



GLINDA

Personnel Security, Staffing and Recruiting Operations, Support Team

Federal Security Processing Eligibility Assessment

Dear Applicant-

Thank you for your interest in potential employment opportunities within Leidos. Certain positions, among those for which you may be considered, may involve highly sensitive and/or classified work which Leidos has been contracted to perform for the United States Government. You should be aware that the United States Government requires an extensive personal background investigation as a condition for National Security positions or Public Trust positions.

The attached security specific paperwork must be completed in order to assess your initial eligibility (or continued eligibility) and/or compatibility for National Security positions or Public Trust positions contracted by Leidos. This paperwork must be completed even if you currently maintain any active clearances, accesses or investigation approvals (regardless of the level or type). These forms will enable the Leidos personnel security staff to perform a cursory security eligibility assessment process that is required of all potential employees.

The entire security eligibility assessment process is strictly used to help determine an applicant's eligibility or compatibility with various cleared job opportunities. This process also assists with the transfer of any active investigations, clearances, and/or accesses that you may already possess.

Any immediate questions regarding the security paperwork or process can be directed to the personnel security professional at the phone number below.

Lacey Staudenmier
Lacey.N.Staudenmier@leidos.com
Main Office: (301) 640-3588
Leidos
700 North Frederick Avenue
Gaithersburg, MD 20879

Thank you again for your interest in Leidos.

Enclosures: Personnel Evaluation Form



Personnel Security, Staffing and Recruiting Operations, Support Team

STATEMENT OF SECURITY REQUIREMENTS

Certain positions, among those for which you may be considered, involve highly sensitive and/or classified work which the company has been contracted to perform for the U.S. Government.

You should be aware that the U.S. Government requires, as a condition for access to information pertaining to this work, an extensive background investigation, and if applicable, a polygraph examination that may include lifestyle questions. The U.S. Government will administer this polygraph examination. Prior to taking the polygraph examination, you will be advised of the nature and purpose of the examination, the questions to be asked, and will be requested to sign a Consent Agreement form. Leidos personnel will not be present, nor will they have knowledge of the answers given in the polygraph examination.

The scope of the investigation and/or polygraph examination may include, but is not limited to, the following areas:

1. National security related areas, such as, handling of classified and or sensitive materials, acts of espionage, secret contacts with foreign governments or involvement in subversive or terrorist groups.
2. Search into any activities (past or present) which could conceivably compromise your loyalty to the United States.
3. Citizenship of you and your relatives and an evaluation of the status of family members and close friends living in a foreign country.
4. Illegal use of drugs, narcotics, and/or prescription drugs. This includes usage that resulted in counseling and/or criminal charges.
5. A historical review of criminal dispositions, convictions and or charges, and any involvement in illegal activities.
6. A review of financial history and credit habits.
7. A review of any medically documented mental, emotional, and/or nervous disorders
8. Excessive alcohol use including use that resulted in counseling and/or criminal charges.

Please read the following statements carefully. Indicate your acknowledgments in ONE of the appropriate spaces below.

I acknowledge and understand the security requirements referred to above and have no objection to the background investigation and if applicable, a polygraph examination that may include lifestyle questions. I understand that such investigations and/or polygraph examinations may or may not result in a Government decision concerning my access to classified and/or sensitive materials, and that the Company will not participate in, nor control this decision. If the government decides not to grant such accesses, the Company shall have no further obligation to me, but may, at its own discretion, consider me for other positions in the Company not requiring such accesses:

NO OBJECTION, I WISH TO PURSUE:

Name (Print)

Social Security Number

Signature (Print name if submitting electronically)

Date

I acknowledge and understand the security requirements referred to above and desire my application to be limited to those areas for which the United States Government does not require such an investigation and/or polygraph examination:

OBJECTION, I DO NOT WISH TO PURSUE:

Name (Print)

Social Security Number

Signature (Print name if submitting electronically)

Date



Personnel Security, Staffing and Recruiting Operations, Support Team

WAIVER

RE: Leidos Federal Security Processing Eligibility Assessment

I understand that relative to the completion of the Personnel Evaluation Form (PEF) or the Personnel Security Questionnaire, for the purpose of being considered or submitted for a Security Investigation, Clearance, or Access, my answers and statements on these forms are privileged information between the United States Government, and myself, and need not be disclosed to Leidos.

I hereby waive this privilege and authorize designated Leidos Security personnel to review any portion necessary of the PEF/Personnel Security Questionnaire for security assessment or clearance submittal purposes. I understand that the entries on my PEF/Personnel Security Questionnaire will not be seen or exposed to anyone outside of Leidos Personnel Security.

-----**Acknowledge Below**-----
-

I hereby affirm that the foregoing entries made by me on the Personnel Evaluation Form (PEF) or the Personnel Security Questionnaire are true, complete, and accurate to the best of my knowledge and belief and are made in good faith and voluntarily. I understand that any misrepresentation, false information or false statements presented by me may disqualify me from employment with the Leidos Corporation or will be sufficient grounds for discharge from employment. I understand that the Personnel Evaluation Form (PEF) or the Personnel Security Questionnaire will be used for Leidos security purposes only and it's completion does not guarantee nor imply that I will be granted a selection interview or employment. I further understand that the completed Personnel Evaluation Form (PEF) or the Personnel Security Questionnaire will be maintained on file for six months then destroyed if I am not selected for employment:

Name of Applicant

Signature of Applicant, (Print name if submitting electronically)

Date



Personnel Security, Staffing and Recruiting Operations, Support Team

Personnel Evaluation Form (PEF)

INSTRUCTIONS: Read and sign the Waiver statements at the beginning of this questionnaire before entering the required data. Print all answers. All questions and statements must be completed. If the answer is "None", so state. **Do not misstate or omit material fact, as the statements made herein are subject to verification.** If more space is needed, attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in strict confidence.

Personal Information:

(Print) Last Name, First Name, Middle Name:

Mother's Maiden Name:

Alias(es), Nicknames(s) or official changes in Name (other than marriage):

Social Security Number:

Date of Birth:

Place of Birth (City, State, Country):

Current Residential Address (Number, Street, City, State, Zip Code-No P.O. Boxes please):

Home Phone:

Cell Phone:

Work Phone:

Email:

Education:

Last or most recent school attended:

City/State:

Graduation date (if applicable):

Employment:

Please be advised that Leidos may need to contact your current and/or previous employers immediately after accepting a position with us. This is a mandatory process for some US Government Contracts to satisfy their Suitability and Security Requirements.

May we contact your current and previous employers if deemed contractually necessary? Yes ☐ No ☐

Current or most recent Employer:

Dates Employed:

From:

To: (put "present" if still employed)

Position Title:

Supervisor:

Employer's Address:

Personnel Evaluation Form (PEF)

Most of the questions listed below require just a YES/NO answer. Should the question need further explanation or require a narrative response, please use the appropriate continuation sheets provided at the end of this form

1. CITIZENSHIP

Mark the box at the right of the below categories that reflects your current citizenship status:

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession		<input type="checkbox"/>
I am a U.S. citizen, but I was NOT born in the U.S (NATURALIZED) <i>*If YES, see continuation sheet</i>		<input type="checkbox"/>
I am not a U.S. citizen		<input type="checkbox"/>
	YES	NO
Are all (living) members of your immediate family (Mother, Father, Stepparents, Spouse, Children, Brothers, Sisters, Step or Half Brothers/Sisters), or current Cohabitant and or roommate(s)/Housemate(s) <u>U.S. Citizens?</u> (Born in the U.S./ U.S. territories/ abroad to U.S. citizens)	<input type="checkbox"/>	<input type="checkbox"/>
Are any (living) members of your immediate family (Mother, Father, Stepparents, Spouse, Children, Brothers, Sisters, Step or Half Brothers/Sisters), or current Cohabitant and or roommate(s)/Housemate(s) <u>Naturalized U.S. Citizens?</u>	<input type="checkbox"/>	<input type="checkbox"/>
Are <u>you</u> or any (living) members of your immediate family (Mother, Father, Stepparents, Spouse, Children, Brothers, Sisters, Step or Half Brothers/Sisters) <u>Dual citizens?</u> <i>Active citizenship status with both the U.S. and a foreign nation.</i> If YES, additional information requested: see continuation sheet	<input type="checkbox"/>	<input type="checkbox"/>
Are any (living) members of your immediate/extended family (Mother, Father, Stepparents, Spouse, Children, Brothers, Sisters, Step or Half Brothers/Sisters, Grandparents, Uncles/Aunts, Cousins, Nephews/Nieces, in-laws), or current Cohabitant and/or Roommate(s)/Housemate(s) <u>Not U.S. Citizens?</u>	<input type="checkbox"/>	<input type="checkbox"/>

2. FOREIGN ACTIVITIES

If YES, to any of the below questions, additional information requested: see continuation sheet

	YES	NO
Do you have any foreign property, business connections, or direct financial interests?	<input type="checkbox"/>	<input type="checkbox"/>
Are you now or have you ever been employed by or acted as a consultant for a foreign government firm or agency?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any direct or continuous contact with a foreign government, its establishments, (Embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Do not include routine Visa applications or brief encounters such as embassy tours, parties etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently possess or within the last 10 years, have you ever possessed an active foreign passport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled abroad for more than a year total, over the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>

3. MILITARY SERVICE

	YES	NO
Have you ever served in the U.S. Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
If YES : BRANCH: _____ DISCHARGE type: _____		
Have you ever served in the Armed Forces of any foreign nation? <i>If "YES" Additional information requested: see continuation sheet</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received other than an honorable discharge from the military? <i>If "YES" Additional information requested: see continuation sheet</i>	<input type="checkbox"/>	<input type="checkbox"/>

During your military service, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (NJP, Article 15, Letter of reprimand, Captain’s mast, etc.)

☐☐

If “YES” Additional information requested: see continuation sheet

Personnel Evaluation Form (PEF)

4. EMPLOYMENT

Has any of the following employment actions happened to you in the last 10 years?

If YES, to any of the below questions, additional information requested: see continuation sheet

These questions do not apply if you were laid off from a position due to reduction of workforce, loss of contract, downsizing etc.

	YES	NO
Been fired from a job? (Code 1)	<input type="checkbox"/>	<input type="checkbox"/>
Quit a job after being told you’d be fired? (Code 2)	<input type="checkbox"/>	<input type="checkbox"/>
Left a job by mutual agreement following allegations of misconduct? (Code 3)	<input type="checkbox"/>	<input type="checkbox"/>
Left a job by mutual agreement following allegations of unsatisfactory performance? (Code 4)	<input type="checkbox"/>	<input type="checkbox"/>
Left a job for other reasons under unfavorable circumstances? (Code 5)	<input type="checkbox"/>	<input type="checkbox"/>

5. CRIMINAL HISTORY

For the questions listed below, please provide all requested information regardless of whether the record in your case has been “sealed”, expunged or otherwise stricken from the court record or charges were dismissed, thrown out, dropped against you or you were found not guilty. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844

If YES, to any question below, additional information requested: see continuation sheet

	YES	NO
Have you ever been charged with or convicted of any felony or misdemeanor offenses?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been sentenced to incarceration of 365 days or more (regardless if time was served or not)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or convicted of a firearms or explosive offense?	<input type="checkbox"/>	<input type="checkbox"/>
Are there currently any charges pending against you for any criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever you been arrested, charged with, ticketed, cited, accused and /or convicted of any offense(s) not listed” above? (Leave out traffic fines under \$150.00 unless the violation was alcohol or drug related).	<input type="checkbox"/>	<input type="checkbox"/>

6. ILLEGAL DRUG USE

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be the grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceedings.

Examples of illegal drugs (but not an all inclusive list): Marijuana, Cocaine, Crack Cocaine, Hashish, Narcotics (opium, morphine, codeine, heroin etc.), Amphetamines, Depressants (barbiturates, methaqualones, tranquilizers etc.), Hallucinogens (LSD, PCP, Psychedelic mushrooms etc.), Designer Drugs/Club Drugs (Ecstasy, GHB, Synthetic Heroin etc.)Inhalants (Nitrous oxide, Amyl Nitrite, Butyl Nitrite, Aerosol products etc.).

Trying or experimenting with an illegal drug, even (1) time, constitutes use

If YES, to any of the below questions, additional information requested: see continuation sheet

	YES	NO
Since the age of 16, or in the last 10 years,(whichever is shorter) have you ever used any controlled substances (illegal drugs)?	<input type="checkbox"/>	<input type="checkbox"/>
In the last 10 years, have you been involved in the purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any controlled substances (IE: Marijuana, narcotics, depressants, stimulants, hallucinogens, or cannabis) for your own profit or that of another?	<input type="checkbox"/>	<input type="checkbox"/>
In your lifetime, have you ever used a controlled substance (i.e. Marijuana, Cocaine etc.) while employed as a law enforcement officer, prosecutor, court room official; while possessing a security	<input type="checkbox"/>	<input type="checkbox"/>

clearance of any level; or while in a position directly affecting the public safety?

Since the age of 16 or within the last ten years (which ever is shorter) have you ever intentionally misused or abused prescription drugs or medication? ☐ ☐

Personnel Evaluation Form (PEF)

7. COMPUTER MISUSE/POLICY VIOLATION

YES, to any of the below questions, additional information requested: see continuation sheet

	YES	NO
Have you ever deliberately or intentionally misused a computer or information system? (I.E. Unauthorized access, alteration of data or systems, hacking, mishandling of classified or sensitive data, circumventing security measures etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever willfully, knowingly and/or directly violated company or school computer use policy?	<input type="checkbox"/>	<input type="checkbox"/>

8. SECURITY AND CLEARANCE HISTORY

	YES	NO
Have you ever held a Government issued security clearance, special access or position of public trust? (IE: Confidential, Secret, Top Secret, Top Secret/SCI, Public Trust)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a security clearance/investigation denied, suspended or revoked? If YES, additional information requested: see continuation sheet	<input type="checkbox"/>	<input type="checkbox"/>

9.CREDIT AND FINANCIAL HISTORY

In answering the following questions, go back to your 16th birthday or the last 10 years, whichever is shorter.
YES, to any of the below questions, additional information requested: see continuation sheet

	YES	NO
Are you currently behind on <i>any</i> bills, loans, debts or credit accounts by 90 days or more?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been behind 180 days or more on any bills, loans, debts or credit accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed for or declared bankruptcy, to include the “Wage Earner’s Plan”?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been delinquent on Federal & State income taxes or Federally supported loans?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a party to any public record civil court action (not to include divorce actions)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had your wages involuntarily garnished?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a lien placed against your property and/or had any judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any purchased goods or property repossessed?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been contacted by a collection agency for non-payment on any bill, credit account or debt?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a home or property go into foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>

10. LOYALTY AND ALLEGIANCE TO THE UNITED STATES

	YES	NO
Have you ever been an officer or member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further activities?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?	<input type="checkbox"/>	<input type="checkbox"/>

11. RESIDENCY

	YES	NO
Have you resided in the United States continuously for the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you resided in the United States continuously for the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>

END

Personnel Evaluation Form (PEF)
CONTINUATION SHEET

If any of the above answers prompted you for more detailed information please make sure that it is provided in the attached continuation sheets. If more space is needed, you can use an additional word document or separate sheet of paper. Please make sure that any additional documents attached have the corresponding section number and question listed.

Place information under appropriate section number.

1. CITIZENSHIP:

For the purpose of Federal Security Processing it is permissible to make photocopies of required naturalization and/or citizenship documents. Please be advised that **ONLY** black and white copies of the Naturalization and Citizenship certificates can be made. Color copies will **NOT** be accepted. Please contact the United States Immigration Service Center at (1-800-870-3676) if you would like verification on making photocopies or have any questions about your documents.

YOUR UNITED STATES CITIZENSHIP

If you are a United States Citizen, but were not born in the United States, provide information about one or more of the following proofs of your current United States citizenship. Please provide copies of chosen document to Personnel Security.

Your U.S. Naturalization Certificate Number: _____

Month/Day/Year Issued: _____

Where were you naturalized? (City, State) _____

Your U.S. Citizenship Certificate Number: _____

Month/Day/Year Issued: _____

Where was the certificate issued? (City, State) _____

Your State Department Form 240 –

Report of Birth Abroad of a Citizen of the United States: _____

Month/Day/Year Issued: _____

Why was the form 240 issued? *i.e. military parent(s) stationed overseas:*

Where was the certificate issued? _____

Your U.S. Passport Number: _____

Month/Day/Year Issued: _____

DUAL CITIZENSHIP: A status in which a person is concurrently regarded as a citizen of the United States and another country.

List yourself or immediate family members who practice dual citizenship:

Name: _____

Relationship to applicant: _____

Other country of citizenship: _____

Holds a passport with this country? YES ☐ NO ☐

Name: _____

Relationship to applicant: _____

Other country of citizenship: _____

Holds a passport with this country? YES ☐ NO ☐

Name: _____

Relationship to applicant: _____

Other country of citizenship: _____

Holds a passport with this country? YES ☐ NO ☐

Name: _____

Relationship to applicant: _____

Other country of citizenship: _____

Holds a passport with this country? YES ☐ NO ☐

Personnel Evaluation Form (PEF)

CONTINUATION SHEET

2. FOREIGN ACTIVITIES:

List any foreign property you own, any foreign business connections, or direct foreign based financial interests:

List any foreign employment (company/firm name-location-dates of employment):

List any frequent or continuous contact with a foreign government, its establishments (Embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business.
(Do not include routine Visa applications or brief encounters such as embassy tours, parties etc.)

Your Foreign Passport

Foreign Passport Number: _____

Country of issuance: _____

Month/Day/Year Issued: _____

Active or Expired? _____

Would you be willing to surrender your passport to the U.S. Government if asked? YES ☐ NO ☐

3. MILITARY SERVICE:

SERVICE IN A FOREIGN MILITARY

List any Non US military service (branch of service-nation of service-dates of service): _____

United States Military Service (Discharge)

List any Military Discharge if issued anything other than an Honorable Discharge:

DISCHARGE type: _____ Year of Discharge: _____

Reasons for discharge: _____

United States Military Service (Disciplinary Proceedings or Actions)

List any Disciplinary proceedings received under the U.S. Uniform Code of Military Justice:

Type of Article or Charge Received: _____

Date of record: _____

Reasons for Article or charge: _____

Personnel Evaluation Form (PEF)

CONTINUATION SHEET

4. EMPLOYMENT:

This question does not apply if you were laid off from a position due to reduction of workforce, downsizing etc.

Code 1: Been fired from a job

Code 2: Quit after being told you'd be fired

Code 3: Left a job by mutual agreement following allegations of misconduct

Code 4: Left a job by mutual agreement following allegations of unsatisfactory performance

Code 5: Left a job for other reasons under unfavorable conditions

Code: _____

Date of Termination: _____

Employer & Address: _____

Reason given for termination: _____

Code: _____

Date of Termination: _____

Employer & Address: _____

Reason given for termination: _____

5. CRIMINAL HISTORY:

Please provide all requested information regardless of whether the record in your case has been "sealed", expunged or otherwise stricken from the court record or charges were dismissed, thrown out, dropped against you or you were found not guilty. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844

List most recent Offense or Charge first

Offense or charge: _____

Type of charge: Felony ☐ Misdemeanor ☐ Other ☐ Not Sure ☐

Location of incident (City and State): _____

Date of incident: _____

Law Enforcement Authority (Arresting agency): _____

Court of Record (City & State): _____

Outcome of case (Guilty, Not Guilty, Case Pending etc.): _____

Reasons or incident leading to arrest and/or charge: _____

Actions issued by the court: (Jail time, fines, probation, license suspension etc.): _____

Personnel Evaluation Form (PEF)
CONTINUATION SHEET

5. CRIMINAL HISTORY (Continued):

Offense or charge: _____ *Type of charge:* Felony ☐ Misdemeanor ☐ Other ☐ Not Sure ☐

Location of incident (City and State): _____ Date of incident: _____

Law Enforcement Authority (Arresting agency): _____ Court of Record (City & State): _____

Outcome of case (Guilty, Not Guilty, Case Pending etc.): _____

Reasons or incident leading to arrest and/or charge: _____

Actions issued by the court: (Jail time, fines, probation, license suspension etc.): _____

Offense or charge: _____ *Type of charge:* Felony ☐ Misdemeanor ☐ Other ☐ Not Sure ☐

Location of incident (City and State): _____ Date of incident: _____

Law Enforcement Authority (Arresting agency): _____ Court of Record (City & State): _____

Outcome of case (Guilty, Not Guilty, Case Pending etc.): _____

Reasons or incident leading to arrest and/or charge: _____

Actions issued by the court: (Jail time, fines, probation, license suspension etc.): _____

Offense or charge: _____ *Type of charge:* Felony ☐ Misdemeanor ☐ Other ☐ Not Sure ☐

Location of incident (City and State): _____ Date of incident: _____

Law Enforcement Authority (Arresting agency): _____ Court of Record (City & State): _____

Outcome of case (Guilty, Not Guilty, Case Pending etc.): _____

Reasons or incident leading to arrest and/or charge: _____

Actions issued by the court: (Jail time, fines, probation, license suspension etc.): _____

Personnel Evaluation Form (PEF)

CONTINUATION SHEET

6. ILLEGAL DRUG USE:

Note: Legalized/Tolerated/Culturally accepted drug use (Marijuana, Hashish, Opium, Heroin etc.) in foreign nations is **NOT** accepted by the United States Government and falls under illegal use for the purpose of a Federal background investigation. Please make mention of any foreign drug use, if applicable, during your security eligibility interview and list uses below as well.

Trying or experimenting with an illegal drug, even (1) time, constitutes use. List Illegal Drug Use, experimentation and abuse below:

Drug type Used: _____ First use: (Month/Year): _____ Last use: (Month/Year) _____

Approx. Number of Times Used: _____ Reason(s) for use: _____

Intentions of future or further use? : YES ☐ NO ☐ NOT SURE ☐

Drug type Used: _____ First use: (Month/Year): _____ Last use: (Month/Year) _____

Approx. Number of Times Used: _____ Reason(s) for use: _____

Intentions of future or further use? : YES ☐ NO ☐ NOT SURE ☐

List any direct involvement with the purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any controlled substances (IE: Marijuana, narcotics, depressants, stimulants, hallucinogens, or cannabis) for your own profit or that of another:

Date(s) of involvement: _____ Type of involvement: _____

Type of drug(s) involved with: _____

Reasons for Involvement: _____

List any use of a controlled substance (i.e. Marijuana, Cocaine etc.) while employed as a law enforcement officer, prosecutor, court room official; while possessing a security clearance of any level; or while in a position directly affecting the public safety?

Drug type Used: _____ First use: (Month/Year): _____ Last use: (Month/Year) _____

Approx. Number of Times Used: _____ Reason(s) for use: _____

Intentions of future or further use? : YES ☐ NO ☐ NOT SURE ☐

Since the age of 16 or within the last ten years (which ever is shorter) list any intentional misuse or abuse of prescription drugs or medication:

Name of Prescription Drug abused: _____ Approx. Number of Times abused: _____

First use: (Month/Year): _____ Last use: (Month/Year) _____

Reason(s) for abuse: _____

Name of Prescription Drug abused: _____ Approx. Number of Times abused: _____

First use: (Month/Year): _____ Last use: (Month/Year) _____

Reason(s) for abuse: _____

Personnel Evaluation Form (PEF)

CONTINUATION SHEET

7. COMPUTER MISUSE/POLICY VIOLATION:

Type of computer misuse/policy violation: _____ Date of incident: _____

Reason(s) for incident: _____

Type of computer misuse/policy violation: _____ Date of incident: _____

Reason(s) for incident: _____

8. SECURITY AND CLEARANCE HISTORY:

List date/type of action/reason given for any Government clearance issues denials, suspensions or revocations:

9. CREDIT AND FINANCIAL HISTORY:

Are you currently behind on any bills, debts, taxes, child support or credit accounts by 90 days or more? Have you Ever been behind 180 days or more on any bills, credit accounts or debts? List Overdue Debt and or account Information below:

Incurred Date: _____ Satisfied Date: _____ Amount: \$ _____

Type of Loan, Bill or Obligation: _____ Reason for Delinquency: _____ Name of Creditor, Lender or Obligor: _____

If debt is not satisfied are you in current contact with the creditor, lender or obligee? YES ☐ NO ☐

Incurred Date: _____ Satisfied Date: _____ Amount: \$ _____

Type of Loan, Bill or Obligation: _____ Reason for Delinquency: _____ Name of Creditor, Lender or Obligor: _____

If debt is not satisfied are you in current contact with the creditor, lender or obligee? YES ☐ NO ☐

Incurred Date: _____ Satisfied Date: _____ Amount: \$ _____

Type of Loan, Bill or Obligation: _____ Reason for Delinquency: _____ Name of Creditor, Lender or Obligor: _____

If debt is not satisfied are you in current contact with the creditor, lender or obligee? YES ☐ NO ☐

Incurred Date: _____ Satisfied Date: _____ Amount: \$ _____

Type of Loan, Bill or Obligation: _____ Reason for Delinquency: _____ Name of Creditor, Lender or Obligor: _____

Personnel Evaluation Form (PEF)

CONTINUATION SHEET

9. CREDIT AND FINANCIAL HISTORY (Continued):

Filed for or declared bankruptcy to include the "Wage Earner's Plan"

Type or Chapter: _____ Amount: \$ _____

Court of Record (include city & state): _____ Date of filing: _____

Discharged? YES ☐ NO ☐ If YES-List Date of Discharge: _____

Reason for filing or declaration: _____

Type or Chapter: _____ Amount: \$ _____

Court of Record (include city & state): _____ Date of filing: _____

Discharged? YES ☐ NO ☐ If YES-List Date of Discharge: _____

Reason for filing or declaration: _____

Public Record Civil Court Actions (please exclude cases of Divorce or Separation)

Date: _____ Nature of Action: _____

Plaintiff or Defendant? (Please clarify: _____ City/state of Court: _____

Outcome of Action/Court Decision: _____ Name of Parties Involved: _____

Financial/Credit Issues (Garnishments, Liens, Repossessions, Collections, Foreclosures etc.)
Please provide basic information (Date/Type of action/Circumstances/Amount owed etc.) for any YES answered
Financial/Credit Question(s) that has not been already answered in the above sections.

10. LOYALTY AND ALLEGIANCE TO THE UNITED STATES:

Any needed comments, information or details in regards to your loyalty and allegiance to the United States in response to any YES answer(s) to either of the questions in Section 10. Please provide in the space below:
