

Additional Questions for Public Trust 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

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

Use the [continuation sheet](#) on the back if you have more than one degree earned more than 7 years ago.

For each Yes response on questions 4 through 30, corresponding branching questions starting on page 5 must be completed.

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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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) Estimated

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) Estimated

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)

Estimated

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)

If other Government Agency or Defense Forces, please 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

7i. 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, 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)

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

Question 16

16a. Type of bankruptcy petition: Chapter 7 Chapter 11 Chapter 12 Chapter 13

1. If Chapter 12 or 13, provide: Name of Trustee

2. Address of Trustee (Street address, City, State, Zip Code or Country)

16b. Bankruptcy court docket/account number

16c. Date bankruptcy was filed Estimated

16d. Date of bankruptcy discharge Estimated

16e. Total amount (in U.S. dollars) involved in the bankruptcy Estimated

16f. Name debt is recorded under (Last, First, Middle, Suffix)

16g. Name of court involved

16h. Address of court involved (Street address, City, State, Zip Code or Country)

16i. Were you discharged of all debts claimed in the bankruptcy? Explain

16j. In the past seven (7) years, have you filed any additional petitions under any chapter of the bankruptcy code? Yes No

If yes, please use the [continuation sheet](#) on page 20 to provide information

Question 17

17a. Date range of your financial problems due to gambling From To Estimated

17b. Estimate the amount (in U.S. dollars) of gambling losses incurred

17c. Describe your financial problems due to gambling

17d. If you have taken any action(s) to rectify your financial problems due to gambling, describe your actions. If you have not taken any action(s), explain

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

If yes, please use the [continuation sheet](#) on page 20 to provide information

Yes

No

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.