



AIR FORCE RESERVE

This is an employment application for a national security position in the United States Air Force Reserve and this information is extremely important. Therefore, it is vital that you fill out all applicable items completely and clearly. Please provide the most accurate dates or best approximations for all entries. Every section of this application requires complete address and phone numbers. If you do not complete this form completely I cannot continue your application process. **COMPLETE EVERY BLOCK**, do not leave any blank spaces - Place "NA" in a block if it's not applicable. Please call or email if you need assistance.

First Name	Middle Name	Last Name	Age	Date of Birth N/A
Social Security #: N/A		Home Address:		
City:	Country: N/A	State: N/A	Zip:	
Race:	Ethnic Group:	Hispanic Y / N	Religion:	
Hair Color:	Eye Color:	Selective Service #: (Male's 18 and older)		
Driver's License #:	City/State Issued From:	Expiration Date:		
Passport Number:	Passport Expiration Date:			
Citizenship Status:				
Where is your place of Birth? (City, State, Zip)				
If Naturalized/Citizenship Certificate or Permanent Resident list...				
Date Issued _____		Place Issued _____		
Registration Number _____		Expiration Number _____		
Which language (other than English) are you proficient in (1 st)				
Which language (other than English) are you proficient in (2 nd)				
Marital and Dependency Questions:				
What is your marital status?	Single	Married	# Adult Dep.	# Minor Dep.
Spouse's SSN #				
Home #	Cell #			
Email Address				

11. Residence History: Start with where you live now, and cover the last 10 years. References can be anyone but a relative and is someone who knew you lived at the listed residency and will give good information about you, remember that this is a job application.

From Date	Present	Street Address, City, State (NO PO BOX)	Zip Code	Phone #
Reference (First Middle Last)		Street Address, City, State (NO PO BOX)	Zip Code	Phone #
				Home: Cell:
From Date	To Date	Street Address, City, State (NO PO BOX)	Zip Code	Phone #
Reference (First Middle Last)		Street Address, City, State (NO PO BOX)	Zip Code	Phone #
				Home: Cell:
From Date	To Date	Street Address, City, State (NO PO BOX)	Zip Code	Phone #
Reference (First Middle Last)		Street Address, City, State (NO PO BOX)	Zip Code	Phone #
				Home: Cell:
From Date	To Date	Street Address, City, State (NO PO BOX)	Zip Code	Phone #
Reference (First Middle Last)		Street Address, City, State (NO PO BOX)	Zip Code	Phone #
				Home: Cell:
From Date	To Date	Street Address, City, State (NO PO BOX)	Zip Code	Phone #
Reference (First Middle Last)		Street Address, City, State (NO PO BOX)	Zip Code	Phone #
				Home: Cell:
From Date	To Date	Street Address, City, State (NO PO BOX)	Zip Code	Phone #
Reference (First Middle Last)		Street Address, City, State (NO PO BOX)	Zip Code	Phone #
				Home: Cell:

12. Education Background

List name and address of ONLY the high schools and colleges that you have attended. For colleges, list the major that you have declared.

Number of years of education that you have completed:					
Did you participate in		JROTC: Yes / No # of Years:	CAP: Yes / No Awards:	Scouts: Yes / No Awards:	
Name of School:					
Street:			City:	State:	
Dates Attended:	From:	To:	Did you graduate:	YES	NO
Major (College):		Reference First & Last Name		School Phone #:	
Name of School:					
Street:			City:	State:	
Dates Attended:	From:	To:	Did you graduate:	YES	NO
Major (College):		Reference First & Last Name		School Phone #:	
Name of School:					
Street:			City:	State:	
Dates Attended:	From:	To:	Did you graduate:	YES	NO
Major (College):		Reference First & Last Name		School Phone #:	
Name of School:					
Street:			City:	State:	
Dates Attended:	From:	To:	Did you graduate:	YES	NO
Major (College):		Reference First & Last Name		School Phone #:	

13A. Employment History

You must list all pertinent information. Any information missing to include addresses, phone numbers, and references will cause your application to be REJECTED!!! Account for a period of 10 years

Company Name		Street Address, City, State, Zip Code		Phone
Employment Start Date:			Employment End Date:	
Job Title:		Supervisors First and Last Name:		
Did you get fired from this job/employer?		Explain reason for leaving job:		
Circle one: Full Time or Part Time	# Hours per week	Wage: \$	Description of Duties:	
Company Name		Street Address, City, State, Zip Code		Phone
Employment Start Date:			Employment End Date:	
Job Title:		Supervisors First and Last Name:		
Did you get fired from this job/employer?		Explain reason for leaving job:		
Circle one: Full Time or Part Time	# Hours per week	Wage: \$	Description of Duties:	
Company Name		Street Address, City, State, Zip Code		Phone
Employment Start Date:			Employment End Date:	
Job Title:		Supervisors First and Last Name:		
Did you get fired from this job/employer?		Explain reason for leaving job:		
Circle one: Full Time or Part Time	# Hours per week	Wage: \$	Description of Duties:	
Company Name		Street Address, City, State, Zip Code		Phone
Employment Start Date:			Employment End Date:	
Job Title:		Supervisors First and Last Name:		
Did you get fired from this job/employer?		Explain reason for leaving job:		
Circle one: Full Time or Part Time	# Hours per week	Wage: \$	Description of Duties:	
Company Name		Street Address, City, State, Zip Code		Phone
Employment Start Date:			Employment End Date:	
Job Title:		Supervisors First and Last Name:		
Did you get fired from this job/employer?		Explain reason for leaving job:		
Circle one: Full Time or Part Time	# Hours per week	Wage: \$	Description of Duties:	

SF-86 (AFRIS-TF) Security Questionnaire Interview

<p>I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service.</p>						
<p>13B. Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?</p>						
<p>13C. Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed? (If 'Yes', you will be required to provide additional employment to your recruiter.)</p> <ul style="list-style-type: none"> * Fired from a job? * Quit a job after being told you would be fired? * Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy? * Left a job by mutual agreement following notice of unsatisfactory performance? * Have you left a job by mutual agreement following charges or allegations of misconduct? 						
<p>15.1. Have you ever served in the U.S. Military?</p>						
<p>15.2. 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.?</p>						
<p>15.3. 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?</p>						
<p>16. Provide three (3) 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 (7) years. DO NOT LIST YOUR SPOUSE, FORMER SPOUSE(S), OTHER RELATIVES, OR ANYONE LISTED ELSEWHERE ON THIS FORM.</p>						
<p>#1 Name:</p>		<p>Date Known Since:</p>				
<p>Address (Street, City, State, Zip):</p>		<table border="1"> <tr> <td>Phone:</td> <td>Home: ()</td> </tr> <tr> <td></td> <td>Cell: ()</td> </tr> </table>	Phone:	Home: ()		Cell: ()
Phone:	Home: ()					
	Cell: ()					
<p>#2 Name:</p>		<p>Date Known Since:</p>				
<p>Address (Street, City, State, Zip):</p>		<table border="1"> <tr> <td>Phone:</td> <td>Home: ()</td> </tr> <tr> <td></td> <td>Cell: ()</td> </tr> </table>	Phone:	Home: ()		Cell: ()
Phone:	Home: ()					
	Cell: ()					
<p>#3 Name:</p>		<p>Date Known Since:</p>				
<p>Address (Street, City, State, Zip):</p>		<table border="1"> <tr> <td>Phone:</td> <td>Home: ()</td> </tr> <tr> <td></td> <td>Cell: ()</td> </tr> </table>	Phone:	Home: ()		Cell: ()
Phone:	Home: ()					
	Cell: ()					

18. Immediate Family Member Info: (List spouse, Mother, Father, brother, sister, step sister, step brother, step father, step mother, half-brother, half-sister, legal guardians, children, step children, adopted children.) If married you must also list the information for your mother-in-law and father-in-law.

<i>Spouse's Information</i>						
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Marriage Date:			Separation Date if applicable:			
Court of Record:			Marriage Certificate Date Issued:			
Maiden Name:						
<i>Biological Mother's Information</i>						
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Marriage Date:			Separation Date if applicable:			
Court of Record:			Marriage Certificate Date Issued:			
Maiden Name:						
<i>Biological Father's Information</i>						
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			

Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			

Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			
Immediate Family Members:		Step parent	Brother	Sister	Other:	
Full Name		DOB:		Phone:	()	
Address: Street, City, State, Zip						
Place of Birth (City):		Zip Code:		US Citizen:	Y / N	If no, complete below
INS Registration # Or Citizenship Cert #		Date Issues:		Exp. Date:		
City, State Issued:			Court of Record:			

19. Do you have, or have you had, close and/or continuing contact with a foreign national within the last seven (7) years with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed					
20A.1. Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)					
20A.2. Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests that someone controlled on your behalf?					
20A.3. Have you, your spouse, cohabitant, or dependent children EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?					
20A.4. As a U.S. citizen, have you, your spouse, cohabitant, or dependent children received in the past seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?					
20A.5. Have you EVER provided financial support for any foreign national?					
20B.1. Have you in the past seven (7) years 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 all your advice or support was authorized pursuant to official U.S. Government business.)					
20B.2. Have you, your spouse, cohabitant, or any member of your immediate family in the past seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer 'No' if all the advice or support was authorized pursuant to official U.S. Government business.)					
20B.3. Has any foreign national in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them?					
20B.4. Have you in the past seven (7) years 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.)?					
20B.5. Have you in the past seven (7) years 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.)					
20B.6. Have you or any member of your immediate family in the past seven (7) years 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 or foreign travel on a U.S. passport.)					
20B.7. Have you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?					
20B.8. Have you EVER held political office in a foreign country?					
20B.9. Have you EVER voted in the election of a foreign country?					
20C. Have you traveled outside the U.S. in the last seven (7) years?					
Country	From Date	To Date	# of Days	Reason(Business, Tourism, Pleasure, Education, Other)	
20C.2. Has your travel in the last seven (7) years been solely for U.S. Government business (i.e., no personal trips in conjunction with the official U.S. Government business)?					

21.1. In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered:
 - strictly marital, family, grief not related to violence by you; or
 - strictly related to adjustments from service in a military combat environment.
 Please respond to this question with the following additional instruction: Victims of sexual assault who have consulted with the health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer No.

21.2. Has a court or administrative agency EVER declared you mentally incompetent?

Law Violation Questions:

We conduct a background investigation on all applicants through the FBI. You must list all violations that you have received throughout your entire life. This includes all traffic citations (moving or not) and juvenile offenses. Regardless if the offense was expunged, dropped, dismissed, sealed, or you were found guilty. (Ex: Your lawyer, the judge or other official told you that you never have to reveal the offense because it is not on your record.) In fact, it is on your record with the FBI and we will see it! Failure to disclose a law violation that is discovered later in your processing will jeopardize your entry into the Air Force.

Name of Offense	Date of Offense	City / State	Penalty/cost/fee (fine, Community Service, Probation, etc)	Date Completed

22.1. For this section 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. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

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.)

- a. In the past seven (7) years 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)
- b. In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- c. In the past seven (7) years have you 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).
- d. In the past seven (7) years have you been or are you currently on probation or parole?
- e. Are you currently on trial or awaiting a trial on criminal charges?

a

b

c

d

e

<p>22.2. Other than those offenses already listed, have you EVER had the following happen to you?</p> <p>a. Have you EVER 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)</p> <p>b. Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)</p> <p>c. Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?</p> <p>d. Have you EVER been charged with an offense involving firearms or explosives?</p> <p>e. Have you EVER been charged with an offense involving alcohol or drugs?</p>	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">a</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">b</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">c</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">d</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">e</div>
<p>22.3. Is there currently a domestic violence protective order or restraining order issued against you?</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>23. We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity.</p>	
<p>23.1. In the last seven (7) years, 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.</p>	<div style="border: 1px solid black; height: 48px; width: 100%;"></div>
<p>23.2. In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?</p>	<div style="border: 1px solid black; height: 34px; width: 100%;"></div>
<p>23.3. Have you EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed?</p>	<div style="border: 1px solid black; height: 34px; width: 100%;"></div>
<p>23.4. Have you EVER 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?</p>	<div style="border: 1px solid black; height: 48px; width: 100%;"></div>
<p>23.5. In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?</p>	<div style="border: 1px solid black; height: 34px; width: 100%;"></div>
<p>23.6. Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?</p>	<div style="border: 1px solid black; height: 34px; width: 100%;"></div>
<p>23.7. Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?</p>	<div style="border: 1px solid black; height: 34px; width: 100%;"></div>
<p>24.1. In the last seven (7) years 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?</p>	<div style="border: 1px solid black; height: 48px; width: 100%;"></div>
<p>24.2. Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?</p>	<div style="border: 1px solid black; height: 34px; width: 100%;"></div>
<p>24.3. Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?</p>	<div style="border: 1px solid black; height: 18px; width: 100%;"></div>
<p>24.4. Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?</p>	<div style="border: 1px solid black; height: 34px; width: 100%;"></div>
<p>25.1. Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access?</p>	<div style="border: 1px solid black; height: 34px; width: 100%;"></div>
<p>25.2. Have you EVER 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.)</p>	<div style="border: 1px solid black; height: 34px; width: 100%;"></div>
<p>25.3. Have you EVER been debarred from government employment?</p>	<div style="border: 1px solid black; height: 18px; width: 100%;"></div>
<p>26.1. In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?</p>	<div style="border: 1px solid black; height: 18px; width: 100%;"></div>
<p>26.2. Have you EVER experienced financial problems due to gambling?</p>	<div style="border: 1px solid black; height: 27px; width: 100%;"></div>

26.3. In the past seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?	
26.4. In the past seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?	
26.5. Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?	
<p>26.6. 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)</p> <p>a. In the past seven (7) years, you have been delinquent on alimony or child support payments.</p> <p>b. In the past seven (7) years, you had a judgment 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).</p> <p>c. In the past seven (7) years, 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).</p> <p>d. 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 a cosigner or guarantor).</p>	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">a</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">b</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">c</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">d</div>
<p>26.7. Other than previously listed, have any of the following happened?</p> <p>a. In the past seven (7) years, 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)</p> <p>b. In the past seven (7) years, 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)</p> <p>c. In the past seven (7) years, 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)</p> <p>d. In the past seven (7) years, 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)</p> <p>e. In the past seven (7) years, you were evicted for non-payment?</p> <p>f. In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?</p> <p>g. In the past seven (7) years, 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)</p> <p>h. You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)</p>	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">a</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">b</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">c</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">d</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">e</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">f</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">g</div> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">h</div>
<p>27. We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. 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.</p>	
27.1. In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system?	
27.2. In the last seven (7) years 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?	
27.3. In the last seven (7) years 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?	
28. In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form?	

29. The following pertain to your 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.	
29.1. Are you now or have you EVER 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?	
29.2. Have you EVER knowingly engaged in any acts of terrorism?	
29.3. Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?	
29.4. Have you EVER 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?	
29.5. Have you EVER 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?	
29.6. Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force?	
29.7. Have you EVER associated with anyone involved in activities to further terrorism?	

Applicant Certification Statement:

WARNING! The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment based on a false statement, you can be tried by courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

I certify the information provided in this employment application is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information collected in this document.

Applicant Signature _____ Date _____