

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1426951-000

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Standard Form 86
Revised December, 1990
U.S. Office of Personnel Management
FPM Chapter 732

QUESTIONNAIRE FOR SENSITIVE POSITIONS (For National Security)

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-110

Part 1

Agency Use Only (Complete items A through P using instructions in FPM Supplement 296-33)

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action
G Geographic Location	H Position Code	I Position Title			
J Location of Official Personnel Folder	K Location of Security Folder	L None Other Address		M ZIP Code	
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number				

P Requesting Official: Name and Title, Signature, Telephone Number, Date

Persons completing this form should begin with the questions below. Please type or print your answers.

1 FULL NAME - If you have only initials in your name, use them and State (IO). If you are a "Jr.," "Sr.," "III," etc., enter this in the box after your middle name. **2 DATE OF BIRTH**

Last Name: COSTLE First Name: DOUGLAS Middle Name: Michael Yr. of sec: Month: 17 Day: 27 Year: 19

3 PLACE OF BIRTH - Use the two letter code for the State. **4 SOCIAL SECURITY NUMBER**

City: Long Beach State: CA Country: CA

5 OTHER NAMES USED Give other names you 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)). If the other name is your maiden name, put "nee" in front of it.

Name	Month/Year	Month/Year	Name	Month/Year	Month/Year
	To	To		To	To

6 OTHER IDENTIFYING INFORMATION Height (feet and inches): 6 feet 1 3/4 inches Weight (pounds): 240 Hair Color: Brown Eye Color: Blue Sex (mark one box): Female Male

7 TELEPHONE NUMBERS Work (include Area Code and extension): (424) Day (202) 973-1151 Home (include Area Code): (424) Day 802-457-3852
(424) Night (802) -457-3852

8 CITIZENSHIP a Mark the box at the right that applies to you and follow the instructions next to the box you marked.

<input checked="" type="checkbox"/> I am a U.S. citizen by birth in the U.S.	Answer items b and d	b Your Mother's Maiden Name <u>Shirley Ellinghouse</u>
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S.	Answer items b, c, and d	
<input type="checkbox"/> I am not a U.S. citizen	Answer items b and e	

C UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Country	City	State	Certificate Number	Month/Day/Year Issued
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Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
------	-------	--------------------	-----------------------

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed. 10/6-NO-6899-1

U.S. Passport This may be either a current or previous U.S. Passport.

Passport Number	SEARCHED	INDEXED
	<input type="checkbox"/>	<input type="checkbox"/>

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

e ALIEN If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S.	Alien Registration Number	Country of Citizenship
			Month Day Year		

9 WHERE YOU HAVE LIVED

Fill in your full address for every place you have lived beginning with the present (#1) and working backward 15 years.

- If you attended school away from your permanent residence, list the address you lived at while attending school.
- For any address in the past 3 years:
 - List a person who knew you at that address, preferably someone who still lives in that area.
 - If address listed is "General Delivery," a Rural Route, or Star Route, provide directions for locating the residence on an attached continuation sheet, and show the block #.

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#	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1 Present	9/87	To Present			AL ² see continuation		
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
#2	6/75	To 9/87	7321 Venice Street	W70	Falls Church	VA	22041-13
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
#3		To					
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
#4		To					
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
#5		To					
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
#6		To					
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code

10 WHERE YOU WENT TO SCHOOL

Fill in information about schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working backward 15 years. Also list College or University degrees received beyond 15 years.

- For schools you attended in the past 3 years, list a person who knew you at school (such as an instructor or a student).
- For correspondence schools and extension classes, list records location address.
- In the "Code" block, use one of these codes: 1 - High School 2 - College/University 3 - Vocational/Trade School

#	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year
#1		To		See FBI files		
Street Address and City (Country) of School			"Top Secret" clearance granted March 1977 based on full field investigation			
Name of Person Who Knew You			Street Address and City (Country)	State	ZIP Code	Telephone Number
#2		To		161 invest		
Street Address and City (Country) of School			77 "			
Name of Person Who Knew You			Street Address and City (Country)	State	ZIP Code	Telephone Number
#3		To				
Street Address and City (Country) of School						
Name of Person Who Knew You			Street Address and City (Country)	State	ZIP Code	Telephone Number

Enter your Social Security Number before going to the next page.

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11 YOUR EMPLOYMENT ACTIVITIES

Fill in your employment activities, beginning with the present (#1) and working backward 15 years. INCLUDE:

- all full-time work
- all part-time work
- all paid work
- active military duty
- self-employment
- all periods of unemployment

IN THE NUMBERED ACTIVITY SECTION USE ONE OF THESE CODES IN THE CODE BLOCK:

- 1 - Active military duty stations
- 2 - National Guard/Reserve
- 3 - U.S.P.H.S. Commissioned Corps
- 4 - Other Federal employment
- 5 - State Government (Non-Federal) employment
- 6 - Self-employment (Enter business name and/or name of person who can verify)
- 7 - Unemployment (Enter name of person who can verify)
- 8 - Federal Contractor (list Contractor, not Federal agency)
- 9 - Other

FOR EACH ACTIVITY SECTION, provide information requested. For example, if you had worked at XY Plumbing in Denver, CO, for 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment in the appropriate blocks below that information. (For locations outside the U.S. show city and country)

#1	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment/Venue	Your Position Title
Present	7/1/91	To Present		Retired - Serve on 9 Paying Boards of Directors	
Employer's/Venue's Street Address				City (Country)	State ZIP Code Telephone Number
See Attachment A					()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State ZIP Code Telephone Number
					()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State ZIP Code Telephone Number
					()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To	To		To	To	
To	To		To	To	

#2	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment/Venue	Your Position Title
	2/87	To 7/91	9	Vermont Law School	Dean
Employer's/Venue's Street Address				City (Country)	State ZIP Code Telephone Number
P.O. Box 96, Chelsea Sr.				Alb ² South Royalton	Vt 0510618 (802) 763-8303
Street Address of Job Location (if different than Employer's Address)				City (Country)	State ZIP Code Telephone Number
					()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State ZIP Code Telephone Number
					()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To	To		To	To	
To	To		To	To	

#3	Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment/Venue	Your Position Title
	9/81	To Present	9	Updike Kelly and Spellacy (law firm)	Of Counsel
Employer's/Venue's Street Address				City (Country)	State ZIP Code Telephone Number
1 State Street				Hartford	Ct 016101213 (203) 548-2600
Street Address of Job Location (if different than Employer's Address)				City (Country)	State ZIP Code Telephone Number
				HFT 1A-HFT	()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State ZIP Code Telephone Number
					()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To	To		To	To	
To	To		To	To	

Enter your Social Security Number before going to the next page

→ []

YOUR EMPLOYMENT ACTIVITIES (Continued)

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment/Volunteer	Your Position Title
#4 9/81 to 1/85	9	9	Wald, Harkreader and Ross (law firm)	of Counsel
Employer's/Volunteer's Street Address			City (Country)	State ZIP Code Telephone Number
firm has dissolved			Washington	D.C. 201036 ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State ZIP Code Telephone Number
verify with Robert Wald, attorney W70				
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State ZIP Code Telephone Number
Nussbaum and Wald, 1 Thomas Circle			Washington	D.C. 201005 (202)833-8900

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To	To		To	To	

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment/Volunteer	Your Position Title
#5 5/81 to 7/86	9	9	Environmental Testing and Certification Corp *	Director, Chm Executive Cmfr.
Employer's/Volunteer's Street Address			City (Country)	State ZIP Code Telephone Number
287 Raritan Center Parkway			Edison NJ/CV	N.J. 0181817 (908)225-2600
Street Address of Job Location (if different than Employer's Address)			City (Country)	State ZIP Code Telephone Number
To verify: call EC Beck, Air and Water Technologies Corp, Grandbury NJ				
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State ZIP Code Telephone Number
Mr. Beck is former Chairman and CEO of Environmental Testing and Certification Corporation				

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To	To	*This company merged with Ouel H Materials Company of Findley, Ohio, in June 1986. I served for roughly one year with the successor company as a director. The successor company was Environmental Treatment and Technology Corporation of Findley, Ohio.	To	To	

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment/Volunteer	Your Position Title
#6 2/81 to 1/86	9	9	Harvard U. School of Public Health	Visiting Scholar
Employer's/Volunteer's Street Address			City (Country)	State ZIP Code Telephone Number
677 Huntington Ave.			Boston	MA 02115 (617)32-1000
Street Address of Job Location (if different than Employer's Address)			City (Country)	State ZIP Code Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State ZIP Code Telephone Number

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To	To		To	To	

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment/Volunteer	Your Position Title
#7 3/77 to 1/81	4	4	U.S. Environmental Protection Agency	Administrator
Employer's/Volunteer's Street Address			City (Country)	State ZIP Code Telephone Number
401 M Street SW			Washington	D.C. 201960 (202)260-4700
Street Address of Job Location (if different than Employer's Address)			City (Country)	State ZIP Code Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State ZIP Code Telephone Number
				OPM

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To	To		To	To	

Enter your Social Security Number before going to the next page →

Attachment ADouglas Michael Costle
social security # b6
b7cPaying Boards of Directors :

① Air and Water Technologies Corporation
U.S. Highway 22 West, Branchburg, New Jersey 08876
(908) 685-4077 (Mr. E.C. Beck, Chairman and CEO) NK

② Niagra Mohawk Power Company AL
300 Erie Boulevard West
Syracuse, New York 13202
(315) 428-6044 (Mr. William Donlon, Chairman and CEO)

③ Freedom Funds (a family of Mutual Funds) BS
John Hancock Advisers, Manager
101 Huntington Avenue, Boston, Mass 02199
(Mr. Ed Boudreau, President)

④ Clean Sites, Inc. N70
1199 North Fairfax Street
Suite 400
Alexandria, Virginia 22314
(703) 683-8522 (Mr. Tom Grumbly, President)

Foreign Countries Visited (Continuation of Question 15)

#5 Aug 1989 ~~X~~ England
#6 June-July 1984 ~~X~~ Germany
(10 days)

#7 I made a wide variety of trips abroad on official government business while I was Administrator of EPA (March 1977 - January 1981) I held a diplomatic passport for that period of time.

12 PEOPLE WHO KNOW YOU WELL

List two people who know you well and live in the United States.
 • Don't list spouse, other relatives, or former spouses.

• Try not to list anyone mentioned in Item 9, 10, or 11.

#	Name	Number Years Known	Telephone Number
#1	Phil Hoff	14	
#2	Phil Hoff	20+	

13 YOUR OUTSIDE ACTIVITIES

List any activities which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity in the last 15 years. (Response Optional)

Month/Year	Month/Year	Activity	Location of Activity
#1	To	Having served as Administrator of the U.S. EPA (appointed by the President with the advice & consent of the U.S. Senate) for 4 years	
#2	To	and having been Dean of Vermont Law School - (see above)	

14 YOUR FOREIGN ACTIVITIES

- Do you have any foreign property, business connections, or financial interests?
- Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
- In the last 15 years, have you had continuing contact with a national of any foreign country designated by the agency instructing you to fill out this form? (NOTE: If the agency wants you to answer this question, it will provide you with a list of countries.)

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

If you answered "Yes" to a, b, or c, explain in the space below:

15 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, beginning with the most current (#1) and working backward 15 years. See Attachment A for continuation
 • Do not include countries covered in items 9, 10, and 11.
 • In the "Code" block, use one of these codes: 1 - Business 2 - Pleasure - 3 - Education 4 - Other

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	2/12 To (2wks)	2	France	#3	11/91 To 1wk	2	Italy France
#2	6/91 To (1mo)	3	China (mainland)	#4	10/91 To 2wks	1	Ukraine Lithuania

16 YOUR MILITARY HISTORY

- Have you served in the United States military? Have you served in the United States Merchant Marine?
 • If your answer to both questions is "No," GO TO QUESTION 17.
 • If your answer to either question is "Yes," GO TO b.
- Starting with the most current (#1) and working backward, enter information for all periods of active service into the table below.
 • Mark "O" block for Officer or "E" block for Enlisted.
 • In the "Code" block, use one of these codes:
 1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Month/Year	Month/Year	Code	Service/Certificate #	Status (Mark "X" in appropriate boxes - use State Code for National Guard)
#1	To		see prior free field investigation leading to "Top Secret" classification granted in March 1977	None Active Duty Active Reserve National Guard (show State) Inactive Reserve Retired
#2	To		(invest)	

Enter your Social Security Number before going to the next page

17 YOUR RELATIVES

Give full names and enter the correct code for all relatives, living or dead; specified below:

- 1 - Mother (first) 4 - Stepfather 7 - Stepchild 10 - Stepbrother 13 - Half-sister 16 - Guardian
- 2 - Father (second) 5 - Foster parent 8 - Brother 11 - Stepsister 14 - Father-in-law
- 3 - Stepmother 6 - Child (adopted also) 9 - Sister 12 - Half-brother 15 - Mother-in-law

Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/> Shirley Ellinghouse Castle	1	May 1, 1920	U.S.	AL U.S.	RR 2 Box 183 Bethel	VT
<input type="checkbox"/> George Michael Castle	2	Nov 18, 1915	U.S.	SE U.S.	2950 2165 Place SW BRIEL COAST. 98036	WA
<input checked="" type="checkbox"/> James H. Rowe Jr.	14	June 1, 1909	U.S.	U.S.		
<input checked="" type="checkbox"/> Elizabeth Rowe	15	Jan. 12, 1912	U.S.	U.S.		
<input type="checkbox"/>	6		U.S.			
<input type="checkbox"/>	6		U.S.			
Indices Only						b6 b7C

18 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

- 1 - Never married (go to question 19)
- 2 - Married
- 3 - Separated
- 4 - Legally Separated
- 5 - Divorced
- 6 - Widowed

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Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth (Mo/Day/Yr.)	Country of Birth (include country if outside the U.S.)	State
		U.S.	
If Separated, Date of Separation (Mo/Day/Yr.)		If Legally Separated, Where is the Record Located? City (Country)	
Address of Current Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (include country if outside the U.S.)	State
Country of Citizenship	Date Married	Place Married (include country if outside the U.S.)	State
Check One, Then Give Date		If Divorced, Where is the Record Located? City (Country)	
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Address of Former Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

19 PERSONS LIVING WITH YOU

Does the citizen of another country, or a United States citizen by other than birth, live at your residence? If "Yes," provide the information required below. If a United States citizen by other than birth lives with you, show both "United States" and prior country of citizenship below. Don't list your spouse or other relatives you provided in question 17.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name of Person	Country of Citizenship	Relationship

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right

Enter your Social Security Number before going to the next page

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Standard Form 86
 Revised December 1990
 U.S. Office of Personnel Management
 FPM Chapter 732

QUESTIONNAIRE FOR SENSITIVE POSITIONS (For National Security)

Form approved:
 O.M.B. No. 3206-0007
 NSN 7540-00-634-4006
 66-110

Part 2

20 YOUR SELECTIVE SERVICE RECORD

	Yes	No
a. Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.	<input type="checkbox"/>	<input type="checkbox"/>

Registration Number _____ Legal Exemption Explanation _____

21 YOUR MILITARY RECORD

	Yes	No
a. Have you ever received other than an honorable discharge from the military? If "Yes," provide: Date of Discharge (Month and Year): _____ Type of Discharge: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes," list any disciplinary proceedings in the last 15 years and all courts-martial. (Include non-judicial and Captain's mast, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Month/Year	Charge or Specification / Action Taken	Place (City and county/country if outside the United States)	State
			1

22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 15 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Use the following codes and explain the reason your employment was ended:
 1 - Fired from a job 3 - Left a job by mutual agreement following allegations of misconduct 5 - Left a job for other reasons under unfavorable circumstances
 2 - Quit a job after being told you'd be fired 4 - Left a job by mutual agreement following allegations of unsatisfactory performance

Month/Year	Code	Specify Reason	Employer's Name and Address	State	ZIP Code

23 YOUR POLICE RECORD (Do not include anything that happened before your 16th birthday.)

	Yes	No
a. Have you ever been charged with or convicted of any felony offense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have you ever been charged with or convicted of a firearms or explosives offense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are there currently any charges pending against you for any criminal offense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. In the last 5 years, have you been arrested for, charged with, or convicted for any offense(s) not listed in response to a, b, c, or d above? (Leave out traffic fines of less than \$100.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you answered "Yes" to a, b, c, d, or e above, explain your answer(s) in the space provided.

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

24 YOUR MEDICAL RECORD

	Yes	No
a. Have you experienced problems on or off the job because of any emotional or mental condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have you ever seen a health care professional for any of the types of problems mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to questions a or b, explain below.

Month/Year	Month/Year	Explanation
To	To	

Enter your Social Security Number before going to the next page

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