

United States Secret Service



Preliminary Application Package
for
Uniformed Division Officer Positions

Requirements to Apply for Uniformed Division Positions

- U.S. citizenship.
- Must be at least 21 years of age and younger than 37 at time of appointment.
- High school diploma or equivalent.
- Excellent health and physical condition.
- Uncorrected vision no worse than 20/60 binocular; correctable to 20/20 in each eye. (Note: Lasik, ALK, RK and PRK corrective eye surgeries have been deemed as acceptable eye surgeries for applicants provided specific visual tests are passed one year after surgery. Applicants who have undergone Lasik surgery may have visual tests three months after the surgery.)
- Complete interviews and pass a written test. Complete background investigation to include driving record check, drug screening, medical and polygraph examinations.
- Positions only available in Washington, D.C.; reasonable moving expenses paid for out-of-area hires.

How to Apply

Completed applications may be mailed to your local Secret Service field office. A current listing of these offices may be accessed via the [Secret Service Internet site](#).

Electronic (e-mail or faxed) applications will be also be accepted; fax numbers and/or e-mail addresses are included on the last page of this package. (PLEASE NOTE: If you are completing and/or submitting these forms through electronic means, you may provide a signature by typing "/s/" followed by your name. Further endorsement may be required to validate this information at a later point in the application process.) Upon receipt, these applications will be forwarded to the Secret Service field office nearest your home address for further processing.

If you are unable to submit your application via any of the methods above, please contact the Personnel Division at (202) 406-6090, or, for hearing impaired applicants, TTY (202) 406-5390, for assistance.

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment

GENERAL INFORMATION

1. FULL NAME (First, middle, last)	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH (Include city and state or country)	4. DATE OF BIRTH (MM/DD/YYYY)
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)	6. PHONE NUMBERS (Include area codes)
	Day
	Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System? YES NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? YES *Provide information below.* NO
- If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i> | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
- YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT. If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date: _____
(Sign in ink)

IF SUBMITTING ELECTRONICALLY, AN "/S/" FOLLOWED BY YOUR TYPED NAME WILL SERVE IN LIEU OF AN ACTUAL SIGNATURE.

17b. Appointee's Signature: _____ Date: _____
(Sign in ink)

Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: _____
MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES NO Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES NO Do Not Know

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

• The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 11 04, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.

• We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.

• If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.

• We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits, officials in litigation or administrative proceedings where the Government is a party, law enforcement agencies concerning violations of law or regulation, Federal agencies for statistical reports and studies, officials of labor organizations recognized by law in connection with representing employees, Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits, public and private organizations including news media that grant or publicize employee recognition and awards, and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations

Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

• We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals, requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard, authorized Federal and nonfederal agencies for use in computer matching, spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment, individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government, non-agency members of an agency's performance or other panel, and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

• We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.

• Send your application to the agency announcing the vacancy.

GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, **TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.

If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).

Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.

The law prohibits public officials from appointing, promoting, or recommending their relatives.

Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.

Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement		2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names		5 Social Security Number
6 Mailing address			7 Phone number (include area code) Daytime Evening
City	State	ZIP Code	

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

1) Job title (if Federal, include series and grade)			
From (MM/YY)	To (MM/YY)	Salary per	Hours per week
Employer's name and address			Supervisor's name and phone number

Describe your duties and accomplishments

2) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
Employer's name and address			Supervisor's name and phone number

Describe your duties and accomplishments

3) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
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Employer's name and address	Supervisor's name and phone number
-----------------------------	------------------------------------

Describe your duties and accomplishments

4) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
Employer's name and address			Supervisor's name and phone number

Describe your duties and accomplishments

5) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
Employer's name and address			Supervisor's name and phone number

Describe your duties and accomplishments

6) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary per	Hours per week
--------------	------------	------------	----------------

Employer's name and address	Supervisor's name and phone number
-----------------------------	------------------------------------

Describe your duties and accomplishments

9 May we contact your current supervisor?

YES

NO

If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed. **Some HS** **HS/GED** **Associate** **Bachelor** **Master** **Doctoral**

11 Last high school (HS) or GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

	Name	Total Credits Earned		Major(s)	Degree (if any)	Year Received
		Semester	Quarter			
1)	City _____ State _____ ZIP Code _____					
2)	_____					
3)	_____					

OTHER QUALIFICATIONS

13 **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.

GENERAL

- 14** Are you a U.S. citizen? **YES** **NO** ➤ Give the country of your citizenship. _____
- 15** Do you claim veterans' preference? **NO** **YES** ➤ Mark your claim of 5 or 10 points below.
5 points ➤ Attach DD 214 or other proof. **10 points** ➤ Attach *Application for 10-Point Veterans' Preference* (SF 15) and proof required.
- 16** Were you ever a Federal civilian employee?
NO **YES** ➤ For highest civilian grade give:

Series	Grade From (MM/YY)	To (MM/YY)
- 17** Are you eligible for reinstatement based on career or career-conditional Federal status?
NO **YES** ➤ If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated.

SIGNATURE

DATE SIGNED

Supplemental Qualifications Statement

Uniformed Division Officer, LE-083

The knowledge, skills, and abilities (KSAs) identified below are important to successful performance as a Uniformed Division Officer. The extent to which you possess these factors will be evaluated by a review of your experience and training. To ensure that you are given every opportunity to provide the information needed to assess your qualifications, please complete this form and submit it with your initial application package. If the space provided is not sufficient for your response, additional sheets of paper may be attached to this form.

KSA 1. ABILITY TO WORK AND DEAL EFFECTIVELY WITH INDIVIDUALS AND/OR GROUPS OF PEOPLE.

Specify experience (work, school, volunteer organizations, etc.) in which you have demonstrated your ability to work and deal effectively with individuals and/or groups. Describe the situations you were in, specific difficulties you overcame, and the results of your efforts.

KSA 2. ABILITY AND WILLINGNESS TO ACCEPT RESPONSIBILITY AND MAKE DECISIONS.

Describe experiences (work, school or others) in which you have volunteered or been required to accept responsibility and/or make decisions either independently or with minimal supervision.

PRIVACY ACT STATEMENT: Your Social Security Number (SSN) is solicited under the authority of Executive Order 9397. The information is needed to process an application for employment, and will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your SSN is voluntary; however, failure to provide your SSN and other information requested may delay or prohibit processing of your application.

Name (*please print*)

SSN

Date

KSA 3. ABILITY TO READ AND INTERPRET WRITTEN INSTRUCTIONS, POLICIES, AND PROCEDURES.

Describe situations in which you have read and interpreted different types of written material (instructions, policies, and procedures). Be specific about instances where such instructions were not detailed, specific enough, or were confusing. What steps did you take to clarify and execute those instructions in order to obtain desired results?

KSA 4. ABILITY TO INTERPRET AND FOLLOW ORAL INSTRUCTIONS.

Describe instances (work, school, or other) where you have followed oral instructions. Be specific about experiences where such instructions were not detailed, not specific enough, or were confusing. What steps did you take to clarify and execute those instructions in order to obtain desired results?

Name *(please print)*

SSN

Date

KSA 5. ABILITY TO WRITE LOGICALLY-SEQUENCED REPORTS.

Describe experiences (work, school, or other) where you were required to research, prepare, and write logically-sequenced reports. Specify positions you held (volunteer, paid, self-employed) where your writing skills proved to be a factor in your success.

KSA 6. ABILITY TO PRESENT IDEAS ORALLY.

Specify instances where you volunteered or were required to make oral presentations. How were these presentations received by your audience? Have you received any awards or commendations for your oral presentations? What other activities have you participated in to enhance your skill in oral expression (public speaking courses, active membership in a Toastmaster's chapter, Speaker's Bureau, etc.)?

Name *(please print)*

SSN

Date

KSA 7. WILLINGNESS TO DEVELOP PROFICIENCY IN THE USE OF FIREARMS.

Describe experience you have in the use of any firearms. Specify types of firearms you have a familiarity with. Be specific about any organizations you belong to which have afforded you the opportunity to develop a proficiency in the use of firearms (military, law enforcement organization, rifle and pistol clubs, etc.).

KSA 8. ABILITY TO PERFORM UNIFORMED DIVISION OFFICER DUTIES.

Specify the experience (work, volunteer, military, school, etc.) and/or training/education (college courses, military, private, etc.) you have acquired which enhanced your qualifications to perform the duties of a Uniformed Division Officer. Explain how these relate to law enforcement generally.

Name *(please print)*

SSN

Date

SUPPORTING DOCUMENTATION CHECKLIST
Application for Uniformed Division Officer Positions - U.S. Secret Service

NAME (Last, First, M.I.)	SSN
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PRIVACY ACT STATEMENT: Your Social Security Number (SSN) is solicited under the authority of Executive Order 9397. This information is needed to process an application for employment, and will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your SSN is voluntary; however, failure to provide your SSN and other information requested may delay or prohibit processing of your application.

In order to give appropriate consideration to your application, each of the following questions must be answered in full. Failure to submit requested documentation will result in a delay in the processing of your application.

1. What is the highest level of education attained by you to date: _____
(e.g., High School Diploma, GED, A.A., B.A., M.A., J.D., etc.)

Indicate major(s), specialization(s), etc.: _____

ATTACH A COPY OF YOUR OFFICIAL TRANSCRIPT(S) TO THIS APPLICATION PACKAGE.

2. Are you a current or former Federal employee?

No

Yes - ATTACH A COPY OF YOUR MOST RECENT SF-50 (Notification of Personnel Action) TO THIS APPLICATION PACKAGE.

3. Are you a current or former member of any branch of the armed forces or its reserve component?

No

Yes

COMPLETE SSF 3280A (Military/Reserve Information and Status) INCLUDED IN THIS APPLICATION PACKAGE.

4. Have you previously applied to any law enforcement agencies (to include any position with the U.S. Secret Service)?

No

Yes - PROVIDE AGENCY NAME(S), APPROXIMATE APPLICATION DATE(S), AND STATUS: _____

5. Do you currently have an application pending for any other U.S. Secret Service positions (Special Agent, Clerical, etc.)?

No

Yes - LIST POSITION(S): _____

6. Have you previously taken the Police Office Selection Test (POST) with the Office of Personnel Management, the U.S. Secret Service, or any other Federal agency?

No

Yes - ATTACH A COPY OF YOUR "NOTICE OF RATING" OR OTHER OFFICIAL DOCUMENTATION INDICATING YOUR SCORE TO THIS APPLICATION PACKAGE.

SUPPLEMENTAL INVESTIGATIVE DATA

CASE NO. _____

INSTRUCTIONS

DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS

1. Answer all questions completely or check (x) the box which applies. If the question is not applicable, write "NA." If you do not know the answer and it cannot be obtained from personal or family records, write "unknown." Use the blank space on pages 5 and 6 for extra details on any question for which you do not have enough space.
2. Type or legible print an original plus two copies. All copies must bear an original signature. Initials are required at the bottom of each page.
Note: We cannot accept your form if it is not legible.
3. Consider each of your answers carefully. Accurate completion of this form will permit review of your qualifications. Your signature at the end of the form will certify its correctness.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Authority to collect the information sought on the accompanying form is derived from the following sources: Title 5 U.S.C. Section 301; Title 18 U.S.C. Section 3056; Executive Orders 10450, 12333, 12958 and 12968; Treasury Department Publication 71.10; and Title 31 C.F.R. Section 2.1.

The purpose of the information is to provide a basis for determining employment suitability and eligibility for access to classified documents. The information will be used to fulfill legal record keeping requirements and for referral to other agencies on a need to know basis in their performance of duties. Submission of the information is voluntary and failure to provide all or any part of the requested information will not be used as a basis for denying any right, benefit or privilege allowed by law. However, failure to provide certain information may result in non-consideration for appointment or in termination on the basis of information in the record. Information provided on this form will be kept confidential under provisions of the Privacy Act of 1974, Title 5 of the U.S.C., Section 552.

SECTION 1

APPLICANT - GENERAL PERSONAL AND PHYSICAL DATA

1. FULL NAME (LAST FIRST, MIDDLE) STATE ANY OTHER NAMES EVER USED (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAMES(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED)				2. SOCIAL SECURITY NUMBER			
3. CURRENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)				4. CURRENT PHONE NO. (INCLUDE AREA CODE)			
5. PERMANENT ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE - INDICATE COUNTRY IF NOT U.S.)				6. PERMANENT PHONE NO. (INCLUDE AREA CODE)			
7. OFFICE PHONE NO. (INCLUDE AREA CODE)		8. OFFICE EXTENSION		9. LEGAL RESIDENCE (STATE, TERRITORY, OR COUNTRY)			
10. AGE	11. SEX	12. HEIGHT	13. WEIGHT	14. BUILD	15. COLOR EYES	16. COLOR HAIR	
17. DATE OF BIRTH		18. PLACE OF BIRTH (CITY, STATE, COUNTRY)			19. PRESENT CITIZENSHIP (COUNTRY)		
20. OTHER THAN U.S. CITIZENSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO		21. GIVE PARTICULARS CONCERNING PREVIOUS CITIZENSHIPS AS TO COUNTRY AND DATE					
22. DO YOU HAVE 20/20 VISION UNCORRECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		23. DO YOU HAVE 20/20 CORRECTED VISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		24. DO YOU HAVE 20/60 VISION OR BETTER, UNCORRECTED (SNELLEN)? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. DO YOU HAVE 20/63 VISION, OR BETTER, UNCORRECTED (BAILEY LOVIE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 2

SELECTIVE SERVICE / MILITARY SERVICE RESERVE STATUS

1. PLACE OF REGISTRATION (CITY AND STATE)		2. REGISTRATION DATE		3. BRANCH OF SERVICE (IF APPLICABLE)	
4. DATE RETIRED OR DISCHARGED		5. RESERVE STATUS <input type="checkbox"/> NONE <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RETIRED			
6. RESERVE BRANCH OF SERVICE		7. DATE ENTERED		8. PLACE ENTERED	
9. DATE RETIRED OR DISCHARGED		10. SERIAL NO.		11. RANK	
12. CURRENT LOCATION OF MILITARY RECORDS			13. CURRENT LOCATION OF MILITARY MEDICAL RECORDS		

SECTION 3

MARITAL STATUS AND SPOUSE / COHABITANT / FIANCE INFORMATION

1. PRESENT STATUS (CIRCLE OR MARK ANSWER). IF YOU HAVE BEEN MARRIED MORE THAN ONCE (INCLUDING ANNULMENTS) FURNISH DETAILS IN SECTION 10.

SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED COHABITATING

2. STATE DATE PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES, OR ANNULMENTS. IF EVER DIVORCED OR SEPARATED, FURNISH DETAILS IN SECTION 10 AS TO NAME AND ADDRESS OF DIVORCED OR SEPARATED SPOUSE, NAMES AND ADDRESSES OF ANY ATTORNEYS, AND DATE, CIRCUMSTANCES, AND DISPOSITION.

THE FOLLOWING INFORMATION PERTAINS TO
WIFE, HUSBAND, FIANCE, COHABITANT, FORMER WIFE, FORMER HUSBAND, FOR ITEMS 3 THRU 25. (CIRCLE OR MARK ONE)

WIFE HUSBAND FIANCE COHABITANT FORMER WIFE FORMER HUSBAND

3. NAME (LAST, FIRST, MIDDLE)	4. SOCIAL SECURITY NO.
-------------------------------	------------------------

5. STATE ANY OTHER NAMES EVER USED BY PERSON (INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAME(S), NICKNAMES, NAMES LEGALLY CHANGED, OR NAMES ASSUMED).

INDICATE CIRCUMSTANCES (INCLUDING LENGTH OF TIME) UNDER WHICH ANY NAMES NOTED IN ITEM 5 ABOVE WERE USED. IF LEGALLY CHANGED, GIVE PARTICULARS (WHERE AND BY WHAT AUTHORITY). RECORD THIS INFORMATION IN SECTION 10.

6. DATE OF BIRTH	7. PLACE OF BIRTH (CITY, STATE, COUNTRY)	8. DATE OF MARRIAGE/COHABITATION)
------------------	------------------------------------------	-----------------------------------

9. PLACE OF MARRIAGE (CITY, STATE, COUNTRY)	10. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------------------------	------------------------------------------------------------------------

11. CITIZENSHIP	12. FORMER CITIZENSHIP(S) (COUNTRY(IES))	13. IF ALIEN, ALIEN REGISTRATION NO.
-----------------	------------------------------------------	--------------------------------------

14. DATE U.S. CITIZENSHIP ACQUIRED	16. WHERE ACQUIRED	16. DATE AND PLACE ARRIVAL IN U.S.	17. NATURALIZATION CERTIFICATE NO.
------------------------------------	--------------------	------------------------------------	------------------------------------

15. DATE OF DEATH	19. CAUSE OF DEATH
-------------------	--------------------

20. CURRENT ADDRESS (GIVE LAST ADDRESS, IF DECEASED)	21. RESIDENCE ADDRESS OF SPOUSE BEFORE MARRIAGE, IF OTHER THAN U.S.
------------------------------------------------------	---------------------------------------------------------------------

22. OCCUPATION / POSITION	23. PRESENT EMPLOYER	24. ANNUAL SALARY OR EARNINGS
---------------------------	----------------------	-------------------------------

25. EMPLOYER - BUSINESS ADDRESS (NUMBER, STREET, CITY, COUNTRY)

SECTION 4

PARENTS, CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR PARENTS AND ALL CHILDREN (BY BIRTH, ADOPTION, MARRIAGE) AND OTHER DEPENDENTS.

FULL NAME	RELATIONSHIP	DATE & PLACE OF BIRTH	CITIZENSHIP	CURRENT ADDRESS

2. NO. OF CHILDREN (INCLUDE STEPCHILDREN AND ADOPTED CHILDREN) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.		3. NO. OF OTHER DEPENDANTS (E.G. SPOUSE PARENTS STEPPARENTS ETC.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT OR CHILDREN OVER 21 NOT SELF-SUPPORTING.	
---------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------	--

SECTION 5 OTHER RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) ARE NOT U.S. CITIZENS OR (2) WORK FOR A FOREIGN GOVERNMENT. ("Relatives" includes Stepmother, Stepfather, Foster Parent, Child (adopted also), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian, Aunts, Uncles, Cousins, or any other foreign national relatives not already listed with whom you or your spouse are bound by affection, obligation, or close and continuing contact.)

1	1. FULL NAME (LAST, FIRST, MIDDLE)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (CITY, STATE, COUNTRY)
	5. CITIZENSHIP (COUNTRY)	6. CURRENT ADDRESS OF RELATIVE		
	7. EMPLOYED BY		8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT
2	1. FULL NAME (LAST, FIRST, MIDDLE)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (CITY, STATE, COUNTRY)
	5. CITIZENSHIP (COUNTRY)	6. CURRENT ADDRESS OF RELATIVE		
	7. EMPLOYED BY		8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT
3	1. FULL NAME (LAST, FIRST, MIDDLE)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (CITY, STATE, COUNTRY)
	5. CITIZENSHIP (COUNTRY)	6. CURRENT ADDRESS OF RELATIVE		
	7. EMPLOYED BY		8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT

SECTION 6

NEIGHBOR REFERENCES (LIST TWO NEIGHBORS AT YOUR CURRENT LOCATION WHO KNOW YOU)

NAME (LAST, FIRST, MIDDLE)	SEX	COMPLETE BUSINESS ADDRESS (NO., STREET, CITY, STATE)	COMPLETE RESIDENCE ADDRESS (NO., STREET, CITY, STATE)	NO. OF YEARS KNOWN
	M F	ADDRESS AREA CODE & PHONE NO.	ADDRESS AREA CODE & PHONE NO.	
	M F	ADDRESS AREA CODE & PHONE NO.	ADDRESS AREA CODE & PHONE NO.	

SECTION 7

INCOME TAX STATUS

1. FEDERAL INCOME TAX RETURNS WERE FILED FOR EACH OF THE PAST 3 YEARS AS FOLLOWS:

FOR YEAR	IRS COLLECTION DISTRICT	NAME(S) ON RETURN	ADDRESS ON RETURN

2. IF NO RETURNS WERE FILED FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM.

NOT APPLICABLE SEE SECTION 10

3. IF SPOUSE FILED SEPARATE RETURN FOR ANY YEAR INDICATED ABOVE, FURNISH DETAILS FOR THAT YEAR IN SECTION 10 OF THIS FORM AS TO DISTRICT IN WHICH FILED AND NAME AND ADDRESS USED ON RETURN.

NOT APPLICABLE SEE SECTION 10

4. IF SPOUSE HAD INCOME DURING THE 3 YEAR PERIOD, STATE BRIEFLY IN SECTION 10 OF THIS FORM AS TO SOURCE AND AMOUNT OF INCOME DURING THAT PERIOD.

NOT APPLICABLE SEE SECTION 10

SECTION 8

FINANCIAL INFORMATION

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES NO

2. IF YOUR ANSWER IS NO TO THE ABOVE, STATE SOURCES OF OTHER INCOME.

3. COMPLETE THE FOLLOWING FINANCIAL STATEMENT, USING DOLLAR AMOUNTS IN THE APPROPRIATE COLUMNS, DESIGNATING JOINT ASSETS AND LIABILITIES WHERE APPLICABLE.

		TOTAL AMOUNT	JOINT	PERSONAL
ASSETS	CASH ON HAND			
	CASH IN BANK: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> SAFE DEPOSIT (CHECK APPROPRIATE BLOCK(S))			
	STOCKS AND BONDS (PRESENT MARKET VALUE)			
	REAL ESTATE (ESTIMATED MARKET VALUE)			
	INSURANCE VALUE (I.E. WHAT YOU WOULD RECEIVE IF YOU LIQUIDATED POLICY-NOT FACE VALUE)			
	AUTOMOBILES (ESTIMATED MARKET VALUE)			
	PERSONAL EFFECTS (FURNITURE, JEWELRY, ETC. - MARKET VALUE)			
	OTHER ASSETS - SPECIFY:			
	TOTAL ASSETS			
LIABILITIES	CURRENT OBLIGATIONS			
	NOTES PAYABLE, I.E. CAR LOAN, PERSONAL LOANS, ETC.			
	MORTGAGES PAYABLE			
	OTHER DEBTS (JUDGMENTS, LIENS, ETC.)			
		TOTAL LIABILITIES		
	NET WORTH			

SECTION 9

PERSONAL DECLARATIONS

ANSWER ITEMS 1 THROUGH 20 BY PLACING AN "X" IN THE PROPER COLUMN, IF ANY ANSWER IS "YES" GIVE EXPLANATION OR DETAILS IN SECTION 10.	YES	NO
1. HAVE YOU EVER BEEN INVOLVED IN ANY FORECLOSURE, BANKRUPTCY, RECEIVERSHIP PROCEEDINGS, CIVIL SUITS, JUDGMENTS?		
2. DO YOU HAVE ANY OUTSTANDING STATE OR LOCAL TAX OBLIGATIONS?		
3. ARE YOU NOW EMPLOYED BY OR SERVE AS AN OFFICER OF ANY POLITICAL ORGANIZATIONS?		
4. PROVISIONS OF THE HATCH ACT MAKE IT UNLAWFUL FOR YOU, IF APPOINTED TO ANY POSITION IN THE FEDERAL SERVICE, TO ENGAGE IN CERTAIN POLITICAL ACTIVITIES. ARE YOU ENGAGED AT PRESENT EITHER DIRECTLY OR INDIRECTLY IN ANY POLITICAL ACTIVITY OR ORGANIZATION?		
5. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN FASCIST COMMUNIST OR SUBVERSIVE OR WHICH HAS ADOPTED OR SHOWS A POLICY ADVOCATING OR APPROVING THE COMMISSION OF ITS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEMS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		
6. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?		

SECTION 9

PERSONAL DECLARATIONS, CONTINUED FROM PAGE 4

	YES	NO
7. ARE YOU DIRECTLY OR INDIRECTLY CONNECTED WITH THE OPERATION OF ANY PRIVATE OR COMMERCIAL ENTERPRISE WHICH SELLS OR OTHERWISE CONTRACTS FOR INVESTIGATIVE SERVICES OF ANY KIND FOR PRIVATE INDIVIDUALS OR BUSINESS FIRMS?		
8. ARE THERE ANY INCIDENTS IN YOUR OWN BACKGROUND, OR THAT OF MEMBERS OF YOUR FAMILY, WHICH MIGHT COMPROMISE YOUR PERFORMANCE AS A SECRET SERVICE EMPLOYEE?		
9. HAVE YOU EVER BEEN THE SUBJECT OF ANY EMPLOYEE DISCIPLINARY ACTION?		
10. HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE?		
11. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO A POLICE DEPARTMENT?		
12. HAVE YOU EVER BEEN THE SUBJECT OF A FORMAL COMPLAINT SUBMITTED TO YOUR EMPLOYER, IN REGARD TO YOUR ON THE JOB OR OFF THE JOB CONDUCT?		
13. HAVE YOU EVER BEEN ARRESTED?		
14. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?		
15. DO YOU USE ILLEGAL DRUGS?		
16. HAVE YOU EVER ILLEGALLY USED MARIJUANA?		
17. HOW MANY TIMES HAVE YOU ILLEGALLY USED MARIJUANA?		
18. WHEN DID YOU LAST ILLEGALLY USE MARIJUANA?		
19. HAVE YOU EVER ILLEGALLY USED SUCH ITEMS AS HASHISH, COCAINE, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE (DO NOT INCLUDE MARIJUANA)? [CIRCLE/MARK WHICH DRUG(S)]		
20. HAVE YOU EVER FACILITATED THE TRANSACTION OF ILLEGAL DRUGS?		

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING

YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION MAY BE INVESTIGATED.

A FALSE ANSWER TO ANY QUESTION IN THIS FORM MIGHT BE GROUNDS FOR NOT EMPLOYING YOU OR FOR DISMISSING YOU AFTER YOU BEGIN WORK, AND MIGHT BE PUNISHABLE BY FINE OR IMPRISONMENT (U.S. CODE, TITLE 18, SEC. 1001). ALL STATEMENTS OR INFORMATION YOU GIVE ARE SUBJECT TO INVESTIGATION.

CERTIFICATION: I CERTIFY THAT ALL THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

SIGNATURE OF APPLICANT		DATE SIGNED
SIGNATURE OF WITNESS (U. S. SECRET SERVICE EMPLOYEE ONLY)	OFFICE ASSIGNED	DATE SIGNED

SECTION 10

EXTRA DETAILS

USE THE FOLLOWING SPACE FOR EXTRA DETAILS. REFERENCE EACH CONTINUED ITEM BY THE SECTION AND ITEM NUMBER TO WHICH IT RELATES AND SIGN YOUR NAME AT THE END OF SECTION 10.

SECTION #	ITEM #	

SPACE FOR EXTRA DETAILS CONTINUED ON PAGE 6.

SIGNATURE _____

STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so you are ineligible for appointment by executive agencies of the Federal Government. (5 U.S.C. 3328)

CERTIFICATION OF REGISTRATIONS STATUS - Check one:

- I certify I am registered with the Selective Service System. (A copy of my Acknowledgement Letter or other proof of registration issued by the Selective Service System is attached.) (If I previously served in the U.S. Armed Forces, a copy of Form DD-214 is attached.)
- I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law. (A copy of my Exemption Letter or other proof of exemption issued by the Selective Service System is attached.)
- I certify I have not registered with the Selective Service System.
- I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26 - If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office, or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 AND OVER - If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the Secret Service by returning this statement with your written request for an OPM determination, together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT - Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION - A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (18 U.S.C. 1001)

PERMISSION TO VERIFY STATUS - By signing below, you are granting the Secret Service permission to contact the Selective Service System to verify your Selective Service registration status.

Signature of Individual

Date Signed

You may obtain more information about Selective Service requirements and procedures by contacting:

**Selective Service
Registration Information Office**
P.O. Box 94638
Palatine, IL 60094-4638
(847) 688-6888
TTY: 847-688-2567
<http://www.sss.gov>

MILITARY/RESERVE INFORMATION AND STATUS

NAME (Last, First, M.I.)	
SSN	DATE OF BIRTH
PRIVACY ACT STATEMENT: Your Social Security Number (SSN) is solicited under the authority of Executive Order 9397. This information is needed to process an application for employment, and will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your SSN is voluntary; however, failure to provide your SSN and other information requested may delay or prohibit processing of your application.	

PERSONNEL DIVISION USE ONLY	
CLASS NUMBER	<input type="checkbox"/> SATC <input type="checkbox"/> UDC
EOD	
POSITION	

1. Are you a current or previous member of any branch of the U.S. Armed Forces?

No - GO TO PAGE 2 (Acknowledgement of Policy).

Yes - Specify which branch(es):
 Air Force
 Army
 Coast Guard
 Marine Corps
 Navy
 and complete information below.

2. Have you been discharged? No - GO TO QUESTION 3.

Yes - Include a copy of the DD-214 in your application packet, and complete information below.

Discharge Date: _____ Discharge Type: _____

Rank and Pay Grade at Discharge: _____

3. Are you claiming a 5 point or 10 point Veteran's Preference on your application?

No - GO TO QUESTION 5.

Yes - If claiming a 5 point Veteran's Preference, include in your application packet the appropriate DD-214.

If claiming a 10 point Veteran's Preference, include in your application packet an SF 15 (Application for 10-Point Veteran's Preference) and a letter from the Veteran's Administration, dated within the last 12 months, documenting your 10 Point Veteran's Preference.

(Note: There are existing guidelines for claiming Veteran's Preference. Discharge from the Armed Forces DOES NOT automatically entitle you to receive Veteran's Preference. Refer to the Office of Personnel Management's web site at www.opm.gov for additional information.)

CONTINUE TO PAGE 2...

MILITARY/RESERVE INFORMATION AND STATUS
(continued)

4. Are you currently a member of a U.S. Armed Forces reserve component?

No - GO TO QUESTION 6.

- Yes - Specify which component:
and complete information below.
- Air Force
 - Air National Guard
 - Army
 - Army National Guard
 - Coast Guard
 - Marine Corps
 - Navy

Name and address of unit:

Rank and Pay Grade: _____

5. What is your present reserve status (check one): Ready Reserve Retired Reserve Other: _____
 Standby Reserve Not Applicable

POLICY REGARDING MILITARY/RESERVE STATUS

The Director of the U.S. Secret Service has determined that Special Agents and Uniformed Division law enforcement personnel occupy "key" civilian positions as defined in Department of Defense Directive 1200.7.

Current Special Agents and Uniformed Division law enforcement personnel who were employed by the Secret Service on March 10, 1975, AND who were members of the Military Reserve, serving in any reserve status (Ready Reserve, Retired Reserve, or Standby Reserve) on March 10, 1975, may retain their Military Reserve status.

Special Agents and Uniformed Division law enforcement personnel employed by the Secret Service after March 10, 1975, OR who joined the Military Reserve after March 10, 1975, are restricted to either a Retired Reserve or Standby Reserve status, or shall be discharged, as appropriate.

If you obtain employment with the Secret Service as a Special Agent or Uniformed Division Officer with a remaining Military Service Obligation (MSO), and are not in a Standby Reserve status, the Secret Service will petition the appropriate military command(s) to change your military status to either Retired Reserve, Standby Reserve, or have you discharged, as appropriate, under 10 USC 271 (b) (reference (b)). The appropriate Military Department Secretary will determine whether your status should be retained, whether your status should be changed, or whether you should be discharged, as appropriate.

Reserve components include the Air Force Reserve, the Air National Guard, the Army Reserve, the Army National Guard, the Coast Guard Reserve, the Marine Corps Reserve, and the Naval Reserve.

ACKNOWLEDGEMENT - By signing below, you acknowledge that you have read and understand the policy above, and that the information you have provided on this form is truthful and accurate.

Signature of Applicant: _____

Date Signed: _____

Secret Service Tax Check Waiver

I am signing this waiver to permit the Internal Revenue Service to release information about me which would otherwise be confidential under 26 U.S.C. 6103. This information will be used in connection with my appointment or employment by the United States Government. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the Internal Revenue Service release the following information to:

SAIC - RECRUITMENT AND PERSONNEL SECURITY DIVISION
U.S. SECRET SERVICE
SUITE 3800
950 H STREET, NW
WASHINGTON, DC 20223

or his/her designee.

1. Have I failed to file any Federal income tax return for any of the last three years?

If the filing date without regard to extensions and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed.

2. Were any income tax returns filed more than 45 days after the due date for filing (determined with regard to any extension of time for filing)?
3. Have I failed to pay any tax, penalty, or interest during the current or last three calendar years within 45 days of the date on which the Internal Revenue Service gave notice of the amount due and requested payment?
4. Am I now or have I ever been under investigation by the Internal Revenue Service for possible criminal offenses?
5. Has any civil penalty for fraud ever been assessed against me during the current or last three years?

If the Internal Revenue Service response includes a "YES" answer (based on currently available information) to any of the above six questions, I authorize the Internal Revenue Service to release any additional relevant information.

(over)

To help the Internal Revenue Service find my tax records. I am voluntarily giving the following information:

My Name _____ My SSN _____

If Married and Filed a Joint Return:

Husband/Wife Name: _____ Husband/Wife SSN _____

Current Address _____

Names and addresses shown on returns (if different from above)

Year	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____
(waiver invalid unless received
by the Internal Revenue Service
within 60 days of this date)

Signature of Taxpayer Authorizing the
Disclosure of Return Information

Home Telephone: _____

Work Telephone: _____

PRIVACY ACT STATEMENT: ALL INFORMATION REQUESTED ON THE INCOME TAX WAIVER IS COLLECTED THROUGH AUTHORIZATION DERIVED FROM 26 U.S.C 6103, 26 U.S.C. 6103 (C) AND EXECUTIVE ORDER 9397. THE INFORMATION WILL SERVE AS IDENTIFYING INFORMATION TO BE USED BY THE INTERNAL REVENUE SERVICE.

YOUR SOCIAL SECURITY NUMBER (SSN) IS SOLICITED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397. THE INFORMATION WILL BE USED TO IDENTIFY AND SEPARATE INDIVIDUALS WITH SIMILAR OR IDENTICAL NAMES OR INITIALS. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND OTHER REQUESTED INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE YOUR SSN AND OTHER INFORMATION REQUESTED MAY PROHIBIT PROCESSING AND CAUSE DENIAL OF ACCESS TO SECURE AREAS OR SENSITIVE MATERIAL PROTECTED BY THE UNITED STATES SECRET SERVICE.

U.S. DEPARTMENT OF HOMELAND SECURITY
UNITED STATES SECRET SERVICE

**Disclosure and Authorization
Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act**

This is a release for the United States Secret Service (or other component of the Department of Homeland Security) to obtain one or more consumer credit reports about you in connection with your employment (or application for employment) with the Department of Homeland Security or one of its components, including as a contract employee. One or more consumer credit reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention or access to classified information.

I, _____ ,
hereby authorize the United States Secret Service (or other component of the
Department of Homeland Security) to obtain such report(s) from any consumer
credit reporting agency for employment purposes. Copies of this authorization
that show my signature are as valid as the original signed by me.

Signature

Date

Social Security Number

Additional information regarding the credit bureaus that report credit history can be obtained via their home pages at:

www.experian.com
www.transunion.com
www.equifax.com

Please retain this information to assist you with any credit issues.

PRIVACY ACT STATEMENT: YOUR SOCIAL SECURITY NUMBER (SSN) IS SOLICITED UNDER THE AUTHORITY OF EXECUTIVE ORDER 9397. THIS INFORMATION WILL BE USED TO IDENTIFY AND SEPARATE INDIVIDUALS WITH SIMILAR OR IDENTICAL NAMES OR INITIALS. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER AND OTHER REQUESTED INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE YOUR SSN AND OTHER INFORMATION REQUESTED MAY PROHIBIT PROCESSING AND CAUSE DENIAL OF ACCESS TO SECURE AREAS OR SENSITIVE MATERIAL PROTECTED BY THE UNITED STATES SECRET SERVICE.

RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> - - </div>	Birthdate (Month & Year)
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Privacy Act Statement

You are requested to furnish this information under the authority of 42 U.S.C. § 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself by the category with which you

most closely identify yourself. Place an "X" in the box next to the appropriate category. NOTE: Mark **only ONE** box.

NAME OF CATEGORY <i>(Mark ONE only)</i>	DEFINITION OF CATEGORY
Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico	
A <input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
B <input type="checkbox"/> Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine islands, and Samoa.
C <input type="checkbox"/> Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
E <input type="checkbox"/> White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
Categories for Use in Puerto Rico	
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin.
Y <input type="checkbox"/> Not Hispanic in Puerto Rico	A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.

U. S. DEPARTMENT OF HOMELAND SECURITY
United States Secret Service
EMPLOYEE REFERRAL BONUS - UNIFORMED DIVISION POSITIONS

Instructions: All applicants for Uniformed Division positions are requested to complete Part I of this form. Current Secret Service employees interested in referring an applicant(s) for the Uniformed Division Officer position must also complete Part II of this form. (The original will be forwarded to the Personnel Division, Special Agent and Uniformed Division Support Branch for tracking purposes.)

PART I - APPLICANT INFORMATION

NAME OF APPLICANT	SOCIAL SECURITY NUMBER
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- I was NOT referred to the Uniformed Division Officer position by a current Secret Service Employee.
- I WAS referred to the Uniformed Division Officer position by the following current Secret Service employee:
- _____
- (Referring Employee's Name and Telephone Number, including Area Code)*

(Ask current employee to complete Part II of this form before including it in your application package.)

Applicant Signature: _____ Date _____

PART II - REFERRING EMPLOYEE INFORMATION

NAME OF REFERRING EMPLOYEE	OFFICE
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- I am referring the individual named above for employment with the United States Secret Service. I believe that he/she will be an asset to the organization.

Referring Employee Signature: _____ Date _____

NOTE: PLEASE ATTACH RESUME OR APPLICATION PACKAGE TO THIS FORM. Send original form to the Personnel Division (Special Agent and Uniformed Division Support Branch) or the field location closest to the applicant's home address.

PART III - TRACKING AND APPROVAL (TO BE COMPLETED BY PERSONNEL DIVISION ONLY)

Application Sent To: Personnel Division Field Location *(specify)*: _____

DATE OF RECEIPT IN PERSONNEL DIVISION: _____

RECEIVED BY (signature): _____

AD-HRT APPROVAL BY (signature): _____

FINAL DISPOSITION: _____

PRIVACY ACT STATEMENT: Executive Order 9397 authorizes the use of the Social Security Number to identify and separate individuals with similar or identical names or initials. The primary use of this information is by Secret Service officials to compile, review, and approve data relating to this request. Furnishing the information on this form, including a Social Security Number, is voluntary; however, failure to furnish this information may prevent timely and accurate processing of this request.

Thank you for completing this application package.

**To submit copies of these materials via facsimile,
please fax to any of the numbers below:**

202-406-6844

202-406-5613