

**QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS**

**Part 2**

OFFICIAL  
USE  
ONLY

**19 YOUR MILITARY RECORD**

Yes	No

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year	Type of Discharge

**20 YOUR SELECTIVE SERVICE RECORD**

Yes	No

**a** Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.

**b** Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number	Legal Exemption Explanation

**21 YOUR MEDICAL RECORD**

Yes	No

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
	To			
	To			

**22 YOUR EMPLOYMENT RECORD**

Yes	No

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Use the following codes and explain the reason your employment was ended:

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

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

**23 YOUR POLICE RECORD**

Yes	No

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court 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. 3607.

**a** Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

**b** Have you ever been charged with or convicted of a firearms or explosives offense?

**c** Are there currently any charges pending against you for any criminal offense?

**d** Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

**e** 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.)

**f** In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page 