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).
 - o Complete physical addresses (P.O. Box addresses will **not** be accepted).
 - o 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:
 - o Provide the full name and contact information for someone who can verify where you went to school.
 - o 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.
 - o Provide the dates, physical address (P.O. Box addresses will not be accepted), and full first and last name of your supervisor(s).
 - o 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:
 - o Males born after 31 December 1959 must enter their Selective Service Registration number. (You can verify your status at www.sss.gov.)
 - o 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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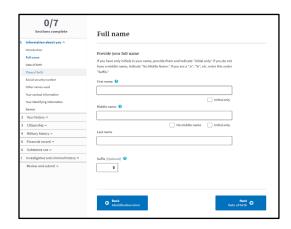
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Section 1: Information about you

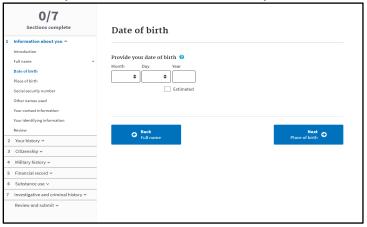
Note: As you complete each section, there will be a green dot when the section is complete. If a checkmark doesn't appear, it means you missed a question in that section.



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



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

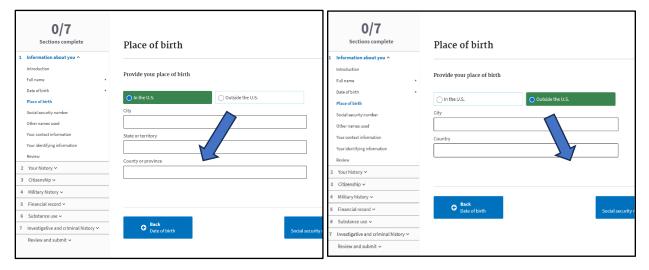


Born in the United States:

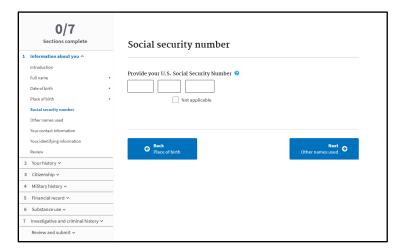
Enter the city, county—not Country—and state in which you were born. (Do not add the word "county" after the county name.)

Born outside the United States:

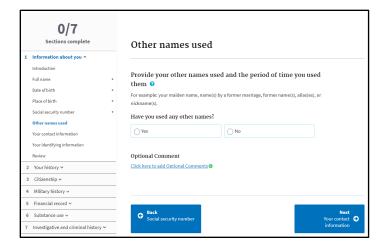
Enter the city and country in which you were born.



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

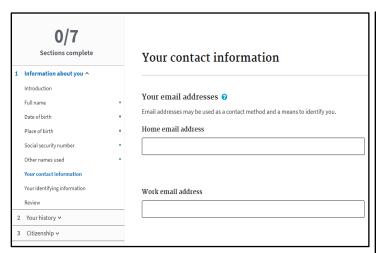


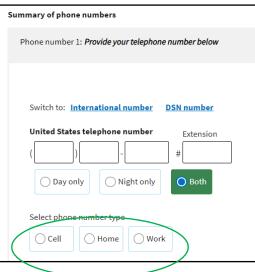
- Select "Yes" if you have used another name. This could be due to marriage, divorce, adoption, legal change, or nickname.
 - o If you select "Yes," provide the appropriate information and a reason for the name change (e.g., nickname).
 - o For other names used, this information must correspond with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



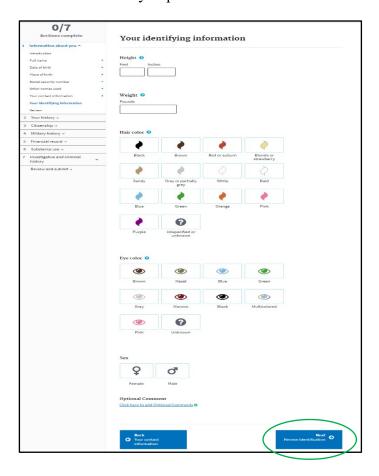


- Provide a valid email address and phone number.
- Select a phone number type; otherwise, the form will display an error and allow you to submit it at the end.

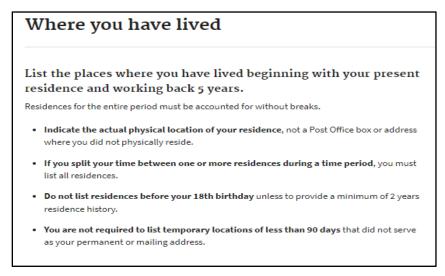




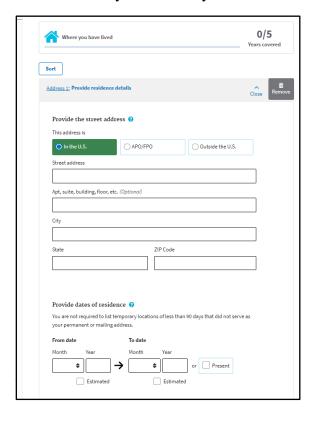
• After you complete this section, click "Review Identifying Information." Verify that the information you provided is correct and click "Next."

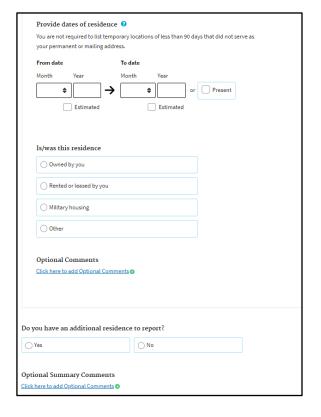


Where you lived



- 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).
 - o You cannot use a relative, spouse, or cohabitant.
 - O 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.

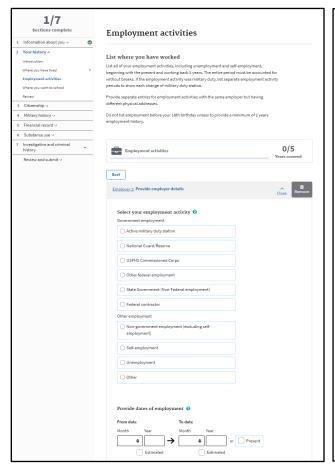


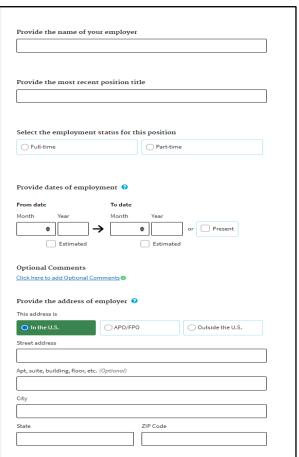


Employment Activities

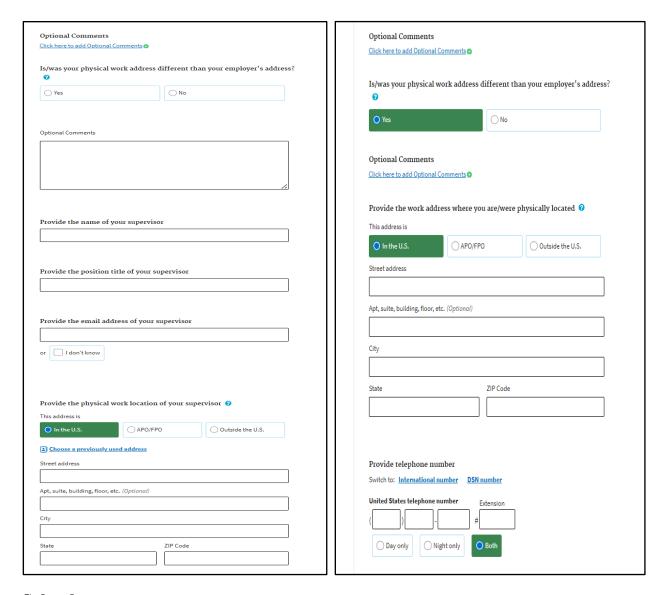
Be aware of common errors made in this section:

- Avoid using abbreviations for company names or titles.
 - o Spell out everything (e.g., instead of using "VP" for a position title, spell out "Vice President").
 - o 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.



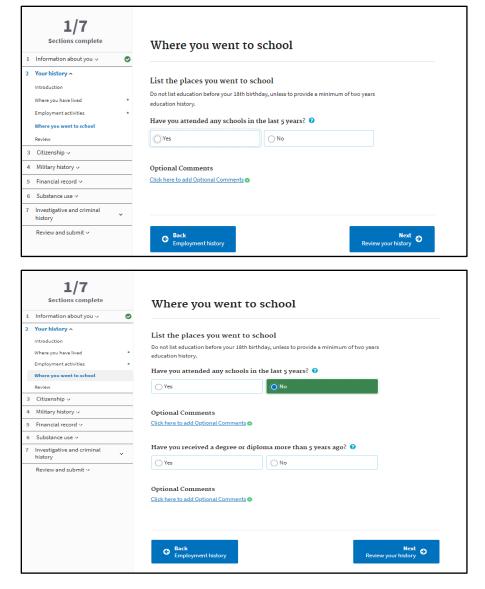


- If you work remotely, select "Yes" for the question, "Is/was your physical address different from your employer's address?" and provide your home address as your physical address.
- If you travel to different job locations on a daily basis, select "No" for the question, "Is/was your physical address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



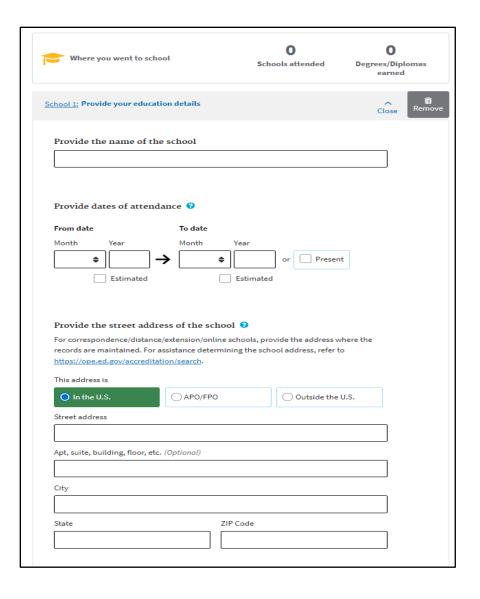
School

- 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.



• 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 "1 University" addresses. Instead use the DAPIP site to get the address that DOE will accept (see https://ope.ed.gov/dapip/#/home).

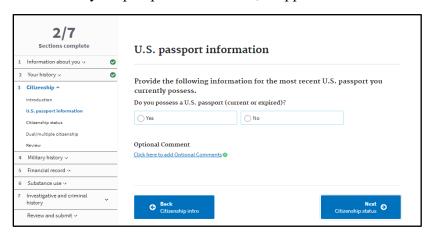


High school		
College, university, or military college		
O Vocational, technical, or trade school		
Correspondence, distance, extension, o	or online school	
Optional Comments Click here to add Optional Comments		
Did you receive a degree/diploma?	○ No	
Optional Comments Click here to add Optional Comments		
rou have additional education to entrars, as well as degrees or diplomas n		
onal Summary Comments here to add Optional Comments		

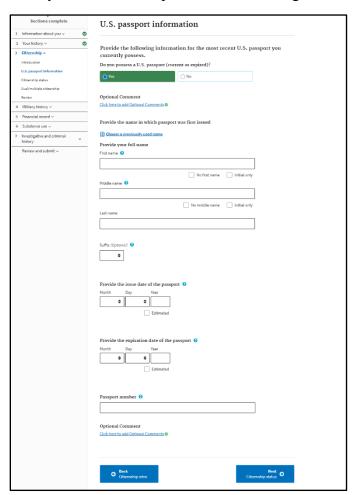
Section 3: Citizenship

Passport

• Provide your passport information, if applicable.



• If you select "Yes," provide the following information.



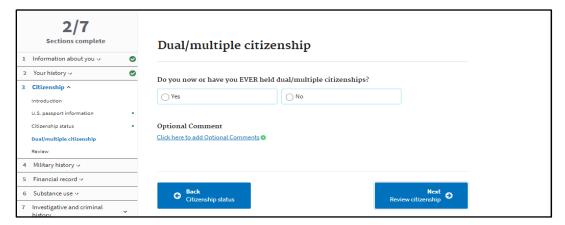
Status

• 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).

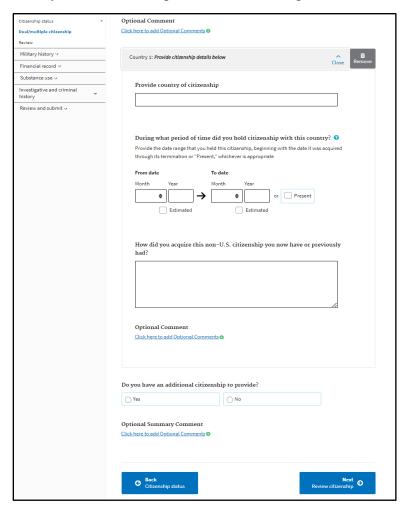
2/7		Provide the date of entry into the U.S. 🔞
Sections complete	Citizenship status	Month Day Year
Information about you 🗸	Citizenship status	• • • • • • • • • • • • • • • • • • •
Your history v		
Citizenship ^	Select the box that reflects your current citizenship status Provide your current citizenship status	Estimated
Introduction	I am a U.S. citizen or national by birth in the U.S. or U.S.	
U.S. passport information •	territory/commonwealth	
Citizenship status Dual/multiple citizenship	I am a U.S. citizen or national by birth, born to U.S.	Provide your place of entry in the U.S.
Review	parent(s), in a foreign country	City
Military history 🗸	O I am a naturalized U.S. citizen	
Financial record 🗸	☐ I am a derived U.S. citizen	State
Substance use 🗸	◯ I am not a U.S. citizen	
Investigative and criminal history		
Review and submit ->	Optional Comment	
	Click here to add Optional Comments	
	Provide mother's maiden name	Provide country(ies) of prior citizenship 0
	First name ②	Choose Country(ies). Selected items will appear below.
		Selected country(ies) citizenship
	No first name Initial only	
	Middle name ②	
		Da/did you have a U.S. alien registration number?
	No middle name Initial only	Do/did you have a U.S. alien registration number?
	Last name	○ Yes ○ No
	- 7 (0) 4 (0	Optional Comment
	Suffix (Optional)	Click here to add Optional Comments ©
	•	
		1
Provide your Certific	ate of Naturalization number (N550 or N570)	Provide the name in which the Certificate of Naturalization was issued
		First name 0
		No first name Initial only
Provide the name of	the court that issued the Certificate of Naturalization	Middle name 0
		Middle Harrie
		No middle name Initial only
	of the court that issued the Certificate of Naturalization	Last name
0		
Street address		
Apt, suite, building, floor,	etc. (Optional)	Suffix (Optional) 🔞
City		
,		
State	ZIP Code	Provide the basis of naturalization
		Based on my own individual naturalization application
		Other
Provide the date the	Certificate of Naturalization was issued 🔞	J Suite
Month Day	Year	
	•	Optional Comment
	Fetimated	Click here to add Optional Comments •
	Litetimated	

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).



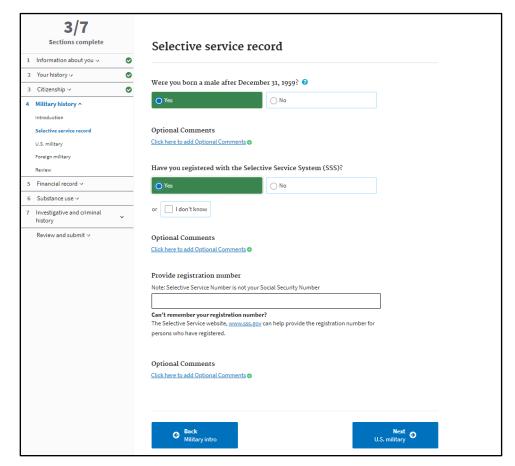
• If you select "Yes," provide the following information.



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.")

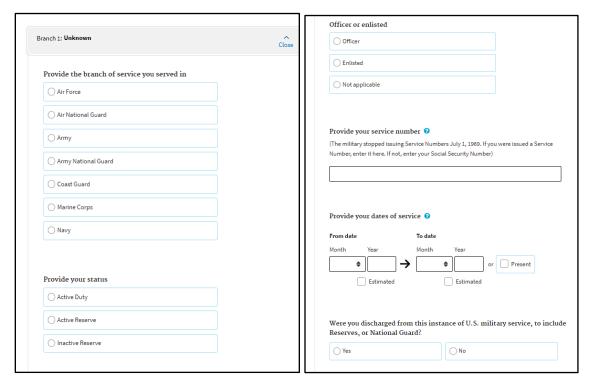


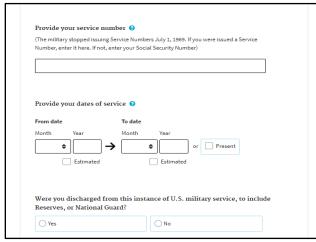
Military Service

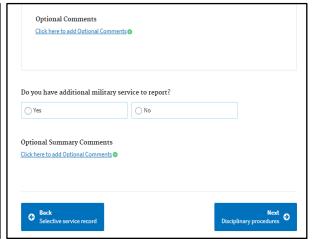
• If you select "Yes," you will need to provide the dates of your service. Ensure these dates align with the information on the OF-306, *Declaration for Federal Employment*, which you will be submitting as part of this process.



• If you select "Yes," provide the following information.





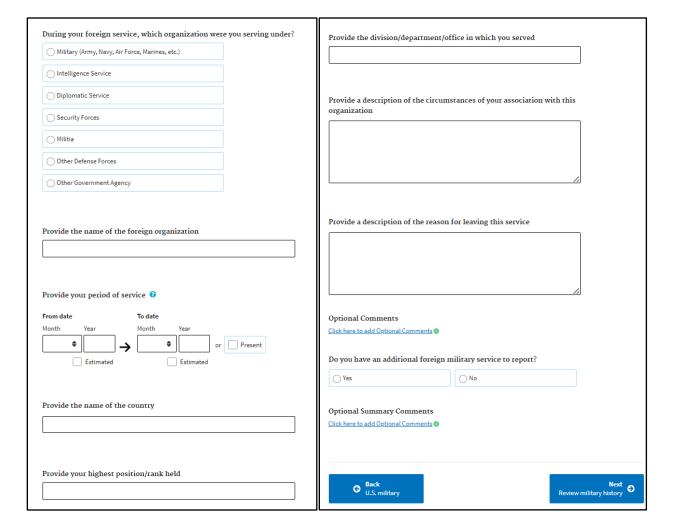


Foreign Military

• 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.



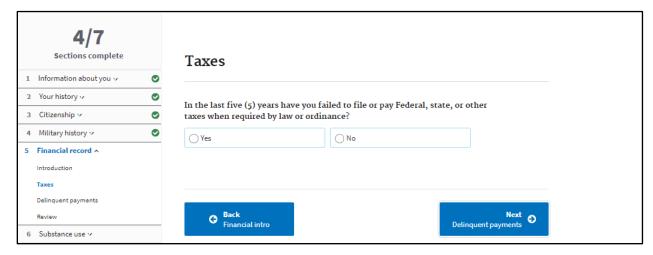
• If you select "Yes," provide the following information.



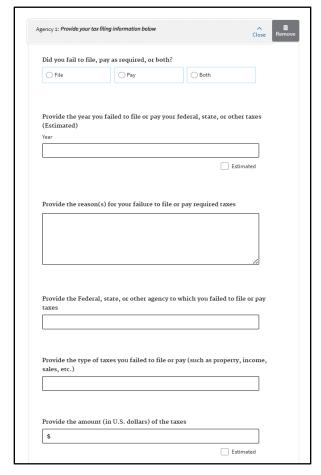
Section 5: Financial record

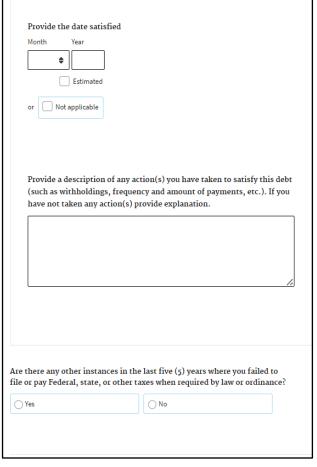
Taxes

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



• If you select "Yes," provide the following information.

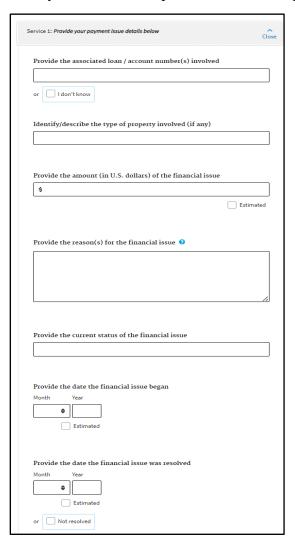




Delinquent Payments



• If you select "Yes," provide the following information.



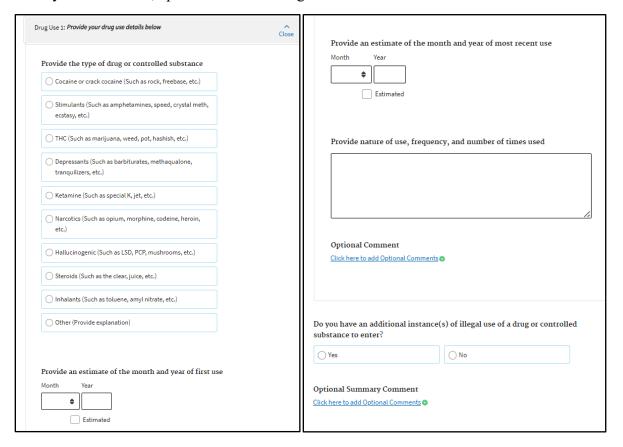


Section 6: Substance abuse

Usage



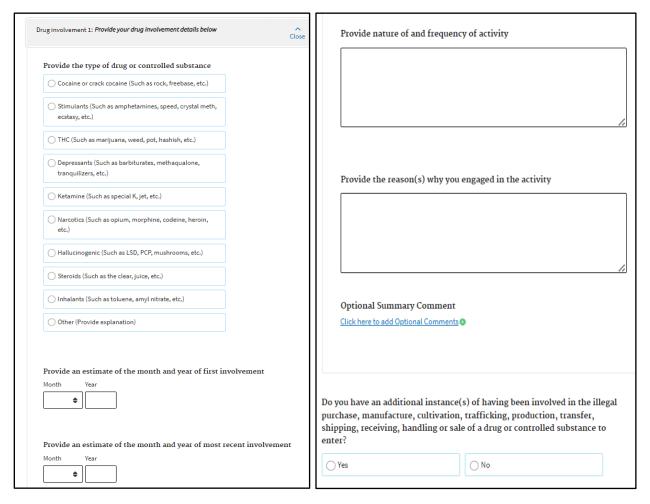
• If you select "Yes," provide the following information.



Purchase



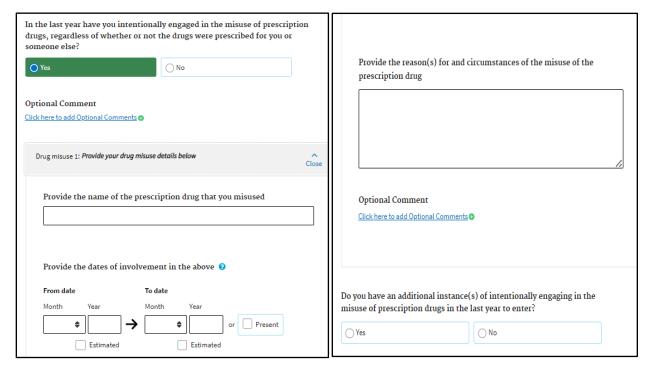
• If you select "Yes," provide the following information.



Prescription drug misuse



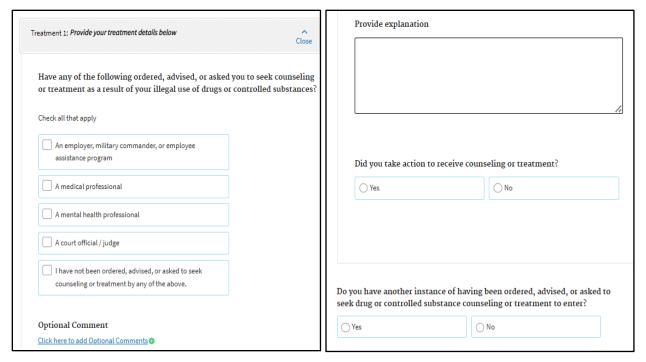
• If you select "Yes," provide the following information.



Mandatory Counseling

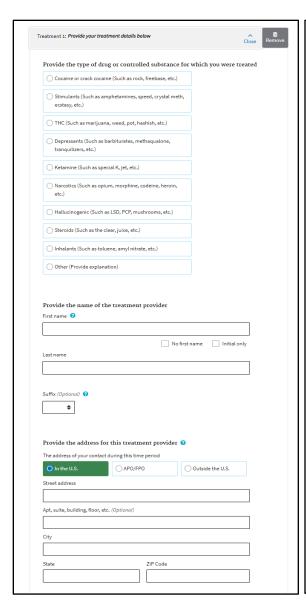


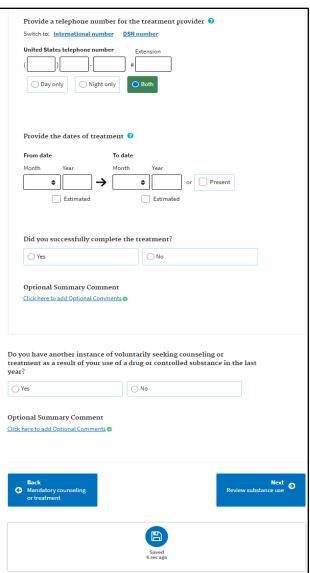
• If you select "Yes," provide the following information.





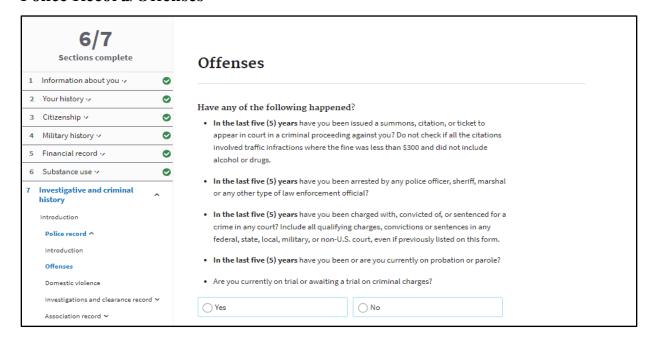
• If you select "Yes," provide the following information.



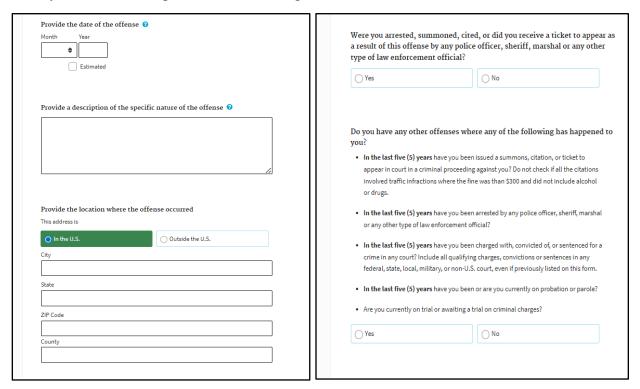


Section 7: Investigative and criminal history

Police Record/Offenses



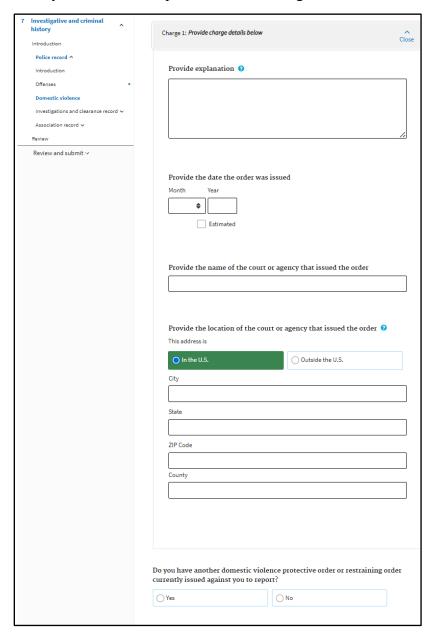
• If you select "Yes," provide the following information.



Domestic Violence



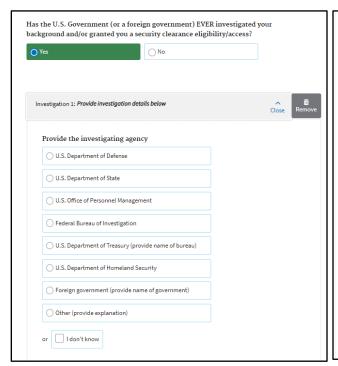
• If you select "Yes," provide the following information.

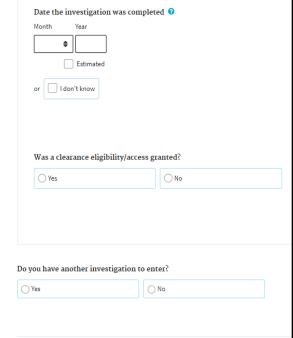


Ever been investigated



- 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."
 - o 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.

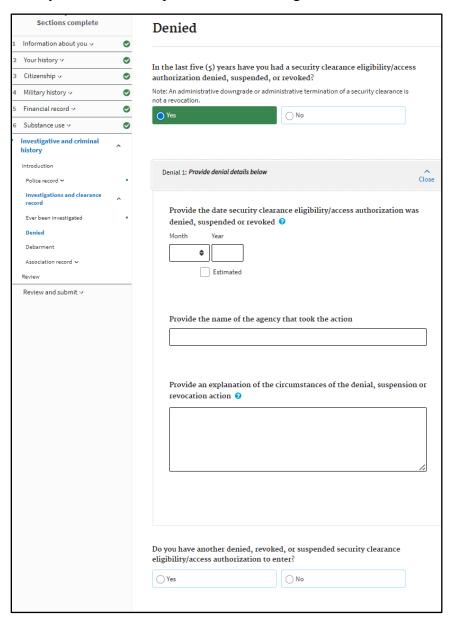




Denied



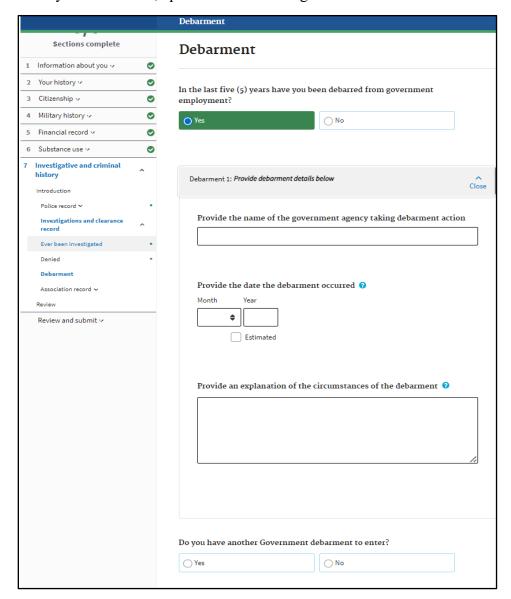
• If you select "Yes," provide the following information.



Debarment



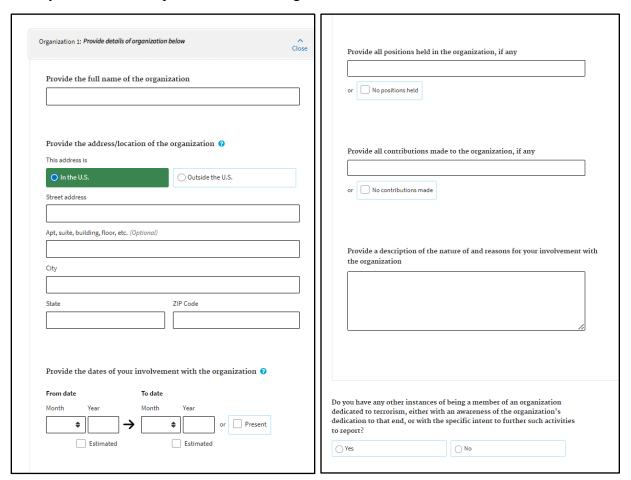
• If you select "Yes," provide the following information.



Terrorist organization



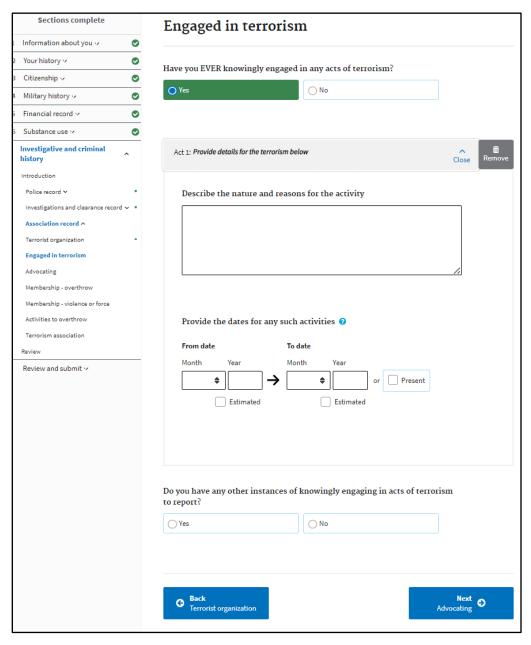
• If you select "Yes," provide the following information.



Engaged in terrorism



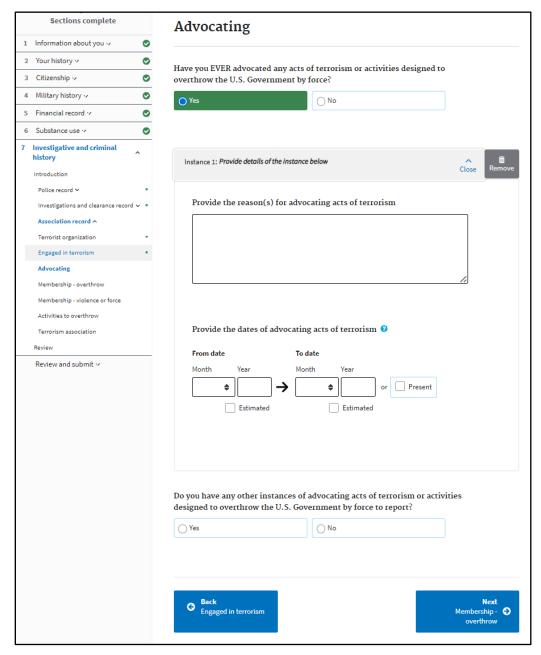
• If you select "Yes," provide the following information.



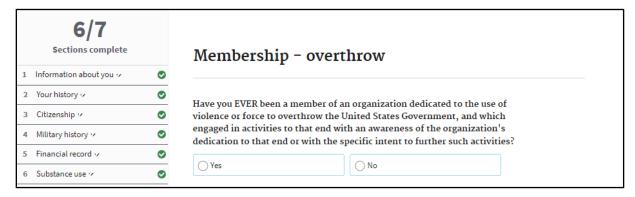
Advocating



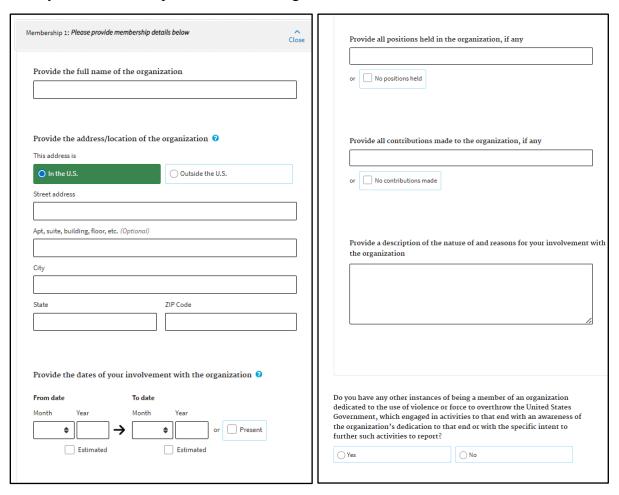
• If you select "Yes," provide the following information.



Membership - overthrow



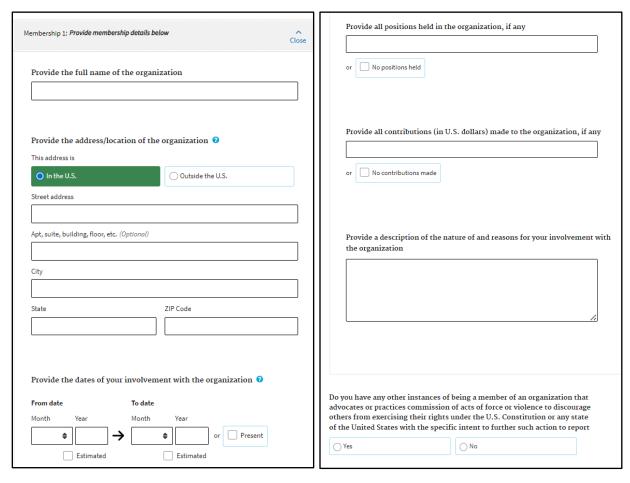
• If you select "Yes," provide the following information.



Membership - violence or force



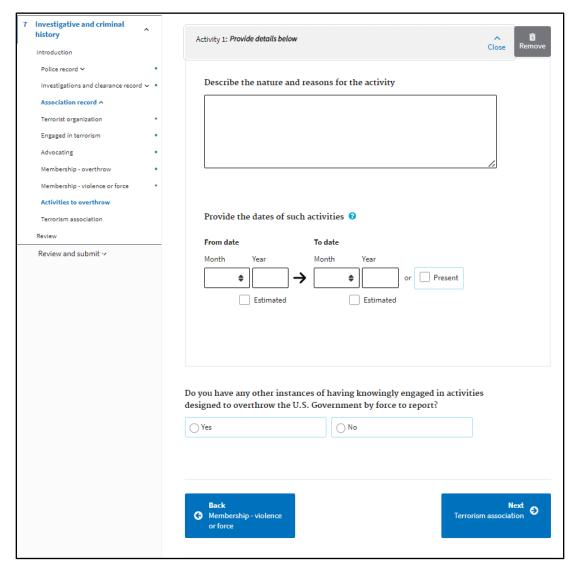
• If you select yes, fill out the following information.



Activities to overthrow



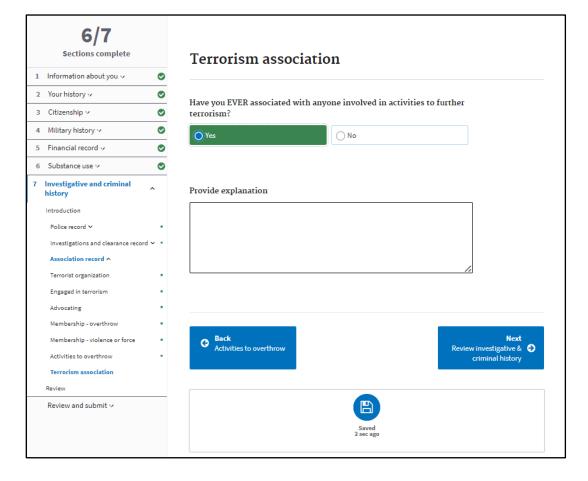
• If you select yes, fill out the following information.



Terrorism association



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

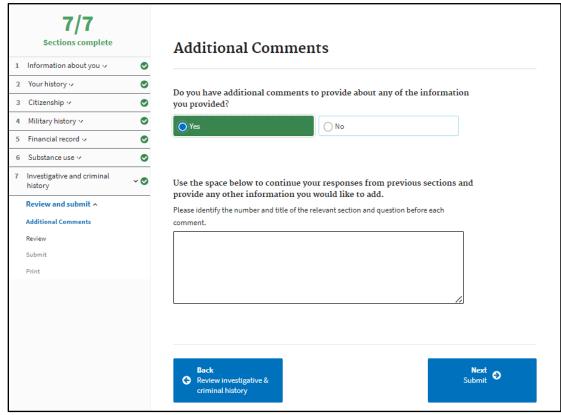


Review and Submit

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.

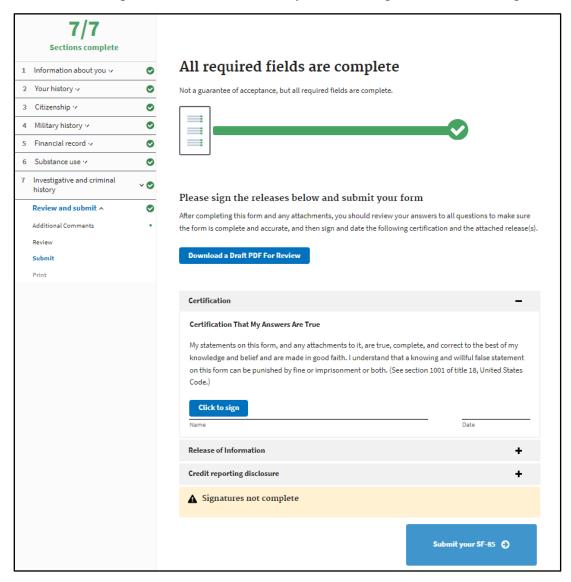




Sign 3 documents

➤ Document 1/3

• The first signature will be to certify that the answers you provided in the SF-85 questionnaire are true, complete, correct to the best of your knowledge, and are made in good faith.



▶ Document 2/3

• 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.

➤ 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.

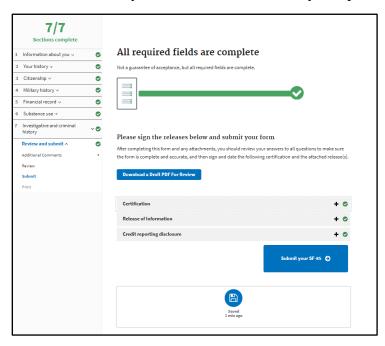
Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a non-sensitive position. To avoid such delays, you should expeditiously respond to any request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

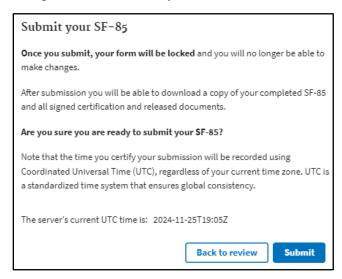
Click to sign	
Name	Date

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.

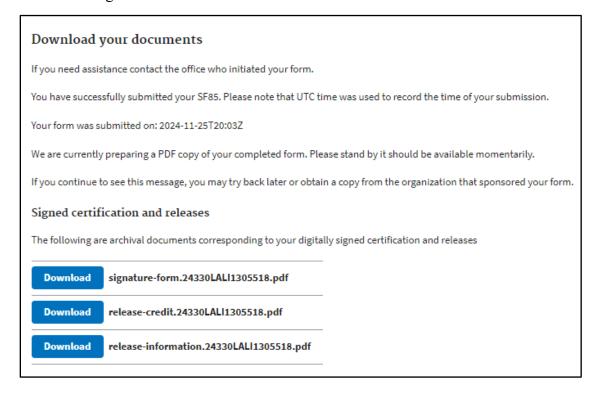


- Click "Submit" one more time.
- After you click "Submit," you will not be able to edit your information unless your SNL sponsor returns it to you.



After Submission

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



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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