MARKING INSTRUCTIONS

CORRECT MARK:
- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STAY MARKS ON THIS SHEET.

INCORRECT MARKS:

PLEASE COMPLETE THE ITEMS SHOWN BELOW

1 HOW LONG HAVE YOU KNOWN THIS PERSON?
   a ☐ YEARS ☐ MONTHS
   b ☐ I DON'T KNOW THIS PERSON (DON'T COMPLETE OTHER ITEMS)

2 MY ASSOCIATION WITH THIS PERSON IS/WAS AS A:
   a ☐ COWORKER
   b ☐ FRIEND
   c ☐ FORMER SPOUSE
   d ☐ RELATIVE
   e ☐ INSTRUCTOR
   f ☐ OTHER

3 ON THE AVERAGE, I ASSOCIATE/D WITH THIS PERSON:
   a ☐ DAILY
   b ☐ WEEKLY
   c ☐ MONTHLY
   d ☐ TWICE A YEAR
   e ☐ ONCE EVERY YEAR OR 2
   f ☐ ONCE IN 3 OR MORE YEARS

4 I LAST ASSOCIATED WITH THIS PERSON:
   a ☐ 0 TO 3 MONTHS AGO
   b ☐ 3 TO 12 MONTHS AGO
   c ☐ 1 TO 3 YEARS AGO
   d ☐ 3 TO 5 YEARS AGO
   e ☐ MORE THAN 5 YEARS AGO

5 DOES THE INFORMATION ON THE FRONT OF THIS FORM CONCERNING THIS PERSON APPEAR TO BE CORRECT?
   a ☐ YES
   b ☐ NO—IT APPEARS TO BE INCORRECT OR INCOMPLETE (SHOW CORRECT OR ADDITIONAL DATA IN ITEMS)

6 DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?
   a ☐ NO
   b ☐ YES (PLEASE EXPLAIN IN ITEM 8)
   c ☐ I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND
   d ☐ I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

7 DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:
   a ☐ VIOLATIONS OF THE LAW
   b ☐ FINANCIAL INTEGRITY
   c ☐ ABUSE OF ALCOHOL AND/OR DRUGS
   d ☐ MENTAL OR EMOTIONAL STABILITY
   e ☐ GENERAL BEHAVIOR OR CONDUCT
   f ☐ OTHER MATTERS

   ☐ I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

8 ☐ IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.

   ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.

9 DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?
   a ☐ YES
   b ☐ NO (PLEASE EXPLAIN IN ITEM 8)
   c ☐ I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION

PRINT NAME:

PLEASE SIGN THIS FORM HERE:

YOUR TITLE: ___________________________ DATE: ___________________________

DAYTIME TELEPHONE NUMBER:

FOR OPM USE ONLY

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