



## Department of Naval Science

From: NROTC Battalion Officer  
To: Incoming Scholarship Students

Subj: NROTC PURDUE REQUIRED PAPERWORK FOR INCOMING STUDENTS ON SCHOLARSHIP

1. The following documents must be completed in order to participate as a Midshipman in the NROTC program with a **National NROTC Scholarship**. Please return this to us no later than 1 July.

2. Please only print and return pages 3 through 14 to us. You can fill out and retain the remainder of the pages, as you will have to enter all the information on those pages into the Department of Defense's electronic security clearance adjudication system once you are at Purdue University.

3. If any information needs to be hand written, please ensure you use black ink, print legibly in all capital letters, and sign all required signature spots in black ink. If you have any questions regarding the completion of any of the forms attached to this file please contact myself or our Human Resource Advisor for assistance. He may be reached either at [nrotcgs@purdue.edu](mailto:nrotcgs@purdue.edu) or (765) 494-2067.

4. General guidance on the purpose of each of the forms included in this package:

**A. Scholarship Student Letter of Understanding (pages 3-4):**

- 1) This form is to confirm that you understand several important basic policies and procedures of the NROTC program.

**B. Personal Data Sheet (pages 5-6):**

- 1) This form is used to provide NROTC Purdue with your personal, demographic, scholastic, and home of record information. This form is also used to directly deposit your stipend and book allowance payments into your bank's checking or savings account.
- 2) Please use the codes as necessary from page 5.

**C. Record of Emergency Data (pages 7-8):**

- 1) This form is used to provide NROTC Purdue with your next-of-kin contact information so that we can contact them in the event of an emergency and determine financial benefits (if eligible).
- 2) Most people will only need to fill out blocks 33, 34, 36, 37, and 78 (PNOK & SNOK).
- 3) Signature required in block 79 on page 8.

**D. Report of Medical History (pages 9-11):**

- 1) This form is to document any changes in your physical/medical status since your DoDMERB physical. We will have access to your DoDMERB physical, but you need to note changes in your medical history since your DoDMERB physical. If there are no changes, please note that and sign it.

- E. **Required Immunizations and Medical Tests Check-off sheet (page 12):**
- 1) This form provides a list of all required immunizations and tests that are needed for participation in NROTC Purdue. Please annotate on this form when the last vaccination/test was completed.
- F. **NROTC Purdue Supply information sheet (page 13):**
- 1) This form will be provided to our Supply Officer for the ordering of correctly sized uniforms for you. Follow the measurement instructions on the form for your measurements. You will be issued uniforms during our New Student Orientation, at no cost. Specific uniform measurement and sizing questions can be directed to Mr. Mike O'Malley, at 765-494-2054 or mbomalley@purdue.edu.
- G. **Authorization for Release of Student Information (page 14):**
- 1) This form allows NROTC Purdue staff to access your Purdue University records. If you are under the age of 18 this must be signed by both you and your legal guardian.
- H. **Electronic Personnel Security Questionnaire (SF-86) Worksheet:**
- 1) **DO NOT MAIL THIS FORM TO NROTC PURDUE. COMPLETE AND BRING A COPY WITH YOU TO SCHOOL.** The process of obtaining a security clearance is initiated by filling out an online application during the fall of your freshman year. This application is rather lengthy and detailed and may require information you do not have access to while at Purdue. To expedite this process we request that you complete the SF-86 while at home, bring it with you to Purdue, and fill out the online application using the paper copy that you previously filled out.
5. Please mail or FedEx your completed paper work to:
- Battalion Officer  
Naval ROTC Purdue University  
812 Third St  
West Lafayette, IN 47907-2006  
ATTN: Scholarship Student Paperwork**
6. If you have any questions you can contact me at [nrotcbo@purdue.edu](mailto:nrotcbo@purdue.edu) or (765) 494-2061.

//Signed//  
Battalion Officer  
NROTC Purdue University



## Scholarship Student Letter of Understanding

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Last, First MI)

Naval Option: ☐ Marine Option: ☐

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This letter has been drafted to help clarify some of the more common misconceptions experienced by scholarship students in the past. This is not a complete list of scholarship guidelines, just a few of the more important ones. Please initial in the block to the right of each paragraph after reading.

"I understand that I have accepted a Navy Scholarship and that all required tuition and lab fees for my degree plan will be paid by the Department of the Navy. I will receive a book stipend \_\_\_\_\_ semester as well as a monthly subsistence stipend." ☐

"I understand that ALL Naval Science books must be returned to the NROTC Unit during the designated timeframes at the end of each semester, unless prior retention approval is granted. Failure to do so may result in the withholding of grades, tuition, stipend and possible disciplinary action.(Uniforms not included)" ☐

"I understand the Commanding Officer can approve Summer School tuition, However I must request this through my Company Officer and notify the Supply Officer after approval. This does not obligate me to attend only for the processing of the proper budget request." ☐

"I understand that it is my responsibility to keep my personal contact Information up to date with the NROTC Unit and with Purdue University." ☐

"I understand that I am required to return the Purdue University Intent to Attend Class form prior to the assigned deadline each semester. If I fail to do so I could be dropped from all registered classes. I will be required to pay any late registration fees that are incurred as a result. If I do not receive the form, I will contact Purdue University to confirm my registration for next semester's classes." ☐

"I understand that I am responsible for paying any of the following fees: Lab fees for subjects not required by my major, late registration fees, late payment fees, parking fees and tickets, food charges and room and board fees. If I have questions regarding any fees I will contact my Company Officer." ☐

"I understand that I am required to provide my Company Officer of the NROTC unit a schedule of my classes each semester and whenever it is revised. If I desire to take any courses at a University or College other than Purdue I must first contact my Company Officer and request permission from the Commanding Officer, if I register prior to permission being granted I will be responsible for all tuition, books and fees."

☐

"I understand I am not to obligate myself with the expectation of reimbursement without prior approval from the Commanding Officer and proper documentation from the Supply Officer."

☐

"I understand that the Military Service Obligation of eight years will not commence until I begin my commission, if I fail to obtain a commission and choose to enlist my Military Service Obligation may be adjusted to account for time participated in the NROTC program."

☐

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I, \_\_\_\_\_, acknowledge the above scholarship guidelines, and that the NROTC Unit will hold me accountable."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# \*CODES TO COMPLETE PERSONAL DATA AND OPMIS INFORMATION SHEET

## APPROVED RACE AND ETHNIC CODES

### Race Codes:

DOD		DOD	New DOD Combined	DOD	New DOD Combined
Race:	New DOD Race Description:	Race:	Race Description:	Race:	Race Description:
A	American Indian or Alaska Native	H	A AND B	W	A, D AND E
B	Asian	J	A, B AND C	X	A AND E
C	Black or African American	K	A, B, C AND D	Y	B AND C
D	Native Hawaiian or Other Pacific Islander	L	A, B, C, D AND E	Z	B, C AND D
E	White	M	A, B, C AND E	1	B,C,D AND E
		N	A, B AND D	2	B,C AND E
		P	A, B, D AND E	3	B AND D
		Q	A, B AND E	4	B, D AND E
		R	A AND C	5	B AND E
		S	A, C AND D	6	C AND D
		T	A, C, D AND E	7	C, D AND E
		U	A, C AND E	8	C AND E
		V	A AND D	9	D AND E

### Ethnic Codes:

Code:	Ethnicity Description:	Code:	Ethnicity Description:	Code:	Ethnicity Description:
1	Hispanic	8	Aleut	L	Polynesian
2	American Indian	9	Cuban	Q	Other Pacific Islander
3	Asian	D	India Indian	S	Latin American Hispanic
4	Puerto Rican	E	Melanesian	V	Vietnamese
5	Filipino	G	Chinese	W	Micronesian
6	Mexican	J	Japanese	X	Other - Not in Options
7	Eskimo	K	Korean	Y	None
				Z	Unknown or Failed to respond

### Program Code

4A	Four Year Scholarship	None	No prior involvement with Navy	V	ACDU Navy
5s	Three Year Scholarship		Military Education Programs	C	ACDU Marines
5A	College Program	I	NSI	O	Other
		J	NJROTC		

### Source Code

## PREVIOUS MILITARY SERVICE CODES

Code:	Description:	Code:	Description:
None	NO PRIOR MILITARY SERVICE	N	ACTIVE NAVY ENLISTED SERVICE
A	ACTIVE ARMY COMMISSIONED SERVICE	P	ACTIVE ARMY ENLISTED SERVICE
B	ACTIVE AIR FORCE COMMISSIONED SERVICE	Q	ACTIVE AIR FORCE ENLISTED SERVICE
C	ACTIVE COAST GUARD COMMISSIONED SERVICE	R	ACTIVE COAST GUARD ENLISTED SERVICE
D	ACTIVE MARINE CORPS COMMISSIONED SERVICE	S	ACTIVE MARINE CORPS ENLISTED SERVICE
E	ACTIVE NATIONAL GUARD COMMISSIONED SERVICE	T	ACTIVE NATIONAL GUARD ENLISTED SERVICE
F	ACTIVE FOREIGN COMMISSIONED SERVICE	U	ACTIVE FOREIGN ENLISTED SERVICE
G	OTHER ACTIVE COMMISSIONED SERVICE	V	OTHER ACTIVE ENLISTED SERVICE

## EDUCATION CODES

Parents highest level of education	Code:	High School Type:	City Demographic Type:
8 OR LESS, 9, 10, 11, 12, 13, 14, 15, 16, 17+	1	Public > 100	Urban > 500,000
	2	Public < 100	Suburban < 500,000
	3	Private > 100	Rural
	4	Private < 100	

**PERSONAL DATA AND OPMIS INFORMATION SHEET**

**\*Please use codes on attached sheet to complete this form!**

**PERSONAL AND DIRECT DEPOSIT ACCOUNT INFORMATION:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Last, First MI)  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religious Preference: \_\_\_\_\_  
DDMMYYYY City, State (State religion or No Pref)  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Sex: ☐ Male  
☐ Female  
Have you registered with the Selective Service: ☐ Yes Selective ☐ No Service Number: \_\_\_\_\_  
Account Info: ☐ Checking ☐ Savings Bank Name: \_\_\_\_\_  
Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION\*:**

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Eagle ☐ Yes Junior ☐ Yes Which: \_\_\_\_\_  
Scout: ☐ No ROTC: ☐ No  
Were your parents Career Military: ☐ Yes Highest Education Level Of: \_\_\_\_\_ Mother  
☐ No \_\_\_\_\_ Father  
Are you single, married or divorced? \_\_\_\_\_ How many dependents do you have: \_\_\_\_\_

**EDUCATION INFORMATION\*:**

High School Percentile Rank: \_\_\_\_\_ High School Type: \_\_\_\_\_ City Demographic Type: \_\_\_\_\_  
Highest School Grade Completed: \_\_\_\_\_ Name of College Attended: \_\_\_\_\_  
Intended Major: \_\_\_\_\_

**MILITARY INFORMATION\*:**

Program Code: \_\_\_\_\_ Option: ☐ Navy Previous Military Status: \_\_\_\_\_  
Source Code: \_\_\_\_\_ ☐ Marines

**CONTACT INFORMATION:**

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
**Home of Record, indicate address as shown on your authorization to report.**  
Home of Record Address: \_\_\_\_\_ Campus Address \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City, State, \_\_\_\_\_ City, State, \_\_\_\_\_  
Zip code: \_\_\_\_\_ Zip code: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name and their relationship to you (i.e. mother, father, brother, friend etc)  
Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City, State, \_\_\_\_\_ City, State, \_\_\_\_\_  
Zip code: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**REMARKS:**

# DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT ID <b>63235</b>		2. SHIP OR STATION <b>NROTC PURDUE UNIVERSITY, WEST LAFAYETTE, IN 47907</b>		3.		4.	
5. NAME OF SPOUSE				6. DATE OF BIRTH OF SPOUSE		7. RELATIONSHIP	
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTRY)				9. DATE MARRIED		10. CITIZENSHIP OF SPOUSE	
11. ADDRESS OF SPOUSE						12. DEP	
13. NAME OF CHILD OR DEPENDENT				14. DATE OF BIRTH		15. RELATIONSHIP	
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)						17. DEP	
18. NAME OF CHILD OR DEPENDENT				19. DATE OF BIRTH		20. RELATIONSHIP	
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)						22. DEP	
23. NAME OF CHILD OR DEPENDENT				24. DATE OF BIRTH		25. RELATIONSHIP	
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)						27. DEP	
28. NAME OF CHILD OR DEPENDENT				29. DATE OF BIRTH		30. RELATIONSHIP	
31. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)						32. DEP	
33. NAME OF FATHER							
34. ADDRESS OF FATHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)						35. DEP	
36. NAME OF MOTHER							
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTION BEFORE COMPLETING BLOCK 38)						38. DEP	
39. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		40. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		41. DATE		42. PLACE (CITY & STATE OR COUNTRY)	
43. WAS SPOUSE PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		44. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		45. DATE		46. PLACE (CITY & STATE OR COUNTRY)	
47. OTHER		48. ADDRESS				49. RELATIONSHIP	
50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)		51. ADDRESS				52. RELATIONSHIP	
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCE		54. ADDRESS				55. RELATIONSHIP	
						56. % <b>100</b>	
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS, SUBJECT TO SECNAV DETERMINATION		58. ADDRESS				59. % <b>80</b>	
60. BENEFICIARY(S) FOR GRATUITY (NO SPOUSE OR CHILD SURVIVING)		61. ADDRESS				62. RELATIONSHIP	
						63. % <b>100</b>	
64. LIFE INSURANCE DATE (NAME AND CO) (DO NOT INCLUDE SGLI)		65. ADDRESS				66. POLICY NUMBER	
67. RELIGION		68.		69.		70. RANK / RATE <b>MIDN</b>	
						71. PAGE <b>1</b>	
						72. OF PAGES <b>1</b>	
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)				74. SSN		75. USN <input type="checkbox"/>	
						76. USNR <input type="checkbox"/>	

NAVPERS 1070/602 (PART II) (FRONT)

NAVPERS 1070/602 (Rev. 7-72) (PART II) (BACK)

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS

NONE

78. REMARKS

PNOK:

SNOK:

Is beneficiary designation of S. G. L. I. on file?

☐

YES

☐

NO

DATE (If Yes)

NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOV'T LIFE INSURANCE.

79. SIGNATURE OF DESIGNATOR

80. SIGNATURE OF APPROVING OFFICER, TITLE, AND DATE

CERTIFICATION OF DESIGNATOR

I have reviewed the data entered on this form and certify that it is correct.  
Execute a new NAVPERS 1070/602 if data is not correct.

DATE	SIGNATURE OF DESIGNATOR	DATE	SIGNATURE OF DESIGNATOR



# REPORT OF MEDICAL HISTORY

OMB No. 0704-0413  
OMB approval expires  
Oct 31, 2017

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN).

**PRINCIPAL PURPOSE(S):** The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services.

**ROUTINE USE(S):** The Blanket Routine Uses found at <http://dpdd.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> apply to this collection.

**DISCLOSURE:** Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.

**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, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

2. SOCIAL SECURITY NUMBER

3. TODAY'S DATE (YYYYMMDD)

4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)

5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)

b. HOME TELEPHONE (Include Area Code)

## X ALL APPLICABLE BOXES:

### 6.a. SERVICE

☐ Army ☐ Coast Guard  
☐ Navy  
☐ Marine Corps  
☐ Air Force

### b. COMPONENT

☐ Regular  
☐ Reserve  
☐ National Guard

### c. PURPOSE OF EXAMINATION

☐ Enlistment ☐ Medical Board ☐ Other (Specify)  
☐ Commission ☐ Retirement  
☐ Retention ☐ U.S. Service Academy  
☐ Separation ☐ ROTC Scholarship Program

7.a. POSITION (Title, Grade, Component)

b. USUAL OCCUPATION

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)

9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

## HAVE YOU EVER HAD OR DO YOU NOW HAVE:

YES NO

- 10.a. Tuberculosis ☐ YES ☐ NO
- b. Lived with someone who had tuberculosis ☐ YES ☐ NO
- c. Coughed up blood ☐ YES ☐ NO
- d. Asthma or any breathing problems related to exercise, weather, pollens, etc. ☐ YES ☐ NO
- e. Shortness of breath ☐ YES ☐ NO
- f. Bronchitis ☐ YES ☐ NO
- g. Wheezing or problems with wheezing ☐ YES ☐ NO
- h. Been prescribed or used an inhaler ☐ YES ☐ NO
- i. A chronic cough or cough at night ☐ YES ☐ NO
- j. Sinusitis ☐ YES ☐ NO
- k. Hay fever ☐ YES ☐ NO
- l. Chronic or frequent colds ☐ YES ☐ NO
- 11.a. Severe tooth or gum trouble ☐ YES ☐ NO
- b. Thyroid trouble or goiter ☐ YES ☐ NO
- c. Eye disorder or trouble ☐ YES ☐ NO
- d. Ear, nose, or throat trouble ☐ YES ☐ NO
- e. Loss of vision in either eye ☐ YES ☐ NO
- f. Worn contact lenses or glasses ☐ YES ☐ NO
- g. A hearing loss or wear a hearing aid ☐ YES ☐ NO
- h. Surgery to correct vision (RK, PRK, LASIK, etc.) ☐ YES ☐ NO
- 12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.) ☐ YES ☐ NO
- b. Arthritis, rheumatism, or bursitis ☐ YES ☐ NO
- c. Recurrent back pain or any back problem ☐ YES ☐ NO
- d. Numbness or tingling ☐ YES ☐ NO
- e. Loss of finger or toe ☐ YES ☐ NO

## 12. (Continued)

YES NO

- f. Foot trouble (e.g., pain, corns, bunions, etc.) ☐ YES ☐ NO
- g. Impaired use of arms, legs, hands, or feet ☐ YES ☐ NO
- h. Swollen or painful joint(s) ☐ YES ☐ NO
- i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.) ☐ YES ☐ NO
- j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint ☐ YES ☐ NO
- k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc. ☐ YES ☐ NO
- l. Bone, joint, or other deformity ☐ YES ☐ NO
- m. Plate(s), screw(s), rod(s) or pin(s) in any bone ☐ YES ☐ NO
- n. Broken bone(s) (cracked or fractured) ☐ YES ☐ NO
- 13.a. Frequent indigestion or heartburn ☐ YES ☐ NO
- b. Stomach, liver, intestinal trouble, or ulcer ☐ YES ☐ NO
- c. Gall bladder trouble or gallstones ☐ YES ☐ NO
- d. Jaundice or hepatitis (liver disease) ☐ YES ☐ NO
- e. Rupture/hernia ☐ YES ☐ NO
- f. Rectal disease, hemorrhoids or blood from the rectum ☐ YES ☐ NO
- g. Skin diseases (e.g. acne, eczema, psoriasis, etc.) ☐ YES ☐ NO
- h. Frequent or painful urination ☐ YES ☐ NO
- i. High or low blood sugar ☐ YES ☐ NO
- j. Kidney stone or blood in urine ☐ YES ☐ NO
- k. Sugar or protein in urine ☐ YES ☐ NO
- l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.) ☐ YES ☐ NO
- 14.a. Adverse reaction to serum, food, insect stings or medicine ☐ YES ☐ NO
- b. Recent unexplained gain or loss of weight ☐ YES ☐ NO
- c. Currently in good health (If no, explain in Item 29 on Page 2.) ☐ YES ☐ NO
- d. Tumor, growth, cyst, or cancer ☐ YES ☐ NO



LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
<b>Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.</b>	
<b>HAVE YOU EVER HAD OR DO YOU NOW HAVE:</b>	<div style="display: flex; justify-content: space-between;"> <span>YES NO</span> <span>YES NO</span> </div>
<div style="display: flex;"> <div style="flex: 1;"> <p>15.a. Dizziness or fainting spells <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Frequent or severe headache <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. A head injury, memory loss or amnesia <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Paralysis <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Seizures, convulsions, epilepsy or fits <input type="radio"/> YES <input type="radio"/> NO</p> <p>f. Car, train, sea, or air sickness <input type="radio"/> YES <input type="radio"/> NO</p> <p>g. A period of unconsciousness or concussion <input type="radio"/> YES <input type="radio"/> NO</p> <p>h. Meningitis, encephalitis, or other neurological problems <input type="radio"/> YES <input type="radio"/> NO</p> </div> <div style="flex: 1;"> <p>16.a. Rheumatic fever <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Prolonged bleeding (as after an injury or tooth extraction, etc.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Pain or pressure in the chest <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Palpitation, pounding heart or abnormal heartbeat <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Heart trouble or murmur <input type="radio"/> YES <input type="radio"/> NO</p> <p>f. High or low blood pressure <input type="radio"/> YES <input type="radio"/> NO</p> </div> </div>	<div style="display: flex;"> <div style="flex: 1;"> <p>17.a. Nervous trouble of any sort (anxiety or panic attacks) <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Habitual stammering or stuttering <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Loss of memory or amnesia, or neurological symptoms <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Frequent trouble sleeping <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Received counseling of any type <input type="radio"/> YES <input type="radio"/> NO</p> <p>f. Depression or excessive worry <input type="radio"/> YES <input type="radio"/> NO</p> <p>g. Been evaluated or treated for a mental condition <input type="radio"/> YES <input type="radio"/> NO</p> <p>h. Attempted suicide <input type="radio"/> YES <input type="radio"/> NO</p> <p>i. Used illegal drugs or abused prescription drugs <input type="radio"/> YES <input type="radio"/> NO</p> </div> <div style="flex: 1;"> <p>18. FEMALES ONLY. Have you ever had or do you now have:</p> <p>a. Treatment for a gynecological (female) disorder <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. A change of menstrual pattern <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Any abnormal PAP smears <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. First day of last menstrual period (YYYYMMDD) <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Date of last PAP smear (YYYYMMDD) <input type="radio"/> YES <input type="radio"/> NO</p> </div> </div>
<div style="display: flex;"> <div style="flex: 1;"> <p>19. Have you been refused employment or been unable to hold a job or stay in school because of:</p> <p>a. Sensitivity to chemicals, dust, sunlight, etc. <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Inability to perform certain motions <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Inability to stand, sit, kneel, lie down, etc. <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Other medical reasons (If yes, give reasons.) <input type="radio"/> YES <input type="radio"/> NO</p> </div> <div style="flex: 1;"> <p>20. Have you ever been treated in an Emergency Room? (If yes, for what?) <input type="radio"/> YES <input type="radio"/> NO</p> </div> </div>	
<div style="display: flex;"> <div style="flex: 1;"> <p>21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) <input type="radio"/> YES <input type="radio"/> NO</p> </div> <div style="flex: 1;"> <p>22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.) <input type="radio"/> YES <input type="radio"/> NO</p> </div> </div>	
<div style="display: flex;"> <div style="flex: 1;"> <p>23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) <input type="radio"/> YES <input type="radio"/> NO</p> </div> <div style="flex: 1;"> <p>24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) <input type="radio"/> YES <input type="radio"/> NO</p> </div> </div>	
<div style="display: flex;"> <div style="flex: 1;"> <p>25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.) <input type="radio"/> YES <input type="radio"/> NO</p> </div> <div style="flex: 1;"> <p>26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.) <input type="radio"/> YES <input type="radio"/> NO</p> </div> </div>	
<div style="display: flex;"> <div style="flex: 1;"> <p>27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.) <input type="radio"/> YES <input type="radio"/> NO</p> </div> <div style="flex: 1;"> <p>28. Have you ever been denied life insurance? <input type="radio"/> YES <input type="radio"/> NO</p> </div> </div>	
<p>29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</p>	

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."



**NROTC Purdue**  
**IMMUNIZATION / TEST INFORMATION FORM**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Last, First MI)  
Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Estimated Grad Date: \_\_\_\_\_  
DDMMYYYY

---

To participate in the NROTC at Purdue University, you are required to provide us with the vaccinations and medical tests indicated below.

Vaccination Records:

Tetanus shot: \_\_\_\_\_ Blood Type: \_\_\_\_\_

MMR shot 1st: \_\_\_\_\_ Hematocrit test: \_\_\_\_\_

MMR shot 2<sup>nd</sup>: \_\_\_\_\_ Sickle Cell test: \_\_\_\_\_

PPD Screening: \_\_\_\_\_

\*Tetanus booster shot is good for ten years from the date received.

\*PPD Screening is good for three years from the date the test was read.

---

**PERSONAL INFORMATION:**

**CONTACT INFORMATION:**

13

**PERSONAL INFORMATION:**

From: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Subj: AUTHORIZATION OF RELEASE OF STUDENT INFORMATION

Signature

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**!!! STOP !!!**

---

**DO NOT MAIL IN THE EPSQ  
DATA FORM. THIS FORM IS  
TO ASSIST YOU WITH THE  
GATHERING OF THE DATA.**

**IT IS REQUIRED TO BE  
INPUTTED ELECTRONICALLY  
AFTER YOUR ARRIVAL AT  
NROTC PURDUE!**



# ELECTRONIC PERSONNEL SECURITY QUESTIONNAIRE SF86 WORKSHEET

This document is meant to be a detailed "Check List" in preparation for completing the SF86 on the Electronic Personnel Security Questionnaire (EPSQ). This is not a substitute for the actual SF86.

**DO NOT send this document to the Defense Security Service.**

Keep the following in mind when completing the EPSQ:

- Indicate Unk (Unknown) or FNU (First Name Unknown), MNU (Middle Name Unknown) or LNU (Last Name Unknown) if names are ABSOLUTELY irretrievable.
- Dates should be formatted as YYYY/MM/DD (e.g., 1995/03/28).
- Use the EPSQ on-screen help (Press F1) for individual fields or screens.
- See page 29 of this document for helpful hints on how to "navigate" around the EPSQ.

## Module 1: PERSONAL INFORMATION

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

Suffix (ie: II, III, or Jr.) : \_\_\_\_\_ \*  
SSN: \_\_\_\_\_

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

City/State: \_\_\_\_\_ County : \_\_\_\_\_ \*

Country: \_\_\_\_\_ Gender: Male Female

Maiden name (if applicable): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Day / Evening (circle one).

Home Phone: \_\_\_\_\_ Day / Evening (circle one).

Height: \_\_\_\_\_ (Feet/Inches: e.g., 5/11)

Weight: \_\_\_\_\_ (Pounds)

Hair color: \_\_\_\_\_

Eye color: \_\_\_\_\_

## Module 2: OTHER NAMES USED

Have you ever used another name: (Y / N)

If yes, FROM: \_\_\_\_\_ To: \_\_\_\_\_ (YYYY/MM/DD)

Name Used (Include first, middle, and last names) : \_\_\_\_\_

*Additional Names? Use the Continuation Space at the end of this worksheet.*

\*  
Can be left blank



# EPSQ SF86 Worksheet

## Module 3: CITIZENSHIP

What is your current citizenship status? (*Select One*): **(1) US Citizen** **(2) Not a US Citizen**  
*Follow Path (1) or (2) depending on your answer. Answer questions and follow arrows/directions as appropriate.*

**(1) US Citizen** (*You were either: born in the USA; born in a US Territory/Possession; Born Abroad of US Parents; or Naturalized*)

Enter Mother's Maiden Name: \_\_\_\_\_  
First Middle Last

- Were you born in the US (US Citizen) or in a US Territory/Possession (US National)? **(Y / N)** **If No**, follow arrow to the next question...

**If Yes**, answer the following:

- Are you now or were you a dual citizen of the US and another country? **(Y / N)**

**If No**, Proceed to Module 4, Residences

**If Yes**, answer the following:

- Enter the name of the country where you hold/held dual citizenship in addition to the United States: \_\_\_\_\_. Go to Module 4, Residences

➔ Where you born abroad of US parents? **(Y / N)**

**If No**, you have either a Naturalization or Citizenship Certificate. Follow arrow... **If Yes**, answer the following:

Citizenship Certificate Number: \_\_\_\_\_ (If none, enter N/A)

Issue Date: \_\_\_\_\_ (If none, enter Form 240 Date)

City: \_\_\_\_\_ (If none, enter N/A)

State: \_\_\_\_\_ (If none, enter DC)

State Dept. Form 240 Date: \_\_\_\_\_ (YYYY/MM/DD)

Proceed to question immediately below (US passport)...

- Do you currently hold or did you previously hold a US passport? **(Y / N)**

**If No**, follow arrow to the next question...

**If Yes**, answer the following:

Passport Number: \_\_\_\_\_

Passport Issue Date: \_\_\_\_\_ (YYYY/MM/DD)

Proceed to question directly below (Dual Citizenship)...

- ➔ Are you now or were you a dual citizen of the US and another country? **(Y / N)** **If No**, proceed to Module 4, Residences

**If Yes**, answer the following:

- Enter the name of the country where you hold/held dual citizenship in addition to the United States:

\_\_\_\_\_.

Go to Module 4, Residences

➔ Provide the following information:

Naturalization or Citizenship Certificate Number: \_\_\_\_\_

# EPSQ SF86 Worksheet

## Module 3: CITIZENSHIP (cont.)

Issue Date: \_\_\_\_\_ (YYYY/MM/DD)

City: \_\_\_\_\_

State: \_\_\_\_\_

Court Name: \_\_\_\_\_ (If none, enter N/A)

Proceed to question immediately below (U.S. passport)...

➤ Do you currently hold or did you previously hold a U.S. passport? (Y / N)

If No, follow arrow to the next question...

If Yes, answer the following:

Passport Number: \_\_\_\_\_

Passport Issue Date: \_\_\_\_\_ (YYYY/MM/DD)

Proceed to question directly below (Dual Citizenship)...

➤ Are you now or were you a dual citizen of the U.S. and another country? (Y / N)

If No, proceed to Module 4, Residences.

If Yes, answer the following:

➤ Enter the name of the country where you hold/held dual citizenship in addition to the United States: \_\_\_\_\_.

Go to Module 4, Residences.

(3) Not a U.S. Citizen (You were born outside the USA and do NOT have U.S. citizenship) \_

Enter Mother's Maiden Name: \_\_\_\_\_  
First Middle Last

Answer the following:

Alien Registration Number: \_\_\_\_\_

Date Entered U.S.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

## Module 4: WHERE YOU HAVE LIVED

- **Note:** If your Investigation Type is a Single Scope Background Investigation (SSBI), provide 10 years of residence info. Otherwise, provide 5 years of residence information. If the residence is over 5 years old, do NOT include a "Person who knew you at this address".

(1) Where have you lived? (Start with your PRESENT location).

FROM: \_\_\_\_\_ TO: PRESENT (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

# EPSQ SF86 Worksheet

\*  
ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? **(Y / N)** If yes...

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person who knew you at this address: *(Include first, middle, and last names):* \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

\*  
ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(2) Your **NEXT ADDRESS:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

\*  
ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/ COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? **(Y / N)** If yes...

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Complete only if residence was within the last five years):

Person who knew you at this address *(Include first, middle, and last names)* :

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

\*  
ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

# EPSQ SF86 Worksheet

(3) Your **NEXT ADDRESS:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

\*

ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? **(Y / N)** If yes...

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Complete only if residence was within the last five years):

Person who knew you at this address *(Include first, middle, and last names)* : \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

\*

ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(4) Your **NEXT ADDRESS:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

\*

ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? **(Y / N)** If yes...

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Complete only if residence was within the last five years):

Person who knew you at this address *(Include first, middle, and last names)* : \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

\*

ADDRESS LINE 2 : \_\_\_\_\_

# EPSQ SF86 Worksheet

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## (5) Your **NEXT ADDRESS:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

\*  
ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? **(Y / N)** If yes...

Explain: \_\_\_\_\_

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

(Complete only if residence was within the last five years):

Person who knew you at this address *(Include first, middle, and last names)* : \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

\*  
ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## **Module 5: WHERE YOU WENT TO SCHOOL**

**Option 1:** Did you attend school, beyond Jr. High, within the last 5 years (Periodic Reinvestigations, NACs, etc) or 10 years (SSBI)? **(Y / N)**

If "NO," go to Option 2, below...

If "YES," answer the following...

FROM: \_\_\_\_\_ To: \_\_\_\_\_

Type of education? *(Pick One)*

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

School Name: \_\_\_\_\_

Degree/Diploma/Other: \_\_\_\_\_

# EPSQ SF86 Worksheet

Award Date: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

\*

ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Person who knew you at above school (ONLY if the education occurred w/in the last 3 years).

Full Name (Include first, middle, and last names) : \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

\*

ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Phone: \_\_\_\_\_

**Option 2:** If you answered “no” to Option 1 above, review the following...

Have you attended school beyond high school? (Y / N)

- **Note:** If all education occurred more than 5 years ago (Periodic Reinvestigations, NACs, etc) or 10 years ago (SSBI), list most recent beyond high school, regardless of date.

If Yes, answer the following...

FROM: \_\_\_\_\_ To: \_\_\_\_\_

(Pick One)

Type of Education?

1. College/University/Military College
2. Vocational/Technical/Trade

School Name: \_\_\_\_\_

Degree/Diploma/other: \_\_\_\_\_

Award Date: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

\*

ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

# EPSQ SF86 Worksheet

## Module 6: YOUR EMPLOYMENT ACTIVITIES

(If your Investigation Type is a Single Scope Background Investigation (SSBI), provide 10 years of employment info. Otherwise, provide 5 years of employment information. You should list all full -time work, part -time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment.)

### (1) Your **CURRENT EMPLOYMENT**:

FROM: \_\_\_\_\_ To: PRESENT (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: (*If Military*): \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

\*  
JOB ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name (*Include first, middle, and last names*) : \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? (**Y / N**). If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

\*  
Employer's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? (**Y / N**). If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

\*  
Supervisor's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

# EPSQ SF86 Worksheet

## (2) Your **PREVIOUS EMPLOYMENT**:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: (*If Military*): \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

\*

JOB ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name (*Include first, middle, and last names*) : \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? (**Y / N**). If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

\*

Employer's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? (**Y / N**). If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

\*

Supervisor's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

## (3) Your **PREVIOUS EMPLOYMENT**:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	



# EPSQ SF86 Worksheet

BRANCH: *(If Military)*: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

\*

JOB ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name *(Include first, middle, and last names)* : \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? **(Y / N)**. If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

\*

Employer's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? **(Y / N)**. If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

\*

Supervisor's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

## (4) Your **PREVIOUS EMPLOYMENT**:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT *(Select one)*:

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: *(If Military)*: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

\*

JOB ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name *(Include first, middle, and last names)* : \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

\*  
Can be left blank

# EPSQ SF86 Worksheet

Is the employer's address different from the job location address? (Y / N). If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

\*

Employer's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? (Y / N). If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

\*

Supervisor's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

## (5) Your **PREVIOUS EMPLOYMENT**:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: (*If Military*): \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

\*

JOB ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name (*Include first, middle, and last names*) : \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? (Y / N). If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

\*

Employer's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? (Y / N). If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

\*

Supervisor's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

\*

Can be left blank

# EPSQ SF86 Worksheet

## (6) Your **PREVIOUS EMPLOYMENT**:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: (*If Military*): \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

\*

JOB ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name (*Include first, middle, and last names*) : \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? (**Y / N**). If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

\*

Employer's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? (**Y / N**). If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

\*

Supervisor's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

### **Module 6: (Employment cont.) Were you in federal civil service prior to the last 10 years? (Y/N)**

- **Note:** Enter all Federal Employment prior to the last 10 years (Do **NOT** list if already reported above!).

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

\*

JOB ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

\*

Can be left blank

# EPSQ SF86 Worksheet

Supervisor's full name *(Include first, middle, and last names)* : \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? **(Y / N)**. If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

\*

Employer's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? **(Y / N)**. If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

\*

Supervisor's ADDRESS LINE 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

## Module 7: PEOPLE WHO KNOW YOU WELL

• **Note:** Provide three people living in the USA who know you well. The references should not be a spouse, former spouse, or other relative. Try not to list someone listed elsewhere on your form. **The reference's combined association with you must cover the last SEVEN years (for an SSBI Investigation). Otherwise, provide FIVE years of combined association.**

**(1) FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ (YYYY/MM/DD)

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

Address *(Home or Work?)*: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Day / Evening *(circle one)*.

**(2) FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ (YYYY/MM/DD)

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

Address *(Home or Work?)*: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Day / Evening *(circle one)*.

**(3) FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ (YYYY/MM/DD)

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

Address *(Home or Work?)*: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Day / Evening *(circle one)*.

\*

Can be left blank

# EPSQ SF86 Worksheet

## Module 8: YOUR SPOUSE (Current Marriage or Widowed)

- **Note:** If divorced, complete the section under “YOUR FORMER SPOUSE (Divorced),” below.

Current Marital status (*circle one*):

1) Never married (Go to Mod 9)	4) Legally separated
2) Married	5) Widowed
3) Separated	

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

Birth date: \_\_\_\_\_ (YYYY/MM/DD)

City/State of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

SSN (*if none, type UNK on the EPSQ*): \_\_\_\_\_

Maiden Name (*Include first, middle, and last names, if applicable*): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(YYYY/MM/DD) (City, State/Country)

Address (*Not applicable if same as yours or if spouse is deceased*): \_\_\_\_\_

Other Names Used By Spouse (*Include first, middle, and last names, if applicable*): \_\_\_\_\_

Spouse's Citizenship: \_\_\_\_\_

### ANSWER ONLY IF APPLICABLE:

Alien # / Naturalization #: \_\_\_\_\_

If separated, date of separation? \_\_\_\_\_ (YYYY/MM/DD)

City/State/Country where Separation Records are located: \_\_\_\_\_

Is the above individual deceased? (Y / N) If yes, Widowed Date: \_\_\_\_\_ (YYYY/MM/DD)

## Module 8: YOUR FORMER SPOUSE (Divorced)

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

Birth date: \_\_\_\_\_ (YYYY/MM/DD)

City/State of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(YYYY/MM/DD) (City, State/Country)

\*

Can be left blank

# EPSQ SF86 Worksheet

Divorce Date: \_\_\_\_\_ (YYYY/MM/DD)

City/State/Country of Divorce: \_\_\_\_\_

Former Spouse's Address/Phone # (Omit if former spouse is deceased): \_\_\_\_\_

Former Spouse's Citizenship: \_\_\_\_\_

Other marriages? Use the Continuation Space at the end of this worksheet.

## Module 9: YOUR RELATIVES AND ASSOCIATES

Entry List Options:

1. Mother	8. Brother	15. Mother- in- law
2. Father	9. Sister	16. Guardian <sup>1</sup>
3. Stepmother	10. Stepbrother	17. Other Relative <sup>2</sup>
4. Stepfather	11. Stepsister	18. Associate
5. Foster parent	12. Half-brother	19. Adult Currently Living With You
6. Child (adopted also)	13. Half-sister	
7. Stepchild	14. Father- in-law	

1) Include only foreign national relatives not listed in 1 -16 with whom you or your spouse are bound by affection, obligation or close and continuing contact.

2) Include only foreign national associates with whom you or your spouse are bound by affection, obligation or close and continuing contact.

**(1) RELATIONSHIP: Mother** - Mandatory Entry (If you were adopted, you should list your adoptive mother. If you do not know who your biological parents are, you may enter "UNK" in the first name and omit the remaining data. Using "UNK" is applicable for other relatives on the EPSQ.)

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

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

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_  
 \*

Address Line 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship<sup>Ω</sup> : \_\_\_\_\_

☐ The following proof of citizenship will be required in Module 10 of the EPSQ (Citizenship of Your Relatives and Associates) ONLY if your mother is living, was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:\_\_\_\_\_

Citizenship Document	Certif./Registr. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

Ω If your mother was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

\*  
Can be left blank

# EPSQ SF86 Worksheet

**(2) RELATIONSHIP: Father** - Mandatory Entry (If you were adopted, you should list your adoptive father. If you do not know who your biological parents are, you may enter "UNK" in the first name and omit the remaining data. Using "UNK" is applicable for other relatives on the EPSQ.)

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

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

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_

\*  
 Address Line 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship<sup>Ω</sup> : \_\_\_\_\_

☐ The following proof of citizenship will be required in Module 10 of the EPSQ (*Citizenship of Your Relatives and Associates*) ONLY if your father is living, was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

Citizenship Document	Certif./Regist. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

**(3) RELATIONSHIP: \_\_\_\_\_ (Select from Relative/Associate Entry List above)**

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

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

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_

\*  
 Address Line 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship<sup>Ω</sup> : \_\_\_\_\_

☐ The following proof of citizenship will be required in Module 10 of the EPSQ (*Citizenship of Your Relatives and Associates*) ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

Citizenship Document	Certif./Regist. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

<sup>Ω</sup>

If this relative was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

\*  
 Can be left blank

# EPSQ SF86 Worksheet

**(4) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

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

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

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_  
                                     \*

Address Line 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship<sup>Ω</sup> : \_\_\_\_\_

- ☐ The following proof of citizenship will be required in Module 10 of the EPSQ (*Citizenship of Your Relatives and Associates*) ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

Citizenship Document	Certif./Regist. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

**(5) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

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

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

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_  
                                     \*

Address Line 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship<sup>Ω</sup> : \_\_\_\_\_

- ☐ The following proof of citizenship will be required in Module 10 of the EPSQ (*Citizenship of Your Relatives and Associates*) ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

Citizenship Document	Certif./Regist. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

Ω If this relative was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

\*  
Can be left blank



# EPSQ SF86 Worksheet

**(6) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

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

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

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_

\*  
 Address Line 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship <sup>Ω</sup> : \_\_\_\_\_

- ☐ The following proof of citizenship will be required in Module 10 of the EPSQ (Citizenship of Your Relatives and Associates) ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

Citizenship Document	Certif./Regist. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

**(7) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

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

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

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_

\*  
 Address Line 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship <sup>Ω</sup> : \_\_\_\_\_

- ☐ The following proof of citizenship will be required in Module 10 of the EPSQ of the EPSQ (Citizenship of Your Relatives and Associates) ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

Citizenship Document	Certif./Regist. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

Ω If this relative was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

\*  
 Can be left blank

# EPSQ SF86 Worksheet

**(8) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

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

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

Address Line 1 *(Leave blank if unknown or individual is deceased):* \_\_\_\_\_  
 \*

Address Line 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship<sup>Ω</sup> : \_\_\_\_\_

- ☐ The following proof of citizenship will be required in Module 10 of the EPSQ (*Citizenship of Your Relatives and Associates*) ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

Citizenship Document	Certif./Regist. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

**(9) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

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

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

Address Line 1 *(Leave blank if unknown or individual is deceased)*: \_\_\_\_\_  
 \*

Address Line 2 : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship<sup>Ω</sup> : \_\_\_\_\_

- ☐ The following proof of citizenship will be required in Module 10 of the EPSQ (*Citizenship of Your Relatives and Associates*) ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

Citizenship Document	Certif./Regist. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

Ω If this relative was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

\* Can be left blank

# EPSQ SF86 Worksheet

## Module 10: CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If you currently have a spouse-like relationship with someone who is a U.S. citizen **NOT** by birth, or who is an alien residing in the United States, you should provide the following basic information about that person.

Current Name: \_\_\_\_\_\*

First Middle Last suffix  
Birth Date: \_\_\_\_\_ (YYYY/MM/DD)

Citizenship Document	Certif./Regist. #	Issue Date	Court Name	City	State
1) Naturalization Certificate					
2) Citizenship Certificate			N/A		
3) Alien Registration		N/A	N/A		
4) Other (Explain)					

• **Note:** While using the EPSQ, you may find relatives listed in Module 10. They appear here because you indicated that the living relative was born outside the USA, and is currently living in the USA. If there are individuals listed, select each entry, one at a time, and provide additional citizenship information about that person. Citizenship information includes certificate numbers, Court Names, etc (see chart immediately above for details).

## Module 11: YOUR MILITARY HISTORY

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

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Country: \_\_\_\_\_ (Foreign Service) Grade: \_\_\_\_\_ (Current or one held at end of svc. - Merchant Marine list a 3 char grade)

Status: \_\_\_\_\_ (Active, Active Reserve, Inactive)

State: \_\_\_\_\_ (For National Guard) Service Number: \_\_\_\_\_ (i.e. SSN)

## Module 12: YOUR FOREIGN ACTIVITIES - PROPERTY

Do you have any foreign property, business connections, or financial interests? (Y / N) If yes...

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

FIRM NAME/COUNTRY: \_\_\_\_\_

REMARKS: \_\_\_\_\_

## Module 13: YOUR FOREIGN ACTIVITIES - EMPLOYMENT

Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm or agency? (Y / N) If yes...

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Firm and/or Government/ Country: \_\_\_\_\_

\*  
Can be left blank

# EPSQ SF86 Worksheet

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

## **Module 14: YOUR FOREIGN ACTIVITIES - CONTACT WITH FOREIGN GOVERNMENT**

Have you ever had any conduct 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? (Does not include routine visa applications and border crossing contacts.) (Y / N) If yes...

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Firm and/or Government/ Country: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

## **Module 15: YOUR FOREIGN ACTIVITIES - PASSPORT**

In the last 7 years, have you had an active passport that was issued by a foreign government? (Y / N) If yes...

Issue Date: \_\_\_\_\_ (YYYY/MM/DD) Expiration Date: \_\_\_\_\_ (YYYY/MM/DD)

Issuing Country: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

## **Module 16: FOREIGN COUNTRIES YOU HAVE VISITED**

Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6. (Y / N) If yes...

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Purpose of Visit (*Select One*): Pleasure, Education, Business or Other

Country visited: \_\_\_\_\_

Other countries visited during this trip? (If Yes, indicate Purpose and Country Visited): \_\_\_\_\_

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

*Additional Entries? Use the Continuation Space at the end of this worksheet.*

# EPSQ SF86 Worksheet

## Module 17: YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? (Y / N) If yes...

Discharge Date: _____		
Type of Discharge (Select One):	1. Bad Conduct	4. Entry Level Separation
	2. Dishonorable	5. General
	3. Dismissal	6. Other (Please specify): _____

## Module 18: YOUR SELECTIVE SERVICE RECORD

If you are a male born after December 31, 1959, enter your Selective Service Registration Number: \_\_\_\_\_. (For Info. call 1-847-688-6888 or visit [www.sss.gov](http://www.sss.gov).)

If you have not registered with the Selective Service System, provide reason for legal exemption:

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## Module 19: YOUR MEDICAL RECORD

In the last 7 years, have you consulted a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? (Y / N) If No, proceed to Module 20. If Yes, answer the following...

Did the mental health related consultation (s) involve only marital, family, or grief counseling not related to violence by you? (Y / N) If Yes, proceed to Module 20. If No, answer the following...

Provide the following information about the Therapist/Doctor:

Name: (First) \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Country/ZIP: \_\_\_\_\_

Dates of Care: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Other consultations? Use the Continuation Space at the end of this worksheet.

## Module 20: YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 10 years? (Y / N)

	1. Fired from a job
	2. Quit a job after being told you'd been fired
	3. Left a job by mutual agreement following allegations of misconduct
	4. Left a job by mutual agreement following allegations of unsatisfactory performance
	5. Left a job for other reasons under unfavorable circumstances

If Yes, Provide: Employer(s) Name(s): \_\_\_\_\_

\*

Can be left blank

# EPSQ SF86 Worksheet

Date(s) of Employment(s): FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Type of Termination (*select from list above*): \_\_\_\_\_

## Module 21: YOUR POLICE RECORD - FELONY OFFENSES

Have you ever been charged with or convicted of any felony offense? ☐ (Y / N) If Yes, provide the following:

Offense Date: \_\_\_\_\_ (YYYY/MM/DD) Nature of Offense: \_\_\_\_\_

Action: \_\_\_\_\_ Authority/Court: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## Module 22: YOUR POLICE RECORD - FIREARMS/EXPLOSIVES OFFENSES

Have you ever been charged with or convicted of a firearms or explosives offense? ☐ (Y / N) If Yes, provide the following:

Offense Date: \_\_\_\_\_ (YYYY/MM/DD) Nature of Offense: \_\_\_\_\_

Action: \_\_\_\_\_ Authority/Court: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## Module 23: YOUR POLICE RECORD - PENDING CHARGES

Are there currently any charges pending against you for any offense? ☐ (Y / N) If Yes, provide the following:

Offense Date: \_\_\_\_\_ (YYYY/MM/DD) Nature of Offense: \_\_\_\_\_

Action: \_\_\_\_\_ Authority/Court: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## Module 24: YOUR POLICE RECORD - ALCOHOL/DRUG OFFENSES

Have you ever been charged with or convicted of any offense(s) to alcohol or drugs? ☐ (Y / N) If Yes, provide the following:

Offense Date: \_\_\_\_\_ (YYYY/MM/DD) Nature of Offense: \_\_\_\_\_

Action: \_\_\_\_\_ Authority/Court: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

☐ For these items, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. 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 or 18 U.S.C. 360.

# EPSQ SF86 Worksheet

## **Module 25: YOUR POLICE RECORD - MILITARY COURT**

In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (include non-judicial, Captain's mast, etc.) ☒ (Y / N) If Yes, provide the following:

Offense Date: \_\_\_\_\_ (YYYY/MM/DD) Nature of Offense: \_\_\_\_\_

Action: \_\_\_\_\_ Authority/Court: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## **Module 26: YOUR POLICE RECORD - OTHER OFFENSES**

In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in modules 21, 22, 23, 24, or 25? (Leave out traffic fines of less than \$150.00 unless the violation was alcohol or drug related.) ☒ (Y / N) If Yes, provide the following:

Offense Date: \_\_\_\_\_ (YYYY/MM/DD) Nature of Offense: \_\_\_\_\_

Action: \_\_\_\_\_ Authority/Court: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## **Module 27: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - ILLEGAL USE OF DRUGS**

Since the age of 16 or in the last 7 years, which ever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSC, PCP, etc.), or prescription drugs? (Y / N) If Yes, provide the following:

Controlled Substance/Prescription Drug Used: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ (YYYY/MM/DD)

Number of Times Used: \_\_\_\_\_

## **Module 28: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - USE IN SENSITIVE POSITION**

Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety? (Y / N) If Yes, provide the following:

Controlled Substance/Prescription Drug Used: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ (YYYY/MM/DD)

Number of Times Used: \_\_\_\_\_

☒

*For these items, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. 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 or 18 U.S.C. 360.*

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## Module 29: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - DRUG ACTIVITY

In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? (Y / N) If Yes, no further information is required.

## Module 30: YOUR USE OF ALCOHOL

In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in Module 19 (*Your Medical Record*). (Y / N) If Yes, provide the following:

From: \_\_\_\_\_ To: \_\_\_\_\_ (YYYY/MM/DD)

Counselor/Doctor Name:

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

Address: \_\_\_\_\_

City/State/Country/ZIP: \_\_\_\_\_

## Module 31: YOUR INVESTIGATION RECORD - INVESTIGATIONS/CLEARANCES GRANTED

Has the United States Government ever investigated your background and or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter Yes and follow instructions in the help text for the fields on the EPSQ screen. If you can't recall whether you've been investigated or cleared, enter No.)

<b>Date Granted:</b>		(YYYY/MM/DD)
<b>Investigating Agency (Select One):</b>		<b>Clearance (Select One):</b>
1) Defense Department	0) Not Required	6) L
2) State Department	1) Confidential	7) Other:
3) Office of Personnel Management	2) Secret	
4) FBI	3) Top Secret	
5) Treasury Department	4) Sensitive Compartmented Information	
6) Other:	5) Q	

## Module 32: YOUR INVESTIGATION RECORD - CLEARANCE ACTIONS

To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.) (Y / N) If Yes, provide the following:

Action Date: \_\_\_\_\_ (YYYY/MM/DD)

Agency/Dept. Taking Action: \_\_\_\_\_



# EPSQ SF86 Worksheet

## **Module 33: YOUR FINANCIAL RECORD - BANKRUPTCY**

In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? (Y / N) If Yes, provide the following:

File Date: \_\_\_\_\_ Name Action Occurred Under: \_\_\_\_\_

Amount: \_\_\_\_\_ Court Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## **Module 34: YOUR FINANCIAL RECORD - WAGE GARNISHMENTS**

In the last 7 years, have you had your wages garnished for any reason? (Y / N) If Yes, provide the following:

Execution Date: \_\_\_\_\_ Name Action Occurred Under: \_\_\_\_\_

Amount: \_\_\_\_\_ Court/Agency Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

## **Module 35: YOUR FINANCIAL RECORD - REPOSSESSIONS**

In the last 7 years, have you had any property repossessed for any reason? (Y / N) If Yes, provide the following:

Repossession Date: \_\_\_\_\_ Name Action Occurred Under: \_\_\_\_\_

Amount: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

## **Module 36: YOUR FINANCIAL RECORD - TAX LIEN**

In the last 7 years, have you had a lien placed against your property for failing to pay taxes and other debts? (Y / N) If Yes, provide the following:

Lien Date: \_\_\_\_\_ Name Action Occurred Under: \_\_\_\_\_

Amount: \_\_\_\_\_ Court/Agency Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## **Module 37: YOUR FINANCIAL RECORD - UNPAID JUDGEMENTS**

In the last 7 years, have you had any judgments against you that have not been paid? (Y / N) If Yes, provide the following:

Judgment Date: \_\_\_\_\_ Name Action Occurred Under: \_\_\_\_\_

Amount: \_\_\_\_\_ Court Name: \_\_\_\_\_

\*

Can be left blank

# EPSQ SF86 Worksheet

City/State/Zip: \_\_\_\_\_

## **Module 38: YOUR FINANCIAL DELINQUENCIES - 180 DAYS**

In the last 7 years, have you been over 180 days delinquent on any debt (s)? (Y / N) If Yes, provide the following:

INCURRED DATE: \_\_\_\_\_ SATISFIED DATE: \_\_\_\_\_ (YYYY/MM/DD)

Amount: \_\_\_\_\_ Type of Loan/Obligation: \_\_\_\_\_

Account Number: \_\_\_\_\_

Creditor/Obligee Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

## **Module 39: YOUR FINANCIAL DELINQUENCIES - 90 DAYS**

Are you currently over 90 days delinquent on any debt(s)? (Y / N) If Yes, provide the following:

INCURRED DATE: \_\_\_\_\_ SATISFIED DATE: \_\_\_\_\_ (YYYY/MM/DD)

Amount: \_\_\_\_\_ Type of Loan/Obligation: \_\_\_\_\_

Account Number: \_\_\_\_\_

Creditor/Obligee Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

## **Module 40: PUBLIC RECORD CIVIL COURT ACTIONS**

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form? (Y / N) If Yes, provide the following:

DATE: \_\_\_\_\_ (YYYY/MM/DD) Nature of Action: \_\_\_\_\_

Result of Action: \_\_\_\_\_ Court Name: \_\_\_\_\_

County: \_\_\_\_\_ City/State/Country/Zip: \_\_\_\_\_

\_\_\_\_\_ Party To This Action: \_\_\_\_\_

## **Module 41: YOUR ASSOCIATION RECORD - MEMBERSHIP**

Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? (Y / N) If Yes, provide details of your association:

Comments: \_\_\_\_\_

\_\_\_\_\_

\*

Can be left blank

# EPSQ SF86 Worksheet

## Module 42: YOUR ASSOCIATION RECORD - ACTIVITIES

Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force? (Y / N) If Yes, provide details of such acts or activities:

Comments: \_\_\_\_\_

### Module 43: GENERAL REMARKS

Do you have any additional remarks to enter in your application? If **Yes**, provide comments:

Comments: \_\_\_\_\_

**Continuation Space** (If more space is needed, use blank sheet(s) of paper): \_\_\_\_\_

[illegible]

# EPSQ “HELPFUL” HINTS

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## Data Entry Screen Function Keys

EPSQ uses the following function keys to help you maneuver through the modules. Find them by clicking the word “*Navigation*” in most modules!

**F1...** Displays Help for the field the cursor occupies

**F2...** Add Remarks for current field

**F5...** Deletes entire entry of the Module you are editing

**F7...** Add a New Entry (Quickly add a relative listing, residence or employment!)

**F8...** Moves cursor to first field of Previous entry (Quickly move to a previous relative listing, residence or employment!)

**F9...** Moves cursor to first field of Next entry (Quickly move to the next relative listing, residence or employment!)

**F10...** Go to Previous Module (Quickly jump from Module to Module!)

**F11...** Go to Next Module (Quickly jump from Module to Module!)

## Entry Edit Checks

IF Unknown, Use UNK : If the person has no middle name/initial, you should enter NMN. If you do not know the first name and/or middle name, enter **UNK** for one or both.

Suffix (Jr., Sr.): A suffix should be used for additional designations such as Jr., Sr., II (2nd), or III (3rd), where applicable.

Middle Initials : If the first or middle name consists of an initial only, enter the initial(s). In addition, if the name has no suffix, indicate the use of initial(s) by entering **IO** in the suffix. [Example: J P Smith IO.] However, if the name has a suffix, the suffix takes priority and IO should be omitted.

Special Symbols : If appropriate, you can use spaces, apostrophes (‘), hyphens (-), and period (.) within a name. [Examples: Carol Anne St. James or, Mary Lisa O’Grady or Jean NMN Jenkins-Smith]

Dates: Dates must be entered in the format YYYY/MM/DD. For example, January 18, 1947, would be 1947/01/18. Your own birth date must be entered completely. Other dates can be entered as YYYY/MM/?? if you are unsure of the day. Estimate the month if you are unsure. For example, a date you believe to be in January 1947 would be entered as “1947/01/??”. You CANNOT use “future” dates in most fields.

Foreign Addresses: Although EPSQ does not validate the internal contents of addresses, you should enter APO addresses using the following format. For APO addresses, enter the unit name in Address line 1 and the APO designation (e.g., APO-AE for Europe) in Address line 2. Enter the APO number (without “APO”) in the ZIP or FPC field. Do not use the State Code field. In the Country Code field, enter the actual country location.

If a user has no choice than to list references outside the U.S., there is a way to “fool” the EPSQ into accepting them, if the listed individuals have addresses that include APO numbers. The user enters APO AA, APO AE, or APO AP (as appropriate) as the City. The user then enters FL (if APO AA), NY (if APO AE), or CA (if APO AP) as the State, and the appropriate APO number as the Zip Code. This method will allow users to enter data regarding references that live outside the U.S., if the user is unable to avoid listing those individuals in the EPSQ.