons for that determination will be provided to me.

Date

Signature of Applicant

GENERAL CONSIDERATIONS

1. The Agency's responsibilities require it to maintain special employment criteria which may be different from those of other Government departments and agencies. The investigation of applicants, which is a prerequisite to employment, is a time consuming process. It includes an initial determination that a suitable position exists, followed by loyalty and security checks and an evaluation of the applicant's competence and physical and emotional fitness.

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Date

Signature of Applicant

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any Investigator or duly accredited representative of the United States Government bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic achievement, performance, attendance, personal history, disciplinary, residential, credit, medical, birth and other vital records, criminal, civil and domestic court records, and conviction and arrest records. I hereby authorize and request your release of such information upon request of the bearer. I understand that the information released is for official use only by authorized agencies of the U.S. Government as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): _____

Full Name (Printed): _____

Other Names Used: _____

Date: _____

Current Address: _____

Telephone Number: _____

Parent or Guardian (If Required): _____

PRIVACY ACT NOTICE

Authority for Collecting Information
E. O. 10450 and E. O. 12356

Purposes and Uses
Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation for security clearances or access. The information obtained may be furnished to authorized agencies of the U.S. Government as necessary in the fulfillment of official responsibilities.

Effects of Nondisclosures
Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for clearances or access.

SECURITY PROCESSING

The Agency is obliged to judge carefully the suitability of each applicant who is offered a position. To assist in this determination, an extensive investigation is conducted of which there are two parts. One part is a background investigation, designed to validate information in the applicant's Personal History Statement and to determine that he or she is of excellent character, sound judgment, and unquestionable loyalty. The investigation involves, but is not limited to, inquiries concerning.

- a. professional competence;
- b. any behavior, activities, or associations which tend to show that the individual is of questionable character, discretion, integrity, or trustworthiness;
- c. any deliberate misrepresentations, falsifications, or omissions of material facts;
- d. any criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct, habitual use of intoxicants, illegal drug use or abuse, or sexual perversion;
- e. past or pending business activities or involvements in a legal suit or litigation that could be used to discredit the applicant or the U.S. Government;
- f. physical fitness;
- g. insanity, serious mental illness, neurological disorders, or emotional instability;
- h. any facts which furnish reason to believe that the applicant may be subjected to coercion, influence, or pressure which may cause him or her to act contrary to the best interests of the national security;
- i. commission of any act of sabotage, espionage, treason, or sedition, or attempts thereat or preparation therefor, or conspiring with, or aiding or abetting another to commit or attempt to commit any act of sabotage, espionage, treason, or sedition;
- j. establishment or continuation of a sympathetic association with a saboteur, spy, traitor, seditionist, anarchist, or revolutionist or with an espionage or other secret agent or representative of a foreign nation, or any representative of a foreign nation whose interests may be inimical to the interests of the United States, or with any person who advocates the use of force or violence to overthrow the government of the United States or the alteration of the form of government of the United States by unconstitutional means;
- k. advocacy or use of force of violence to overthrow the government of the United States, or of the alteration of the form of government of the United States by unconstitutional means;
- l. membership in, or affiliation or sympathetic association with, any foreign or domestic organization, movement, group, or combination of persons which is totalitarian, Fascist, Communist or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means;
- m. intentional, unauthorized disclosure to any person of security or other information, disclosure of which is prohibited by law or willful violation or disregard of security regulations;
- n. performing or attempting to perform his or her duties, or otherwise acting, so as to serve the interests of another government in preference to the interests of the United States.

The Agency's standards require strict interpretation of the above and other relevant factors in considering applications for employment. Should you be in doubt as to whether anything in your background may disqualify you, you are at liberty to describe the matter in writing, place it in an envelope bearing only your name and marked "CONFIDENTIAL DISCLOSURE", and forward it with your application.

FBI files are checked on the applicant and spouse as well as on the applicant's parents if the applicant is under 21 years of age. Files of the Office of Personnel Management (formerly the Civil Service Commission) are also checked along with those of appropriate national agencies such as the Department of Defense Central Index of Investigation and the Immigration and Naturalization Service. Certain aspects of the investigation may be curtailed if the applicant has been the subject of an investigation by another agency.

The investigation covers the most recent 15 years of the applicant's life or from age 17, whichever is shorter. The applicant must be a U.S. citizen and should have no relative or person to whom they are bound by close ties of affection or obligation who is subject to a foreign power. All education, employments, and neighborhoods are covered, and neighbors are interviewed to the extent possible as are a minimum of five character references, including peers. Police records are checked in all areas where the applicant has lived, worked, or attended school. Credit reputation is established through interviews and credit reporting agencies.

The other part of the security screening is a polygraph examination. The polygraph instrument records changes in certain physiological responses of the individual being examined. In the hands of our trained and skilled examiners, the polygraph instrument is invaluable in validating investigative information and exploring with the applicant issues of security relevance. The polygraph questions, like the background investigation, focus on the issues of loyalty, character integrity, judgment, discretion, reliability, and trustworthiness. All questions are reviewed in advance with the applicant, and any areas of uncertainty are explored. At the conclusion of the polygraph, the examiner prepares a report to the interview, including an analysis of the polygraph charts and a summary of any pertinent security information orally disclosed during the interview.

In analyzing personnel security information developed through investigation and polygraph examination, special attention is given to the potential vulnerability of the individual to exploitation, including blackmail. For example, sexual perversion, dishonesty, infamous, immoral, or notoriously disgraceful conduct, and conviction of felonious or serious misdemeanor criminal acts are considered highly significant. An individual's use of illegal drugs is examined in light of the frequency, recency, and types of drugs used. Agency policy precludes any involvement by an employee or assignee with illegal drugs or chemical compounds identified in the Controlled Substance Act of 1970. Infractions can result in serious administrative action and may be reported to the Department of Justice for prosecution.

The decision to grant or deny a security clearance is adjudicated by appropriate Office of Security personnel based on a thorough appraisal of the entire security profile of the applicant, including the results of the background investigation and the report of the polygraph examination. The recommendation to approve or disapprove must pass several significant levels of supervisory review and challenge before the matter is presented to the Director of Security for final decision.

MEDICAL PROCESSING

Medical qualification for employment with the Agency is based on an extensive medical evaluation to determine that the prospective employee has the physical and mental capability to perform the duties of a particular position. This evaluation consists of a comprehensive review of the medical history and record provided by the applicant, a complete physical examination including X-ray and laboratory studies, and a psychological/psychiatric assessment. The physical examination and interviews are completed at Agency facilities in Washington, D.C. at no expense to the applicant. The applicant may be required to provide information from his or her personal physician concerning a previous or current medical condition.

In accordance with affirmative action requirements of Federal statutes, applicants with handicaps are evaluated in the same manner as non-handicapped individuals with the realization that some conditions may require an accommodation of the work environment. This determination usually is made during the processing phase in consultation with the Selective Placement Coordinator and the prospective supervisor with the applicant's consent.

SECRECY AGREEMENT

E

1. I, _____ (print full name), hereby agree to accept as a prior condition of my being employed by, or otherwise retained to perform services for, the Central Intelligence Agency, or for staff elements of the Director of Central Intelligence (hereinafter collectively referred to as the "Central Intelligence Agency"), the obligations contained in this agreement.

2. I understand that in the course of my employment or other service with the Central Intelligence Agency I may be given access to information which is classified in accordance with the standards set forth in Executive Order 12356 as amended or superseded, or other applicable Executive Order, and other information which, if disclosed in an unauthorized manner, would jeopardize intelligence activities of the United States Government. I accept that by being granted access to such information I will be placed in a position of special confidence and trust and become obligated to protect the information from unauthorized disclosure.

3. In consideration for being employed or otherwise retained to provide services to the Central Intelligence Agency, I hereby agree that I will never disclose in any form or any manner any of the following categories of information or materials, to any person not authorized by the Central Intelligence Agency to receive them:

a. information which is classified pursuant to Executive Order and which I have obtained during the course of my employment or other service with the Central Intelligence Agency;

b. information, or materials which reveal information, classifiable pursuant to Executive Order and obtained by me in the course of my employment or other service with the Central Intelligence Agency.

4. I understand that the burden will be upon me to learn whether information or materials within my control are considered by the Central Intelligence Agency to fit the descriptions set forth in paragraph 3, and whom the Agency has authorized to receive it.

5. As a further condition of the special confidence and trust reposed in me by the Central Intelligence Agency, I hereby agree to submit for review by the Central Intelligence Agency all information or materials including works of fiction which contain any mention of intelligence data or activities, or contain data which may be based upon information classified pursuant to Executive Order, which I contemplate disclosing publicly or which I have actually prepared for public disclosure, either during my employment or other service with the Central Intelligence Agency or at any time thereafter, prior to discussing it with or showing it to anyone who is not authorized to have access to it. I further agree that I will not take any steps toward public disclosure until I have received written permission to do so from the Central Intelligence Agency.

6. I understand that the purpose of the review described in paragraph 5 is to give the Central Intelligence Agency an opportunity to determine whether the information or materials which I contemplate disclosing publicly contain any information which I have agreed not to disclose. I further understand that the Agency will act upon the materials I submit and make a response to me within a reasonable time. I further understand that if I dispute the Agency's initial classification determinations on the basis that the information in question derives from public sources, I may be called upon to specifically identify such sources. My failure or refusal to do so may by itself result in denial of permission to publish or otherwise disclose the information in dispute.

7. I understand that all information or materials which I may acquire in the course of my employment or other service with the Central Intelligence Agency which fit the descriptions set forth in paragraph 3 of this agreement are and will remain the property of the United States Government. I agree to surrender all materials reflecting such information which may have come into my possession or for which I am responsible because of my employment or other service with the Central Intelligence Agency, upon demand by an appropriate official of the Central Intelligence Agency, or upon the conclusion of my employment or other service with the Central Intelligence Agency.

8. I agree to notify the Central Intelligence Agency immediately in the event that I am called upon by judicial or congressional authorities to testify about, or provide, information which I have agreed herein not to disclose.

9. I understand that nothing contained in this agreement prohibits me from reporting intelligence activities which I consider to be unlawful or improper directly to the Intelligence Oversight Board established by the President or to any successor body which the President may establish. I recognize that there are also established procedures for bringing such matters to the attention of the Agency's Inspector General or to the Director of Central Intelligence. I further understand that any information which I may report to the Intelligence Oversight Board continues to be subject to this agreement for all other purposes and that such reporting does not constitute public disclosure or declassification of that information.

10. I understand that any breach of this agreement by me may result in the Central Intelligence Agency taking administrative action against me, which can include temporary loss of pay or termination of my employment or other service with the Central Intelligence Agency. I also understand that if I violate the terms of this agreement, the United States Government may institute a civil proceeding to seek compensatory damages or other appropriate relief. Further, I understand that the disclosure of information which I have agreed herein not to disclose can, in some circumstances, constitute a criminal offense.

11. I understand that the United States Government may, prior to any unauthorized disclosure which is threatened by me, choose to apply to any appropriate court for an order enforcing this agreement. Nothing in this agreement constitutes a waiver on the part of the United States to institute a civil or criminal proceeding for any breach of this agreement by me. Nothing in this agreement constitutes a waiver on my part of any possible defenses I may have in connection with either civil or criminal proceedings which may be brought against me.

12. In addition to any other remedy to which the United States Government may become entitled, I hereby assign to the United States Government all rights, title, and interest in any and all royalties, remunerations, and emoluments that have resulted or will result or may result from any divulgence, publication or revelation of information by me which is carried out in breach of paragraph 5 of this agreement or which involves information prohibited from disclosure by the terms of this agreement.

13. I understand and accept that, unless I am provided a written release from this agreement or any portion of it by the Director of Central Intelligence or the Director's representative, all the conditions and obligations accepted by me in this agreement apply both during my employment or other service with the Central Intelligence Agency, and at all times thereafter.

14. I understand that the purpose of this agreement is to implement the responsibilities of the Director of Central Intelligence, particularly the responsibility to protect intelligence sources and methods, as specified in the National Security Act of 1947, as amended.

15. I understand that nothing in this agreement limits or otherwise affects provisions of criminal or other laws protecting classified or intelligence information, including provisions of the espionage laws (sections 793, 794 and 798 of Title 18, United States Code) and provisions of the Intelligence Identities Protection Act of 1982 (P. L. 97-200; 50 U. S. C., 421 *et seq.*).

16. Each of the numbered paragraphs and lettered subparagraphs of this agreement is severable. If a court should find any of the paragraphs or subparagraphs of this agreement to be unenforceable. I understand that all remaining provisions will continue in full force.

17. I make this agreement in good faith, and with no purpose of evasion.

Signature

Date

The execution of this agreement was witnessed by the undersigned, who accepted it on behalf of the Central Intelligence Agency as a prior condition of the employment or other service of the person whose signature appears above.

WITNESS AND ACCEPTANCE:

Signature

Printed Name

Date

WARNING NOTICE

Many employees of the Agency—particularly those who spend a significant portion of their careers abroad—work under cover and may not acknowledge their Agency affiliation publicly. If you are accepted for such covert employment, the fact of your employment will be classified at the secret level. Therefore, for your own security and the security of any Agency activities in which you may become engaged after employment, knowledge of your application to the Agency should be limited to the smallest possible number of persons. Telling friends and casual acquaintances, work or school colleagues of your plans to join the Agency makes it difficult for you to establish sound cover after employment.

Spouses and relatives most directly affected (normally parents and adult siblings) may be told of your application for Agency employment if, in your judgment, they can be trusted to be discreet. They should be told to keep the information confidential. These precautions protect national security interests and will help assure your personal safety and security should you be employed under cover. Widespread public knowledge of Agency affiliation could adversely affect the desirability to this Agency of an applicant and may restrict an employee's mobility and the types of positions available.

My signature below certifies that I have read and understood this warning notice on the security implications of covert employment with the Agency.

Signature: _____ Date: _____

Name: _____

(type or print)

FACTS ABOUT SECURITY PROCESSING

- Staff employment with the Agency allows access to very sensitive national security information which is classified, and must be protected from unauthorized or uncontrolled disclosure.

- The Agency's Office of Security conducts a thorough screening procedure to insure that all applicants meet the required security criteria established by the Central Intelligence Agency. This screening procedure is comprised of the following:

- (a) A national agency name trace is conducted at other U.S. government departments and agencies to determine if relevant information is held that will assist in establishing and verifying the character, integrity, and loyalty of the applicant.
- (b) A background investigation is conducted to verify the information on the application for employment; during this process the listed references, other referrals, and employers are interviewed to verify and establish the character, integrity, and loyalty of the applicant.
- (c) A polygraph examination is conducted which relies on the applicant's own physiological response to relevant questions regarding the applicant's character, integrity, and loyalty. The questions asked concern counter intelligence and life style issues. The counter intelligence questions verify and determine the extent of the applicant's involvement with individuals or nations that are considered to be a threat to United States national security. The life style questions determine the suitability of the applicant to handle classified information. This examination verifies the non-involvement or the extent of the applicant's involvement with drugs, illegal substances, dishonest behavior, criminal activity, deviant sexual behavior, and personal financial stability. The best approach the applicant can take toward the polygraph examination is to engage in open, frank discussion and disclosure to all questions posed. Only through such discussions can issues be clarified and resolved, so that the examination can be successfully completed. This open discussion is a necessary part of the polygraph process and helps to verify the applicant's character, integrity, and loyalty.

- The above procedure has proven to be a reliable security screening process, and the information developed is confidential and not shared outside the Agency's Office of Security, unless properly authorized under U.S. law.

IMPORTANT NOTICE

On 8 November 1985, the President signed into law the Defense Authorization Act of 1986. Section 1622 of the Act adds a new section to the United States Code which prohibits any male born after 31 December 1959 from being appointed to a position in an executive agency if he is required to register with the Selective Service System but has knowingly and willfully not complied.

Since you are currently under consideration for employment with this Agency and may be within the age group required to register with the Selective Service System, we are asking you to complete the attached certification document to confirm your registration status. If you are required to register and have not done so, and you have not reached your 26th birthday, you are encouraged to fulfill this obligation at once. While your processing for employment will continue, we will not be able to confirm your appointment until such time as confirmation of your registration has been received.

If you are required to register but refuse to do so, or have reached your 26th birthday and have not registered, you will need to provide information concerning the reasons for your nonregistration so as to enable the appropriate authority to make the necessary determination on your eligibility for executive agency appointment.

In order to avoid any unnecessary delays in your appointment following completion of the required processing, please complete the enclosed "Pre-Appointment Certification Statement Regarding Selective Service Registration" and return it in the self-addressed envelope as soon as possible.

**PRE-APPOINTMENT CERTIFICATION STATEMENT FOR
SELECTIVE SERVICE REGISTRATION**

- Important Notice If you are a male born after 31 December 1959, and you want to be employed by the Federal Government, you must (subject to certain exemptions) be registered with the Selective Service System.
- Privacy Act Statement We need information on your registration with the Selective Service System to see whether you are affected by the laws we must follow in deciding who may be employed by the Federal Government.
- Criminal Penalty A false statement by you may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).
- Review If your employing agency has informed you that you cannot be appointed to a position in an executive agency because of your failure to register, and you wish to establish that your non-compliance with the law was neither knowing or willful, you may write to:

Office of Personnel
Department S, Room 4N05
P.O. Box 1925
Washington, D.C. 20013

CERTIFICATION OF REGISTRATION STATUS

- () I certify that I *am registered* with the Selective Service System.
- () I certify that I *am not required* to be registered with the Selective Service System.

Legal signature (*please use ink*)

Date Signed

Name (*please print*)

Date of Birth

Social Security Number