

QUESTIONNAIRE FOR  
PUBLIC TRUST POSITIONS

OPM USE ONLY	Codes	Case Number
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Agency Use Only (Complete items A through P using instructions provided by USOPM)

<b>A</b> Type of Investigation	<b>B</b> Extra Coverage	<b>C</b> Sensitivity/Risk Level	<b>D</b> Compu/ADP	<b>E</b> Nature of Action Code	<b>F</b> Date of Action	Month	Day	Year
<b>G</b> Geographic Location	<b>H</b> Position Code	<b>I</b> Position Title						
<b>J</b> SON	<b>K</b> Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code
<b>L</b> SOI	<b>M</b> Location of Security Folder	None At SOI NPI	Other Address					ZIP Code
<b>N</b> OPAC-ALC Number	<b>O</b> Accounting Data and/or Agency Case Number							
<b>P</b> Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

<b>1</b> FULL NAME	• If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".	- If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	<b>2</b> DATE OF BIRTH				
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year	
<b>3</b> PLACE OF BIRTH	- Use the two letter code for the State.			<b>4</b> SOCIAL SECURITY NUMBER			
City	County	State	Country (if not in the United States)				
<b>5</b> OTHER NAMES USED	Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.						
<b>#1</b>	Name	Month/Year	Month/Year	<b>#3</b>	Name	Month/Year	Month/Year
		To				To	
<b>#2</b>	Name	Month/Year	Month/Year	<b>#4</b>	Name	Month/Year	Month/Year
		To				To	
<b>6</b> OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box)		
					<input type="checkbox"/> Female	<input type="checkbox"/> Male	
<b>7</b> TELEPHONE NUMBERS	Work (include Area Code and extension)		Home (include Area Code)				
	Day	Night	( )	Day	Night	( )	
<b>8</b> CITIZENSHIP						<b>b</b> Your Mother's Maiden Name	
<b>a</b>	Mark the box at the right that reflects your current citizenship status, and follow its instructions.						
	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d.						
	I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d.						
	I am not a U.S. citizen. Answer items b and e.						
<b>c</b>	<b>UNITED STATES CITIZENSHIP</b> If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.						
Naturalization Certificate (Where were you naturalized?)							
Court	City	State	Certificate Number	Month/Day/Year Issued			
Citizenship Certificate (Where was the certificate issued?)							
City	State	Certificate Number	Month/Day/Year Issued				
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States							
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year	Explanation				
U.S. Passport							
This may be either a current or previous U.S. Passport			Passport Number	Month/Day/Year Issued			
<b>d</b>	<b>DUAL CITIZENSHIP</b> If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.					Country	
<b>e</b>	<b>ALIEN</b> If you are an alien, provide the following information:						
Place You Entered the United States:	City	State	Date You Entered U.S.	Alien Registration Number	Country(ies) of Citizenship		
			Month Day Year				