# ELECTRONIC PERSONNEL SECURITY QUESTIONNAIRE SF86 WORKSHEET

This document is meant to be a detailed "Check List" in preparation for completing the SF86 on the Electronic Personnel Security Questionnaire (EPSQ). This is not a substitute for the actual SF86.
**DO NOT send this document to the Defense Security Service.**

Keep the following in mind when completing the EPSQ:

- Indicate Unk (Unknown) or FNU (First Name Unknown), MNU (Middle Name Unknown) or LNU (Last Name Unknown) if names are ABSOLUTELY irretrievable.
- Dates should be formatted as YYYY/MM/DD (e.g., 1995/03/28).
- Use the EPSQ on-screen help (Press F1) for individual fields or screens.
- See page 29 of this document for helpful hints on how to "navigate" around the EPSQ.

## *Module 1: PERSONAL INFORMATION*

Name: First:_____ Middle: _____ Last:_____

Suffix (ie: II, III, or Jr.)*:_____ SSN: _____

Birth Date: _____ (YYYY/MM/DD)

City/State: _____ County*: _____

Country: _____ Gender: Male Female

Maiden name *(if applicable)*: First: _____ Middle: _____ Last: _____

Work Phone: _____ Day / Evening (*circle one*).

Home Phone: _____ Day / Evening (*circle one*).

Height: _____ (Feet/Inches: e.g., 5/11)

Weight: _____ (Pounds)

Hair color: _____

Eye color: _____

## *Module 2: OTHER NAMES USED*

Have you ever used another name: **(Y / N)**

If yes, FROM: _____ To: _____ (YYYY/MM/DD)

Name Used *(Include first, middle, and last names)*: _____

*Additional Names? Use the Continuation Space at the end of this worksheet.*

* Can be left blank

# EPSQ SF86 Worksheet

## *Module 3: CITIZENSHIP*

What is your current citizenship status? (*Select One*): **(1)** US Citizen **(2)** Not a US Citizen
*Follow Path (1) or (2) depending on your answer. Answer questions and follow arrows/directions as appropriate.*

**(1)** US Citizen *(You were either: born in the USA; born in a US Territory/Possession; Born Abroad of US Parents; or Naturalized)*

Enter Mother's Maiden Name: _____ _____ _____
First Middle Last

➢ Were you born in the US (US Citizen) or in a US Territory/Possession (US National)? **(Y / N)**

**If No**, follow arrow to the next question…

**If Yes**, answer the following:

➢ Are you now or were you a dual citizen of the US and another county? **(Y / N)**

**If No**, Proceed to Module 4, Residences

**If Yes**, answer the following:

➢ Enter the name of the country where you hold/held dual citizenship in addition to the United States: _____. Go to Module 4, Residences

→ Where you born abroad of US parents? **(Y / N)**

**If No**, you have either a Naturalization or Citizenship Certificate. Follow arrow…

**If Yes**, answer the following:

Citizenship Certificate Number: _____ (If none, enter N/A)

Issue Date: _____ (If none, enter Form 240 Date)

City: _____ (If none, enter N/A)

State: _____ (If none, enter DC)

State Dept. Form 240 Date: _____ (YYYY/MM/DD)

Proceed to question immediately below (US passport)…

➢ Do you currently hold or did you previously hold a US passport? **(Y / N)**

**If No**, follow arrow to the next question…

**If Yes**, answer the following:

Passport Number: _____

Passport Issue Date: _____ (YYYY/MM/DD)

Proceed to question directly below (Dual Citizenship)…

→ Are you now or were you a dual citizen of the US and another county? **(Y / N)**

**If No**, proceed to Module 4, Residences

**If Yes**, answer the following:

➢ Enter the name of the country where you hold/held dual citizenship in addition to the United States: _____.
Go to Module 4, Residences

→ Provide the following information:
Naturalization or Citizenship Certificate Number: _____

* Can be left blank

# EPSQ SF86 Worksheet

## *Module 3: CITIZENSHIP (cont.)*

Issue Date: _____ (YYYY/MM/DD)

City: _____

State: _____

Court Name: _____ (If none, enter N/A)

Proceed to question immediately below (U.S. passport)…

➢ Do you currently hold or did you previously hold a U.S. passport? **(Y / N)**

**If No**, follow arrow to the next question…

**If Yes**, answer the following:

Passport Number: _____

Passport Issue Date: _____ (YYYY/MM/DD)

Proceed to question directly below (Dual Citizenship)…

→ Are you now or were you a dual citizen of the U.S. and another county? **(Y / N)**

**If No**, proceed to Module 4, Residences.

**If Yes**, answer the following:

➢ Enter the name of the country where you hold/held dual citizenship in addition to the United States: _____.

Go to Module 4, Residences.

(2) Not a U.S. Citizen *(You were born outside the USA and do NOT have U.S. citizenship)*

Enter Mother's Maiden Name: _____

First Middle Last

Answer the following:

Alien Registration Number: _____

Date Entered U.S.: _____

City: _____

State: _____

Country of Citizenship: _____

## *Module 4: WHERE YOU HAVE LIVED*

- **Note**: If your Investigation Type is a Single Scope Background Investigation (SSBI), provide 10 years of residence info. Otherwise, provide 5 years of residence information. If the residence is over 5 years old, do NOT include a "Person who knew you at this address".

(1) Where have you lived? *(Start with your PRESENT location).*

FROM: _____ TO: *PRESENT* (YYYY/MM/DD)

ADDRESS LINE 1: _____



* Can be left blank

# EPSQ SF86 Worksheet

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the residence hard to find? **(Y / N)** If yes…

Explain: _____

_____

_____

Person who knew you at this address: *(Include first, middle, and last names)*: _____

FROM: _____ TO: _____ (YYYY/MM/DD)

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Telephone Number: _____

(2) Your **NEXT ADDRESS**:

FROM: _____ TO: _____ (YYYY/MM/DD)

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the residence hard to find? **(Y / N)** If yes…

Explain: _____

_____

_____

(Complete only if residence was within the last five years):
Person who knew you at this address *(Include first, middle, and last names)*: _____

FROM: _____ TO: _____ (YYYY/MM/DD)

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Telephone Number: _____

* Can be left blank

# EPSQ SF86 Worksheet

(3) Your **NEXT ADDRESS:**

FROM: _____ TO: _____ (YYYY/MM/DD)

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the residence hard to find? **(Y / N)** If yes…

Explain: _____

_____

_____

(Complete only if residence was within the last five years):
Person who knew you at this address *(Include first, middle, and last names)*: _____

FROM: _____ TO: _____ (YYYY/MM/DD)

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Telephone Number: _____

(4) Your **NEXT ADDRESS:**

FROM: _____ TO: _____ (YYYY/MM/DD)

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the residence hard to find? **(Y / N)** If yes…

Explain: _____

_____

_____

(Complete only if residence was within the last five years):
Person who knew you at this address *(Include first, middle, and last names)*: _____

FROM: _____ TO: _____ (YYYY/MM/DD)

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____



* Can be left blank

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Telephone Number: _____

(5) Your **NEXT ADDRESS:**

FROM: _____ TO: _____ (YYYY/MM/DD)

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the residence hard to find? **(Y / N)** If yes…

Explain: _____

_____

_____

(Complete only if residence was within the last five years):
Person who knew you at this address *(Include first, middle, and last names)*: _____

FROM: _____ TO: _____ (YYYY/MM/DD)

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Telephone Number: _____

### *Module 5: WHERE YOU WENT TO SCHOOL*

**Option 1**: Did you attend school, beyond Jr. High, within the last 5 years (Feriodic Reinvestigations, NACs, etc) or 10 years (SSBI)? **(Y / N)**

If "NO," go to Option 2, below…
If "YES," answer the following…

FROM: _____ To: _____

Type of education? *(Pick One)*

1. High School
2. College/University/Military College
3. Vocational/Technical/Trade

School Name: _____

Degree/Diploma/Other: _____



* Can be left blank

# EPSQ SF86 Worksheet

Award Date: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Person who knew you at above school *(ONLY if the education occurred w/in the last 3 years).*

Full Name *(Include first, middle, and last names)*: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Phone: _____

**Option 2**: If you answered "no" to Option 1 above, review the following…

Have you attended school beyond high school? **(Y / N)**

- **Note**: If all education occurred more than 5 years ago (Periodic Reinvestigations, NACs, etc) or 10 years ago (SSBI), list most recent beyond high school, regardless of date.

If Yes, answer the following…

FROM: _____ To: _____

Type of Education? *(Pick One)*

1. College/University/Military College
2. Vocational/Technical/Trade

School Name: _____

Degree/Diploma/other: _____

Award Date: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

* Can be left blank

# EPSQ SF86 Worksheet

## *Module 6: YOUR EMPLOYMENT ACTIVITIES*

(If your Investigation Type is a Single Scope Background Investigation (SSBI), provide 10 years of employment info. Otherwise, provide 5 years of employment information. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment.)

(1) Your **CURRENT EMPLOYMENT:**

FROM: _____ To: *PRESENT* (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one)*:

| | |
|---|---|
| 1. Active Military Duty Station | 6. Self-employment |
| 2. National Guard/Reserve | 7. Unemployment |
| 3. U.S.P.H.S. Commissioned Corps | 8. Federal Contractor |
| 4. Other Federal Employment | 9. Other |
| 5. State Government (Non-Federal Employment) | |

BRANCH: *(If Military):* _____

EMPLOYER NAME: _____ Employer Phone: _____

Your position/title: _____

JOB ADDRESS LINE 1: _____

JOB ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Supervisor's full name *(Include first, middle, and last names)*: _____

Supervisor's phone: _____

Is the employer's address different from the job location address? **(Y / N)**. If yes…

Employer's ADDRESS LINE 1: _____

Employer's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the supervisor's address different from the job location address? **(Y / N)**. If yes…

Supervisor's ADDRESS LINE 1: _____

Supervisor's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

* Can be left blank

# EPSQ SF86 Worksheet

(2) Your **PREVIOUS EMPLOYMENT:**

FROM: _____ TO: _____ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one)*:

| | |
|---|---|
| 1. Active Military Duty Station | 6. Self-employment |
| 2. National Guard/Reserve | 7. Unemployment |
| 3. U.S.P.H.S. Commissioned Corps | 8. Federal Contractor |
| 4. Other Federal Employment | 9. Other |
| 5. State Government (Non-Federal Employment) | |

BRANCH: *(If Military):* _____

EMPLOYER NAME: _____ Employer Phone: _____

Your position/title: _____

JOB ADDRESS LINE 1: _____

JOB ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Supervisor's full name *(Include first, middle, and last names)*: _____

Supervisor's phone: _____

Is the employer's address different from the job location address? **(Y / N)**. If yes…

Employer's ADDRESS LINE 1: _____

Employer's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the supervisor's address different from the job location address? **(Y / N)**. If yes…

Supervisor's ADDRESS LINE 1: _____

Supervisor's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

(3) Your **PREVIOUS EMPLOYMENT:**

FROM: _____ TO: _____ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one)*:

| | |
|---|---|
| 1. Active Military Duty Station | 6. Self-employment |
| 2. National Guard/Reserve | 7. Unemployment |
| 3. U.S.P.H.S. Commissioned Corps | 8. Federal Contractor |
| 4. Other Federal Employment | 9. Other |
| 5. State Government (Non-Federal Employment) | |



* Can be left blank

# EPSQ SF86 Worksheet

BRANCH: *(If Military):* _____

EMPLOYER NAME: _____ Employer Phone: _____

Your position/title: _____

JOB ADDRESS LINE 1: _____

JOB ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Supervisor's full name *(Include first, middle, and last names)*: _____

Supervisor's phone: _____

Is the employer's address different from the job location address? **(Y / N)**. If yes…

Employer's ADDRESS LINE 1: _____

Employer's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the supervisor's address different from the job location address? **(Y / N)**. If yes…

Supervisor's ADDRESS LINE 1: _____

Supervisor's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

(4) Your **PREVIOUS EMPLOYMENT:**

FROM: _____ TO: _____ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

| | |
|---|---|
| 1. Active Military Duty Station | 6. Self-employment |
| 2. National Guard/Reserve | 7. Unemployment |
| 3. U.S.P.H.S. Commissioned Corps | 8. Federal Contractor |
| 4. Other Federal Employment | 9. Other |
| 5. State Government (Non-Federal Employment) | |

BRANCH: *(If Military):* _____

EMPLOYER NAME: _____ Employer Phone: _____

Your position/title: _____

JOB ADDRESS LINE 1: _____

JOB ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Supervisor's full name *(Include first, middle, and last names)*: _____

Supervisor's phone: _____

* Can be left blank

# EPSQ SF86 Worksheet

Is the employer's address different from the job location address? **(Y / N)**. If yes…

Employer's ADDRESS LINE 1: _____

Employer's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the supervisor's address different from the job location address? **(Y / N)**. If yes…

Supervisor's ADDRESS LINE 1: _____

Supervisor's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

(5) Your **PREVIOUS EMPLOYMENT:**

FROM: _____ TO: _____ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one)*:

| | |
|---|---|
| 1. Active Military Duty Station | 6. Self-employment |
| 2. National Guard/Reserve | 7. Unemployment |
| 3. U.S.P.H.S. Commissioned Corps | 8. Federal Contractor |
| 4. Other Federal Employment | 9. Other |
| 5. State Government (Non-Federal Employment) | |

BRANCH: *(If Military):* _____

EMPLOYER NAME: _____ Employer Phone: _____

Your position/title: _____

JOB ADDRESS LINE 1: _____

JOB ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Supervisor's full name *(Include first, middle, and last names)*: _____

Supervisor's phone: _____

Is the employer's address different from the job location address? **(Y / N)**. If yes…

Employer's ADDRESS LINE 1: _____

Employer's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the supervisor's address different from the job location address? **(Y / N)**. If yes…

Supervisor's ADDRESS LINE 1: _____

Supervisor's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

* Can be left blank

# EPSQ SF86 Worksheet

(6) Your **PREVIOUS EMPLOYMENT:**

FROM: _____ TO: _____ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one)*:

| | |
|---|---|
| 1. Active Military Duty Station | 6. Self-employment |
| 2. National Guard/Reserve | 7. Unemployment |
| 3. U.S.P.H.S. Commissioned Corps | 8. Federal Contractor |
| 4. Other Federal Employment | 9. Other |
| 5. State Government (Non-Federal Employment) | |

BRANCH: *(If Military)*: _____

EMPLOYER NAME: _____ Employer Phone: _____

Your position/title: _____

JOB ADDRESS LINE 1: _____

JOB ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Supervisor's full name *(Include first, middle, and last names)*: _____

Supervisor's phone: _____

Is the employer's address different from the job location address? **(Y / N)**. If yes…

Employer's ADDRESS LINE 1: _____

Employer's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Is the supervisor's address different from the job location address? **(Y / N)**. If yes…

Supervisor's ADDRESS LINE 1: _____

Supervisor's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

***Module 6:*** ***(Employment cont.)*** **Were you in federal civil service prior to the last 10 years? (Y/N)**

- **Note**: Enter all Federal Employment prior to the last 10 years (Do **NOT** list if already reported above!).

FROM: _____ TO: _____ (YYYY/MM/DD)

EMPLOYER NAME: _____ Employer Phone: _____

Your position/title: _____

JOB ADDRESS LINE 1: _____

JOB ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

* Can be left blank

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Supervisor's full name *(Include first, middle, and last names)*: _____

Supervisor's phone: _____

Is the employer's address different from the job location address? **(Y / N)**. If yes…

Employer's ADDRESS LINE 1: _____

Employer's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC):_____

Is the supervisor's address different from the job location address? **(Y / N)**. If yes…

Supervisor's ADDRESS LINE 1: _____

Supervisor's ADDRESS LINE 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

## *Module 7: PEOPLE WHO KNOW YOU WELL*

- **Note:** Provide three people living in the USA who know you well. The references should not be a spouse, former spouse, or other relative. Try not to list someone listed elsewhere on your form. **The reference's combined association with you must cover the last SEVEN years *(for an SSBI Investigation). Otherwise, provide FIVE years of combined association.***

(1) FROM: _____ TO: _____ (YYYY/MM/DD)

Name: First: _____ Middle: _____ Last:_____

Address *(Home or Work?)*: _____

City/State/ZIP: _____

Phone: _____ Day / Evening (*circle one*).

(2) FROM: _____ TO: _____ (YYYY/MM/DD)

Name: First: _____ Middle: _____ Last:_____

Address *(Home or Work?)*: _____

City/State/ZIP: _____

Phone: _____ Day / Evening (*circle one*).

(3) FROM: _____ TO: _____ (YYYY/MM/DD)

Name: First: _____ Middle: _____ Last:_____

Address *(Home or Work?)*: _____

City/State/ZIP: _____

Phone: _____ Day / Evening (*circle one*).

* Can be left blank

# EPSQ SF86 Worksheet

## *Module 8: YOUR SPOUSE (Current Marriage or Widowed)*

- **Note:** If divorced, complete the section under "YOUR FORMER SPOUSE (Divorced)," below.

Current Marital status (*circle one*):

| | |
|---|---|
| 1) Never married (Go to Mod 9) | 4) Legally separated |
| 2) Married | 5) Widowed |
| 3) Separated | |

Current Name: _____ *
First Middle Last suffix

Birth date: _____ (YYYY/MM/DD)

City/State of Birth: _____

Country of Birth: _____

SSN *(if none, type UNK on the EPSQ)*: _____

Maiden Name *(Include first, middle, and last names, if applicable)*: _____

Date of Marriage: _____ Place of Marriage: _____
(YYYY/MM/DD) (City, State/Country)

Address *(Not applicable if same as yours or if spouse is deceased)*: _____

_____

Other Names Used By Spouse *(Include first, middle, and last names, if applicable)*: _____

Spouse's Citizenship: _____

ANSWER ONLY IF APPLICABLE:

Alien # / Naturalization #: _____

If separated, date of separation? _____ (YYYY/MM/DD)

City/State/Country where Separation Records are located: _____

_____

Is the above individual deceased? **(Y / N)** If yes, Widowed Date: _____ (YYYY/MM/DD)

## *Module 8: YOUR FORMER SPOUSE (Divorced)*

Current Name: _____ *
First Middle Last suffix

Birth date: _____ (YYYY/MM/DD)

City/State of Birth: _____

Country of Birth: _____

Date of Marriage: _____ Place of Marriage: _____
(YYYY/MM/DD) (City, State/Country)

* Can be left blank

# EPSQ SF86 Worksheet

Divorce Date: _____ (YYYY/MM/DD)
City/State/Country of Divorce: _____

Former Spouse's Address/Phone # *(Omit if former spouse is deceased)*: _____

_____

Former Spouse's Citizenship: _____
*Other marriages? Use the Continuation Space at the end of this worksheet.*

## *Module 9: YOUR RELATIVES AND ASSOCIATES*

Entry List Options:

| | | |
|---|---|---|
| 1. Mother | 8. Brother | 15. Mother-in-law |
| 2. Father | 9. Sister | 16. Guardian |
| 3. Stepmother | 10. Stepbrother | 17. Other Relative[1] |
| 4. Stepfather | 11. Stepsister | 18. Associate[2] |
| 5. Foster parent | 12. Half-brother | 19. Adult Currently Living With You |
| 6. Child (adopted also) | 13. Half-sister | |
| 7. Stepchild | 14. Father-in-law | |

1) Include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation or close and continuing contact.
2) Include only foreign national associates with whom you or your spouse are bound by affection, obligation or close and continuing contact.

**(1) RELATIONSHIP: Mother** - Mandatory Entry (If you were adopted, you should list your adoptive mother. If you do not know who your biological parents are, you may enter "UNK" in the first name and omit the remaining data. Using "UNK" is applicable for other relatives on the EPSQ.)

Current Name: _____ *
First Middle Last suffix

Birth Date: _____ Country of Birth: _____
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: _____

Address Line 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Citizenship$^{\Omega}$: _____

❑ The following proof of citizenship will be required in Module 10 of the EPSQ *(Citizenship of Your Relatives and Associates)* ONLY if your mother is living, was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

$^{\Omega}$ If your mother was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

* Can be left blank

# EPSQ SF86 Worksheet

**(2) RELATIONSHIP: Father** - Mandatory Entry (If you were adopted, you should list your adoptive father. If you do not know who your biological parents are, you may enter "UNK" in the first name and omit the remaining data. Using "UNK" is applicable for other relatives on the EPSQ.)

Current Name: _____ *
First Middle Last suffix

Birth Date: _____ Country of Birth: _____
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: _____

Address Line 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Citizenship$^{\Omega}$: _____

- ❑ The following proof of citizenship will be required in Module 10 of the EPSQ *(Citizenship of Your Relatives and Associates)* ONLY if your father is living, was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

**(3) RELATIONSHIP: _____ (Select from Relative/Associate Entry List above)**

Current Name: _____ *
First Middle Last suffix

Birth Date: _____ Country of Birth: _____
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: _____

Address Line 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Citizenship$^{\Omega}$: _____

- ❑ The following proof of citizenship will be required in Module 10 of the EPSQ *(Citizenship of Your Relatives and Associates)* ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

$^{\Omega}$ If this relative was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

* Can be left blank

# EPSQ SF86 Worksheet

**(4) RELATIONSHIP: _____ (Select from Relative/Associate Entry List above)**

Current Name: _____ *
First Middle Last suffix

Birth Date: _____ Country of Birth: _____
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: _____

Address Line 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Citizenship$^{\Omega}$: _____

- ❑ The following proof of citizenship will be required in Module 10 of the EPSQ *(Citizenship of Your Relatives and Associates)* ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

**(5) RELATIONSHIP: _____ (Select from Relative/Associate Entry List above)**

Current Name: _____ *
First Middle Last suffix

Birth Date: _____ Country of Birth: _____
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: _____

Address Line 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Citizenship$^{\Omega}$: _____

- ❑ The following proof of citizenship will be required in Module 10 of the EPSQ *(Citizenship of Your Relatives and Associates)* ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

$^{\Omega}$ If this relative was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

* Can be left blank

# EPSQ SF86 Worksheet

**(6) RELATIONSHIP: _____ (Select from Relative/Associate Entry List above)**

Current Name: _____
First Middle Last suffix*

Birth Date: _____ Country of Birth: _____
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: _____

Address Line 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Citizenship$^{\Omega}$: _____

❑ The following proof of citizenship will be required in Module 10 of the EPSQ *(Citizenship of Your Relatives and Associates)* ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

**(7) RELATIONSHIP: _____ (Select from Relative/Associate Entry List above)**

Current Name: _____
First Middle Last suffix*

Birth Date: _____ Country of Birth: _____
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: _____

Address Line 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Citizenship$^{\Omega}$: _____

❑ The following proof of citizenship will be required in Module 10 of the EPSQ of the EPSQ *(Citizenship of Your Relatives and Associates)* ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

$^{\Omega}$ If this relative was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

* Can be left blank

# EPSQ SF86 Worksheet

**(8) RELATIONSHIP: _____ (Select from Relative/Associate Entry List above)**

Current Name: _____ *
First Middle Last suffix

Birth Date: _____ Country of Birth: _____
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: _____

Address Line 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Citizenship$^{\Omega}$: _____

❑ The following proof of citizenship will be required in Module 10 of the EPSQ *(Citizenship of Your Relatives and Associates)* ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

**(9) RELATIONSHIP: _____ (Select from Relative/Associate Entry List above)**

Current Name: _____ *
First Middle Last suffix

Birth Date: _____ Country of Birth: _____
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: _____

Address Line 2*: _____

CITY/STATE/COUNTRY/ZIP (or FPC): _____

Citizenship$^{\Omega}$: _____

❑ The following proof of citizenship will be required in Module 10 of the EPSQ *(Citizenship of Your Relatives and Associates)* ONLY if the living relative was born outside the USA, and is currently living in the USA. If applicable, select one document type and provide the required information:

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

$^{\Omega}$ If this relative was born abroad of U.S. parents, provide date of State Department Form 240 and any remarks under item #4 Other, above.

* Can be left blank

# EPSQ SF86 Worksheet

## *Module 10: CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES*

*If you currently have a spouse-like relationship with someone who is a U.S. citizen **NOT** by birth, or who is an alien residing in the United States, you should provide the following basic information about that person.*

Current Name: _____
First Middle Last suffix*

Birth Date: _____ (YYYY/MM/DD)

| Citizenship Document | Certif./Regist. # | Issue Date | Court Name | City | State |
|---|---|---|---|---|---|
| 1) Naturalization Certificate | | | | | |
| 2) Citizenship Certificate | | | N/A | | |
| 3) Alien Registration | | N/A | N/A | | |
| 4) Other (Explain) | | | | | |

- **Note:** While using the EPSQ, you may find relatives listed in Module 10. They appear here because you indicated that the living relative was born outside the USA, and is currently living in the USA. If there are individuals listed, select each entry, one at time, and provide additional citizenship information about that person. Citizenship information includes certificate numbers, Court Names, etc (see chart immediately above for details).

## *Module 11: YOUR MILITARY HISTORY*

*List all of your military service below, including service in the Reserve, National Guard, U.S. Merchant Marine and Foreign Military Service. Start with the most recent period of service and work backward. If you had a break in service, each separate period should be listed.*

FROM: _____ TO: _____ Branch of Service: _____

Country: _____ (Foreign Service) Grade: _____ (Current or one held at end of svc. - Merchant Marine list a 3 char grade)

Status: _____ (Active, Active Reserve, Inactive)

State: _____ (For National Guard) Service Number: _____ (i.e. SSN)

## *Module 12: YOUR FOREIGN ACTIVITIES - PROPERTY*

Do you have any foreign property, business connections, or financial interests? **(Y / N)** If yes…

FROM: _____ TO: _____ (YYYY/MM/DD)

FIRM NAME/COUNTRY: _____

REMARKS: _____

_____

## *Module 13: YOUR FOREIGN ACTIVITIES - EMPLOYMENT*

Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm or agency? **(Y / N)** If yes…

FROM: _____ TO: _____ (YYYY/MM/DD)

Firm and/or Government/ Country: _____

* Can be left blank

REMARKS: _____

_____

### *Module 14: YOUR FOREIGN ACTIVITIES - CONTACT WITH FOREIGN GOVERNMENT*

Have you ever had any conduct with a foreign government, its establishments (embassies or consulates), or it's representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.) **(Y / N)** If yes…

FROM: _____ TO: _____ (YYYY/MM/DD)

Firm and/or Government/ Country: _____

REMARKS: _____

_____

### *Module 15: YOUR FOREIGN ACTIVITIES - PASSPORT*

In the last 7 years, have you had an active passport that was issued by a foreign government? **(Y / N)**
If yes…
Issue Date: _____ (YYYY/MM/DD) Expiration Date: _____ (YYYY/MM/DD)

Issuing Country: _____

REMARKS: _____

_____

### *Module 16: FOREIGN COUNTRIES YOU HAVE VISITED*

Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6. **(Y / N)** If yes…

FROM: _____ TO: _____ (YYYY/MM/DD)

Purpose of Visit (*Select One*): Pleasure, Education, Business or Other

Country visited: _____

Other countries visited during this trip? (If Yes, indicate Purpose and Country Visited): _____

_____

_____

_____

_____

*Additional Entries? Use the Continuation Space at the end of this worksheet.*

* Can be left blank

# EPSQ SF86 Worksheet

## *Module 17: YOUR MILITARY RECORD*

Have you ever received other than an honorable discharge from the military? **(Y / N)** If yes…

| Discharge Date: | | |
|---|---|---|
| Type of Discharge (*Select One*): | 1. Bad Conduct | 4. Entry Level Separation |
| | 2. Dishonorable | 5. General |
| | 3. Dismissal | 6. Other (Please specify): |

## *Module 18: YOUR SELECTIVE SERVICE RECORD*

If you are a male born after December 31, 1959, enter your Selective Service Registration Number: _____. *(For Info. call 1-847-688-6888 or visit www.sss.gov.)*
If you have not registered with the Selective Service System, provide reason for legal exemption:

_____

_____

## *Module 19: YOUR MEDICAL RECORD*

In the last 7 years, have you consulted a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? **(Y / N)** If No, proceed to Module 20. If Yes, answer the following…

Did the mental health related consultation (s) involve only marital, family, or grief counseling not related to violence by you? **(Y / N)** If Yes, proceed to Module 20. If No, answer the following…

Provide the following information about the Therapist/Doctor:

Name: (First) _____ Middle: _____ Last: _____

Address: _____

City/State/Country/ZIP: _____

Dates of Care: FROM: _____ TO: _____ (YYYY/MM/DD)

*Other consultations? Use the Continuation Space at the end of this worksheet.*

## *Module 20: YOUR EMPLOYMENT RECORD*

Has any of the following happened to you in the last 10 years? **(Y / N)**

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

**If Yes,** Provide: Employer(s) Name(s): _____

* Can be left blank

Date(s) of Employment(s): FROM: _____ TO: _____ (YYYY/MM/DD)

Type of Termination (*select from list above*): _____

### *Module 21: YOUR POLICE RECORD - FELONY OFFENSES*

Have you ever been charged with or convicted of any felony offense?[⊗] **(Y / N) If Yes,** provide the following:

Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____

Action: _____ Authority/Court: _____

City/State/Zip: _____ Country: _____

### *Module 22: YOUR POLICE RECORD - FIREARMS/EXPLOSIVES OFFENSES*

Have you ever been charged with or convicted of a firearms or explosives offense?[⊗] **(Y / N) If Yes,** provide the following:

Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____

Action: _____ Authority/Court: _____

City/State/Zip: _____ Country: _____

### *Module 23: YOUR POLICE RECORD - PENDING CHARGES*

Are there currently any charges pending against you for any offense?[⊗] **(Y / N) If Yes,** provide the following:

Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____

Action: _____ Authority/Court: _____

City/State/Zip: _____ Country: _____

### *Module 24: YOUR POLICE RECORD - ALCOHOL/DRUG OFFENSES*

Have you ever been charged with or convicted of any offense(s) to alcohol or drugs?[⊗] **(Y / N) If Yes,** provide the following:

Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____

Action: _____ Authority/Court: _____

City/State/Zip: _____ Country: _____

[⊗] *For these items, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 360.*



* Can be left blank

# EPSQ SF86 Worksheet

### *Module 25: YOUR POLICE RECORD - MILITARY COURT*

In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (include non-judicial, Captain's mast, etc.) ⊗ **(Y / N) If Yes,** provide the following:

Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____

Action: _____ Authority/Court: _____

City/State/Zip: _____ Country: _____

### *Module 26: YOUR POLICE RECORD - OTHER OFFENSES*

In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in modules 21, 22, 23, 24, or 25? (Leave out traffic fines of less than $150.00 unless the violation was alcohol or drug related.) ⊗ **(Y / N) If Yes,** provide the following:

Offense Date: _____ (YYYY/MM/DD) Nature of Offense: _____

Action: _____ Authority/Court: _____

City/State/Zip: _____ Country: _____

### *Module 27: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - ILLEGAL USE OF DRUGS*

Since the age of 16 or in the last 7 years, which ever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSC, PCP, etc.), or prescription drugs? **(Y / N) If Yes,** provide the following:

Controlled Substance/Prescription Drug Used: _____

From: _____ To: _____ (YYYY/MM/DD)

Number of Times Used: _____

### *Module 28: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - USE IN SENSITIVE POSITION*

Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety? **(Y / N) If Yes,** provide the following:

Controlled Substance/Prescription Drug Used: _____

From: _____ To: _____ (YYYY/MM/DD)

Number of Times Used: _____

⊗ *For these items, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 360.*

# EPSQ SF86 Worksheet

## *Module 29: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - DRUG ACTIVITY*

In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? **(Y / N) If Yes,** no further information is required.

## *Module 30: YOUR USE OF ALCOHOL*

In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in Module 19 (*Your Medical Record*). **(Y / N) If Yes,** provide the following:

From: _____ To: _____ (YYYY/MM/DD)

Counselor/Doctor Name:

First: _____ Middle: _____ Last: _____

Address: _____

City/State/Country/ZIP: _____

## *Module 31: YOUR INVESTIGATION RECORD - INVESTIGATIONS/CLEARANCES GRANTED*

Has the United States Government ever investigated your background and or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter Yes and follow instructions in the help text for the fields on the EPSQ screen. If you can't recall whether you've been investigated or cleared, enter No.)

| **Date Granted:** | (YYYY/MM/DD) | |
|---|---|---|
| **Investigating Agency (*Select One*):** | **Clearance (*Select One*):** | |
| 1) Defense Department | 0) Not Required | 6) L |
| 2) State Department | 1) Confidential | 7) Other: |
| 3) Office of Personnel Management | 2) Secret | |
| 4) FBI | 3) Top Secret | |
| 5) Treasury Department | 4) Sensitive Compartmented Information | |
| 6) Other: | 5) Q | |

## *Module 32: YOUR INVESTIGATION RECORD - CLEARANCE ACTIONS*

To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.) **(Y / N) If Yes,** provide the following:

Action Date: _____ (YYYY/MM/DD)

Agency/Dept. Taking Action: _____



* Can be left blank

# EPSQ SF86 Worksheet

### *Module 33: YOUR FINANCIAL RECORD - BANKRUPTCY*

In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? **(Y / N) If Yes,** provide the following:

File Date: _____ Name Action Occurred Under: _____

Amount: _____ Court Name: _____

City/State/Zip: _____

### *Module 34: YOUR FINANCIAL RECORD - WAGE GARNISHMENTS*

In the last 7 years, have you had your wages garnished for any reason? **(Y / N) If Yes,** provide the following:

Execution Date: _____ Name Action Occurred Under: _____

Amount: _____ Court/Agency Name: _____

Address/City/State/Zip: _____

### *Module 35: YOUR FINANCIAL RECORD - REPOSSESSIONS*

In the last 7 years, have you had any property repossessed for any reason? **(Y / N) If Yes,** provide the following:

Repossession Date: _____ Name Action Occurred Under: _____

Amount: _____ Agency Name: _____

Address/City/State/Zip: _____

### *Module 36: YOUR FINANCIAL RECORD - TAX LIEN*

In the last 7 years, have you had a lien placed against your property for failing to pay taxes and other debts? **(Y / N) If Yes,** provide the following:

Lien Date: _____ Name Action Occurred Under: _____

Amount: _____ Court/Agency Name: _____

City/State/Zip: _____

### *Module 37: YOUR FINANCIAL RECORD - UNPAID JUDGEMENTS*

In the last 7 years, have you had any judgments against you that have not been paid? **(Y / N) If Yes,** provide the following:

Judgment Date: _____ Name Action Occurred Under: _____

Amount: _____ Court Name: _____

* Can be left blank

City/State/Zip: _____

### *Module 38: YOUR FINANCIAL DELINQUENCIES - 180 DAYS*

In the last 7 years, have you been over 180 days delinquent on any debt (s)? **(Y / N) If Yes,** provide the following:

INCURRED DATE: _____ SATISFIED DATE: _____ (YYYY/MM/DD)

Amount: _____ Type of Loan/Obligation: _____

Account Number: _____

Creditor/Obligee Name: _____

Address/City/State/Zip: _____

### *Module 39: YOUR FINANCIAL DELINQUENCIES - 90 DAYS*

Are you currently over 90 days delinquent on any debt(s)? **(Y / N) If Yes,** provide the following:

INCURRED DATE: _____ SATISFIED DATE: _____ (YYYY/MM/DD)

Amount: _____ Type of Loan/Obligation: _____

Account Number: _____

Creditor/Obligee Name: _____

Address/City/State/Zip: _____

### *Module 40: PUBLIC RECORD CIVIL COURT ACTIONS*

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form? **(Y / N) If Yes,** provide the following:

DATE: _____ (YYYY/MM/DD) Nature of Action: _____

Result of Action: _____ Court Name: _____

County: _____ City/State/Country/Zip: _____

_____ Party To This Action: _____

### *Module 41: YOUR ASSOCIATION RECORD - MEMBERSHIP*

Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? **(Y / N) If Yes,** provide details of your association:

Comments: _____

_____



* Can be left blank

# EPSQ SF86 Worksheet

### *Module 42: YOUR ASSOCIATION RECORD - ACTIVITIES*

Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force? **(Y / N) If Yes,** provide details of such acts or activities:

Comments: _____

_____

### *Module 43: GENERAL REMARKS*

Do you have any additional remarks to enter in your application? **If Yes,** provide comments:

Comments: _____

_____

_____

_____

**Continuation Space** *(If more space is needed, use blank sheet(s) of paper)*: _____

_____

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### Data Entry Screen Function Keys

EPSQ uses the following function keys to help you maneuver through the modules. Find them by clicking the word "*Navigation*" in most modules!

- **F1**... Displays Help for the field the cursor occupies
- **F2**... Add Remarks for current field
- **F5**... Deletes entire entry of the Module you are editing
- **F7**... Add a New Entry (Quickly add a relative listing, residence or employment!)
- **F8**... Moves cursor to first field of Previous entry (Quickly move to a previous relative listing, residence or employment!)
- **F9**... Moves cursor to first field of Next entry (Quickly move to the next relative listing, residence or employment!)
- **F10**... Go to Previous Module (Quickly jump from Module to Module!)
- **F11**... Go to Next Module (Quickly jump from Module to Module!)

### Entry Edit Checks

IF Unknown, Use UNK: If the person has no middle name/initial, you should enter **NMN.** If you do not know the first name and/or middle name, enter **UNK** for one or both.

Suffix (Jr., Sr.): A suffix should be used for additional designations such as Jr., Sr., II (2nd), or III (3rd), where applicable.

Middle Initials: If the first or middle name consists of an initial only, enter the initial(s). In addition, if the name has no suffix, indicate the use of initial(s) by entering **IO** in the suffix. [Example: J P Smith IO.] However, if the name has a suffix, the suffix takes priority and IO should be omitted.

Special Symbols: If appropriate, you can use spaces, apostrophes ('), hyphens (-), and period (.) within a name. [Examples: Carol Anne St. James or, Mary Lisa O'Grady or Jean NMN Jenkins-Smith]

Dates: Dates must be entered in the format YYYY/MM/DD. For example, January 18, 1947, would be 1947/01/18. Your own birth date must be entered completely. Other dates can be entered as YYYY/MM/?? if you are unsure of the day. Estimate the month if you are unsure. For example, a date you believe to be in January 1947 would be entered as "1947/01/??". You CANNOT use "future" dates in most fields.

Foreign Addresses: Although EPSQ does not validate the internal contents of addresses, you should enter APO addresses using the following format. For APO addresses, enter the unit name in Address line 1 and the APO designation (e.g., APO-AE for Europe) in Address line 2. Enter the APO number (without "APO") in the ZIP or FPC field. Do not use the State Code field. In the Country Code field, enter the actual country location.

If a user has no choice than to list references outside the U.S., there is a way to "fool" the EPSQ into accepting them, if the listed individuals have addresses that include APO numbers. The user enters APO AA, APO AE, or APO AP (as appropriate) as the City. The user then enters FL (if APO AA), NY (if APO AE), or CA (if APO AP) as the State, and the appropriate APO number as the Zip Code. This method will allow users to enter data regarding references that live outside the U.S., if the user is unable to avoid listing those individuals in the EPSQ.