
Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #14358929

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The information contained in this document represents data submitted by **Jerome Ferro** (Applicant) for the **e-QIP Investigation Request #14358929**. Applicant certified the accuracy of this information at **2013-04-03 21:28:38**.

This Investigation Request contains the following documents:

Page 1: Investigation Request Cover Sheet

Page 2-11: Questionnaire for Non-Sensitive Positions (SF85 Format)

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.

Form Completion Instructions

Instructions Provided By Your Agency

Please after completion of the eqip be sure to call our office at 202-205-2523 to set an appointment to have your fingerprints done so your background investigation can start!

Thanks in advance

Questionnaire for Non-Sensitive Positions (SF85 Format)

OMB No. 3206-0005

Follow instructions fully or we cannot process your form. If you have any questions, call the office that gave you the form.

Purpose of this Form

The United States Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The United States Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, United States Code; and parts 5, 731, and 736 of Title 5, Code of Federal Regulations.

Your Social Security Number is needed to keep records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701, also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form.
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. If you need to estimate a date, an "estimated" box will be available after each date entry blank.
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 list feature.

To use the "Country" list feature, click on the "List" link beside the "Country" title to open a listing of country names in a separate window. Find the desired country name and use your web browser's "Copy" and "Paste" features to copy the country name into the "Country" text field. If the country name is not in the list, manually enter the country name into the "Country" text field.

When entering a United States address or location, select the state or territory from the "States" pull-down list. Selecting a state/territory implies "United States" as the country, so you do not need to enter it into the "Country" text field. For locations outside of the United States and its territories, enter the name of the country into the "Country" text field and leave the "State" field blank.

4. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
5. For telephone numbers in the United States, be sure to include the area code, and use one of the following formats: (123)456-7890 or 1234567890.
6. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use the pull down lists to select the month and day. The year should be entered as all four numbers, i.e., 1978 or 2001. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by checking the "Est." box.

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The United States Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

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 Question 14, 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 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 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 Reports and Forms Management Officer, United States Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address. The OMB No. 3206-0005 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.

Sections 1-6: Your Identifying Information

Provide the following information about your identity.

Section 1: Full Name

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name

Last: **Ferro** First: **Jerome** Middle: **(NMN)** Suffix:

Section 2: Date of Birth

Date of Birth

Month/Day/Year: **08/01/1958**

Section 3: Place of Birth

Place of Birth

City: **Washington** County: **na** State: **DC** Country:

Section 5: Other Names Used

Give other names you have used and the period of time you used them (for example: maiden name, name(s) by a former marriage, former name(s), alias(es), nickname(s)). If the other name is your maiden name, check the "nee" box.

Other Names Used (Not Applicable: { **x** })

(No Entry Provided)

Section 6: Sex

Sex

Male: { **x** } Female: { }

Section 7: Citizenship

Item a

Mark the box that reflects your current citizenship status, and follow its instructions.

Citizenship Status

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d): { **x** }

I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d): { }

I am not a U.S. citizen. (Answer items b and e): { }

Item b

Your Mother's Maiden Name: **Robinson**

Item c, United States Citizenship

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

Naturalization Certificate (Where were you naturalized?)

Court:

Location

City: State:

Certificate Number:

Date Issued

Month/Day/Year: ~/~/~

Citizenship Certificate (Where was the certificate issued?)

Place Issued

City: State:

Certificate Number:

Date Issued

Month/Day/Year: ~/~/~

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

Give the date the form was prepared and give an explanation if needed.

Date Form Prepared

Month/Day/Year: ~/~/~

Explanation

U.S. Passport

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

Passport Number:

Date Issued

Month/Day/Year: ~ / ~ / ~

Item d, Dual Citizenship

If you are (or were) a dual citizen of the United States and another country, provide the name of that country.

Country(ies) of Dual Citizenship (Not Applicable: { x })

(No Entry Provided)

Item e, Alien

If you are an alien, provide the following information:

Place You Entered the United States

City: State:

Date You Entered U.S.

Month/Day/Year: ~ / ~ / ~

Alien Registration Number:

Country(ies) of Citizenship

(No Entry Provided)

Section 8: Where You Have Lived

Validation Responses

Message: Residency History #1: Provide a response for Person Who Knew You.

Response:

I do not know the requested information.: { x }

Provide a detailed entry for each place you have lived in the last 5 years. All periods must be accounted for in your list. Do not list a permanent address when you were actually living at a school address, etc. You may omit temporary military duty locations under 90 days (list your permanent address instead).

1. Provide the requested information about this place where you have lived.

Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port.

For temporary military duty locations under 90 days, list your permanent address instead. You should use your APO/FPO address if you lived overseas.

Dates of Activity

From (Month/Year): **07/1986 (Estimated)** To (Month/Year): **Present**

Street Address

Street: **5302 Taylor St**

City: **Bladensburg** State: **MD** Country: Zip Code: **20710**

Person Who Knew You

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

Name:

Street Address

Street:

City: State: Country: Zip Code:

(End of List)

Section 9: Where You Went To School

Validation Responses

Certified at 2013-04-03 21:28:38

Data Hash Code:

4db4a0243efd4bd20b35d1452654b0bcbb926183e1cd816918f62431915c53da

PRIVACY ACT INFORMATION

Message: Schools Attended #1: Provide a city for Street Address.

Response:

I do not know the requested information.: { x }

Message: Schools Attended #1: Provide the zip code of the location you provided for Street Address.

Response:

I do not know the requested information.: { x }

List the schools you have attended, beyond Junior High School, in the last 5 years. List **all** College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

Schools Attended (Not Applicable: { })

1. Provide the requested information about this school you attended. For correspondence schools and extension classes, provide the address where the records are maintained.

Dates of Activity

From (Month/Year): **09/1972 (Estimated)** To (Month/Year): **06/1976**

School Type

High School: { x }

College/University/Military College: { }

Vocational/Technical/Trade School: { }

School Name: **Arch Bishop John Carroll**

Street Address

Street: **Harewood Rd**

City: State: **DC** Country: Zip Code:

Provide a detailed entry for each degree, diploma, etc. you received from this school.

Degree/Diploma/Other

1. Date Awarded

Month/Year: **06/1976**

Degree/Diploma/Other: **Diploma**

(End of Degree/Diploma/Other List)

(End of List)

Section 10: Your Employment Activities

Provide a detailed entry for each of your employment activities for the last 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

1. Dates of Activity

From (Month/Year): **01/2013** To (Month/Year): **Present**

Use one of the codes listed below to identify the type of employment:

Type of Employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment: { }

State Government (Non-Federal employment): { }

Self-employment: { }

Unemployment: { }
Federal Contractor: { }
Other: { x }

Employer Name: **Mid-American Elevator Co**

Your Position Title: **Elevator Mechanic**

Employer's Street Address

Street: **5701 General Washington Dr, Ste. S**

City: **Alexandria** State: **VA** Country: Zip Code: **22312**

Employer's Telephone Number

International or DSN: { } Number: **8007763622** Extension:

Job Location Street Address (if different than employer address)

Street:

City: State: Country: Zip Code:

Job Location Telephone Number

International or DSN: { } Number: **2024987952** Extension:

Supervisor Information Same as Employer: { x }

Supervisor's Name:

Supervisor's Street Address (if different than job location)

Street:

City: State: Country: Zip Code:

Supervisor's Telephone Number

International or DSN: { } Number: Extension:

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

Previous Periods of Activity (Not Applicable: { })

(No Entry Provided)

2. Dates of Activity

From (Month/Year): **09/2010 (Estimated)** To (Month/Year): **12/2012**

Type of Employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment: { }

State Government (Non-Federal employment): { }

Self-employment: { }

Unemployment: { }

Federal Contractor: { }

Other: { x }

Employer Name: **Elevator Control Services**

Your Position Title: **Elevator Mechanic**

Employer's Street Address

Street: **8231 Penn Randall Pl**

City: **upper Marlboro** State: **MD** Country: Zip Code: **20772**

Employer's Telephone Number

International or DSN: { } Number: **3015689300** Extension:

Job Location Street Address (if different than employer address)

Street:
City: State: Country: Zip Code:
Job Location Telephone Number
International or DSN: { } Number: Extension:
Supervisor Information Same as Employer: { x }
Supervisor's Name:
Supervisor's Street Address (if different than job location)
Street:
City: State: Country: Zip Code:
Supervisor's Telephone Number
International or DSN: { } Number: Extension:

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

Previous Periods of Activity (Not Applicable: { x })
(No Entry Provided)

3. Dates of Activity
From (Month/Year): **10/1990 (Estimated)** To (Month/Year): **09/2010**

Type of Employment
Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { }
Federal Contractor: { }
Other: { x }

Employer Name: **Maryland Elevator Co**

Your Position Title: **Elevator Mechanic**

Employer's Street Address

Street: **2147 Priest Bridge Dr**

City: **Crofton** State: **MD** Country: Zip Code: **21114**

Employer's Telephone Number

International or DSN: { } Number: **2402327502** Extension:

Job Location Street Address (if different than employer address)

Street: **Constitution Ave**

City: **Nw** State: **DC** Country: Zip Code: **20001**

Job Location Telephone Number

International or DSN: { } Number: **2022730255** Extension:

Supervisor Information Same as Employer: { }

Supervisor's Name: **Dave Finnegan**

Supervisor's Street Address (if different than job location)

Street: **2147 Priest Bridge Dr**

City: **Crofton** State: **MD** Country: Zip Code: **21114**

Supervisor's Telephone Number

International or DSN: { } Number: **2402327502** Extension:

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

Previous Periods of Activity (Not Applicable: { })
(No Entry Provided)

(End of List)

Section 11: People Who Know You Well

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1. Dates Known
From (Month/Year): **11/1995 (Estimated)** To (Month/Year): **Present**
Name: **Samuel McNair**
Home or Work Address
Street: **5722 Eagle St**
City: **Capitol Heights** State: **MD** Country: Zip Code: **20743**
Telephone Number
International or DSN: { } Number: **3013332000** Extension: Time:

2. Dates Known
From (Month/Year): **01/2000 (Estimated)** To (Month/Year): **Present**
Name: **Chuck Akins**
Home or Work Address
Street: **13811 Water Foul Way**
City: **Upper Malboro** State: **MD** Country: Zip Code: **20774**
Telephone Number
International or DSN: { } Number: **3012496505** Extension: Time:

3. Dates Known
From (Month/Year): **01/2000 (Estimated)** To (Month/Year): **Present**
Name: **Justice Cox**
Home or Work Address
Street: **10109 Dolby Ave**
City: **Glenn Dale** State: **MD** Country: Zip Code: **20769**
Telephone Number
International or DSN: { } Number: **3017927009** Extension: Time:

(End of List)

Section 12: Your Selective Service Record

a. Are you a male born after December 31, 1959?
Yes: { } No: { **x** }

b. Have you registered with the Selective Service System?

Yes: { } No: { }

If you answered "Yes" to question b, provide your registration number. If "No," show the reason for your legal exemption.

Registration Number:

Legal Exemption Explanation (I Do Not Know: { })

Section 13: Your Military History

a. Have you served in the United States military?

Yes: { } No: { x }

b. Have you served in the United States Merchant Marine?

Yes: { } No: { x }

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. If you had a break in service, each separate period should be listed. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Military History (Not Applicable: { x })

(No Entry Provided)

Section 14: Illegal Drugs

In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)

Yes: { } No: { x }

If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

(No Entry Provided)

Additional Comments

Use the space below to continue answers to all other items and any information you would like to add.

Additional Comments

Certification That My Answers Are True

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

Signature (Sign in ink)

Date

(Signature on file--see Investigation Request #14358929 Signature Forms)

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract 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*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (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. First, Middle, Last, Suffix)

♦ Jerome Ferro

2. **SOCIAL SECURITY NUMBER**

♦ 214-82-2680

- 3a. **PLACE OF BIRTH** (Include city and state or country)

♦ Washington, DC

- 3b. **ARE YOU A U.S. CITIZEN?**

☒ YES ☐ NO (If "NO", provide country of citizenship) ♦

4. **DATE OF BIRTH** (MM/DD/YYYY)

♦ 08/01/1958

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

♦

♦

6. **PHONE NUMBERS** (Include area codes)

Day ♦ (202) 498-7952

Night ♦ (202) 498-7952

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", proceed to 8.)

- 7b. Have you registered with the Selective Service System?

☐ YES (If "YES", proceed to 8.)

☐ NO (If "NO", proceed 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 (If "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 7 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.) 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.

☐ YES ☒ NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") 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.

☐ YES ☒ NO

11. Are you currently under charges for any violation of law? 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.

☐ YES ☒ NO

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? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

☐ YES ☒ NO

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.) 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.

☐ YES ☒ NO

Declaration for Federal Employment*

Form Approved
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

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: Jerome Ferro
(Sign in ink)

Date 4/03/13

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

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

Date _____

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?

MM / DD / YYYY

DATE:

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

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request # 14358929

SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # 14358929. The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # 14358929 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # 14358929 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):

4db4a0243efd4bd20b35d1452654b0bcbb926183e1cd816918f62431915c53da

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

602639bdbdf1e1b81e4adbbdf0057e9982de0e8087eefae2d6aca86af61ed5f5

Date/Time Certified in the e-QIP System: **2013-04-03 21:28:38**


Applicant's Social Security Number: **214-82-2688**

Questionnaire for Non-Sensitive Positions (SF85 Format)

OMB No. 3206-0005

Certification That My Answers Are True

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

Signature (Sign in ink) 	Date (mm/dd/yyyy) <i>03/04/2013</i>
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UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

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

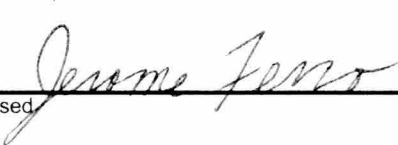
I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and 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 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (<i>Sign in ink</i>) 	Full name (<i>Type or print legibly</i>) Jerome Ferro	Date signed (<i>mm/dd/yyyy</i>) 04/03/2013
Other Names Used	Social Security Number 214-82-2688	
Current Address (<i>Street, City</i>) 5302 Taylor St, Bladensburg	State MD	Zip Code 20710
		Home Telephone Number (<i>Include Area Code</i>) ()