

SF-85 Tip Sheet

Important information before you complete your SF-85

Do not submit your SF-85 until you have completed the following:

- OF-306, *Declaration for Federal Employment*
- USAccess fingerprint enrollment

Information you will need to complete SF-85:

- Where you have lived for the past 5 years (limit history to the last 5 years, regardless of the duration of your stay at your current address).
 - Complete physical addresses (P.O. Box addresses will **not** be accepted).
 - Provide the full name and contact information for someone who can verify where you have lived for the past 3 years. (This person cannot be a spouse, relative or cohabitant.)
- Citizenship:
 - Foreign-born employees (i.e., U.S. citizen born abroad)—provide type of documentation (e.g., FS 240, DS 1350, FS 545).
- Education:
 - Provide the full name and contact information for someone who can verify where you went to school.
 - Ensure that the education “end” date must match the diploma-received date.
- Employment:
 - List all employment, including self-employment, and unemployment for the last 5 years.
 - Provide the dates, physical address (P.O. Box addresses will not be accepted), and full first and last name of your supervisor(s).
 - If you don’t know your supervisor’s last name, enter “unknown” and include a comment stating that you don’t know the last name.
- Selective Service:
 - Males born after 31 December 1959 must enter their Selective Service Registration number. (You can verify your status at www.sss.gov.)
 - If you did not register but were expected to do so, provide an explanation for your lack of registration.
- Military Service (if applicable):
 - Specify the branch of service in which you served, dates of service, and service number. (If you don’t know your service number, you can use your Social Security number.)

NOTICE: Information provided on SF-85 and OF-306 must be consistent, including details such as other names used, criminal history, termination of employment, etc.

The remainder of this document is organized to address each of the major sections of SF-85.

The table of contents below will lead you to specific sections where you may need specific guidance, along with additional useful information about the form and its processing.

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Section 1: Information about you

Note: As you complete each section, there will be a green dot when the section is complete. If a checkmark doesn't appear, it means you missed a question in that section.

0/7
Sections complete

1 Information about you ^

Introduction

Full name

Date of birth

Place of birth

Social security number

Other names used

Your contact information

Your identifying information

Review

2 Your history v

3 Citizenship v

4 Military history v

5 Financial record v

6 Substance use v

7 Investigative and criminal history v

Review and submit v

Section 1: Information about you

You will be asked questions about your personal information and to provide details if necessary.

Next Full name

Saved 20 sec ago

Periodically click "Save" as you fill in SF-85. Information will be automatically saved as you enter it, but this extra step will help ensure your information is saved in case of technology issues.

- Enter your full first, full middle, and full last name as shown on your ID.
- Include suffix, if applicable.

0/7
Sections complete

1 Information about you ^

Introduction

Full name

Date of birth

Place of birth

Social security number

Other names used

Your contact information

Your identifying information

Review

2 Your history v

3 Citizenship v

4 Military history v

5 Financial record v

6 Substance use v

7 Investigative and criminal history v

Review and submit v

Full name

Provide your full name

If you have only initials in your name, provide them and indicate "Initial only." If you do not have a middle name, indicate "No Middle Name." If you are a "Jr.", "Sr.", etc., enter this under "Suffix."

First name

Middle name

Last name

Suffix (Optional)

Back Identification Info

Next Date of birth

- Enter your date of birth as shown on your ID.

0/7
Sections complete

1 Information about you ^

Introduction

Full name

Date of birth

Place of birth

Social security number

Other names used

Your contact information

Your identifying information

Review

2 Your history v

3 Citizenship v

4 Military history v

5 Financial record v

6 Substance use v

7 Investigative and criminal history v

Review and submit v

Date of birth

Provide your date of birth

Month Day Year

Estimated

Back Full name

Next Place of birth

Born in the United States:

Enter the city, county—not **Country**—and state in which you were born. (Do not add the word “county” after the county name.)

The screenshot shows the 'Place of birth' section of a form. The left sidebar indicates '0/7 Sections complete' and lists sections 1 through 7. Section 1, 'Information about you', is expanded, showing 'Place of birth' as the current step. The main content area is titled 'Place of birth' and asks the user to 'Provide your place of birth'. There are two radio buttons: 'In the U.S.' (selected) and 'Outside the U.S.'. Below these are text input fields for 'City', 'State or territory', and 'County or province'. A blue arrow points from the 'City' field to the 'State or territory' field. At the bottom, there are two buttons: 'Back Date of birth' and 'Social security'.

Born outside the United States:

Enter the city and country in which you were born.

The screenshot shows the 'Place of birth' section of a form for someone born outside the United States. The left sidebar is identical to the previous form. The main content area is titled 'Place of birth' and asks the user to 'Provide your place of birth'. There are two radio buttons: 'In the U.S.' and 'Outside the U.S.' (selected). Below these are text input fields for 'City' and 'Country'. A blue arrow points from the 'City' field to the 'Country' field. At the bottom, there are two buttons: 'Back Date of birth' and 'Social security'.

- Enter your Social Security number, then click “Next.”
- Verify your Social Security number one more time.

The screenshot shows the 'Social security number' section of a form. The left sidebar indicates '0/7 Sections complete' and lists sections 1 through 7. Section 1, 'Information about you', is expanded, showing 'Social security number' as the current step. The main content area is titled 'Social security number' and asks the user to 'Provide your U.S. Social Security Number'. There are three text input fields for the digits of the Social Security number. Below these is a checkbox labeled 'Not applicable'. At the bottom, there are two buttons: 'Back Place of birth' and 'Next Other names used'.

- Select “Yes” if you have used another name. This could be due to marriage, divorce, adoption, legal change, or nickname.
 - If you select “Yes,” provide the appropriate information and a reason for the name change (e.g., nickname).
 - For other names used, this information must correspond with what you provided on your OF-306.
 - You are required to enter any other first names used along with your last name.

0/7

Sections complete

1 Information about you ^

Introduction

Full name

Date of birth

Place of birth

Social security number

Other names used

Your contact information

Your identifying information

Review

2 Your history v

3 Citizenship v

4 Military history v

5 Financial record v

6 Substance use v

7 Investigative and criminal history v

Other names used

Provide your other names 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).

Have you used any other names?

☐ Yes
☐ No

Optional Comment

[Click here to add Optional Comments](#)

Back

Social security number

Next

Your contact information

Name 1: Provide your full name below

Close

Remove

Provide other name used

First name

☐ No first name ☐ Initial only

Middle name

☐ No middle name ☐ Initial only

Last name

Suffix (Optional)

Maiden name?

☐ Yes
☐ No

Dates used

From date

Month Year

→

To date

Month Year

or

☐ Present

☐ Estimated ☐ Estimated

Provide the reasons why the name was changed

- Provide a valid email address and phone number.
- Select a phone number type; otherwise, the form will display an error and allow you to submit it at the end.

0/7

Sections complete

1 Information about you ^

Introduction

Full name

Date of birth

Place of birth

Social security number

Other names used

Your contact information

Your identifying information

Review

2 Your history v

3 Citizenship v

Your contact information

Your email addresses

Email addresses may be used as a contact method and a means to identify you.

Home email address

Work email address

Summary of phone numbers

Phone number 1: Provide your telephone number below

Switch to: International number DSN number

United States telephone number

() - #

☐ Day only
☐ Night only
☒ Both

Select phone number type

☐ Cell
☐ Home
☐ Work

- After you complete this section, click “Review Identifying Information.” Verify that the information you provided is correct and click “Next.”

0/7
Sections complete

1 Information about you

Introduction
Full name
Date of birth
Place of birth
Social security number
Other names used
Your contact information
Your identifying information
Review

2 Your history

3 Citizenship

4 Military history

5 Financial record

6 Substance use

7 Investigative and criminal history

Review and submit

Your identifying information

Height

Feet Inches

Weight

Pounds

Hair color

Black Brown Red or auburn Blonde or strawberry
Sandy Gray or partially gray White Bald
Blue Green Orange Pink
Purple Unspecified or unknown

Eye color

Brown Hazel Blue Green
Gray Maroon Black Multicolored
Pink Unknown

Sex

Female Male

Optional Comment
[Click here to add Optional Comments](#)

Back **Next**
Your contact information Review Identifying Information

Section 2: Your history

Where you lived


Where you have lived

List the places where you have lived beginning with your present residence and working back 5 years.

Residences for the entire period must be accounted for without breaks.

- Indicate the actual physical location of your residence, not a Post Office box or address where you did not physically reside.
- If you split your time between one or more residences during a time period, you must list all residences.
- Do not list residences before your 18th birthday unless to provide a minimum of 2 years residence history.
- You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.


- This section requests contact information for someone who can verify where you lived for the last 3 years (full name, physical address, and phone number).
 - You cannot use a relative, spouse, or cohabitant.
 - You can use a friend, neighbor, landlord, or colleague.
- If you have multiple addresses in different states; only enter where you are physically located. You may need to create two separate entries for the same address, so that they don't overlap. (If your residences do overlap, add an optional comment explaining why.)
- Ensure that your residency dates and locations match your employment dates and locations.

 Where you have lived

0/5
Years covered

Sort

Address 1: Provide residence details Close Remove

Provide the street address 


This address is
☒ In the U.S. ☐ APO/FPO ☐ Outside the U.S.

Street address

Apt, suite, building, floor, etc. (Optional)

City

State ZIP Code

Provide dates of residence 


You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

From date
Month Year

 →

To date
Month Year

 or ☐ Present
☐ Estimated ☐ Estimated

Provide dates of residence 

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

From date
Month Year

 →

To date
Month Year

 or ☐ Present
☐ Estimated ☐ Estimated

Is/was this residence

☐ Owned by you

☐ Rented or leased by you

☐ Military housing

☐ Other

Optional Comments

[Click here to add Optional Comments !\[\]\(163d69cc56591e259569d0cbab6a5fa9_img.jpg\)](#)

Do you have an additional residence to report?

☐ Yes ☐ No

Optional Summary Comments

[Click here to add Optional Comments !\[\]\(deb5080125a09047a3e6ab8bf45471e9_img.jpg\)](#)

Employment Activities

Be aware of common errors made in this section:

- Avoid using abbreviations for company names or titles.
 - Spell out everything (e.g., instead of using “VP” for a position title, spell out “Vice President”).
 - Do not use dual titles such as “Owner/Manager.”
- Enter a full physical address.
- Provide the full first and full last name of your supervisor(s).
- Ensure that the dates and location of your employment correspond with the dates and location of your residence during the specified period.

The screenshot shows the 'Employment activities' section of a form. On the left is a sidebar with a progress indicator '1/7 Sections complete' and a list of sections: 1. Information about you (checked), 2. Your history (selected), 3. Citizenship, 4. Military history, 5. Financial record, 6. Substance use, 7. Investigative and criminal history. Under 'Your history', there are links for 'Introduction', 'Where you have lived', 'Employment activities' (highlighted), and 'Where you went to school'. The main area is titled 'Employment activities' and contains instructions: 'List where you have worked. List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 5 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.' Below this is a 'Sort' button and a 'Close' button. The 'Employment activities' form has a 'Select your employment activity' section with radio buttons for: Government employment (Active military duty station, National Guard/Reserve, USPS Commissioned Corps, Other federal employment, State Government (Non-Federal employment), Federal contractor), Other employment (Non-government employment (excluding self-employment), Self-employment, Unemployment, Other). Below this is a 'Provide dates of employment' section with 'From date' and 'To date' fields (Month, Year) and a 'Present' checkbox. The right side of the form is a separate section for providing employer details: 'Provide the name of your employer', 'Provide the most recent position title', 'Select the employment status for this position' (Full-time, Part-time), 'Provide dates of employment' (From date, To date, Present), 'Optional Comments' (with a link to add comments), 'Provide the address of employer' (This address is: In the U.S., APO/FPO, Outside the U.S.), 'Street address', 'Apt, suite, building, floor, etc. (Optional)', 'City', 'State', and 'ZIP Code'.

- If you work remotely, select “Yes” for the question, “Is/was your physical address different from your employer's address?” and provide your home address as your physical address.
- If you travel to different job locations on a daily basis, select “No” for the question, “Is/was your physical address different than your employer’s address?”

Optional Comments

[Click here to add Optional Comments](#)

Is/was your physical work address different than your employer's address?

☐ Yes
☐ No

Optional Comments

Provide the name of your supervisor

Provide the position title of your supervisor

Provide the email address of your supervisor

or ☐ I don't know

Provide the physical work location of your supervisor

This address is

☒ In the U.S.
☐ APO/FPO
☐ Outside the U.S.

[Choose a previously used address](#)

Street address

Apt, suite, building, floor, etc. (Optional)

City

State ZIP Code

Optional Comments

[Click here to add Optional Comments](#)

Is/was your physical work address different than your employer's address?

☒ Yes
☐ No

Optional Comments

[Click here to add Optional Comments](#)

Provide the work address where you are/were physically located

This address is

☒ In the U.S.
☐ APO/FPO
☐ Outside the U.S.

Street address

Apt, suite, building, floor, etc. (Optional)

City

State ZIP Code

Provide telephone number

Switch to: [International number](#) [DSN number](#)

United States telephone number Extension

() - #

☐ Day only
☐ Night only
☒ Both

School

- If you have not attended school in the last 5 years, select “No.”
- For the following question, provide the degree and/or diploma you received more than 5 years ago.

1/7

Sections complete

1 Information about you ✓

2 Your history ^

Introduction

Where you have lived

Employment activities

Where you went to school

Review

3 Citizenship ✓

4 Military history ✓

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history ✓

Review and submit ✓

Where you went to school

List the places you went to school

Do not list education before your 18th birthday, unless to provide a minimum of two years education history.

Have you attended any schools in the last 5 years? ?

☐ Yes
☐ No

Optional Comments

[Click here to add Optional Comments](#)

Back Employment history

Next Review your history

1/7

Sections complete

1 Information about you ✓

2 Your history ^

Introduction

Where you have lived

Employment activities

Where you went to school

Review

3 Citizenship ✓

4 Military history ✓

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history ✓

Review and submit ✓

Where you went to school

List the places you went to school

Do not list education before your 18th birthday, unless to provide a minimum of two years education history.

Have you attended any schools in the last 5 years? ?

☐ Yes
☒ No

Optional Comments

[Click here to add Optional Comments](#)

Have you received a degree or diploma more than 5 years ago? ?

☐ Yes
☐ No

Optional Comments


[Click here to add Optional Comments](#)

Back Employment history

Next Review your history

- Enter the physical address for the school you attended more than 5 years ago. (DOE will not accept a P.O. box or mailstop.)

Do **not** list any "I University" addresses. Instead use the DAPIP site to get the address that DOE will accept (see <https://ope.ed.gov/dapip/#/home>).

Where you went to school

Schools attended0

Degrees/Diplomas earned0

School 1: Provide your education detailsCloseRemove

Provide the name of the school

Provide dates of attendance ?

From date

MonthYear

Estimated

→

To date

MonthYear

Estimated

or

Present

Provide the street address of the school ?

For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to <https://ope.ed.gov/accreditation/search>.

This address is

☒ In the U.S.

☐ APO/FPO

☐ Outside the U.S.

Street address

Apt, suite, building, floor, etc. (Optional)

City

StateZIP Code

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Select the most appropriate option to describe your school

☐ High school

☐ College, university, or military college

☐ Vocational, technical, or trade school

☐ Correspondence, distance, extension, or online school

Optional Comments

[Click here to add Optional Comments](#) ➕

Did you receive a degree/diploma?

☐ Yes

☐ No

Optional Comments

[Click here to add Optional Comments](#) ➕

Do you have additional education to enter (include education within the last 5 years, as well as degrees or diplomas more than 5 years ago)?

☐ Yes

☐ No

Optional Summary Comments

[Click here to add Optional Comments](#) ➕



Back
Employment history

Next

Review your history ➔

Section 3: Citizenship

Passport

- Provide your passport information, if applicable.

2/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 **Citizenship** ^

IntroductionU.S. passport informationCitizenship statusDual/multiple citizenshipReview

4 Military history ✓

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history ✓

Review and submit ✓

U.S. passport information

Provide the following information for the most recent U.S. passport you currently possess.

Do you possess a U.S. passport (current or expired)?

☐ Yes☐ No

Optional Comment

[Click here to add Optional Comments](#)

BackCitizenship intro

NextCitizenship status

- If you select “Yes,” provide the following information.

Sections complete

1 Information about you ✓

2 Your history ✓

3 **Citizenship** ^

IntroductionU.S. passport informationCitizenship statusDual/multiple citizenshipReview

4 Military history ✓

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history ✓

Review and submit ✓

U.S. passport information

Provide the following information for the most recent U.S. passport you currently possess.

Do you possess a U.S. passport (current or expired)?

☒ Yes☐ No

Optional Comment

[Click here to add Optional Comments](#)

Provide the name in which passport was first issued

[Choose a previously used name](#)

Provide your full name

First name [?](#)

☐ No first name☐ Initial only

Middle name [?](#)

☐ No middle name☐ Initial only

Last name

Suffix (Optional) [?](#)

Provide the issue date of the passport [?](#)

MonthDayYear

☐ Estimated

Provide the expiration date of the passport [?](#)

MonthDayYear

☐ Estimated

Passport number [?](#)

Optional Comment

[Click here to add Optional Comments](#)

BackCitizenship intro

NextCitizenship status

Status

- If you are a naturalized citizen, you will need to provide the type of documentation for a U.S. citizen born abroad (e.g., FS 240, DS 1350, FS 545).

<div>2/7 Sections complete</div> <div><div>Information about you ✓</div><div>Your history ✓</div><div>Citizenship ^<div>Introduction</div><div>U.S. passport information</div><div>Citizenship status</div><div>Dual/multiple citizenship</div><div>Review</div><div>Military history</div><div>Financial record</div><div>Substance use</div><div>Investigative and criminal history</div><div>Review and submit</div></div></div>	<h3>Citizenship status</h3> <p>Select the box that reflects your current citizenship status</p> <p>Provide your current citizenship status</p> <p><input type="radio"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth</p> <p><input type="radio"/> I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country</p> <p><input checked="" type="radio"/> I am a naturalized U.S. citizen</p> <p><input type="radio"/> I am a derived U.S. citizen</p> <p><input type="radio"/> I am not a U.S. citizen</p> <p>Optional Comment Click here to add Optional Comments</p> <p>Provide mother's maiden name</p> <p>First name ? <input type="text"/></p> <p><input type="checkbox"/> No first name <input type="checkbox"/> Initial only</p> <p>Middle name ? <input type="text"/></p> <p><input type="checkbox"/> No middle name <input type="checkbox"/> Initial only</p> <p>Last name <input type="text"/></p> <p>Suffix (Optional) ? <input type="text"/></p>	<p>Provide the date of entry into the U.S. ?</p> <p>Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></p> <p><input type="checkbox"/> Estimated</p> <p>Provide your place of entry in the U.S.</p> <p>City <input type="text"/></p> <p>State <input type="text"/></p> <p>Provide country(ies) of prior citizenship ?</p> <p><input type="text" value="Choose Country(ies). Selected items will appear below."/></p> <p>Selected country(ies) citizenship</p> <p>Do/did you have a U.S. alien registration number?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Optional Comment Click here to add Optional Comments</p>
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<p>Provide your Certificate of Naturalization number (N550 or N570)</p> <p><input type="text"/></p> <p>Provide the name of the court that issued the Certificate of Naturalization</p> <p><input type="text"/></p> <p>Provide the address of the court that issued the Certificate of Naturalization ?</p> <p>Street address <input type="text"/></p> <p>Apt, suite, building, floor, etc. (Optional) <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code <input type="text"/></p> <p>Provide the date the Certificate of Naturalization was issued ?</p> <p>Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></p> <p><input type="checkbox"/> Estimated</p>	<p>Provide the name in which the Certificate of Naturalization was issued</p> <p>First name ? <input type="text"/></p> <p><input type="checkbox"/> No first name <input type="checkbox"/> Initial only</p> <p>Middle name ? <input type="text"/></p> <p><input type="checkbox"/> No middle name <input type="checkbox"/> Initial only</p> <p>Last name <input type="text"/></p> <p>Suffix (Optional) ? <input type="text"/></p> <p>Provide the basis of naturalization</p> <p><input type="radio"/> Based on my own individual naturalization application</p> <p><input type="radio"/> Other</p> <p>Optional Comment Click here to add Optional Comments</p>
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Dual/Multiple citizenship

- If you are currently a citizen of another country, provide the dates of your citizenship and the reason for your citizenship there (e.g., born there, residency).

2/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ^

Introduction

U.S. passport information

Citizenship status

Dual/multiple citizenship

Review

4 Military history ✓

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history

Dual/multiple citizenship

Do you now or have you EVER held dual/multiple citizenships?

☐ Yes

☐ No

Optional Comment

[Click here to add Optional Comments](#)

Back

Next

- If you select “Yes,” provide the following information.

Citizenship status

Dual/multiple citizenship

Review

Military history ✓

Financial record ✓

Substance use ✓

Investigative and criminal history

Review and submit ✓

Optional Comment

[Click here to add Optional Comments](#)

Country 1: Provide citizenship details below

Provide country of citizenship

During what period of time did you hold citizenship with this country?

Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate

From date

To date

Month

Year

Month

Year

or

Present

☐ Estimated

☐ Estimated

How did you acquire this non-U.S. citizenship you now have or previously had?

Optional Comment

[Click here to add Optional Comments](#)

Do you have an additional citizenship to provide?

☐ Yes

☐ No

Optional Summary Comment

[Click here to add Optional Comments](#)

Back

Next

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Section 4: Military history

Selective Service

- If you're uncertain whether you registered for Selective Service, you can verify your status at www.sss.gov. (Verify before selecting, "I don't know.")

3/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ^

Introduction

Selective service record

U.S. military

Foreign military

Review

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history ✓

Review and submit ✓

Selective service record

Were you born a male after December 31, 1959? [?](#)

☒ Yes☐ No

Optional Comments
[Click here to add Optional Comments](#) [?](#)

Have you registered with the Selective Service System (SSS)?

☒ Yes☐ No

or ☐ I don't know

Optional Comments
[Click here to add Optional Comments](#) [?](#)

Provide registration number

Note: Selective Service Number is not your Social Security Number

Can't remember your registration number?
The Selective Service website, www.sss.gov can help provide the registration number for persons who have registered.

Optional Comments
[Click here to add Optional Comments](#) [?](#)

[Back](#)
Military intro

[Next](#)
U.S. military

Military Service

- If you select "Yes," you will need to provide the dates of your service. Ensure these dates align with the information on the OF-306, *Declaration for Federal Employment*, which you will be submitting as part of this process.

3/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ^

Introduction

U.S. military

Have you ever served in the U.S. Military? [?](#)

☐ Yes☐ No

- If you select “Yes,” provide the following information.

Branch 1: **Unknown**
Close

Provide the branch of service you served in

☐ Air Force

☐ Air National Guard

☐ Army

☐ Army National Guard

☐ Coast Guard

☐ Marine Corps

☐ Navy

Provide your status

☐ Active Duty

☐ Active Reserve

☐ Inactive Reserve

Officer or enlisted

☐ Officer

☐ Enlisted

☐ Not applicable

Provide your service number
The military stopped issuing Service Numbers July 1, 1969. If you were issued a Service Number, enter it here. If not, enter your Social Security Number

Provide your dates of service

From date

Month
Year

To date

Month
Year

or
☐ Present

☐ Estimated
☐ Estimated

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

☐ Yes

☐ No

Provide your service number
The military stopped issuing Service Numbers July 1, 1969. If you were issued a Service Number, enter it here. If not, enter your Social Security Number

Provide your dates of service

From date

Month
Year

To date

Month
Year

or
☐ Present

☐ Estimated
☐ Estimated

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

☐ Yes

☐ No

Optional Comments
[Click here to add Optional Comments](#)

Do you have additional military service to report?

☐ Yes

☐ No

Optional Summary Comments
[Click here to add Optional Comments](#)

Back
Selective service record

Next
Disciplinary procedures

Foreign Military

- If you select “Yes,” you will need to provide the dates of your service. Ensure these dates align with the information on the OF-306, *Declaration for Federal Employment*, which you will be submitting as part of this process.

20 February 2025

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3/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ^

Introduction

Foreign military

Have you ever served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?

☐ Yes
 ☐ No

- If you select “Yes,” provide the following information.

During your foreign service, which organization were you serving under?

☐ Military (Army, Navy, Air Force, Marines, etc.)
 ☐ Intelligence Service
 ☐ Diplomatic Service
 ☐ Security Forces
 ☐ Militia
 ☐ Other Defense Forces
 ☐ Other Government Agency

Provide the name of the foreign organization

Provide your period of service ⓘ

From date

Month Year

To date

Month Year

or ☐ Present

☐ Estimated
 ☐ Estimated

Provide the name of the country

Provide your highest position/rank held

Provide the division/department/office in which you served

Provide a description of the circumstances of your association with this organization

Provide a description of the reason for leaving this service

Optional Comments

[Click here to add Optional Comments](#) ⓘ

Do you have an additional foreign military service to report?

☐ Yes
 ☐ No

Optional Summary Comments

[Click here to add Optional Comments](#) ⓘ

Back U.S. military

Next Review military history

Section 5: Financial record

Taxes

- Ensure that the information you provide matches the information on your OF-306 *Declaration for Federal Employment*.

4/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ✓

5 Financial record ^

6 Substance use ✓

Introduction

Taxes

Delinquent payments

Review

Taxes

In the last five (5) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

☐ Yes

☐ No

Back

Financial intro

Next

Delinquent payments

- If you select “Yes,” provide the following information.

Agency 1: Provide your tax filing information below

Close

Remove

Did you fail to file, pay as required, or both?

☐ File

☐ Pay

☐ Both

Provide the year you failed to file or pay your federal, state, or other taxes (Estimated)

Year

☐ Estimated

Provide the reason(s) for your failure to file or pay required taxes

Provide the Federal, state, or other agency to which you failed to file or pay taxes

Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.)

Provide the amount (in U.S. dollars) of the taxes

\$

☐ Estimated

Provide the date satisfied

Month

Year

☐ Estimated

or

☐ Not applicable

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Are there any other instances in the last five (5) years where you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

☐ Yes

☐ No

Delinquent Payments

4/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ✓

5 Financial record ^

Introduction

Taxes

Delinquent payments

Delinquent payments

Other than previously listed, has the following happened to you?

You will be asked to provide details about each financial obligation that pertains to the items identified below.

You are currently delinquent on any Federal debt. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

☐ Yes

☐ No

- If you select “Yes,” provide the following information.

Service 1: Provide your payment issue details below

Close

Provide the associated loan / account number(s) involved

or ☐ I don't know

Identify/describe the type of property involved (if any)

Provide the amount (in U.S. dollars) of the financial issue

\$

☐ Estimated

Provide the reason(s) for the financial issue

Provide the current status of the financial issue

Provide the date the financial issue began

Month Year

☐ Estimated

Provide the date the financial issue was resolved

Month Year

☐ Estimated

or ☐ Not resolved

Provide the name of the court involved

or ☐ I don't know

Provide the address of the court involved

This address is

☒ In the U.S. ☐ APO/FPO ☐ Outside the U.S.

Street address

Apt, suite, building, floor, etc. (Optional)

City

State ZIP Code

or ☐ I don't know

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any provide explanation.

Other than previously listed, are there any other instances of the following occurrences?

You are currently delinquent on any Federal debt. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

☐ Yes ☐ No

Section 6: Substance abuse

Usage

5/7 Sections complete	
1 Information about you ▾	✓
2 Your history ▾	✓
3 Citizenship ▾	✓
4 Military history ▾	✓
5 Financial record ▾	✓
6 Substance use ^	
Introduction	
Illegal use of drugs and drug activity ^	
Usage	

Usage

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. This particular section applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity not in accordance with Federal laws, even though permissible under state laws.

In the last year, have you illegally used any drugs or controlled substances?

Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.

☐ Yes ☐ No

- If you select “Yes,” provide the following information.

Drug Use 1: Provide your drug use details below Close

Provide the type of drug or controlled substance

☐ Cocaine or crack cocaine (Such as rock, freebase, etc.)

☐ Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)

☐ THC (Such as marijuana, weed, pot, hashish, etc.)

☐ Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)

☐ Ketamine (Such as special K, jet, etc.)

☐ Narcotics (Such as opium, morphine, codeine, heroin, etc.)

☐ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)

☐ Steroids (Such as the clear, juice, etc.)

☐ Inhalants (Such as toluene, amyl nitrate, etc.)

☐ Other (Provide explanation)

Provide an estimate of the month and year of first use

Month Year

☐ Estimated

Provide an estimate of the month and year of most recent use

Month Year

☐ Estimated

Provide nature of use, frequency, and number of times used

Optional Comment

[Click here to add Optional Comments](#)

Do you have an additional instance(s) of illegal use of a drug or controlled substance to enter?

☐ Yes ☐ No

Optional Summary Comment

[Click here to add Optional Comments](#)

Purchase

5/7 Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓
6	Substance use ^

Purchase

In the last year, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?

☐ Yes ☐ No

- If you select “Yes,” provide the following information.

Drug involvement 1: <i>Provide your drug involvement details below</i> Close	
<p>Provide the type of drug or controlled substance</p> <p><input type="radio"/> Cocaine or crack cocaine (Such as rock, freebase, etc.)</p> <p><input type="radio"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)</p> <p><input type="radio"/> THC (Such as marijuana, weed, pot, hashish, etc.)</p> <p><input type="radio"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)</p> <p><input type="radio"/> Ketamine (Such as special K, jet, etc.)</p> <p><input type="radio"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.)</p> <p><input type="radio"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)</p> <p><input type="radio"/> Steroids (Such as the clear, juice, etc.)</p> <p><input type="radio"/> Inhalants (Such as toluene, amyl nitrate, etc.)</p> <p><input type="radio"/> Other (Provide explanation)</p>	<p>Provide nature of and frequency of activity</p> <div></div> <p>Provide the reason(s) why you engaged in the activity</p> <div></div> <p>Optional Summary Comment</p> <p>Click here to add Optional Comments</p>
<p>Provide an estimate of the month and year of first involvement</p> <p>Month Year</p> <div></div>	
<p>Provide an estimate of the month and year of most recent involvement</p> <p>Month Year</p> <div></div>	<p>Do you have an additional instance(s) of having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance to enter?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

Prescription drug misuse

5/7 Sections complete	<h3>Prescription drug misuse</h3> <p>In the last year have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
1 Information about you ✓	
2 Your history ✓	
3 Citizenship ✓	
4 Military history ✓	
5 Financial record ✓	
6 Substance use ^	

- If you select “Yes,” provide the following information.

<p>In the last year have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Optional Comment Click here to add Optional Comments</p> <p>Drug misuse 1: <i>Provide your drug misuse details below</i> Close</p> <p>Provide the name of the prescription drug that you misused</p> <p>Provide the dates of involvement in the above ?</p> <p>From date To date Month Year Month Year or <input type="checkbox"/> Present <input type="checkbox"/> Estimated <input type="checkbox"/> Estimated</p>	<p>Provide the reason(s) for and circumstances of the misuse of the prescription drug</p> <p>Optional Comment Click here to add Optional Comments</p> <p>Do you have an additional instance(s) of intentionally engaging in the misuse of prescription drugs in the last year to enter?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
--	---

Mandatory Counseling

5/7 Sections complete	<h3>Mandatory counseling or treatment</h3> <p>In the last year have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
1 Information about you ✓	
2 Your history ✓	
3 Citizenship ✓	
4 Military history ✓	
5 Financial record ✓	
6 Substance use ^	

- If you select “Yes,” provide the following information.

Treatment 1: Provide your treatment details below

Close

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

Check all that apply

☐ An employer, military commander, or employee assistance program

☐ A medical professional

☐ A mental health professional

☐ A court official / judge

☐ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.

Optional Comment

[Click here to add Optional Comments](#)

Provide explanation

Did you take action to receive counseling or treatment?

☐ Yes
 ☐ No

Do you have another instance of having been ordered, advised, or asked to seek drug or controlled substance counseling or treatment to enter?

☐ Yes
 ☐ No

5/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ✓

5 Financial record ✓

Voluntary counseling or treatment

In the last year have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

☐ Yes
 ☐ No

- If you select “Yes,” provide the following information.

Treatment 1: Provide your treatment details belowCloseRemove

Provide the type of drug or controlled substance for which you were treated

☐ Cocaine or crack cocaine (Such as rock, freebase, etc.)

☐ Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)

☐ THC (Such as marijuana, weed, pot, hashish, etc.)

☐ Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)

☐ Ketamine (Such as special K, jet, etc.)

☐ Narcotics (Such as opium, morphine, codeine, heroin, etc.)

☐ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)

☐ Steroids (Such as the clear, juice, etc.)

☐ Inhalants (Such as toluene, amyl nitrate, etc.)

☐ Other (Provide explanation)

Provide the name of the treatment provider

First name

☐ No first name☐ Initial only

Last name

Suffix (Optional)

Provide the address for this treatment provider

The address of your contact during this time period

☒ In the U.S.☐ APO/FPO☐ Outside the U.S.

Street address

Apt, suite, building, floor, etc. (Optional)

City

State

ZIP Code

Provide a telephone number for the treatment provider

Switch to: International numberDSN number

United States telephone number

Extension

()-#

☐ Day only☐ Night only☒ Both

Provide the dates of treatment

From date

To date

MonthYearMonthYear

☐ Estimated☐ Estimated

or☐ Present

Did you successfully complete the treatment?

☐ Yes☐ No

Optional Summary Comment

[Click here to add Optional Comments](#)

Do you have another instance of voluntarily seeking counseling or treatment as a result of your use of a drug or controlled substance in the last year?

☐ Yes☐ No

Optional Summary Comment

[Click here to add Optional Comments](#)

BackMandatory counseling or treatment

NextReview substance use

Saved6 sec ago

Section 7: Investigative and criminal history

Police Record/Offenses

6/7 Sections complete	
1 Information about you ✓	<h3>Offenses</h3> <p>Have any of the following happened?</p> <ul style="list-style-type: none">• In the last five (5) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.• In the last five (5) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?• In the last five (5) years have you been charged with, convicted of, or sentenced for a crime in any court? Include all qualifying charges, convictions or sentences in any federal, state, local, military, or non-U.S. court, even if previously listed on this form.• In the last five (5) years have you been or are you currently on probation or parole?• Are you currently on trial or awaiting a trial on criminal charges? <div><input type="radio"/> Yes <input type="radio"/> No</div>
2 Your history ✓	
3 Citizenship ✓	
4 Military history ✓	
5 Financial record ✓	
6 Substance use ✓	
7 Investigative and criminal history ^	
<p>Introduction</p> <p>Police record ^</p> <p>Introduction</p> <p>Offenses</p> <p>Domestic violence</p> <p>Investigations and clearance record v</p> <p>Association record v</p>	

- If you select “Yes,” provide the following information.

<p>Provide the date of the offense ?</p> <div>Month Year</div> <div><input type="text"/> <input type="text"/></div> <div><input type="checkbox"/> Estimated</div>	<p>Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?</p> <div><input type="radio"/> Yes <input type="radio"/> No</div>
<p>Provide a description of the specific nature of the offense ?</p> <div><input type="text"/></div>	<p>Do you have any other offenses where any of the following has happened to you?</p> <ul style="list-style-type: none">• In the last five (5) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.• In the last five (5) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?• In the last five (5) years have you been charged with, convicted of, or sentenced for a crime in any court? Include all qualifying charges, convictions or sentences in any federal, state, local, military, or non-U.S. court, even if previously listed on this form.• In the last five (5) years have you been or are you currently on probation or parole?• Are you currently on trial or awaiting a trial on criminal charges? <div><input type="radio"/> Yes <input type="radio"/> No</div>
<p>Provide the location where the offense occurred</p> <p>This address is</p> <div><input checked="" type="radio"/> In the U.S. <input type="radio"/> Outside the U.S.</div> <div>City</div> <div><input type="text"/></div> <div>State</div> <div><input type="text"/></div> <div>ZIP Code</div> <div><input type="text"/></div> <div>County</div> <div><input type="text"/></div>	

Domestic Violence

6/7 Sections complete	
1 Information about you ✓	<h3>Domestic violence</h3> <p>Is there currently a domestic violence protective order or restraining order issued against you?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
2 Your history ✓	
3 Citizenship ✓	
4 Military history ✓	
5 Financial record ✓	

- If you select “Yes,” provide the following information.

7 Investigative and criminal history
Introduction
Police record ^
Introduction
Offenses
Domestic violence
Investigations and clearance record v
Association record v
Review
Review and submit v

Charge 1: Provide charge details below [Close](#)

Provide explanation ?

Provide the date the order was issued

Month Year

☐ Estimated

Provide the name of the court or agency that issued the order

Provide the location of the court or agency that issued the order ?

This address is

☒ In the U.S. ☐ Outside the U.S.

City

State

ZIP Code

County

Do you have another domestic violence protective order or restraining order currently issued against you to report?

☐ Yes ☐ No

Ever been investigated

6/7 Sections complete	<h3>Ever been investigated</h3> <p>Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
1 Information about you ✓	
2 Your history ✓	
3 Citizenship ✓	
4 Military history ✓	
5 Financial record ✓	
6 Substance use ✓	

- If you select “Yes,” provide the information specified below.
- If you are unsure about the information regarding when or where you were processed for a background check, select “No.”
 - DOE does not permit you to choose “I don’t know” for the details of this questions.
 - A DBIDS pass or a Sandia uncleared badge does not qualify as a background investigation.

<p>Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Investigation 1: Provide investigation details below Close Remove</p> <p>Provide the investigating agency</p> <p><input type="radio"/> U.S. Department of Defense</p> <p><input type="radio"/> U.S. Department of State</p> <p><input type="radio"/> U.S. Office of Personnel Management</p> <p><input type="radio"/> Federal Bureau of Investigation</p> <p><input type="radio"/> U.S. Department of Treasury (provide name of bureau)</p> <p><input type="radio"/> U.S. Department of Homeland Security</p> <p><input type="radio"/> Foreign government (provide name of government)</p> <p><input type="radio"/> Other (provide explanation)</p> <p>or <input type="checkbox"/> I don't know</p>	<p>Date the investigation was completed ?</p> <p>Month Year</p> <p><input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Estimated</p> <p>or <input type="checkbox"/> I don't know</p> <p>Was a clearance eligibility/access granted?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you have another investigation to enter?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
--	---

Denied

6/7 Sections complete	
1 Information about you ✓	<h3>Denied</h3> <hr/> <p>In the last five (5) years have you had a security clearance eligibility/access authorization denied, suspended, or revoked?</p> <p>Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.</p> <div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
2 Your history ✓	
3 Citizenship ✓	
4 Military history ✓	
5 Financial record ✓	
6 Substance use ✓	
7 Investigative and criminal	

- If you select “Yes,” provide the following information.

Sections complete	
1 Information about you ✓	<h3>Denied</h3> <hr/> <p>In the last five (5) years have you had a security clearance eligibility/access authorization denied, suspended, or revoked?</p> <p>Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.</p> <div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>
2 Your history ✓	
3 Citizenship ✓	
4 Military history ✓	
5 Financial record ✓	
6 Substance use ✓	
Investigative and criminal history	

Introduction

Police record ✓

Investigations and clearance record

Ever been investigated ✓

Denied

Debarment

Association record ✓

Review

Review and submit ✓

Denial 1: *Provide denial details below* [Close](#)

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked ⓘ

Month Year

☐ Estimated

Provide the name of the agency that took the action

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

Do you have another denied, revoked, or suspended security clearance eligibility/access authorization to enter?

☐ Yes

☐ No

Debarment

6/7 Sections complete	<h3>Debarment</h3> <p>In the last five (5) years have you been debarred from government employment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
1 Information about you ✓	
2 Your history ✓	
3 Citizenship ✓	
4 Military history ✓	
5 Financial record ✓	
6 Substance use ✓	

- If you select “Yes,” provide the following information.

Debarment	
Sections complete	<h3>Debarment</h3> <p>In the last five (5) years have you been debarred from government employment?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
1 Information about you ✓	
2 Your history ✓	
3 Citizenship ✓	
4 Military history ✓	
5 Financial record ✓	
6 Substance use ✓	
7 Investigative and criminal history	Debarment 1: Provide debarment details below Close
Introduction	Provide the name of the government agency taking debarment action
Police record ✓	<input type="text"/>
Investigations and clearance record	Provide the date the debarment occurred ?
Ever been investigated	Month Year
Denied	<input type="text"/> <input type="text"/>
Debarment	<input type="checkbox"/> Estimated
Association record ✓	Provide an explanation of the circumstances of the debarment ?
Review	<input type="text"/>
Review and submit ✓	Do you have another Government debarment to enter?
	<input type="radio"/> Yes <input type="radio"/> No

Terrorist organization

6/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ✓

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history

Introduction

Police record ✓

Investigations and clearance record ✓

Association record

Terrorist organization

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment or credentialing decision.

For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion or to affect the conduct of a government by mass destruction, assassination or kidnapping.

Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?

☐ Yes

☐ No

- If you select “Yes,” provide the following information.

Organization 1: Provide details of organization below

Close

Provide the full name of the organization

Provide the address/location of the organization ?

This address is

☒ In the U.S.

☐ Outside the U.S.

Street address

Apt, suite, building, floor, etc. (Optional)

City

State

ZIP Code

Provide the dates of your involvement with the organization ?

From date

Month

Year

→

To date

Month

Year

or

☐ Present

☐ Estimated

☐ Estimated

Provide all positions held in the organization, if any

or ☐ No positions held

Provide all contributions made to the organization, if any

or ☐ No contributions made

Provide a description of the nature of and reasons for your involvement with the organization

Do you have any other instances of being a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities to report?

☐ Yes

☐ No

Engaged in terrorism

6/7 Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓

Engaged in terrorism

Have you EVER knowingly engaged in any acts of terrorism?

☐ Yes ☐ No

- If you select “Yes,” provide the following information.

Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓
6	Substance use ✓
Investigative and criminal history ^	
Introduction	
Police record ✓	
Investigations and clearance record ✓	
Association record ^	
Terrorist organization ✓	
Engaged in terrorism	
Advocating	
Membership - overthrow	
Membership - violence or force	
Activities to overthrow	
Terrorism association	
Review	
Review and submit ✓	

Engaged in terrorism

Have you EVER knowingly engaged in any acts of terrorism?

☒ Yes ☐ No

Act 1: Provide details for the terrorism below

Close Remove

Describe the nature and reasons for the activity

Provide the dates for any such activities ?

From date To date

Month Year → Month Year or ☐ Present

☐ Estimated ☐ Estimated

Do you have any other instances of knowingly engaging in acts of terrorism to report?

☐ Yes ☐ No

Back Terrorist organization

Next Advocating

Advocating

6/7 Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓

Advocating

Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

☐ Yes ☐ No

- If you select “Yes,” provide the following information.

Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓
6	Substance use ✓
7	Investigative and criminal history ^

Introduction

Police record ✓

Investigations and clearance record ✓

Association record ^

Terrorist organization ✓

Engaged in terrorism ✓

Advocating

Membership - overthrow

Membership - violence or force

Activities to overthrow

Terrorism association

Review

Review and submit ^

Advocating

Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

☒ Yes ☐ No

Instance 1: Provide details of the instance below

Close Remove

Provide the reason(s) for advocating acts of terrorism

Provide the dates of advocating acts of terrorism ?

From date To date

Month Year Month Year or ☐ Present

☐ Estimated ☐ Estimated

Do you have any other instances of advocating acts of terrorism or activities designed to overthrow the U.S. Government by force to report?

☐ Yes ☐ No

Back Engaged in terrorism

Next Membership - overthrow

Membership – overthrow

6/7 Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓
6	Substance use ✓

Membership – overthrow

Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?

☐ Yes ☐ No

- If you select “Yes,” provide the following information.

Membership 1: Please provide membership details below Close	
<p>Provide the full name of the organization</p> <input type="text"/>	<p>Provide all positions held in the organization, if any</p> <input type="text"/> or <input type="checkbox"/> No positions held
<p>Provide the address/location of the organization ?</p> <p>This address is</p> <p><input checked="" type="radio"/> In the U.S. <input type="radio"/> Outside the U.S.</p> <p>Street address</p> <input type="text"/> <p>Apt, suite, building, floor, etc. (Optional)</p> <input type="text"/> <p>City</p> <input type="text"/> <p>State <input type="text"/> ZIP Code <input type="text"/></p>	<p>Provide all contributions made to the organization, if any</p> <input type="text"/> or <input type="checkbox"/> No contributions made
<p>Provide the dates of your involvement with the organization ?</p> <p>From date</p> <p>Month <input type="text"/> Year <input type="text"/> → To date</p> <p>Month <input type="text"/> Year <input type="text"/> or <input type="checkbox"/> Present</p> <p><input type="checkbox"/> Estimated <input type="checkbox"/> Estimated</p>	<p>Provide a description of the nature of and reasons for your involvement with the organization</p> <div><input type="text"/></div> <p>Do you have any other instances of being a member of an organization dedicated to the use of violence or force to overthrow the United States Government, which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities to report?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

Membership – violence or force

6/7 Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓
6	Substance use ✓

Membership – violence or force

Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?

☐ Yes ☐ No

- If you select yes, fill out the following information.

Membership 1: Provide membership details below Close	
<p>Provide the full name of the organization</p> <input type="text"/>	<p>Provide all positions held in the organization, if any</p> <input type="text"/> <input type="checkbox"/> No positions held
<p>Provide the address/location of the organization ?</p> <p>This address is</p> <p><input checked="" type="radio"/> In the U.S. <input type="radio"/> Outside the U.S.</p> <p>Street address</p> <input type="text"/> <p>Apt, suite, building, floor, etc. (Optional)</p> <input type="text"/> <p>City</p> <input type="text"/> <p>State <input type="text"/> ZIP Code <input type="text"/></p>	<p>Provide all contributions (in U.S. dollars) made to the organization, if any</p> <input type="text"/> <input type="checkbox"/> No contributions made
<p>Provide the dates of your involvement with the organization ?</p> <p>From date <input type="text"/> <input type="text"/> → <input type="text"/> <input type="text"/> <input type="checkbox"/> Present</p> <p><input type="checkbox"/> Estimated <input type="checkbox"/> Estimated</p>	<p>Provide a description of the nature of and reasons for your involvement with the organization</p> <div><input type="text"/></div> <p>Do you have any other instances of being a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action to report</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

Activities to overthrow

6/7 Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓

Activities to overthrow

Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force?

☐ Yes ☐ No

- If you select yes, fill out the following information.

7 Investigative and criminal history
Introduction
Police record ✓
Investigations and clearance record ✓
Association record ^
Terrorist organization ✓
Engaged in terrorism ✓
Advocating ✓
Membership - overthrow ✓
Membership - violence or force ✓
Activities to overthrow
Terrorism association
Review
Review and submit v

Activity 1: *Provide details below* Close Remove

Describe the nature and reasons for the activity

Provide the dates of such activities ?

From date

Month Year

→

To date

Month Year

or Present

☐ Estimated ☐ Estimated

Do you have any other instances of having knowingly engaged in activities designed to overthrow the U.S. Government by force to report?

☐ Yes ☐ No

Back
Membership - violence or force

Next
Terrorism association

Terrorism association

6/7 Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓

Terrorism association

Have you EVER associated with anyone involved in activities to further terrorism?

☐ Yes ☐ No

- If you select “Yes,” provide an explanation of the situation, association with the individual, and the activities intended to further terrorism.

6/7 Sections complete	
1	Information about you ✓
2	Your history ✓
3	Citizenship ✓
4	Military history ✓
5	Financial record ✓
6	Substance use ✓
7	Investigative and criminal history ^


Terrorism association

Have you EVER associated with anyone involved in activities to further terrorism?

☒ Yes ☐ No

Provide explanation

[Back](#) Activities to overthrow [Next](#) Review investigative & criminal history


Saved
2 sec ago

Introduction

Police record ▾

Investigations and clearance record ▾

Association record ^

Terrorist organization

Engaged in terrorism

Advocating

Membership - overthrow

Membership - violence or force

Activities to overthrow

Terrorism association

Review

Review and submit ▾

Review and Submit

Additional comments

- Select “No” and proceed to the next page to certify your document.
- If you select “Yes,” a text box will appear for you to provide additional comments.

7/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ✓

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history ✓

Review and submit ^

Additional Comments

Review

Additional Comments

Do you have additional comments to provide about any of the information you provided?

☐ Yes

☐ No

Back

Review investigative & criminal history

Next

Submit

7/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ✓

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history ✓

Review and submit ^

Additional Comments

Review

Submit

Print

Additional Comments

Do you have additional comments to provide about any of the information you provided?

☒ Yes

☐ No

Use the space below to continue your responses from previous sections and provide any other information you would like to add.

Please identify the number and title of the relevant section and question before each comment.

Back

Review investigative & criminal history

Next

Submit

➤ **Document 1/3**

- 7/7

Sections complete

1 Information about you ✓

2 Your history ✓

3 Citizenship ✓

4 Military history ✓

5 Financial record ✓

6 Substance use ✓

7 Investigative and criminal history ✓

Review and submit ✓

Additional Comments

Review

Submit

Print

All required fields are complete

Not a guarantee of acceptance, but all required fields are complete.

Please sign the releases below and submit your form

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Download a Draft PDF For Review

Certification

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code.)

Click to sign

Name

Date

Release of Information

Credit reporting disclosure

Signatures not complete

Submit your SF-85

- This second document gives permission to release your information (as provided in the questionnaire) to any investigator, special agent, or other duly accredited representative of a federal agency.

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information to include publically available electronic information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization with my signature are valid. This authorization is valid for two (2) years from the date signed.

[Click to sign](#)

Name

Date

➤ Document 3/3

- This third document is disclosing that one or more reports may be obtained for employment purposes.

United States of America Fair Credit Reporting Disclosure and Authorization

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Depending on circumstances within your background, the Federal government may require information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) for positions designated as low risk, non-sensitive, and for physical and logical access. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my for positions designated as low risk, non-sensitive, and for physical and logical access to request, and any consumer reporting agency to provide, such reports for the purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a non-sensitive position. To avoid such delays, you should expeditiously respond to any request made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a non-sensitive position.

[Click to sign](#)

Name

Date

Final Steps

- After you have successfully answered all the questions in the questionnaire, a green checkmark will appear next to each section, in the left column.
- After you have successfully signed the documents, a green checkmark will appear next to each document.
- At this point, you have the option to download the completed questionnaire for your records.
- Click “Submit your SF-85” to submit it to your sponsor for review.

The screenshot shows the final steps of the SF-85 form. On the left, a sidebar lists seven sections, all marked as complete with green checkmarks: 1. Information about you, 2. Your history, 3. Citizenship, 4. Military history, 5. Financial record, 6. Substance use, and 7. Investigative and criminal history. Below these is a 'Review and submit' section with options for 'Review', 'Submit', and 'Print'. The main content area has a heading 'All required fields are complete' with a sub-note 'Not a guarantee of acceptance, but all required fields are complete.' Below this is a green progress bar with a checkmark. A section titled 'Please sign the releases below and submit your form' includes a note about reviewing answers and a 'Download a Draft PDF For Review' button. Below that are three rows for signing: 'Certification', 'Release of Information', and 'Credit reporting disclosure', each with a plus sign and a green checkmark. A large blue button labeled 'Submit your SF-85' is positioned below these. At the bottom, a 'Saved 1 min ago' indicator is shown.

- Click “Submit” one more time.
- After you click “Submit,” you will not be able to edit your information unless your SNL sponsor returns it to you.

The screenshot displays the 'Submit your SF-85' confirmation page. It begins with the heading 'Submit your SF-85' followed by a warning: 'Once you submit, your form will be locked and you will no longer be able to make changes.' Below this, it states: 'After submission you will be able to download a copy of your completed SF-85 and all signed certification and released documents.' A question follows: 'Are you sure you are ready to submit your SF-85?'. A note explains that the submission time will be recorded using Coordinated Universal Time (UTC), regardless of the user's current time zone. The server's current UTC time is shown as '2024-11-25T19:05Z'. At the bottom, there are two buttons: 'Back to review' and 'Submit'.

After Submission

- After submitting your documents, you will have the option to download the signed forms.
- Select “log out.”

Download your documents

If you need assistance contact the office who initiated your form.

You have successfully submitted your SF85. Please note that UTC time was used to record the time of your submission.

Your form was submitted on: 2024-11-25T20:03Z

We are currently preparing a PDF copy of your completed form. Please stand by it should be available momentarily.

If you continue to see this message, you may try back later or obtain a copy from the organization that sponsored your form.

Signed certification and releases

The following are archival documents corresponding to your digitally signed certification and releases

Download	signature-form.24330LALI1305518.pdf
Download	release-credit.24330LALI1305518.pdf
Download	release-information.24330LALI1305518.pdf

Additional Information

- After you submit your paperwork, your SNL sponsor will review it for any necessary corrections. If corrections are needed, you will receive an email outlining the required changes.
- After your paperwork is submitted, processing may take up to 6 months.
- Information on the SF-85 and OF-306 must be consistent, including details such as other names used, criminal history, termination of employment, etc.

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