

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 24 - Use of Alcohol**

**24.1** In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?  YES  NO (If NO, proceed to 24.2)

Complete the following if you responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.

<b>Entry #1</b>		
Provide the dates of involvement or use.		
From Date (Month/Year)	To Date (Month/Year)	
<input type="checkbox"/> Est.	<input type="checkbox"/> Present	<input type="checkbox"/> Est.
Provide the month/year when this negative impact occurred.	Provide circumstances.	Provide negative impact.
From Date (Month/Year)		
<input type="checkbox"/> Est.		
<b>Entry #2</b>		
Provide the dates of involvement or use.		
From Date (Month/Year)	To Date (Month/Year)	
<input type="checkbox"/> Est.	<input type="checkbox"/> Present	<input type="checkbox"/> Est.
Provide the month/year when this negative impact occurred.	Provide circumstances.	Provide negative impact.
From Date (Month/Year)		
<input type="checkbox"/> Est.		
<b>Entry #3</b>		
Provide the dates of involvement or use.		
From Date (Month/Year)	To Date (Month/Year)	
<input type="checkbox"/> Est.	<input type="checkbox"/> Present	<input type="checkbox"/> Est.
Provide the month/year when this negative impact occurred.	Provide circumstances.	Provide negative impact.
From Date (Month/Year)		
<input type="checkbox"/> Est.		
<b>Entry #4</b>		
Provide the dates of involvement or use.		
From Date (Month/Year)	To Date (Month/Year)	
<input type="checkbox"/> Est.	<input type="checkbox"/> Present	<input type="checkbox"/> Est.
Provide the month/year when this negative impact occurred.	Provide circumstances.	Provide negative impact.
From Date (Month/Year)		
<input type="checkbox"/> Est.		

Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 24 - Use of Alcohol - (Continued)

**24.2** Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?  YES  NO (If NO, proceed to 24.3)

Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.

### Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge   |
| <input type="checkbox"/> A medical professional  | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional                                    | <input type="checkbox"/> Other (Provide explanation) ▶  |

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.

Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide telephone number.

Extension  International or DSN phone number  
 Day  Night

Did you successfully complete the treatment?  YES  NO → (Provide explanation) ▶

### Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge   |
| <input type="checkbox"/> A medical professional  | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional                                    | <input type="checkbox"/> Other (Provide explanation) ▶  |

Did you take action to receive counseling or treatment?  YES (If YES, complete (b))  NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.

Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide telephone number.

Extension  International or DSN phone number  
 Day  Night

Did you successfully complete the treatment?  YES  NO → (Provide explanation) ▶

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 24 - Use of Alcohol - (Continued)

**24.3** Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?  YES  NO (If NO, proceed to 24.4)

Complete the following if you responded 'Yes' to voluntarily seeking counseling or treatment.

### Entry #1

Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide telephone number. Extension  International or DSN phone number  
 Day  Night

Did you successfully complete the treatment?  YES  NO → (Provide explanation) ▶

### Entry #2

Provide the dates of counseling or treatment. Provide the name of the individual counselor or treatment provider.

From Date (Month/Year)  Est. To Date (Month/Year)  Present  Est.

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide telephone number. Extension  International or DSN phone number  
 Day  Night

Did you successfully complete the treatment?  YES  NO → (Provide explanation) ▶

Enter your Social Security Number before going to the next page →

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 24 - Use of Alcohol - (Continued)

**24.4** Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?  YES  NO (If NO, proceed to Section 25)

Complete the following if you responded 'Yes' to having **EVER** received counseling or treatment as a result of your use of alcohol.

### Entry #1

Provide the name of the individual counselor or treatment provider.

Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.

Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Same as above

Street City State Zip Code Country

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year)  Present

Est.  Est.

Did you successfully complete your counseling or treatment?  YES (Provide explanation)  NO (Provide explanation)

Explanation

### Entry #2

Provide the name of the individual counselor or treatment provider.

Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.

Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Same as above

Street City State Zip Code Country

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year)  Present

Est.  Est.

Did you successfully complete your counseling or treatment?  YES (Provide explanation)  NO (Provide explanation)

Explanation

Enter your Social Security Number before going to the next page



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Section 25 - Investigations and Clearance Record

**25.1** Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?  YES  NO (If NO, proceed to 25.2)

Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

### Entry #1

Provide the investigating agency:

- |  |  |
|--|--|
| <input type="checkbox"/> U.S. Department of Defense          | <input type="checkbox"/> U.S. Department of Homeland Security              |
| <input type="checkbox"/> U.S. Department of State            | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know                                      |
| <input type="checkbox"/> Federal Bureau of Investigation     | <input type="checkbox"/> Other (Provide explanation) ▶                     |
| <input type="checkbox"/> U.S. Department of Treasury         |  |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year) <input type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- |  |  |
|--|--|
| <input type="checkbox"/> None                                      | <input type="checkbox"/> Q                             |
| <input type="checkbox"/> Confidential                              | <input type="checkbox"/> L                             |
| <input type="checkbox"/> Secret                                    | <input type="checkbox"/> I don't know                  |
| <input type="checkbox"/> Top Secret                                | <input type="checkbox"/> Issued by foreign country     |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input type="checkbox"/> Other (Provide explanation) ▶ |

### Entry #2

Provide the investigating agency:


- |  |  |
|--|--|
| <input type="checkbox"/> U.S. Department of Defense          | <input type="checkbox"/> U.S. Department of Homeland Security              |
| <input type="checkbox"/> U.S. Department of State            | <input type="checkbox"/> Foreign government (Provide name of government) ▶ |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know                                      |
| <input type="checkbox"/> Federal Bureau of Investigation     | <input type="checkbox"/> Other (Provide explanation) ▶                     |
| <input type="checkbox"/> U.S. Department of Treasury         |  |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Date the investigation was completed (Month/Year) <input type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- |  |  |
|--|--|
| <input type="checkbox"/> None                                      | <input type="checkbox"/> Q                             |
| <input type="checkbox"/> Confidential                              | <input type="checkbox"/> L                             |
| <input type="checkbox"/> Secret                                    | <input type="checkbox"/> I don't know                  |
| <input type="checkbox"/> Top Secret                                | <input type="checkbox"/> Issued by foreign country     |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Enter your Social Security Number before going to the next page 

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

**Section 25 - Investigations and Clearance Record - (Continued)**

**25.2** Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)  YES  NO (If NO, proceed to 25.3)

Complete the following if you responded 'Yes' to having **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked.

**Entry #1**

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)

Est.

Provide the name of the agency that took the action.

Provide an explanation of the circumstances of the denial, suspension or revocation action.

**Entry #2**

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)

Est.

Provide the name of the agency that took the action.

Provide an explanation of the circumstances of the denial, suspension or revocation action.

**25.3** Have you **EVER** been debarred from government employment?  YES  NO (If NO, proceed to Section 26)

Complete the following if you responded 'Yes' to having **EVER** been debarred from government employment.

**Entry #1**

Provide the name of the government agency taking debarment action.

Provide the date the debarment occurred. (Month/Year)

Est.

Provide an explanation of the circumstances of the debarment.

**Entry #2**

Provide the name of the government agency taking debarment action.

Provide the date the debarment occurred. (Month/Year)

Est.

Provide an explanation of the circumstances of the debarment.

Enter your Social Security Number before going to the next page

