SECURITY CLEARANCE

IMPORTANT

THIS APPLICATION IS A PERMANENT RECORD. ALL INFORMATION MUST BE TYPED OR NEATLY PRINTED, USING BLACK INK ONLY. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

THE ATTACHED INSTRUCTIONS MUST BE FOLLOWED EXPLICITLY.

PART-TIME APPLICANTS WILL FILL OUR ONLY THOSE SECTIONS MARKED WITH A SHADED BLACK BOX (

IMPORTANT INSTRUCTIONS FOR COMPLETING APPLICATION

IT IS MANDATORY THAT ALL INFORMATION WHICH IS REQUESTED BE SUPPLIED IN THE EXACT NUMBER REQUESTED. EACH QUESTION ON THIS APPLICATION FORM MUST BE ANSWERED, LEAVE NO BLANKS. IF A QUESTION DOES NOT APPLY, ENTER "D.N.A." IN THE SPACE PROVIDED FOR THE ANSWER. <u>INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.</u>

- 1. READ THE FORMS CAREFULLY.
- 2. LIST ZIP CODES AND AREA CODES ON ALL REQUESTED ADDRESSES AND TELEPHONE NUMBERS.
- 3. YOU MUST HAVE COMPLETE ADDRESSES AND TELEPHONE NUMBERS OF PRESENT AND PAST EMPLOYERS FOR THE LAST 5 YEARS.
- 4. COMPLETE ALL THE INFORMATION ON EDUCATIONAL BACKGROUND, LIST LAST HIGH SCHOOL ATTENDED OR GRADUATED FROM AND ALL COLLEGES ATTENDED.
- 5. LIST ALL RESIDENCES FROM LAST 5 YEARS TO PRESENT. TIME SPENT IN THE ARMED FORCES MAY BE SHOWN AS ONE RESIDENCE, I.E. - 1968-70, U.S. ARMY.
- 6. LIST RELATIVES IN THE ORDER REQUESTED. INFORMATION ON DECEASED RELATIVES SHOULD BE LISTED AS FOLLOWS: RELATIONSHIP, NAME, "DECEASED" AND BIRTHPLACE.
- 7. IF THERE IS NOT SUFFICIENT SPACE ON THE FORM TO INCLUDE ALL THE INFORMATION REQUIRED, PLACE A SUPPLEMENTAL INFORMATION SHEET, (8-1/2 X 11- LINED PAPER, IN PROPER SEQUENCE AND COMPLETE THE INFORMATION. BE CERTAIN TO IDENTIFY EACH QUESTION BY ITEM NUMBER ON THE SUPPLEMENTAL INFORMATION SHEET.
- 8. ANY FALSE STATEMENTS MADE ON THIS QUESTIONNAIRE MAY CAUSE THIS APPLICANTS NAME TO BE REMOVED FROM THE ELIGIBLE LIST OR BE CAUSE FOR IMMEDIATE DISMISSAL IF AN APPOINTMENT WAS MADE.

Please initial this page

)

APPLICATION AND HISTORY RECORD

IF.

Б

SECTION	II-PERSON/	AL INFORMA									
DATE OF APPLICATION POSITION APPLIED FOR (L					(LE	EGAL NA	ME) LAST	F	IRST	MIDDLE	
					-						
SEX	AGE	HEIGHT	WEIGHT	HAIR	EYES	S SOCIAL SECURITY NUMBER					
ALIASES, NICKNAMES, MAIDEN NAME U.S. CITIZEN NATURALIZED DATE STATE: LEGAL ALIEN						STATE:					
DATE OF E	ЗIRTН		PLACE OF E	BIRTH (CITY, C	COUNTY, S	STAT	E)				
MOTOR VE	MOTOR VEHICLE OPERATOR'S LICENSE OR I.D. CARD NO. AND STATE EXPIRATION DATE AUTO INSURANCE POLICY NUMBER										
NAME OF AUTO INSURANCE COMPANY NUMBER STREET CITY STATE ZIP CODE							ZIP CODE				
IN EMERGEN	IN EMERGENCY NOTIFY (RELATIONSHIP, NAME, ADDRESS, ZIP CODE, TELEPHONE NUMBER WITH AREA CODE)										

RESIDENCE ADDRESS (NUMBER, STREET, APT, N	IUMBER, CITY, STATE, ZIP CODE			OWN RENT VISITING		
RESIDENCE PHONE (AREA CODE)	BUSINESS PHONE (AREA CODE &, EXTENSION)	OTHER PHONE (AR	EA COD	E)		
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)						

SECTION III - MARITAL INFORMATION								
MARITAL STATUS si					E			
NAME OF PRESENT SPOUSE (FIRST, MIDDLE, LAS	AGE DATE OF BIRTH:							
OTHER NAMES SPOUSE HAS USED PLACE OF MARRIAGE (CITY, COUNTY, STATE, ZIP CODE)					DATE OF MARRIAGE			
SPOUSE'S ADDRESS (IF DIFFERENT THAN APPLICANT'S)						TELEPHONE # (AREA CODE)		
SPOUSE'S EMPLOYER'S NAME AND ADDRESS								
SPOUSE'S POSITION OR TITLE		LENGTH OF TIME SPOL BY PRESENT EMPLOYE		SE EMPLOYED TELEPHONE # (AREA CODE			DDE)	
1. LIST ALL OF YOUR CHILDREN (INCLUDE STEP (CHILDREN, ADOF	PTED CHILDREN, ETC.)			PRESENTLY LIVIN WITH YOU?			
NAME		ATE OF BIRTH RELATIO			SHIP	YES	NO	

ECTION IV - FAMILY HIS	TORY				
LIST RELATIVES IN THE FO GUARDIAN	OLLOWING ORDER	R: MOTHER (MAIDEN NA	ME), FATHER, STEP-N	IOTHER, STEPFATHER, BRO	THERS, SISTERS, LEGAL
RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE				OCCUPATION	
RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE				OCCUPATION	
RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE				OCCUPATION	
RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAM
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE				OCCUPATION	
RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE				OCCUPATION	
RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE				OCCUPATION	
RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE				OCCUPATION	
RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE				OCCUPATION	

IF DIVORCED, WIDOWED OR ANNULLED, LIST PRIOR MARRIAGES IN ORDER OF OCCURRENCE						
NAME OF FORMER SPOUSE	DATE FINAL DIVORCE FILED					
PRESENT ADDRESS OF FORMER SPOUSE	TELEPHONE NO. (AREA CODE)					
NAME OF FORMER SPOUSE	DATE FINAL DIVORCE FILED					
PRESENT ADDRESS OF FORMER SPOUSE	TELEPHONE (AREA CODE)					
		ER BEEN DELINQUENT ON YES NO NTS? IF YES: EXPLAIN:				

SECTION							
1. LIST ALL F	1. LIST ALL RESIDENCES DURING THE LAST 5 YEARS, START WITH CURRENT LOCATION.						
FROM MO. /YR.	TO MO./YR.	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY, STATE, ZIP CODE)					
FROM MO. /YR.	TO MO. /YR	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY, STATE, ZIP CODE)					
FROM MO. /YR.	TO MO. /YR	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY, STATE. ZIP CODE)					
FROM MO. /YR.	TO MO. /YR.	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY, STATE, ZIP CODE)					
FROM MO. /YR.	TO MO. /YR.	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY. STATE, ZIP CODE)					

SECTION VI - EDUCATION INFORMATION									
1. LIST HIGH SCHOOL GRADUATED	FROM OR LAST AT	TENDED:							
NAME OF SCHOO	NAME OF SCHOOL CITY AND STATE FROM			FROM	то	GRAD. ?	CALIFORNIA PROFICIENCY TEST YES NO WHEN TAKEN		
2. LIST ALL COLLEGES AND U	NIVERSITIES ATT	FENDED INCLU	JDING POST GR	ADUATE WOR	к	-			
NAME OF SCHOO	L	CITY ANI	O STATE	FROM	то	GRAD. ?	MAJOR TAKEN	UNITS EARNED	
3. IF YOU HAVE OBTAINED A (INDICATE TEST SCORES (S				HIGH SCHOO	L LEVEL EQU	VALENT.	_		
	TEST AR	REAS			STANDA	RD SCORE	U.S. PERCENTILE		
CORRECTIVENESS AND EFFE	CTIVENESS OF E	EXPRESSION							
INTERPRETATION OF READING MATERIALS IN SOCIAL STUDIES									
INTERPRETATION OF READING MATERIALS IN NATURAL SCIENCES									
INTERPRETATION OF LITERARY MATERIALS									
GENERAL MATHEMATICAL ABILITY									
WHERE TAKEN: AVERAGE:									

SECTION VII - ARREST INFORMATION

NO

1. EITHER AS AN ADULT OR A JUVENILE, HAVE YOU EVER BEEN DETAINED FOR INVESTIGATION, NAMED AS A SUSPECT IN A POLICE REPORT. HELD ON SUSPICION, QUESTIONED, FINGERPRINTED OR ARRESTED BY ANY LAW ENFORCEMENT AGENCY OR MILITARY AUTHORITY?

YES

IF THE ANSWER TO THE ABOVE QUESTION IS YES, LIST THE INFORMATION BELOW AND WRITE A SHORT NARRATIVE ACCOUNT OF EACH							
DATE	CHARGE	ARRESTING OR DETAINED AGENCY	PENALTY & COURT				

SECTION VIII -TRAFFIC INFORMATION									
1. LIST THE DESCRIPTION OF	CURRENT VEHICLE YOU OV	VN.							
YEAR	МАКЕ СС		DLOR BODY STYLE			LICENSE NUMBER			
2. LIST EVERY CITATION REC	EIVED FOR A MOVING OR E		TION IN THE LAS	ST 3 YEARS					
DATE	CHARGE	ARGE		IENT OR AGENCY		ENALTY (FINE, PROBATION, ENTENCE, ETC)			
3. HAVE YOU FAILED TO PAY ([IF YES, EXPLAIN]	OR APPEAR IN COURT ON A	NY OF THE ABO	/E CITATIONS?	YES NO					
4. HAS YOUR DRIVER'S LICEN), REVOKED, PLA			ER REC	CEIVED A WARNING NOTICE			
FROM THE STATE THAT ISSUE	ED YOUR LICENSE? YE	S NO	IF YES, EXPI	LAIN					
5. HAVE YOU EVER BEEN INVO DATE, LOCATION, AND POLICI					IN A B	RIEF NARRATIVE INCLUDING			
6. HAVE YOU EXPERIMENTED OR USED ANY ILLEGAL SUBSTANCE, DRUGS OR NARCOTICS WITHIN THE PAST YEAR? YES NO (IF YES EXPLAIN)									
I UNDERSTAND THAT ANY API INVESTIGATION, AND I AM AW REMOVED FROM THE ELIGIBL	ARE THAT ANY FALSE STAT	EMENT OR OMIS	SSION MADE ON	THIS QUESTIONNAIRE V					
DATE:	CIONATURE.								