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## **Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #16441295**

### **ARCHIVAL COPY - RETAIN FOR YOUR RECORDS**

The information contained in this document represents data submitted by **Mark Thomas Hazel** (Applicant) for **the e-QIP Investigation Request #16441295**. Applicant certified the accuracy of this information at **2014-04-25 13:11:59**.

This Investigation Request contains the following documents:

**Page 1: Investigation Request Cover Sheet**

**Page 2-35: Questionnaire For National Security Positions**

Note: To conserve paper only the first entry in multiple-entry lists displays completion instructions. The completion instructions for the first entry also applies to each additional entry unless otherwise noted.

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## **Form Completion Instructions**

### **Questionnaire for National Security Positions**

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

### **Purpose of this Form**

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, social security number, and date and place of birth.

### **Authority to Request this Information**

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

### **The Investigative Process**

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

### **Your Personal Interview**

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that the interview be conducted immediately after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

### **Instructions for Completing this Form**

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
5. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
7. For telephone numbers in the U.S., ensure that the area code is included.
8. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the dropdown lists to select the month and day. The year should be entered as a four character number ( i.e., 1978 or 2001.), or selected from a dropdown list. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Est." box.

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### **Final Determination on Your Eligibility**

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of race, color, religion, sex, national origin, disability, or sexual orientation when granting access to classified information.

### **Penalties for Inaccurate or False Statements**

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to **five (5)** years imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

### **Disclosure Information**

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

### **Privacy Act Routine Uses**

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Sections 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

#### **Public Burden Information**

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E Street N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

#### **Statement of Understanding**

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U.S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service.

Yes: { ☒ } No: { ☐ }

#### **Sections 1-4 - Identifying Information**

Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Last: Hazel First: Mark Middle: Thomas Suffix:

Provide your date of birth

Month/Day/Year: 03/20/1958

Provide your place of birth

City: Wakefield County: Washington State: RI Country: United States

Provide your U.S. Social Security Number ( Not Applicable: { } )

039 - 42 - 0131

#### **Section 5 - Other Names Used**

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Provide your other names used and the period of time you used them (for example: your maiden name, name(s) by a former marriage(s), former name(s), alias(es), or nickname(s)).

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Have you used any other names?

Yes: ☐ No: ☒

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## **Section 6 - Your Identifying Information**

Provide your identifying information.

Height

(feet): **5**

(inches): **11**

Weight: **260**

Hair color: **Black**

Eye color: **Brown**

Sex

Female: ☐

Male: ☒

## **Section 7 - Your Contact Information**

Provide your contact information.

Home e-mail address: **mthazel2151@yahoo.com**

Work e-mail address: **mark.hazel@exelisinc.com**

Home telephone number

International or DSN: ☐ Number: **5855945217** Extension: Time: **Night**

Work telephone number

International or DSN: ☐ Number: **5852695377** Extension: Time: **Day**

Mobile/Cell telephone number

International or DSN: ☐ Number: **5852813665** Extension: Time: **Both**

## **Section 8 - U.S. Passport Information**

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Do you possess a U.S. passport (current or expired)?

Yes: ☒ No: ☐

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Click [HERE](#) for U.S. State Department passport help.

### **Detail**

Provide the following information for the most recent U.S. passport you currently possess.

Provide your U.S. passport number: **C05497282**

Click [HERE](#) for U.S. State Department passport help.

Provide the issue date of passport

Month/Day/Year: **02/29/2012**

Provide the expiration date of passport

Month/Day/Year: **02/28/2022**

Provide the name in which passport was first issued

Last: **Hazel** First: **Mark** Middle: **Thomas** Suffix:

## **Section 9 - Citizenship**

Select the box that reflects your current citizenship status and click Save.

Provide your current citizenship status

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.: ☒ ☐

I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.: ☐ ☐

I am a naturalized U.S. citizen.: ☐ ☐

I am not a U.S. citizen.: ☐ ☐

## **Section 10 - Dual/Multiple Citizenship Information**

Do you now or have you **EVER** held dual/multiple citizenships?

Yes: ☐ ☐ No: ☒ ☐

## **Foreign Passport**

Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.?

Yes: ☐ ☐ No: ☒ ☐

## **Section 11 - Where You Have Lived**

List the places where you have lived beginning with your present residence and working back **10 years**.

Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives.

### **1. Enter residence information.**

Provide dates of residence

From (Month/Year): **10/2006** To (Month/Year): **Present**

Is/was this residence

Owned by you: ☐ ☐

Rented or leased by you: ☒ ☐

Military housing: ☐ ☐

Other (Provide explanation): ☐ ☐

Explanation

**Renting room from friend**

Provide the street address

Street: **214 Whittier Rd**

City: **Rochester** State: **NY** Country: Zip Code: **14624**

### **Person who knew you**

Provide the name of a neighbor or other person who knows you at this address.

Provide the full name

Last: **Gilly** First: **John** Middle: **Michael** Suffix:

Provide date of last contact

Month/Year: **04/2014**

Provide your relationship to this person (check all that apply)

Neighbor: ☐ ☐

Friend: ☒ ☐

Landlord: ☒ }  
Business associate: ☐ }  
Other (Provide explanation): ☐ }

Explanation

**John also resides at this address**

Provide the following contact information for this person

Provide evening telephone number for this person ( I don't know: ☐ )

International or DSN: ☐ } Number: **5855945217** Extension:

Provide daytime telephone number for this person ( I don't know: ☐ )

International or DSN: ☐ } Number: **5855945217** Extension:

Provide cell/mobile telephone number for this person ( I don't know: ☐ )

International or DSN: ☐ } Number: **5854550527** Extension:

Provide e-mail address for this person ( I don't know: ☐ ) : **W3OAB@AOL.com**

Provide street address for this person (including apartment number)

Street: **214 Whittier Rd**

City: **Rochester** State: **NY** Country: Zip Code: **14624**

2.

Provide dates of residence

From (Month/Year): **03/2001** To (Month/Year): **10/2006**

Is/was this residence

Owned by you: ☐ }

Rented or leased by you: ☒ }

Military housing: ☐ }

Other (Provide explanation): ☐ }

Explanation

**Presidents Village**

Provide the street address

Street: **71 West Ave, Apt 81**

City: **Brockport** State: **NY** Country: Zip Code: **14420**

(End of List)

## **Summary**

List the places where you have lived beginning with your present residence and working back **10 years** .

Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives.

Do you have an additional residence to report?

Yes: ☐ } No: ☒ }

## **Section 12 - Where You Went To School**

Do not list education before your 18th birthday, unless to provide a minimum of two years education history.

Have you attended any schools in the last 10 years?



Yes: { } No: { x }

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**Degree or Diploma Received More Than 10 Years Ago**

Have you received a degree or diploma more than 10 years ago?

Yes: { } No: { x }

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**Section 13A - Employment Activities**

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

- 
1. Select your employment activity: **Federal Contractor**

Explanation

**Exelis Corporation Software Test Engineer**

Provide dates of employment

From (Month/Year): **06/2013** To (Month/Year): **Present**

**Non-Military Employment**

Provide most recent position title: **Software Test Engineer**

Select the employment status for this position

Full-time: { x }

Part-time: { }

Provide the name of your employer: **Exelis**

Provide the address of employer

Street: **800 Lee Road**

City: **Rochester** State: **NY** Country: Zip Code: **14606**

Provide telephone number

International or DSN: { } Number: **9732844561** Extension: Time:

**Additional Periods of Activity with this Employer**

Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below.

Additional Periods of Activity with this Employer ( Not Applicable: { x } )

(No Entry Provided)

**Non-Military Employment - Physical Location Question**

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Is/was your physical work address different than your employer's address?

Yes: { } No: { x }

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**Non-Military Employment - Supervisor**

Provide the name of your supervisor: **Debbie Philhower**

Provide the position title of your supervisor: **Sr Section Head, Software Test Engineering**

Provide the email address of your supervisor ( I don't know: { } ) : **Debbie.Philhower@exelisinc.com**

Provide the physical work location of your supervisor

Street: **77 River Road**

City: **Clifton** State: **NJ** Country: Zip Code: **07014-2099**

Provide the telephone number for this supervisor

International or DSN: { } Number: 9732844561 Extension: Time:

**Received Discipline or Warning**

For this employment, 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 a violation of security policy?

Yes: { } No: { x }

2. Select your employment activity: **Federal Contractor**

Explanation

**IT Administrator**

Provide dates of employment

From (Month/Year): 02/2005 To (Month/Year): 06/2013

**Non-Military Employment**

Provide most recent position title: **IT Administrator**

Select the employment status for this position

Full-time: { x }

Part-time: { }

Provide the name of your employer: **Exelis**

Provide the address of employer

Street: **800 Lee Road**

City: **Rochester** State: **NY** Country: Zip Code: **14606**

Provide telephone number

International or DSN: { } Number: **5852695000** Extension: Time:

Additional Periods of Activity with this Employer ( Not Applicable: { x } )

(No Entry Provided)

**Non-Military Employment - Physical Location Question**

Is/was your physical work address different than your employer's address?

Yes: { } No: { x }

**Non-Military Employment - Supervisor**

Provide the name of your supervisor: **Hank Ciniglia**

Provide the position title of your supervisor: **Desktop Support Lead**

Provide the email address of your supervisor ( I don't know: { } ) : **henry.ciniglia@exelisinc.com**

Provide the physical work location of your supervisor

Street: **800 Lee Road**

City: **Rochester** State: **NY** Country: Zip Code: **14606**

Provide the telephone number for this supervisor

International or DSN: { } Number: **5852695136** Extension: Time:

**Reason for Leaving**

Provide the reason for leaving the employment activity

**Desktop support for IT laid off. Transferred to Software Test Engineering**

**Reason for Leaving Question**

For this employment have any of the following happened to you in the last seven (7) years?

- Fired
- Quit after being told you would be fired
- Left by mutual agreement following charges or allegations of misconduct

- Left by mutual agreement following notice of unsatisfactory performance  
Yes: { } No: { x }

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**Received Discipline or Warning**

For this employment, 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 a violation of security policy?

Yes: { } No: { x }

- 
3. Select your employment activity: **Federal Contractor**  
Explanation

**working at ITT in Contractor capacity**

Provide dates of employment

From (Month/Year): **02/2003** To (Month/Year): **02/2005**

**Non-Military Employment**

Provide most recent position title: **IT Administrator**

Select the employment status for this position

Full-time: { x }

Part-time: { }

Provide the name of your employer: **TCN**

Provide the address of employer

Street: **1240 Jefferson Rd**

City: **Rochester** State: **NY** Country: Zip Code: **14653**

Provide telephone number

International or DSN: { } Number: **5857505004** Extension: Time:

Additional Periods of Activity with this Employer ( Not Applicable: { x } )

(No Entry Provided)

**Non-Military Employment - Physical Location Question**

Is/was your physical work address different than your employer's address?

Yes: { x } No: { }

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**Non-Military Employment - Physical Location**

Provide the work address where you are/were physically located

Street: **1477 St Paul Blvd**

City: **Rochester** State: **NY** Country: Zip Code: **14606**

Provide telephone number

International or DSN: { } Number: **5852695000** Extension: Time:

**Non-Military Employment - Supervisor**

Provide the name of your supervisor: **Robin Spindler**

Provide the position title of your supervisor: **IT Supervisor**

Provide the email address of your supervisor ( I don't know: { } ) : **robin.spindler@exelisinc.com**

Provide the physical work location of your supervisor

Street: **400 Initiative Drive**

City: **Rochester** State: **NY** Country: Zip Code: **14606**

Provide the telephone number for this supervisor

International or DSN: { } Number: **5852695963** Extension: Time:

**Reason for Leaving**

Provide the reason for leaving the employment activity

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**Hired by ITT**

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(End of List)

**Summary**

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

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Do you have an additional employment activity to enter?

Yes: { } No: { x }

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**Section 13B - Former Federal Service**

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Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

Yes: { } No: { x }

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**Section 13C - Employment Record**

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Have any of the following happened to you **in the last seven (7) years** at employment activities that you have not previously listed? (If 'Yes', you will be required to add an additional employment in Section 13A.)

- Fired from a job?
- Quit a job after being told you would be fired?
- Have you left a job by mutual agreement following charges or allegations of misconduct?
- Left a job by mutual agreement following notice of unsatisfactory performance?
- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

Yes: { } No: { x }

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**Section 14 - Selective Service Record**

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Were you born a male after December 31, 1959?

Yes: { } No: { x }

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**Section 15 - Military History**

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Have you **EVER** served in the U.S. Military?

Yes: { x } No: { }

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- 
1. You responded 'Yes' to having served in the U.S. Military.

Provide the branch of service you served in: **Air Force**

State of service

State:

Provide your status: **Active Duty**

Officer or enlisted ( Not Applicable: { } )

Officer: { }

Enlisted: { x }

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Provide your service number: 039420131

Provide your dates of service

From (Month/Year): 09/1976 To (Month/Year): 09/1980

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Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

Yes: ☒ No: ☐

---

**Discharge Detail**

You responded 'Yes' to being discharged from U.S. military service, to include Reserves or National Guard.

Provide the type of discharge you received: Honorable

Provide other discharge type

Provide the date of discharge listed above

Month/Year: 09/1980

- 
2. Provide the branch of service you served in: Air Force

State of service

State:

Provide your status: Inactive Reserve

Officer or enlisted ( Not Applicable: ☐ )

Officer: ☐

Enlisted: ☒

Provide your service number: 039420131

Provide your dates of service

From (Month/Year): 09/1980 To (Month/Year): 09/1982

---

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

Yes: ☒ No: ☐

---

**Discharge Detail**

Provide the type of discharge you received: Honorable

Provide other discharge type

Provide the date of discharge listed above

Month/Year: 09/1982

---

(End of List)

**Military History - Summary**

---

Do you have additional military service to report?

Yes: ☐ No: ☒

---

**Discipline**

---

In the last 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.?

Yes: ☐ No: ☒

---

**Foreign Military Service**

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?

Yes: { } No: { x }

## Section 16 - People Who Know You Well

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers **at least the last seven (7) years**. Do not list your spouse, former spouse(s), other relatives, or **anyone listed elsewhere on this form**.

1. Provide dates known

From (Month/Year): 06/1994 To (Month/Year): Present

Provide full name

Last: Irvine First: Terry Middle: Lynn Suffix:

Provide rank/title ( Not Applicable: { x } ):

Provide relationship to you (Check all that apply)

Neighbor: { }

Friend: { x }

Work associate: { }

Schoolmate: { }

Other (Provide explanation): { }

Explanation

Girl friend

Provide telephone number for this person ( I don't know: { } )

International or DSN: { } Number: 5855331742 Extension: Time:

Provide mobile/cell telephone number for this person ( I don't know: { x } )

International or DSN: { } Number: Extension: Time:

Provide e-mail address for this person ( I don't know: { } ) : cavaliercorral@frontiernet.net

Provide home or work address for this person

Street: 397 Stoney Brook Rd

City: Rush State: NY Country: Zip Code: 14543

2. Provide dates known

From (Month/Year): 11/1980 To (Month/Year): Present

Provide full name

Last: Garske First: Brian Middle: L (IO) Suffix:

Provide rank/title ( Not Applicable: { x } ):

Provide relationship to you (Check all that apply)

Neighbor: { }

Friend: { x }

Work associate: { }

Schoolmate: { }

Other (Provide explanation): { }

Explanation

Provide telephone number for this person ( I don't know: { } )

International or DSN: { } Number: 5856376994 Extension: Time:

Provide mobile/cell telephone number for this person ( I don't know: { x } )

International or DSN: { } Number: Extension: Time:

Provide e-mail address for this person ( I don't know: { x } ):

---

Provide home or work address for this person

Street: **4900 Redman Rd**

City: **Brockport** State: **NY** Country: Zip Code: **14420**

---

3. Provide dates known

From (Month/Year): **07/1977** To (Month/Year): **Present**

Provide full name

Last: **McNeese** First: **James** Middle: **Hall** Suffix:

Provide rank/title ( Not Applicable: { x } ):

Provide relationship to you (Check all that apply)

Neighbor: { }

Friend: { x }

Work associate: { }

Schoolmate: { }

Other (Provide explanation): { }

Explanation

Provide telephone number for this person ( I don't know: { } )

International or DSN: { } Number: **7024658538** Extension: Time:

Provide mobile/cell telephone number for this person ( I don't know: { } )

International or DSN: { } Number: **7024658538** Extension: Time:

Provide e-mail address for this person ( I don't know: { } ) : **jmcneese100@yahoo.com**

Provide home or work address for this person

Street: **3090 Shady Ln**

City: **Pahrump** State: **NV** Country: Zip Code: **89060**

---

(End of List)

### **Summary**

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood and whose combined association with you covers **at least the last seven (7) years**. Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form**.

---

Do you have an additional person who knows you well to list?

Yes: { } No: { x }

---

### **Section 17 - Marital Status**

Provide your current marital status: **Divorced**

---

1. Provide information about your former spouse (such as divorced, annulled, widowed, or other former spouses)

Provide the full name of your former spouse

Last: **Kalish** First: **Caroline** Middle: **Adams** Suffix:

Provide the date of birth of your former spouse

Month/Day/Year: **11/11/1958**

Provide the place of birth for your former spouse

City: **Victor** State: **NY** Country: **United States**

Provide the country(ies) of citizenship for your former spouse

1. Country: United States

(End of Provide the country(ies) of citizenship for your former spouse List)

Provide the date you married your former spouse

Month/Day/Year: 10/23/1986

Provide the place married

City: Rochester State: NY Country:

Provide the status of this marriage

Divorced: ☒ { x }

Widowed: ☐ { }

Annulled: ☐ { }

Provide the date divorced, annulled or widowed

Month/Day/Year: 05/01/1995

**Divorced or Annulled Detail (1)**

For your divorced or annulled marriage, provide where the record is located

City: Rochester State: NY Country: Zip Code: 14621

Is this former spouse deceased?

Yes: ☐ { } No: ☒ { x } I don't know: ☐ { }

**Divorced or Annulled Detail (2)**

For divorced or annulled marriage provide last known address of the former spouse ( I Don't Know: ☐ { } )

Street: 5747 Brockport Spencerport Rd

City: Brockport State: NY Country: Zip Code: 14420

(End of List)

**Former Spouse Summary**

Do you have any additional former spouse (such as divorced, annulled, widowed, or other former spouses) to report?

Yes: ☐ { } No: ☒ { x }

**Cohabitant**

A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live with for reasons of convenience (e.g. a roommate). If applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship information.

Do you presently reside with a cohabitant?

Yes: ☐ { } No: ☒ { x }

**Section 18 - Relatives**

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)

Check all that apply

Mother: ☒ { x }

Father: ☒ { x }

Stepmother: ☐ { }

Stepfather: ☐ { }



Foster Parent: { }  
Child (including adopted/foster): { x }  
Stepchild: { }  
Brother: { x }  
Sister: { }  
Stepbrother: { }  
Stepsister: { }  
Half-brother: { }  
Half-sister: { }  
Father-in-law: { }  
Mother-in-law: { }  
Guardian: { }

1. Provide relative type: **Father**  
Provide your relative's full name  
Last: **Hazel** First: **Thomas** Middle: **Henry** Suffix:  
Provide your relative's date of birth  
Month/Day/Year: **12/27/1933**  
Provide your relative's place of birth  
City: **North Kingstown** State: **RI** Country: **United States**  
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Optional Comment

**Deceased**

**Other Names Used**

Has this relative used any other names?  
Yes: { } No: { x }

**Relative Deceased Question**

Is your relative deceased?  
Yes: { x } No: { }

2. Provide relative type: **Mother**  
Provide your relative's full name  
Last: **Hazel** First: **Sarah** Middle: **Joann** Suffix:  
Provide your relative's date of birth  
Month/Day/Year: **11/08/1937**  
Provide your relative's place of birth  
City: **Eupora** State: **MS** Country: **United States**  
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

---

**Mother's Maiden Name**

Provide your mother's maiden name ( Same as listed: { } )

Last: Busby First: Sarah Middle: Joann Suffix:

**Other Names Used**

---

Has this relative used any other names?

Yes: { } No: { x }

---

**Relative Deceased Question**

---

Is your relative deceased?

Yes: { } No: { x }

---

**Address**

Provide your relative's current address

Street: 750 Ten Rod Road

City: North Kingstown State: RI Country: Zip Code: 02852

3.

---

Provide relative type: Brother

Provide your relative's full name

Last: Hazel First: James Middle: Evan Suffix:

Provide your relative's date of birth

Month/Day/Year: 01/13/1960

Provide your relative's place of birth

City: Wakefield State: RI Country: United States

Provide your relative's country(ies) of citizenship

---

1. Country: United States

---

(End of Provide your relative's country(ies) of citizenship List)

**Other Names Used**

---

Has this relative used any other names?

Yes: { } No: { x }

---

**Relative Deceased Question**

---

Is your relative deceased?

Yes: { } No: { x }

---

**Address**

Provide your relative's current address

Street: 300 Indian Corners Rd

City: Saunderstown State: RI Country: Zip Code: 02874

4.

---

Provide relative type: Brother

Provide your relative's full name

Last: Hazel First: Terry Middle: Wayne Suffix:

Provide your relative's date of birth

Month/Day/Year: 08/06/1961

Provide your relative's place of birth

City: Wakefield State: RI Country: United States

Provide your relative's country(ies) of citizenship

1. Country: United States

(End of Provide your relative's country(ies) of citizenship List)

### **Other Names Used**

Has this relative used any other names?

Yes: { } No: { x }

### **Relative Deceased Question**

Is your relative deceased?

Yes: { } No: { x }

### **Address**

Provide your relative's current address

Street: 26 High Street

City: North Kingstown State: RI Country: Zip Code: 02852

5. Provide relative type: **Child (including adopted/foster)**

Provide your relative's full name

Last: Hazel First: Rachel Middle: Marie Suffix:

Provide your relative's date of birth

Month/Day/Year: 05/26/1996

Provide your relative's place of birth

City: Rochester State: NY Country: United States

Provide your relative's country(ies) of citizenship

1. Country: United States

(End of Provide your relative's country(ies) of citizenship List)

### **Other Names Used**

Has this relative used any other names?

Yes: { x } No: { }

### **Other Names Used Summary**

Summary of other names used

1. Provide other names used and the period of time that your relative used them (such as maiden name, by a former marriage, former name, alias, or nickname).

Provide other name used

Last: Broadhurst First: Rachel Middle: Marie Suffix:

Maiden name?

Yes: { }

No: { x }

Dates used

From (Month/Year): **10/2010 (Estimated)** To (Month/Year): **03/2014 (Estimated)**

Provide the reason(s) why the name changed

**Married**

(End of List)

Has this relative used any additional names?

Yes: { } No: { x }

**Relative Deceased Question**

Is your relative deceased?

Yes: { } No: { x }

**Address**

Provide your relative's current address

Street: **96 Park Ave**

City: **Brockport** State: **NY** Country: Zip Code: **14420**

6. Provide relative type: **Child (including adopted/foster)**

Provide your relative's full name

Last: **Hazel** First: **Elizabeth** Middle: **Ann** Suffix:

Provide your relative's date of birth

Month/Day/Year: **01/11/1990**

Provide your relative's place of birth

City: **Rochester** State: **NY** Country: **United States**

Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

**Other Names Used**

Has this relative used any other names?

Yes: { } No: { x }

**Relative Deceased Question**

Is your relative deceased?

Yes: { } No: { x }

**Address**

Provide your relative's current address

Street: **2544 Sweeden Walker Rd**

City: **Brockport** State: **NY** Country: Zip Code: **14420**

(End of List)

**Summary**

Do you have an additional relative to enter?

---

Yes: { } No: { x }

---

### **Section 19 - Foreign Contacts**

A foreign national is defined as any person who is not a citizen or national of the U.S.

---

Do you have, or have you had, close and/or continuing contact with a foreign national **within the last seven (7) years** with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.

Yes: { } No: { x }

---

### **Section 20A - Foreign Activities**

---

Have you, your spouse, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)

Yes: { } No: { x }

---

#### **Foreign Financial Interests Controlled on Your Behalf**

---

Have you, your spouse, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf?

Yes: { } No: { x }

---

#### **Foreign Financial Interests Real Estate**

---

Have you, your spouse, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?

Yes: { } No: { x }

---

#### **Foreign Financial Interests - Foreign Benefit**

---

As a U.S. citizen, have you, your spouse, cohabitant, or dependent children received **in the past seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?

Yes: { } No: { x }

---

#### **Foreign Financial Interests - Foreign National Support**

---

Have you **EVER** provided financial support for any foreign national?

Yes: { } No: { x }

---

### **Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts**

---

Have you **in the past seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer 'No' if all your advice or support was authorized pursuant to official U.S. Government business.)

Yes: { } No: { x }

---

---

### **Foreign Consulting**

For this question, 'Immediate Family' means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

---

Have you, your spouse, cohabitant, or any member of your immediate family **in the past seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer 'No' if **all** the advice or support was authorized pursuant to official U.S. Government business.)

Yes: { } No: { **x** }

---

### **Foreign National Job Offer**

---

Has any foreign national **in the past seven (7) years** offered you a job, asked you to work as a consultant, or consider employment with them?

Yes: { } No: { **x** }

---

### **Other Foreign Business Ventures**

---

Have you **in the past seven (7) years** been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?

Yes: { } No: { **x** }

---

### **Foreign Conferences, Trade Shows, Seminars, and Meetings**

---

Have you **in the past seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)

Yes: { } No: { **x** }

---

### **Foreign Government Contact**

For Section 20B, 'Immediate Family' means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

---

Have you or any member of your immediate family **in the past seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel on a U.S. passport.)

Yes: { } No: { **x** }

---

### **Sponsorship of a Foreign National**

---

Have you **in the past seven (7) years** sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?

Yes: { } No: { **x** }

---

### **Holding Foreign Political Office**

---

Have you **EVER** held political office in a foreign country?

Yes: { } No: { x }

---

### **Voting in a Foreign Election**

---

Have you **EVER** voted in the election of a foreign country?

Yes: { } No: { x }

---

### **Section 20C - Foreign Travel**

---

Have you traveled outside the U.S. in the last seven (7) years?

Yes: { } No: { x }

---

### **Section 21 - Psychological and Emotional Health**

Mental health counseling in and of itself **is not a reason** to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

---

**In the last seven (7) years**, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered:

- strictly marital, family, grief not related to violence by you; or
- strictly related to adjustments from service in a military combat environment.

Please respond to this question with the following additional instruction: Victims of sexual assault who have consulted with a health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer 'No'.

Yes: { } No: { x }

---

### **Section 22 - Police Record**

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report 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. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

#### **Police Record**

---

Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- **In the past seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
  - **In the past seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
  - **In the past seven (7) years** have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
  - **In the past seven (7) years** have you been or are you currently on probation or parole?
  - Are you currently on trial or awaiting a trial on criminal charges?
-

---

Yes: { } No: { x }

---

**Police Record (EVER)**

---

Other than those offenses already listed, have you **EVER** had the following happen to you?

- Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- 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, former spouse, or someone with whom you share a child in common?
- Have you **EVER** been charged with an offense involving firearms or explosives?
- Have you **EVER** been charged with an offense involving alcohol or drugs?

Yes: { } No: { x }

---

**Domestic Violence Protective Order**

---

Is there currently a domestic violence protective order or restraining order issued against you?

Yes: { } No: { x }

---

**Section 23 - Illegal Use of Drugs or Drug Activity**

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity.

**Illegal Use of Drugs or Controlled Substances**

---

**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.

Yes: { } No: { x }

---

**Illegal Drug Activity**

---

**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?

Yes: { } No: { x }

---

**While Possessing a Security Clearance**

---

Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed?

Yes: { } No: { x }



---

**Employed as Law Enforcement**

Have you **EVER** 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?

Yes: { } No: { x }

---

**Misuse of Prescription Drugs**

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?

Yes: { } No: { x }

---

**Treatment for the Use of Drugs**

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

Yes: { } No: { x }

---

**Voluntary Treatment**

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Yes: { } No: { x }

---

**Section 24 - Use of Alcohol**

In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

Yes: { } No: { x }

---

**Ordered to Seek Counseling**

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?

Yes: { } No: { x }

---

**Sought Counseling or Treatment**

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?

Yes: { } No: { x }

---

**EVER Received Counseling/Treatment**

Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?

Yes: { } No: { x }

---

## Section 25 - Investigations and Clearance Record

---

Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?

Yes: { x } No: { }

---

1. You responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

Provide the investigating agency

U.S. Department of Defense: { x }

U.S. Department of State: { }

U.S. Office of Personnel Management: { }

Federal Bureau of Investigation: { }

U.S. Department of Treasury: { }

U.S. Department of Homeland Security: { }

Foreign government (Provide name of government): { }

I don't know: { }

Other (Provide explanation): { }

Explanation or name of government

**USAF (SAC) Clearance for B-52D Weapons System and Nuclear Alert Area**

Date the investigation was completed ( I don't know: { } )

Month/Year: **12/1977 (Estimated)**

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency: **USAF**

Provide the date clearance eligibility/access was granted ( I don't know: { } )

Month/Year: **12/1977 (Estimated)**

Provide the level of clearance eligibility/access granted

None: { }

Confidential: { }

Secret: { x }

Top Secret: { }

Sensitive Compartmented Information (SCI): { }

Q: { }

L: { }

I don't know: { }

Issued by foreign country: { }

Other (Provide explanation): { }

Explanation

**secret clearance for handling classified material and Alert Pad Access**

---

2. Provide the investigating agency

U.S. Department of Defense: { x }

U.S. Department of State: { }

U.S. Office of Personnel Management: { }

Federal Bureau of Investigation: { }

U.S. Department of Treasury: { }

U.S. Department of Homeland Security: { }

Foreign government (Provide name of government): { }

I don't know: { }

---

---

Other (Provide explanation): { }

Explanation or name of government  
**DOD TS**

Date the investigation was completed ( I don't know: { } )  
Month/Year: **01/2003 (Estimated)**

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency: **DOD**

Provide the date clearance eligibility/access was granted ( I don't know: { } )  
Month/Year: **01/2003 (Estimated)**

Provide the level of clearance eligibility/access granted

None: { }

Confidential: { }

Secret: { }

Top Secret: { **x** }

Sensitive Compartmented Information (SCI): { }

Q: { }

L: { }

I don't know: { }

Issued by foreign country: { }

Other (Provide explanation): { }

Explanation

---

3. Provide the investigating agency
- U.S. Department of Defense: { }
- U.S. Department of State: { }
- U.S. Office of Personnel Management: { }
- Federal Bureau of Investigation: { }
- U.S. Department of Treasury: { }
- U.S. Department of Homeland Security: { }
- Foreign government (Provide name of government): { }
- I don't know: { }
- Other (Provide explanation): { **x** }
- Explanation or name of government  
**YF Code - SSBI**
- Date the investigation was completed ( I don't know: { } )  
Month/Year: **06/2007**
- Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency: **SSBI**
- Provide the date clearance eligibility/access was granted ( I don't know: { } )  
Month/Year: **06/2007 (Estimated)**
- Provide the level of clearance eligibility/access granted
- None: { }
- Confidential: { }
- Secret: { }
- Top Secret: { }
- Sensitive Compartmented Information (SCI): { **x** }
- Q: { }
- L: { }
- I don't know: { }
- Issued by foreign country: { }
- Other (Provide explanation): { }
-

---

Explanation

---

(End of List)

---

**Investigation History - Summary**

---

Do you have another investigation to enter?

Yes: { } No: { x }

---

**Denied Clearance**

---

Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)

Yes: { } No: { x }

---

**Government Debarment**

---

Have you **EVER** been debarred from government employment?

Yes: { } No: { x }

---

**Section 26 - Financial Record**

---

In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?

Yes: { } No: { x }

---

**Gambling**

---

Have you **EVER** experienced financial problems due to gambling?

Yes: { } No: { x }

---

**Taxes**

---

In the past seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

Yes: { } No: { x }

---

**Employer Travel or Credit Card**

---

In the past seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?

Yes: { } No: { x }

---

**Assistance for Financial Difficulties**

---

Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?

Yes: { } No: { x }

---

---

### **Delinquency Involving Enforcement**

Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below)

- **In the past seven (7) years**, you have been delinquent on alimony or child support payments.
- **In the past seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the past seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Yes: { } No: { x }

---

### **Delinquency Involving Routine Accounts**

Other than previously listed, have any of the following happened?

- **In the past seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the past seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the past seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the past seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the past seven (7) years**, you were evicted for non-payment?
- **In the past seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason?
- **In the past seven (7) years**, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Yes: { x } No: { }

- 
1. You answered 'Yes' to having experienced one or more of the previously stated financial issues.  
Provide the name of agency/organization/individual to which debt is/was owed: **Bank of America**

Did/does this financial issue include any of the following? (Check all that apply)

Yes: { x } No: { }

---

#### **Financial Issue Options**

In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { x }

In the past seven (7) years, you were evicted for non-payment? : { }

In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason? : { }

In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor): { }

Provide the associated loan/account number(s) involved: **4888 6031 3749 9307**

Identify/describe the type of property involved (if any)

**credit card**

Provide the amount (in U.S. dollars) of the financial issue: **\$1,377 (Estimated)**

Provide the reason(s) for the financial issue

**got behind in payments**

Provide the current status of the financial issue

**almost completely paid off.**

Provide the date the financial issue began

Month/Year: **01/2008 (Estimated)**

Provide date the financial issue was resolved ( Not resolved: { } )

Month/Year: **01/2009 (Estimated)**

Provide a description of 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), provide explanation.

**timely payments being made. last payment pending**

2. Provide the name of agency/organization/individual to which debt is/was owed: **NYS Dept of Taxation and Finance**

Did/does this financial issue include any of the following? (Check all that apply)

Yes: { x } No: { }

#### Financial Issue Options

In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you were evicted for non-payment? : { }

In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason? : { x }

In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor): { }

Provide the associated loan/account number(s) involved: 039420131

Identify/describe the type of property involved (if any)

**Back taxes**

Provide the amount (in U.S. dollars) of the financial issue: \$6,553

Provide the reason(s) for the financial issue

**back taxes for NYS not fully paid in time**

Provide the current status of the financial issue

**Paid in Full**

Provide the date the financial issue began

Month/Year: 11/2008 (Estimated)

Provide date the financial issue was resolved ( Not resolved: { } )

Month/Year: 11/2008

Provide a description of 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), provide explanation.

**Paid in full, adjusted withholdings**

3. Provide the name of agency/organization/individual to which debt is/was owed: East Avenue Dentistry

Did/does this financial issue include any of the following? (Check all that apply)

Yes: { x } No: { }

**Financial Issue Options**

In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { x }

In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you were evicted for non-payment? : { }

In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason? : { }

In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor): { }

Provide the associated loan/account number(s) involved: unknown

Identify/describe the type of property involved (if any)

**Dental Bill**

Provide the amount (in U.S. dollars) of the financial issue: \$35 (Estimated)

Provide the reason(s) for the financial issue

**lost bill**

---

Provide the current status of the financial issue

**Paid in full**

Provide the date the financial issue began

Month/Year: **02/2009 (Estimated)**

Provide date the financial issue was resolved ( Not resolved: { } )

Month/Year: **02/2009 (Estimated)**

Provide a description of 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), provide explanation.

**paid in full**

- 
4. Provide the name of agency/organization/individual to which debt is/was owed: **Niagra Mohawk Power Corp**

---

Did/does this financial issue include any of the following? (Check all that apply)

Yes: { **x** } No: { }

---

Financial Issue Options

In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { **x** }

In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

In the past seven (7) years, you were evicted for non-payment? : { }

In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason? : { }

In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) : { }

You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor): { }

Provide the associated loan/account number(s) involved: **5287912**

Identify/describe the type of property involved (if any)

**Electric Bill**

Provide the amount (in U.S. dollars) of the financial issue: **\$422**

Provide the reason(s) for the financial issue

**behind in payments**

Provide the current status of the financial issue

**paid**

Provide the date the financial issue began

Month/Year: **09/2009 (Estimated)**

Provide date the financial issue was resolved ( Not resolved: { } )

Month/Year: **09/2009 (Estimated)**

Provide a description of 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), provide explanation.

**paid debt in full**



(End of List)

### **Delinquency Involving Routine Accounts - Summary**

Other than previously listed, are there any other instances of the following occurrences?

- **In the past seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed. (include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the past seven (7) years**, you defaulted on any type of loan. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the past seven (7) years**, you had bills or debts turned over to a collection agency. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the past seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the past seven (7) years**, you have been evicted for non-payment.
- **In the past seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason.
- **In the past seven (7) years**, you have been over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Yes: { } No: { x }

### **Section 27 - Use of Information Technology Systems**

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

#### **Unauthorized Access**

**In the last seven (7) years** have you illegally or without proper authorization accessed or attempted to access any information technology system?

Yes: { } No: { x }

#### **Modified, Destroyed, Manipulated or Denied Access**

**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?

Yes: { } No: { x }

#### **Unauthorized / Unlawful Use**

**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?

Yes: { } No: { x }

---

## **Section 28 - Non-Criminal Court Actions**

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form?

Yes: { } No: { x }

---

## **Section 29 - Association Record**

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

### **Terrorist Organization**

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?

Yes: { } No: { x }

---

### **Knowingly Engaged in Terrorism**

Have you **EVER** knowingly engaged in any acts of terrorism?

Yes: { } No: { x }

---

### **Advocating Acts**

Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

Yes: { } No: { x }

---

### **Member of Organization**

Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States 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?

Yes: { } No: { x }

---

### **Member of Organization Advocating Violence**

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?

Yes: { } No: { x }

---

### **Activities Designed to Overthrow the U.S. Government**

Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?

Yes: { } No: { x }

---

---

**Associations**

---

Have you **EVER** associated with anyone involved in activities to further terrorism?

Yes: { } No: { x }

---

**Additional Comments**

Use the space below to continue answers to all other items and to provide any information you would like to add.  
Before each answer, identify the number of the item.

Additional Comments

Note: If you do not have any additional comments to provide, click "Save" to continue.



## Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request # 16441295

### SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # 16441295. The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # 16441295 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # 16441295 Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

**bd9009e330f4894d92c88a53a48d6b563bb7ade4a4322546ef2940686d60e6c6**

Official Archival Copy PDF Hash Code (SHA-256):

**b271163a88d305c080f5ee2aeb82905e642b596a3119684d01c83ad41a0902ab**

Date/Time Certified in the e-QIP System: **2014-04-25 13:11:59**

Applicant's Social Security Number: **039-42-0131**

### Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

#### Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)



Date (mm/dd/yyyy)

4/25/2014

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

OMB No. 3206-0005

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

**I Authorize** the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

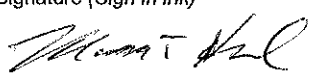
**I Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

**I Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature ( <i>Sign in ink</i> ) 		Full name ( <i>Type or print legibly</i> ) Mark Thomas Hazel		Date signed ( <i>mm/dd/yyyy</i> ) 4/25/2014	
Other names used			Date of birth 03/20/1958		Social Security Number 039-42-0131
Current street address 214 Whittier Rd	Apt.#	City ( <i>Country</i> ) Rochester	State NY	Zip Code 14624	Home telephone number 5855945217

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

OMB No. 3206-0005

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT  
TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

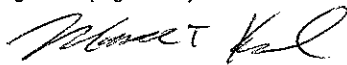
Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 		Full name (Type or print legibly) Mark Thomas Hazel		Date signed (mm/dd/yyyy) 7/25/2014	
Other names used			Date of birth 03/20/1958		Social Security Number 039-42-0131
Current street address 214 Whittier Rd	Apt.#	City (Country) Rochester	State NY	Zip Code 14624	Home telephone number 5855945217

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, describe the nature of the condition and the extent and duration of the impairment or treatment.  What is the prognosis?  Dates of treatment?		
Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)

**QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS**

OMB No. 3206-0005

**UNITED STATES OF AMERICA**

**FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION**

**Disclosure**

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

**Purpose**

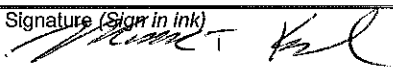
Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

**Authorization**

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name Mark Thomas Hazel	Social Security Number 039-42-0131
Signature (Sign in ink) 	Date (mm/dd/yyyy) 4/25/2014