

Please read and answer the following questions. This form will be used to determine the nature and extent of the required security clearance processing and eligibility to obtain/maintain a security clearance and/or Sensitive Compartmented Information access. All answers or statements must be correct and complete to the best of your knowledge.

**Note:** By signing this, you agree to provide Footbridge Consulting LLC d.b.a Footbridge Federal access to Personal Identifiable Information which may be submitted to a Footbridge government customer or client partner for validation of security clearance eligibility. You also agree to hold no blame to Footbridge Consulting LLC and it's employees for any issues from communicating retrieving security clearance related data.

**Resource Manager:**

|   |   |  |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
|---|---|--|---|-------------|--|---------------------|---|---------------|------------------|------------------------------|----------------------------------|--|--|---------------------|---|---------------------|--|
| <b>Todays Date:</b>   |   | <b>Legal Name (Last, First, Middle):</b> |   | <b>SSN:</b> |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| <b>D.O.B:</b>   |   |  | <b>Place of Birth (city, state, country):</b> |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| <b>Address:</b>   |   |  | <b>Cell Phone:</b>                            |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
|   |   |  | <b>Work/Home Phone:</b>                       |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| <p><b>Citizenship</b> – Are you a U.S. citizen by birth? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If you answered “NO” above, please explain:</p>  |   |  |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| <p><b>Dual Citizenship</b> – Are you a dual citizen of the United States. and another country?<br/>                 If so, please provide the name of the other country. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>  |   |  |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| <p>Do you currently have an active US government security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, please provide the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Level of Clearance:</td> <td style="width: 40%;"><input type="checkbox"/> Secret <input type="checkbox"/> Top Secret</td> <td style="width: 20%;">Date Granted:</td> <td style="width: 20%;">Granting Agency:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> TS//SCI</td> <td></td> <td></td> </tr> <tr> <td>Investigation type:</td> <td><input type="checkbox"/> NACLCL <input type="checkbox"/> SSBI</td> <td>Investigation date:</td> <td></td> </tr> </table> |   |  |   |             |  | Level of Clearance: | <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret                         | Date Granted: | Granting Agency: |                              | <input type="checkbox"/> TS//SCI |  |  | Investigation type: | <input type="checkbox"/> NACLCL <input type="checkbox"/> SSBI | Investigation date: |  |
| Level of Clearance:   | <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret                         | Date Granted:                            | Granting Agency:                              |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
|   | <input type="checkbox"/> TS//SCI  |  |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| Investigation type:   | <input type="checkbox"/> NACLCL <input type="checkbox"/> SSBI                               | Investigation date:                      |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| Have you recently been debriefed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  | Debrief date:                                 |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| <p>Have you undergone a polygraph exam? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, please provide the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Type:</td> <td style="width: 40%;"><input type="checkbox"/> Counter-intelligence <input type="checkbox"/> Lifestyle/Full-Scope</td> <td style="width: 20%;">Date of poly:</td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="4">Agency Conducting Poly Exam:</td> </tr> </table>  |   |  |   |             |  | Type:               | <input type="checkbox"/> Counter-intelligence <input type="checkbox"/> Lifestyle/Full-Scope | Date of poly: |                  | Agency Conducting Poly Exam: |                                  |  |  |                     |   |                     |  |
| Type:   | <input type="checkbox"/> Counter-intelligence <input type="checkbox"/> Lifestyle/Full-Scope | Date of poly:                            |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| Agency Conducting Poly Exam:  |   |  |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| <p>Have you ever had a security clearance or special access suspended, denied, revoked, or withdrawn for cause? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If YES, please explain.</p>   |   |  |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| <p>e) Please provide the name and telephone number of your current/previous Security Officer who can verify the above information.</p>  |   |  |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| Name:   |   |  | Phone:  |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |
| <p><b>Employment</b> – Other than economically motivated actions, (i.e. layoffs) have you ever been terminated from any of your previous employment? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, please explain:</p>  |   |  |   |             |  |                     |   |               |                  |                              |                                  |  |  |                     |   |                     |  |

**Footbridge Pre-Employment Security Questionnaire**

**Relatives and Associates** – Are all of your family members (spouse, mother, father, children, siblings, in-laws) U.S. Citizens?

Yes  No.

If you answered **NO** to the above question, please provide information below for each Non-U.S. citizen.

| Name | Relationship | Country of Birth | Country of Citizenship |
|------|--------------|------------------|------------------------|
|      |              |                  |                        |
|      |              |                  |                        |

**MILITARY RECORD**

Have you ever been discharged from the armed forces under conditions other than Honorable?  Yes  No  Not Applicable  
 If YES, explain in Notes section

**Notes:**

**Sign:**

**Date:**