



# ELECTRONIC PERSONNEL SECURITY QUESTIONNAIRE SF85P and SF85P-S WORKSHEET

This document is meant to be a detailed “Check List” in preparation for completing the SF85P and/or SF85P-S on the Electronic Personnel Security Questionnaire (EPSQ). This is not a substitute for the actual SF85P. **DO NOT send this document to the Defense Security Service.**

Keep the following in mind when completing the EPSQ:

- Indicate Unk (Unknown) or FNU (First Name Unknown), MNU (Middle Name Unknown) or LNU (Last Name Unknown) if names are ABSOLUTELY irretrievable.
- Dates should be formatted as YYYY/MM/DD (e.g., 1995/03/28).
- Use the EPSQ on-screen help (Press F1) for individual fields or screens.
- See page 23 of this document for helpful hints on how to “navigate” around the EPSQ.

## **Module 1: PERSONAL INFORMATION**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Suffix (ie: II, III, or Jr.): \_\_\_\_\_ SSN: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (YYYY/MM/DD)

City/State: \_\_\_\_\_ County\*: \_\_\_\_\_

Country: \_\_\_\_\_ Gender: Male Female

Maiden name (if applicable): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Day / Evening (circle one).

Home Phone: \_\_\_\_\_ Day / Evening (circle one).

Height: \_\_\_\_\_ (Feet/Inches: e.g., 5/11)

Weight: \_\_\_\_\_ (Pounds)

Hair color: \_\_\_\_\_

Eye color: \_\_\_\_\_

## **Module 2: OTHER NAMES USED**

Have you ever used another name: (Y / N)

If yes, FROM: \_\_\_\_\_ To: \_\_\_\_\_ (YYYY/MM/DD)

Name Used (Include first, middle, and last names): \_\_\_\_\_

*Additional Names? Use the Continuation Space at the end of this worksheet.*

\* Can be left blank

# EPSQ SF85P and SF85P-S Worksheet

## Module 3: CITIZENSHIP

What is your current citizenship status? (*Select One*): **(1) US Citizen** **(2) Not a US Citizen**  
Follow Path (1) or (2) depending on your answer. Answer questions and follow arrows/directions as appropriate.

**(1) US Citizen** (*You were either: born in the USA; born in a US Territory/Possession; Born Abroad of US Parents; or Naturalized*)

Enter Mother's Maiden Name: \_\_\_\_\_  
First Middle Last

➤ Were you born in the US (US Citizen) or in a US Territory/Possession (US National)? **(Y / N)**

**If No**, follow arrow to the next question...

**If Yes**, answer the following:

➤ Are you now or were you a dual citizen of the US and another country? **(Y / N)**

**If No**, Proceed to Module 4, Residences

**If Yes**, answer the following:

➤ Enter the name of the country where you hold/held dual citizenship in addition to the United States: \_\_\_\_\_. Go to Module 4, Residences

➤ Where you born abroad of US parents? **(Y / N)**

**If No**, you have either a Naturalization or Citizenship Certificate. Follow arrow...

**If Yes**, answer the following:

Citizenship Certificate Number: \_\_\_\_\_ (If none, enter N/A)

Issue Date: \_\_\_\_\_ (If none, enter Form 240 Date)

City: \_\_\_\_\_ (If none, enter N/A)

State: \_\_\_\_\_ (If none, enter DC)

State Dept. Form 240 Date: \_\_\_\_\_ (YYYY/MM/DD)

Proceed to question immediately below (US passport)...

➤ Do you currently hold or did you previously hold a US passport? **(Y / N)**

**If No**, follow arrow to the next question...

**If Yes**, answer the following:

Passport Number: \_\_\_\_\_

Passport Issue Date: \_\_\_\_\_ (YYYY/MM/DD)

Proceed to question directly below (Dual Citizenship)...

➤ Are you now or were you a dual citizen of the US and another country? **(Y / N)**

**If No**, proceed to Module 4, Residences

**If Yes**, answer the following:

➤ Enter the name of the country where you hold/held dual citizenship in addition to the United States: \_\_\_\_\_.  
Go to Module 4, Residences

➤ Provide the following information:

Naturalization or Citizenship Certificate Number: \_\_\_\_\_

# EPSQ SF85P and SF85P-S Worksheet

## Module 3: CITIZENSHIP (cont.)

Issue Date: \_\_\_\_\_ (YYYY/MM/DD)

City: \_\_\_\_\_

State: \_\_\_\_\_

Court Name: \_\_\_\_\_ (If none, enter N/A)

Proceed to question immediately below (U.S. passport).

➤ Do you currently hold or did you previously hold a U.S. passport? **(Y / N)**

**If No**, follow arrow to the next question...

**If Yes**, answer the following:

Passport Number: \_\_\_\_\_

Passport Issue Date: \_\_\_\_\_ (YYYY/MM/DD)

Proceed to question directly below (Dual Citizenship).

➤ Are you now or were you a dual citizen of the U.S. and another country? **(Y / N)**

**If No**, proceed to Module 4, Residences.

**If Yes**, answer the following:

➤ Enter the name of the country where you hold/held dual citizenship in addition to the United States: \_\_\_\_\_.

Go to Module 4, Residences.

**(2) Not a U.S. Citizen** (You were born outside the USA and do NOT have U.S. citizenship)

Enter Mother's Maiden Name: \_\_\_\_\_  
First Middle Last

Answer the following:

Alien Registration Number: \_\_\_\_\_

Date Entered U.S.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

## Module 4: WHERE YOU HAVE LIVED

- **Note:** If your Investigation Type is a Single Scope Background Investigation (SSBI), provide 10 years of residence info. Otherwise, provide 5 years of residence information. If the residence is over 5 years old, do NOT include a "Person who knew you at this address."

(1) Where have you lived? (Start with your PRESENT location.)

FROM: \_\_\_\_\_ TO: PRESENT (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

# EPSQ SF85P and SF85P-S Worksheet

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? **(Y / N)** If yes...

Explain: \_\_\_\_\_

\_\_\_\_\_

Person who knew you at this address: *(Include first, middle, and last names)* \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(2) Your **NEXT ADDRESS**:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? **(Y / N)** If yes...

Explain: \_\_\_\_\_

\_\_\_\_\_

(Complete only if residence was within the last five years):

Person who knew you at this address *(Include first, middle, and last names)*: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

# EPSQ SF85P and SF85P-S Worksheet

## (3) Your **NEXT ADDRESS**:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? **(Y / N)** If yes...

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Complete only if residence was within the last five years):

Person who knew you at this address *(Include first, middle, and last names)*: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## (4) Your **NEXT ADDRESS**:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? **(Y / N)** If yes...

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Complete only if residence was within the last five years):

Person who knew you at this address *(Include first, middle, and last names)*: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

\* Can be left blank

# EPSQ SF85P and SF85P-S Worksheet

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## (5) Your **NEXT ADDRESS:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the residence hard to find? (**Y / N**) If yes...

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Complete only if residence was within the last five years):

Person who knew you at this address (*Include first, middle, and last names*): \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## **Module 5: WHERE YOU WENT TO SCHOOL**

**Option 1:** Did you attend school, beyond Jr. High, within the last 5 years (Periodic Reinvestigations, NACs, etc) or 10 years (SSBI)? (**Y / N**)

If "NO," go to Option 2, below...

If "YES," answer the following...

FROM: \_\_\_\_\_ To: \_\_\_\_\_

Type of education? (*Pick One*)

1. High School
2. College/University/Military College
3. Vocational/Technical/Trade

School Name: \_\_\_\_\_

Degree/Diploma/Other: \_\_\_\_\_

\* Can be left blank

# EPSQ SF85P and SF85P-S Worksheet

Award Date: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Person who knew you at above school (ONLY if the education occurred w/in the last 3 years).

Full Name (Include first, middle, and last names): \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Phone: \_\_\_\_\_

**Option 2:** If you answered “no” to Option 1 above, review the following...

Have you attended school beyond high school? **(Y / N)**

- **Note:** If all education occurred more than 5 years ago (Periodic Reinvestigations, NACs, etc) or 10 years ago (SSBI), list most recent beyond high school, regardless of date.

If Yes, answer the following...

FROM: \_\_\_\_\_ To: \_\_\_\_\_

Type of Education? (*Pick One*)

1. College/University/Military College
2. Vocational/Technical/Trade

School Name: \_\_\_\_\_

Degree/Diploma/other: \_\_\_\_\_

Award Date: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

\* Can be left blank

# EPSQ SF85P and SF85P-S Worksheet

## **Module 6: YOUR EMPLOYMENT ACTIVITIES**

(If your Investigation Type is a Single Scope Background Investigation (SSBI), provide 10 years of employment info. Otherwise, provide 5 years of employment information. 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.)

### (1) Your **CURRENT EMPLOYMENT:**

FROM: \_\_\_\_\_ To: PRESENT (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: (*If Military*): \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

JOB ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name (*Include first, middle, and last names*): \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? (**Y / N**) If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

Employer's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? (**Y / N**) If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

Supervisor's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

\* Can be left blank

## EPSQ SF85P and SF85P-S Worksheet

**(2) Your PREVIOUS EMPLOYMENT:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: (*If Military*): \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

JOB ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name (*Include first, middle, and last names*): \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? (**Y / N**) If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

Employer's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? (**Y / N**) If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

Supervisor's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

**(3) Your PREVIOUS EMPLOYMENT:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

\* Can be left blank

## EPSQ SF85P and SF85P-S Worksheet

BRANCH: *(If Military)*: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

JOB ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name *(Include first, middle, and last names)*: \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? **(Y / N)** If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

Employer's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? **(Y / N)** If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

Supervisor's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

**(4) Your PREVIOUS EMPLOYMENT:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT *(Select one)*:

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: *(If Military)*: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

JOB ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name *(Include first, middle, and last names)*: \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

\* Can be left blank

## EPSQ SF85P and SF85P-S Worksheet

Is the employer's address different from the job location address? **(Y / N)** If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

Employer's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? **(Y / N)** If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

Supervisor's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

**(5) Your PREVIOUS EMPLOYMENT:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: (*If Military*): \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

JOB ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name (*Include first, middle, and last names*): \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? **(Y / N)** If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

Employer's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? **(Y / N)** If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

Supervisor's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

\* Can be left blank

## EPSQ SF85P and SF85P-S Worksheet

**(6) Your PREVIOUS EMPLOYMENT:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

TYPE OF EMPLOYMENT (*Select one*):

1. Active Military Duty Station	6. Self-employment
2. National Guard/Reserve	7. Unemployment
3. U.S.P.H.S. Commissioned Corps	8. Federal Contractor
4. Other Federal Employment	9. Other
5. State Government (Non-Federal Employment)	

BRANCH: (*If Military*): \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your position/title: \_\_\_\_\_

JOB ADDRESS LINE 1: \_\_\_\_\_

JOB ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Supervisor's full name (*Include first, middle, and last names*): \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_

Is the employer's address different from the job location address? **(Y / N)** If yes...

Employer's ADDRESS LINE 1: \_\_\_\_\_

Employer's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Is the supervisor's address different from the job location address? **(Y / N)** If yes...

Supervisor's ADDRESS LINE 1: \_\_\_\_\_

Supervisor's ADDRESS LINE 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

\* Can be left blank

# EPSQ SF85P and SF85P-S Worksheet

## Module 7: YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 10 years? (Y / N)

	1. Fired from a job
	2. Quit a job after being told you'd been fired
	3. Left a job by mutual agreement following allegations of misconduct
	4. Left a job by mutual agreement following allegations of unsatisfactory performance
	5. Left a job for other reasons under unfavorable circumstances

If Yes, provide: Employer(s) Name(s):

\_\_\_\_\_ Date(s) of Employment(s): FROM:

\_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Type of Termination (*select from list above*): \_\_\_\_\_

## Module 8: PEOPLE WHO KNOW YOU WELL

- **Note:** Provide three people living in the USA who know you well. The references should not be a spouse, former spouse, or other relative. Try not to list someone listed elsewhere on your form. **The reference's combined association with you must cover the last SEVEN years (for an SSBI Investigation). Otherwise, provide FIVE years of combined association.**

(1) FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address (*Home or Work?*): \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Day / Evening (*circle one*).

(2) FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address (*Home or Work?*): \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Day / Evening (*circle one*).

(3) FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address (*Home or Work?*): \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Day / Evening (*circle one*).

# EPSQ SF85P and SF85P-S Worksheet

## Module 9: YOUR SPOUSE (Current Marriage or Widowed)

- **Note:** If you have been divorced, you are NOT required to provide any divorce information.

**Current** Marital status (*circle one*):

1) Never married (Go to Mod 10)	4) Legally separated
2) Married	5) Divorced (Go to Mod 10)
3) Separated	6) Widowed

Spouse's Current Name: \_\_\_\_\_  
First Middle Last suffix\*

Birth date: \_\_\_\_\_ (YYYY/MM/DD)

City/State of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

SSN (*if none, type UNK on the EPSQ*): \_\_\_\_\_

Maiden Name (*Include first, middle, and last names, if applicable*): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(YYYY/MM/DD) (City, State/Country)

Address (*Not applicable if same as yours or if spouse is deceased*): \_\_\_\_\_

Other Names Used By Spouse (*Include first, middle, and last names, if applicable*): \_\_\_\_\_

Spouse's Citizenship: \_\_\_\_\_

### **ANSWER ONLY IF APPLICABLE:**

Alien # / Naturalization #: \_\_\_\_\_

If separated, date of separation? \_\_\_\_\_ (YYYY/MM/DD)

City/State/Country where Separation Records are located: \_\_\_\_\_

Is the above individual deceased? (**Y / N**) If yes, Widowed Date: \_\_\_\_\_ (YYYY/MM/DD)

\* Can be left blank

# EPSQ SF85P and SF85P-S Worksheet

## Module 10: YOUR RELATIVES AND ASSOCIATES

Entry List Options:

1. Mother	5. Foster parent
2. Father	6. Child (adopted also)
3. Stepmother	7. Stepchild
4. Stepfather	

**(1) RELATIONSHIP: Mother** - Mandatory Entry (If you were adopted, you should list your adoptive mother. If you do not know who your biological parents are, you may enter “UNK” in the first name and omit the remaining data. Using “UNK” is applicable for other relatives on the EPSQ.)

Current Name: \_\_\_\_\_  
First
Middle
Last
suffix\*

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: \_\_\_\_\_

Address Line 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship: \_\_\_\_\_

**(2) RELATIONSHIP: Father** - Mandatory Entry (If you were adopted, you should list your adoptive father. If you do not know who your biological parents are, you may enter “UNK” in the first name and omit the remaining data. Using “UNK” is applicable for other relatives on the EPSQ.)

Current Name: \_\_\_\_\_  
First
Middle
Last
suffix\*

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: \_\_\_\_\_

Address Line 2\*: \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship: \_\_\_\_\_

\* Can be left blank

## EPSQ SF85P and SF85P-S Worksheet

**(3) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

Current Name: \_\_\_\_\_  
                    First                    Middle                    Last                    suffix\*

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
                    (YYYY/MM/DD)

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_

Address Line 2\* : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship: \_\_\_\_\_

**(4) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

Current Name: \_\_\_\_\_  
                    First                    Middle                    Last                    suffix\*

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
                    (YYYY/MM/DD)

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_

Address Line 2\* : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship: \_\_\_\_\_

**(5) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

Current Name: \_\_\_\_\_  
                    First                    Middle                    Last                    suffix\*

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
                    (YYYY/MM/DD)

Address Line 1 (Leave blank if unknown or individual is deceased): \_\_\_\_\_

Address Line 2\* : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship: \_\_\_\_\_

**(6) RELATIONSHIP:** \_\_\_\_\_ (Select from Relative/Associate Entry List above)

Current Name: \_\_\_\_\_  
                    First                    Middle                    Last                    suffix\*

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
                    (YYYY/MM/DD)

\* Can be left blank

# EPSQ SF85P and SF85P-S Worksheet

Address Line 1 *(Leave blank if unknown or individual is deceased)*: \_\_\_\_\_

Address Line 2\* : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship: \_\_\_\_\_

**(7) RELATIONSHIP:** \_\_\_\_\_ **(Select from Relative/Associate Entry List above)**

Current Name: \_\_\_\_\_  
                    First                    Middle                    Last                    suffix\*

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: \_\_\_\_\_

Address Line 2\* : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship: \_\_\_\_\_

**(8) RELATIONSHIP:** \_\_\_\_\_ **(Select from Relative/Associate Entry List above)**

Current Name: \_\_\_\_\_  
                    First                    Middle                    Last                    suffix\*

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: \_\_\_\_\_

Address Line 2\* : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship: \_\_\_\_\_

**(9) RELATIONSHIP:** \_\_\_\_\_ **(Select from Relative/Associate Entry List above)**

Current Name: \_\_\_\_\_  
                    First                    Middle                    Last                    suffix\*

Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
(YYYY/MM/DD)

Address Line 1 *(Leave blank if unknown or individual is deceased)*: \_\_\_\_\_

Address Line 2\* : \_\_\_\_\_

CITY/STATE/COUNTRY/ZIP (or FPC): \_\_\_\_\_

Citizenship: \_\_\_\_\_

\* Can be left blank

# EPSQ SF85P and SF85P-S Worksheet

## **Module 11: YOUR MILITARY HISTORY**

List all of your military service below, including service in the Reserve, National Guard, US Merchant Marine and Foreign Military Service. Start with the most recent period of service and work backward. If you had a break in service, each separate period should be listed.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Branch of Service: \_\_\_\_\_  
 Country: \_\_\_\_\_ (Foreign Service) Grade: \_\_\_\_\_ (Current or one held at end of svc. - Merchant Marine list a 3 char grade)  
 Status: \_\_\_\_\_ (Active, Active Reserve, Inactive)  
 State: \_\_\_\_\_ (For National Guard) Service Number: \_\_\_\_\_ (i.e., SSN)

## **Module 12: YOUR SELECTIVE SERVICE RECORD**

If you are a male born after December 31, 1959, enter your Selective Service Registration Number: \_\_\_\_\_. (For Info. call 1-847-688-6888 or visit [www.sss.gov](http://www.sss.gov))  
 If you have not registered with the Selective Service System, provide reason for legal exemption:

\_\_\_\_\_

\_\_\_\_\_

## **Module 13: YOUR INVESTIGATION RECORD - INVESTIGATIONS/CLEARANCES GRANTED**

Has the United States Government ever investigated your background and or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter **Yes** and follow instructions in the help text for the fields on the EPSQ screen. If you can't recall whether you've been investigated or cleared, enter **No**.)

<b>Date Granted:</b>	(YYYY/MM/DD)	
<b>Investigating Agency (Select One):</b>	<b>Clearance (Select One):</b>	
1) Defense Department	0) Not Required	6) L
2) State Department	1) Confidential	7) Other:
3) Office of Personnel Management	2) Secret	
4) FBI	3) Top Secret	
5) Treasury Department	4) Sensitive Compartmented Information	
6) Other:	5) Q	

## **Module 14: YOUR INVESTIGATION RECORD - CLEARANCE ACTIONS**

To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.) **(Y / N)** If **Yes**, provide the following:

Action Date: \_\_\_\_\_ (YYYY/MM/DD)  
 Agency/Dept. Taking Action: \_\_\_\_\_

\* Can be left blank

# EPSQ SF85P and SF85P-S Worksheet

## **Module 15: FOREIGN COUNTRIES YOU HAVE VISITED**

Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6. **(Y / N)** If yes...

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

Purpose of Visit (*Select One*): Pleasure, Education, Business or Other

Country visited: \_\_\_\_\_

Other countries visited during this trip? (If Yes, indicate Purpose and Country Visited): \_\_\_\_\_

---

---

---

---

*Additional Entries? Use the Continuation Space at the end of this worksheet.*

## **Module 16: YOUR POLICE RECORD - OTHER OFFENSES**

In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.00.) **(Y / N)** If Yes, provide the following:

Offense Date: \_\_\_\_\_ (YYYY/MM/DD) Nature of Offense: \_\_\_\_\_

Action: \_\_\_\_\_ Authority/Court: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## **Module 17: ILLEGAL DRUGS - USE**

In the last year, have you illegally used any controlled substance—for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSC, PCP, etc.), or prescription drugs? **(Y / N)** If Yes, provide the following:

Controlled Substance/Prescription Drug Used: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ (YYYY/MM/DD)

Number of Times Used: \_\_\_\_\_

## **Module 18: ILLEGAL DRUGS - ACTIVITY**

In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? **(Y / N)** If Yes, no further information is required.

# EPSQ SF85P and SF85P-S Worksheet

## **Module 19: YOUR FINANCIAL RECORD – BANKRUPTCY, LIENS, JUDGMENTS**

In the last 7 years, have you or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had a legal judgment rendered against you for a debt? **(Y / N)** If **Yes**, provide the following:

Date: \_\_\_\_\_ (YYYY/MM/DD) Type of Action (*Select One*): Bankruptcy, Lien or Judgment

Name Action Occurred Under: \_\_\_\_\_

Court/Agency Handling Case: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## **Module 20: YOUR FINANCIAL RECORD – 180-DAY DELINQUENCIES**

Are you now over 180 days delinquent on any loan or financial obligation? (Include loans or obligations funded or guaranteed by the Federal Government.) **(Y / N)** If **Yes**, provide the following:

Incurred Date: \_\_\_\_\_ (YYYY/MM/DD)

Type of Loan/Obligation: \_\_\_\_\_ Account Number: \_\_\_\_\_

Creditor/Obligee Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

## **SF85P-S (SUPPLEMENTARY) WORKSHEET**

- **Note:** ONLY complete this section if you have been instructed to do so!

### **Module 1: PERSONAL INFORMATION (FULL NAME AND SUFFIX – Pre populated)**

### **Module 2: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - ILLEGAL USE OF DRUGS**

Since the age of 16 or in the last 7 years, which ever is shorter, have you illegally used any controlled substance—for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSC, PCP, etc.), or prescription drugs? **(Y / N)** If **Yes**, provide the following:

Controlled Substance/Prescription Drug Used: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ (YYYY/MM/DD)

Number of Times Used: \_\_\_\_\_

# EPSQ SF85P and SF85P-S Worksheet

## **Module 3: YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY - USE IN SENSITIVE POSITION**

Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety? **(Y / N)** **If Yes**, provide the following:

Controlled Substance/Prescription Drug Used: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ (YYYY/MM/DD)

Number of Times Used: \_\_\_\_\_

## **Module 4: YOUR USE OF ALCOHOL**

In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? **(Y / N)** **If Yes**, provide the following:

From: \_\_\_\_\_ To: \_\_\_\_\_ (YYYY/MM/DD)

Counselor/Doctor Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Country/ZIP: \_\_\_\_\_

## **Module 5: YOUR MEDICAL RECORD**

In the last 7 years, have you consulted a mental health professional (psychiatrist, psychologist, counselor, etc.) or consulted with another health care provider about a mental health related condition? You do not have to answer “Yes” if you were involved in marital, family, or grief counseling not related to violence by you **(Y / N)** (If No, proceed to the next section).

**If Yes**, provide the following information about the Therapist/Doctor:

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Country/ZIP: \_\_\_\_\_

Dates of Care: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (YYYY/MM/DD)

*Other consultations? Use the Continuation Space at the end of this worksheet*



# EPSQ “HELPFUL” HINTS

---

## Data Entry Screen Function Keys

EPSQ uses the following function keys to help you maneuver through the modules. Find them by clicking the word “*Navigation*” in most modules!

- F1...** Displays Help for the field the cursor occupies
- F2...** Add Remarks for current field
- F5...** Deletes entire entry of the Module you are editing
- F7...** Add a New Entry (Quickly add a relative listing, residence or employment!)
- F8...** Moves cursor to first field of Previous entry (Quickly move to a previous relative listing, residence or employment!)
- F9...** Moves cursor to first field of Next entry (Quickly move to the next relative listing, residence or employment!)
- F10...** Go to Previous Module (Quickly jump from Module to Module!)
- F11...** Go to Next Module (Quickly jump from Module to Module!)

## Entry Edit Checks

IF Unknown, Use UNK: If the person has no middle name/initial, you should enter **NMN**. If you do not know the first name and/or middle name, enter **UNK** for one or both.

Suffix (Jr., Sr.): A suffix should be used for additional designations such as Jr., Sr., II (2nd), or III (3rd), where applicable.

Middle Initials: If the first or middle name consists of an initial only, enter the initial(s). In addition, if the name has no suffix, indicate the use of initial(s) by entering **IO** in the suffix. [Example: J P Smith IO.] However, if the name has a suffix, the suffix takes priority and IO should be omitted.

Special Symbols: If appropriate, you can use spaces, apostrophes (‘), hyphens (-), and period (.) within a name. [Examples: Carol Anne St. James or, Mary Lisa O’Grady or Jean NMN Jenkins-Smith]

Dates: Dates must be entered in the format YYYY/MM/DD. For example, January 18, 1947, would be 1947/01/18. Your own birth date must be entered completely. Other dates can be entered as YYYY/MM/?? if you are unsure of the day. Estimate the month if you are unsure. For example, a date you believe to be in January 1947 would be entered as “1947/01/??”. You CANNOT use “future” dates in most fields.

Foreign Addresses: Although EPSQ does not validate the internal contents of addresses, you should enter APO addresses using the following format. For APO addresses, enter the unit name in Address line 1 and the APO designation (e.g., APO-AE for Europe) in Address line 2. Enter the APO number (without “APO”) in the ZIP or FPC field. Do not use the State Code field. In the Country Code field, enter the actual country location.

If a user has no choice than to list references outside the U.S., there is a way to “fool” the EPSQ into accepting them, if the listed individuals have addresses that include APO numbers. The user enters APO AA, APO AE, or APO AP (as appropriate) as the City. The user then enters FL (if APO AA), NY (if APO AE), or CA (if APO AP) as the State, and the appropriate APO number as the Zip Code. This method will allow users to enter data regarding references that live outside the U.S., if the user is unable to avoid listing those individuals in the EPSQ.