

# Additional Questions for Moderate Risk Positions - Branching

## INSTRUCTIONS

This form is a supplement to the Standard Form 85P, Questionnaire for Public Trust Positions, currently in use in NBIB automated systems. Use of this form in addition to the e-QIP SF85P equates to the SF85P approved by OMB in October 2017. This is an interim collection method until such time the SF85P is updated in e-QIP.

## IDENTIFICATION INFORMATION

**1 - FULL NAME:** Enter your name as it appears on your SF 85P, Questionnaire for Public Trust Positions.

Last Name	First Name	Middle Name	Jr., II, etc.
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**2 - NBIB CASE NUMBER:** If applicable.

## PUBLIC TRUST QUESTIONS

**3 - EDUCATION:** Have you received a degree more than seven (7) years ago? If YES, provide details in section 3A.

Yes	No

3A – Education Details

<b>Dates of Attendance</b> FROM: TO: (MM/YY Month and Year)	<b>Choose Type of Qualification</b> <input type="checkbox"/> Degree <input type="checkbox"/> Other If other please provide:	<b>Date Awarded</b> MONTH: YEAR:	<b>Choose the most appropriate characterization of the school</b> <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School
<b>Name of School</b>			
<b>Street Address of School</b>		<b>City</b>	<b>State</b>
			<b>Zip code</b>

Use the continuation sheet on the back if you have more than one degree earned more than 7 years ago.

Yes/No Questions	Yes	No
4 – Have you EVER been issued a passport (or identity card for travel) by a country other than the U.S.?		
5 – In the last seven (7) years, have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?		
6 – In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.? (If no prior military service, answer "No".)		
7 – Have you EVER served as a civilian or military member, in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?		
8 – Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or former legally recognized civil union/domestic partner, or someone with whom you share a child in common?		

Yes/No Questions	Yes	No
9 – Is there currently a domestic violence protective order or restraining order issued against you?		
10 – In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.		
11 – In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?		
12 – In the last seven (7) years, have you illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?		
13 – In the last seven (7) years, have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?		
14 – In the last seven (7) years, have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?		
15 – In the last seven (7) years, have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?		
16 – In the last seven (7) years, have you filed a petition under any chapter of the bankruptcy code?		
17 – In the last seven (7) years, have you failed to meet financial obligations due to gambling?		
18 – In the past seven (7) years, have you failed to file or pay Federal, state or other taxes when required by law or ordinance?		
19 – In the past seven (7) years, have you been over 120 days delinquent on any debt? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor.)		
20 – In the last seven (7) years, has your use of alcohol had a negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel?		
21 – In the last seven (7) years, have you illegally or without proper authorization accessed or attempted to access any information technology system?		

Yes/No Questions	Yes	No
22 – In the last seven (7) years, have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above? <i>(Above refers to the actions listed in this question)</i>		
23 – In the last seven (7) years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? <i>(Above refers to the actions listed in this question)</i>		
24 – Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization’s dedication to that end, or with the specific intent to further such activities?		
25 – Have you EVER knowingly engaged in any acts of terrorism?		
26 – Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?		
27 – Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in activities to that end with an awareness of the organization’s dedication to that end or with the specific intent to further such activities?		
28 – Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?		
29 – Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force?		
30 – Have you EVER associated with anyone involved in activities to further terrorism?		

**CERTIFICATION**

**Certification That My Answers Are True**

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

Signature	Date
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### 3A EDUCATION CONTINUATION SHEET

#### Education Details

<b>Dates of Attendance</b> FROM: TO: (MM/YY Month and Year)	<b>Choose Type of Qualification</b> <input type="checkbox"/> Degree <input type="checkbox"/> Other If other please provide:	<b>Date Awarded</b> MONTH: YEAR:	<b>Choose the most appropriate characterization of the school</b> <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School	
<b>Name of School</b>				
<b>Street Address of School</b>		<b>City</b>	<b>State</b>	<b>Zip code</b>

#### Education Details

<b>Dates of Attendance</b> FROM: TO: (MM/YY Month and Year)	<b>Choose Type of Qualification</b> <input type="checkbox"/> Degree <input type="checkbox"/> Other If other please provide:	<b>Date Awarded</b> MONTH: YEAR:	<b>Choose the most appropriate characterization of the school</b> <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School	
<b>Name of School</b>				
<b>Street Address of School</b>		<b>City</b>	<b>State</b>	<b>Zip code</b>

#### Education Details

<b>Dates of Attendance</b> FROM: TO: (MM/YY Month and Year)	<b>Choose Type of Qualification</b> <input type="checkbox"/> Degree <input type="checkbox"/> Other If other please provide:	<b>Date Awarded</b> MONTH: YEAR:	<b>Choose the most appropriate characterization of the school</b> <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School	
<b>Name of School</b>				
<b>Street Address of School</b>		<b>City</b>	<b>State</b>	<b>Zip code</b>

## Question 4

4a. Country in which the passport (or identity card ) was issued

4b. Date the passport (or identity card) was issued

4c. Place the passport (or identity card) was issued (City and Country)

4d. Full Name under which passport (or identity card) was issued

4e. Passport (or identity card) Number

4f. Passport (or identity card) expiration date

4g. What is the reason for the foreign passport (or identity card)?

4h. Have you ever used this passport (or identity card) for foreign travel? Yes      No

4i. Countries to which you have traveled on this passport (or identity card) and the dates involved with each

Country	From	To
Country	From	To
Country	From	To
Country	From	To
Country	From	To
Country	From	To

4j. Do you have an additional foreign passport (or identity card)? Yes      No  
If yes, please use the continuation sheet on page 20 to provide the information

## Question 5

5a. Date of incident (Month/Year)

5b. Reason/details

5c. Location of incident (Street address, City, State, Zip Code or Country)

5d. Final outcome/result

5e. Date of outcome/result (Month/Year)

5f. Do you have other incidents to report? Yes      No

If yes, please use the continuation sheet on page 20 to provide the information

## Question 6

**6a.** Date of the court martial or other disciplinary procedure (Month/Year)

**6b.** Description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged

**6c.** Name of the disciplinary procedure, such as court martial, Article 15, Captains Mast, Article 135 Court of inquiry, etc...

**6d.** Description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas)

**6e.** Description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction of rank, imprisonment, etc.

**6f.** Do you have other instances of military discipline in the last seven years?      Yes                  No

If yes, please use the continuation sheet on page 20 to provide the information

## Question 7

**7a.** During your foreign service, which organization were you serving under:

Military (Army, Navy, Air Force, Marines, etc.)

Diplomatic Service

Militia

Other Government Agency (Specify)

Intelligence Service

Security Forces

Other Defense Forces (Specify)

**7b.** Name of the foreign organization

**7c.** Period of Service (Estimated)

**7d.** Name of Country Served

**7e.** Highest position/rank held

**7f.** Division/department/office in which you served

**7g.** Describe the circumstances of your association with this organization

**7h.** Describe reason for leaving this service

Do you have further foreign service?

Yes

No

If yes, please use the continuation sheet on page 20 to provide the information

## Question 8

8a. Date of the offense (Month/Year)

Estimated

8b. Describe the nature of the offense

8c. Name of the court

8d. Court location (Street address, City, State, Zip Code or Country)

8e. Provide all charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not guilty, or charge dropped or "nolle pros," etc.). If you were found guilty of or plead guilty to a lesser offense, list both the original charge and the lesser offense separately.

8f. Felony/Misdemeanor/Other?

8g. What was the charge

8h. Date of the outcome (Month/Year)

8i. Were you sentenced as a result of these charges?

Yes

No

1. If yes, describe the sentence

2. Were you sentenced to imprisonment for a term exceeding one year?

Yes

No

3. Were you incarcerated as a result of that sentence for not less than 1 year?

Yes

No

4. If the conviction resulted in imprisonment, provide the dates that you were incarcerated

From

To

8j. If no to being sentenced, are you currently on trial, awaiting trial, or awaiting sentencing on criminal charges for this offense? Explain

8k. Do you have any other offenses?

Yes

No

If yes, please use the continuation sheet on page 20 to provide information

## Question 9

9a. Date the order was issued

Estimated

9b. Name of the court or agency that issued the order.

9c. Location of court or agency that issued the order (Street address, City, State, Zip Code, Country)

9d. Do you have any other domestic violence protective orders or restraining orders currently issued against you?

Yes

No

If yes, please use the continuation sheet on page 20 to provide information

## Question 10

**10a.** Type of drug or controlled substance:

- Cocaine or crack cocaine (Such as rock, freebase, etc.)
- Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
- THC (Such as marijuana, weed, pot, hashish, etc.)
- Depressants (Such as barbituates, methaqualone, tranquilizers, etc)
- Ketamine (Such as special K, jet, etc)
- Narcotics (Such as opium, morphine, codeine, heroine, etc.)
- Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
- Steroids (Such as the clear, juice, etc.)
- Inhalants (Such as toluene, amyl nitrate, etc.)
- Other (Provide Explanation)

**10b.** Estimate month and year of first use Estimated

**10c.** Estimate month and year of most recent use Estimated

**10d.** Nature of use, frequency and number of times used

**10e.** Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting public safety? Yes      No

**10f.** Was your use while possessing a security clearance? Yes      No

**10g.** Do you intend to use this drug or controlled substance in the future? Yes      No

**10h.** Explain why you intend or do not intend to use this drug or controlled substance in the future.

**10i.** Do you have an additional instance(s) of illegal use of a drug or controlled substance?  
If yes, please use the continuation sheet on page 20 to provide information Yes      No

## Question 11

**11a.** Type of drug or controlled substance:

- Cocaine or crack cocaine (Such as rock, freebase, etc.)
- Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
- THC (Such as marijuana, weed, pot, hashish, etc.)
- Depressants (Such as barbituates, methaqualone, tranquilizers, etc)
- Ketamine (Such as special K, jet, etc)
- Narcotics (Such as opium, morphine, codeine, heroine, etc.)
- Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
- Steroids (Such as the clear, juice, etc.)
- Inhalants (Such as toluene, amyl nitrate, etc.)
- Other (Provide Explanation)

**11b.** Estimate month and year of first involvement Estimated

**11c.** Estimate month and year of most recent involvement Estimated





**13d.** Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

Yes No

**13e.** Was your involvement while possessing a security clearance?

Yes No

**13f.** Do you have additional instance(s) of intentionally engaging in the misuse of prescription drugs in the last seven (7) years?

Yes No

If yes, please use the continuation sheet on page 20 to provide information

## Question 14

**14a.** Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

An employer, military commander, or employee assistance program

A medical professional

A mental health professional

A court official/judge

**14b.** If you have not been ordered, advised, or asked to seek counseling or treatment by one of parties already mentioned, explain

**14c.** Did you take action to receive counseling or treatment?

Yes No

1. If no, explain

2. If yes, type of drug or controlled substance for which you were treated:

**A.** Type of drug or controlled substance for which you were treated:

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

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

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

Depressants (Such as barbituates, methaqualone, tranquilizers, etc)

Ketamine (Such as special K, jet, etc)

Narcotics (Such as opium, morphine, codeine, heroine, etc.)

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

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

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

Other (Provide Explanation)

**B.** Name of the treatment provider (Last name, First Name)

**C.** Address for the treatment provider (address, City, State, Zip Code, or Country )

D. Phone Number of the treatment provider

E. Dates of Treatment                      From                      To                      Estimated

F. Did you successfully complete the treatment?                      Yes                      No

1. If no, explain?

14d. Do you have any other instances of having been ordered, advised, or asked to seek drug or controlled substance counseling or treatment in the last seven (7) years?                      Yes                      No

If yes, please use the continuation sheet on page 20 to provide information

## Question 15

15a. Type of drug or controlled substance for which you were treated:

- Cocaine or crack cocaine (Such as rock, freebase, etc.)
- Stimulants (Such as amphetamines, speed, crystal meth, ectasy, etc.)
- THC (Such as marijuana, weed, pot, hashish, etc.)
- Depressants (Such as barbituates, methaqualone, tranquilizers, etc)
- Ketamine (Such as special K, jet, etc)
- Narcotics (Such as opium, morphine, codeine, heroine, etc.)
- Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
- Steroids (Such as the clear, juice, etc.)
- Inhalants (Such as toluene, amyl nitrate, etc.)
- Other (Provide Explanation)

15b. Name of the treatment provider (Last name, First name)

15c. Address for the treatment provider (address, City, State, Zip Code, or Country )

15d. Phone Number of the treatment provider

15e. Dates of Treatment                      From                      To                      Estimated

15f. Did you successfully complete the treatment?                      Yes                      No

If no, explain?

15g. Do you have any other instances of ever voluntarily seeking counseling or treatment as a result of your use of a drug or controlled substance?                      Yes                      No

If yes, please use the continuation sheet on page 20 to provide information



**17e.** In the last seven (7) years, have you failed to meet other financial obligations due to gambling?

Yes                      No

If yes, please use the continuation sheet on page 20 to provide information

## Question 18

**18a.** Did you fail to file, pay as required, or both?

To file                  Pay as required                  Both

**18b.** Year you failed to file or pay your federal, state, or other taxes

**18c.** Reason(s) for your failure to file or pay required taxes

**18d.** Federal, state or other agency to which you failed to file or pay taxes

**18e.** Type of taxes you failed to file or pay (such as property, income, sales, etc.)

**18f.** Amount (in U.S. dollars) of the taxes Estimated

**18g.** Date satisfied (Estimated), if applicable

**18h.** Describe any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.) If you have not taken any action(s), explain

**18i.** Are there any other instances in the past seven (7) years where you failed to file or pay federal, state or other taxes when required by law or ordinance? Yes                      No

If yes, please use the continuation sheet on page 20 to provide information

## Question 19

**19a.** Loan/account number(s) involved

**19b.** Identify/describe the type of property involved (if any)

**19c.** Amount (in U.S. dollars) of the financial issue (Estimated)

**19d.** Reason(s) for the financial issue

**19e.** Current status of the financial issue

**19f.** Date the financial issue began

**19g.** Date the financial issue was resolved, if applicable

**19h.** Describe any action(s) you have taken to satisfy this debt (such as withholdings, fequency and amount of payments, etc.). If you have not taken any action(s), explain

**19i.** Do you have another delinquent debt of 120 days or more in the last seven(7) years?

Yes No

If yes, please use the continuation sheet on page 20 to provide information

## Question 20

**20a.** Month/Year when this negative impact occurred Estimated

**20b.** Explain the circumstances and the negative impact

**20c.** Dates of involvement or use From To Estimated

**20d.** Has the use of alcohol had any other negative impacts on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel?

Yes No

If so, please use the continuation sheet on page 19 to provide information

**20e.** In the last seven (7) years, have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? Yes No

1. If yes, did you take action to seek counseling or treatment? Yes No

2. If no action taken, please explain

**20f.** If yes to taking action to seek counseling or treatment

1. Dates of counseling or treatment From To Estimated

2. Name of the individual counselor or treatment provider

3. Address of the counseling/treatment provider (Street address, City, State, Zip Code or Country)

4. Telephone number (Number/extension)

5. Did you successfully complete the treatment program? Yes No

6. If no, please explain

**20g.** Do you have additional instances of having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? Yes No

If so, please use the continuation sheet on page 20 to provide information

**20h.** In the last seven (7) years, have you voluntarily sought counseling or treatment as a result of your use of alcohol? Yes No

1. Dates of counseling or treatment From To Estimated

2. Name of the individual counselor or treatment provider

3. Address of the counseling/treatment provider (Street address, City, State, Zip Code or Country)

4. Telephone number (Number/extension)

5. Did you successfully complete the treatment program? Yes No

6. If no, please explain

**20i.** Do you have additional instances where you have voluntarily sought counseling or treatment resulting from your use of alcohol? Yes No

If yes, please use the continuation sheet on page 20 to provide information

## Question 21

**21a.** Date of the incident (Month/Year) Estimated

**21b.** Describe the nature of the incident or offense

**21c.** Location of the incident (Street address and City, State, Zip Code or Country)

**21d.** Describe the action (administrative, criminal, or other) taken as a result of this incident

**21e.** Are there any other incidents? Yes No

If yes, please use the continuation sheet on page 20 to provide information

## Question 22

**22a.** Date of the incident (Month/Year) Estimated

**22b.** Describe the nature of the incident or offense





**24g.** Do you have any other instances of being a member of an organization dedicated to terrorism, either with an awareness of the organizations dedication to that end, or with the specific intent to further such activities? Yes No

If yes, please use the continuation sheet on page 20 to provide information

## Question 25

**25a.** Describe the nature and reasons for the activity

**25b.** Dates for any such activities From To Estimated

**25c.** Do you have any other instances of knowingly engaging in acts of terrorism? Yes No

If yes, please use the continuation sheet on page 20 to provide information

## Question 26

**26a.** Reason(s) for advocating acts of terrorism

**26b.** Dates of advocating acts of terrorism From To Estimated

**26c.** Do you have any other instances of advocating acts of terrorism or activities designed to overthrow the U.S. Government by force? Yes No

If yes, please use the continuation sheet on page 20 to provide information

## Question 27

**27a.** Full name of the organization

**27b.** Address/location of the organization (Street address, City, State, Zip Code or Country)

**27c.** Dates of your involvement with the organization From To Estimated

**27d.** All positions held in the organization, if any

**27e.** All contributions made to the organization, if any

**27f.** Describe the nature of and reasons for your involvement with the organization

**27g.** Do you have any other instances of being a member of an organization dedicated to the use of violence or force to overthrow the U.S. Government, which engaged in activities to that end with an awareness of the organizations dedication to that end or with the specific intent to further such activities? Yes No

If yes, please use the continuation sheet on page 20 to provide information

## Question 28

**28a.** Full name of the organization

**28b.** Address/location of the organization (Street address, City, State, Zip Code or Country)

**28c.** Dates of your involvement with the organization From To

**28d.** All positions held in the organization, if any

**28e.** All contributions made to the organization, if any

**28f.** Describe the nature of and reasons for your involvement with the organization

**28g.** Do you have any other instances of being a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? Yes No

If yes, please use the continuation sheet on page 20 to provide information

## Question 29

**29a.** Describe the nature and reasons for the activity

**29b.** Dates of such activities From To Estimated

**29c.** Do you have any other instances of having knowingly engaged in activities designed to overthrow the U.S. government by force? Yes No

If yes, please use the continuation sheet on page 20 to provide information

### **Question 30**

**30a.** Have you ever associated with anyone involved in activities to further terrorism? Explain

## **Continuation sheet**

For any questions you have additional information for, please refer to the question number, then provide all information that was requested in that section.