



Form Receive Date :

**Federal Protective Service**

Expires: 10/01/2005  
Statement of Personal History for Contract and  
Childcare Personnel

NOTE : All contractor(s)/childcare personnel must complete all sections on form. If more space is needed for any item, continue under item 24. Failure to disclose any information may result in an unfavorable adjudication decision.

*(See Privacy Act and Public Reporting Burden statements on page 4.)*

<b>1. SOCIAL SECURITY NUMBER</b>		<b>2. TELEPHONE NUMBER</b> (      )		<b>3. DATE OF BIRTH</b>		
<b>4. NAME DATA</b> <i>(Give your full name. Initials and abridgements are not acceptable)</i>	NAME <i>(Last, first, middle)</i>			<b>5. PLACE OF BIRTH</b> <i>(City/State, Country)</i>		
	OTHER NAMES USED <i>(Maiden name, names by former marriages, former name changed legally or otherwise, nicknames, etc. Specify which and show dates used.)</i>					
	<b>6. SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>7. HEIGHT</b>	<b>8. WEIGHT</b>		
	<b>9. COLOR EYES</b>		<b>10. COLOR HAIR</b>			
<b>11. MARITAL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		<b>12. IF MARRIED, WIDOWED OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE, AND DATE AND PLACE OF MARRIAGE. INCLUDING WIFE'S MAIDEN NAME</b> <i>(Give same information regarding all previous marriages.)</i>				
<b>13. RACE</b> <i>(Check one)</i> <input type="checkbox"/> A - Asian or Pacific, including Chinese, Japanese, Filipinos, Polynesians, Indonesians, and Asian Indians <input type="checkbox"/> B - Black <input type="checkbox"/> W - White <input type="checkbox"/> I - American Indian or Alaskan Native, including Eskimos <input type="checkbox"/> H - Hispanic <input type="checkbox"/> O - Other						
<b>14. DATES AND PLACES OF RESIDENCES</b> <i>(If actual places of Residence differ from the Mailing addresses, furnish and identify both by placing "R" (for residence) or "M" (for mailing) in column "R/M". Begin with present and go back (10) years. Continue in Item 24 if necessary.)</i>						
R/M	FROM	TO	NUMBER AND STREET	CITY	STATE	ZIP CODE
<b>15. CHECK</b> <input type="checkbox"/> US CITIZEN  <input type="checkbox"/> ALIEN		BY BIRTH				
		NATURALIZED <i>(Complete A thru E)</i>	A - CERT. NO.	B - PETITION NO.	C - DATE	D - PLACE AND COURT
		DERIVED <i>(Complete F)</i>	E - U.S. PASSPORT NUMBER		F - PARENT'S CERTIFICATION NUMBERS	
REGISTRATION NO.		EXPIRATION DATE	DATE OF ENTRY	PORT OF ENTRY		

**16. EDUCATION** (All schools above elementary)

NAME OF SCHOOL	ADDRESS	CITY	STATE	YEAR FROM	YEAR TO	DEGREES

**17. EMPLOYMENT** (List employment dates starting with your present employment for the last ten (10) years. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)

FROM	TO	NAME OF EMPLOYER (Firm or Agency) AND NAME OF SUPERVISOR	PHONE NUMBER	TYPE OF WORK	ADDRESS	CITY	STATE	REASON FOR LEAVING

**18. HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY POSITION FOR CAUSE ?**     YES     NO    (If answer is "YES" furnish details in Item 22)

**18a. MILITARY SERVICE**  
(Past to Present)

HAVE YOU EVER BEEN IN VIOLATION OF MILITARY OFFENSE OF COURT MARTIAL OR DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS ?

YES     NO    (If answer is "YES" furnish details in Item 22)

SERIAL NO. (If none, give grade or rating at separation.)	BRANCH OF SERVICE (Army, Navy, Air Force, etc.)	YEAR FROM	YEAR TO

**19. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, MILITARY LAW, STATE LAW, COUNTY LAW, MUNICIPAL LAW, REGULATIONS, OR ORDINANCE ?** (Do not include traffic violations for which a fine of \$25 or less was imposed. All other charges must be included even if they were dismissed.)

YES     NO    (If answer is "YES" give full details below)

REASON CHARGED OR HELD	DATE	PLACE WHERE CHARGED OR HELD	DISPOSITION

19a. HAVE YOU EVER BEEN CHARGED, ARRESTED OR HELD BY ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY FOR ANY VIOLATION OR OFFENSE INVOLVING: CHECK YES/NO AS TO ARREST. FAILURE TO PROVIDE ARREST INFORMATION MAY RESULT IN AN UNFAVORABLE ADJUDICATION DECISION. (If answer is "YES" give full details below)

- Child                      — Yes — No
- Sexual offender/registry   — Yes — No
- Domestic Violence        — Yes — No

REASON CHARGED OR HELD	DATE	PLACE WHERE CHARGED OR HELD	DISPOSITION

20. RELATIVES (Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is deceased, so state under "Address" and enter other information at time of death.)

RELATION	NAME IN FULL	PHONE NUMBER	YEAR OF BIRTH	ADDRESS	CITY	STATE	COUNTRY OF BIRTH	PRESENT CITIZENSHIP

21. REFERENCES (Name three persons, not relatives or employers, who are well acquainted with you.)

NAME	ADDRESS	CITY	STATE	YEARS KNOWN