
Personal Qualifications Statement (Court Security Officer)

READ THE INFORMATION BELOW PRIOR TO COMPLETING.

WHAT AUTHORITY DO WE HAVE TO ASK YOU FOR THE INFORMATION REQUESTED ON THIS FORM?

The U.S. Government is authorized to ask for this information under Section 3301 of Title 5 and Section 3101 of Title 44 of the U.S. Code. We ask for your Social Security number to keep our records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

HOW DO WE USE THIS FORM?

Review the form in its entirety prior to answering any questions. Be sure that you understand the questions and your responses prior to completion of the form.

This form will be used in processing your application. We use the information from this form primarily as the basis for an initial background investigation that will be used to determine your qualifications (to include law enforcement qualifications), suitability and eligibility for a clearance to work for the U.S. Government under contract.

Asking you for this information is in compliance with the Privacy Act of 1974. The information you give us is for Official Use Only; is protected from unauthorized disclosure. The U.S. Marshals Service may share some information with Federal and other sources to get additional information about you. We may also give some of the information to Federal, State, and local agencies checking on law violations or for other lawful purposes.

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 employment or clearance prospects to work for the U.S. Government under contract.

TYPE OR LEGIBLY PRINT YOUR ANSWERS. We cannot accept your form if it is not legible. All questions on this form must be answered. If no response is applicable, indicate this by entering "N/A." Follow all form instructions fully, or we cannot process your form.

STATE CODES. Use the State Codes (two letter abbreviations) used by the Post Office, if you cannot spell out the state. *Do not abbreviate names of cities.*

USE 5 OR 9 - DIGIT ZIP CODES. If you do not know a ZIP Code, a ZIP Code directory is available at all Post Offices at www.usps.com. Please use them.

DATES. When providing dates, use YYMMDD. For example, June 8, 1988, would be 980608 and January 1988 would be 8801.

ADDITIONAL SHEETS. If there is not enough room on the sheets provided, please attach additional sheets so that you can provide as complete an answer as possible. Be sure to indicate the item number corresponding to the item being carried over to the additional sheet. Place your name and social security number on the additional sheet so that it can be readily identified if it should become separated from the form.

SIGNATURE AND DATE. Be sure to sign the forms in black or blue-black ink. Initial and date any changes you make to this form after you sign it.

ANY FORMS THAT ARE RECEIVED INCOMPLETE WILL BE RETURNED. THIS WILL DELAY THE PROCESSING OF YOUR CASE AND COULD EVEN RESULT IN YOUR NOT BEING SELECTED.

(Cont'd.)

HOW DO WE USE THIS FORM? (Cont'd.)

DOCUMENTATION. Copies of documents that verify any significant claims or activities should be provided. For example: alien registration; naturalization certificate; originals or certified copies of college transcripts or degrees; high school diploma; professional license(s) or certificate(s); military discharge certificate(s) (DD Form 214); marriage certificate(s); divorce papers; tax returns; passport; and/or business licenses(s).

NAME CHANGES. If you have had a name change from that indicated on the form, you must provide a copy of the documentation of any legal name change. If the name you are currently using is not a legal name, please use your official name as indicated on your birth certificate or marriage license.

EMPLOYMENT. Ensure that you list any previous law enforcement related employment, including military (i.e. Military Police, Master at Arms, etc.). Provide this experience in Section 22-23 whenever it occurred. It does not have to be consecutive. Explain how this experience included general arrest authority in the remarks to this section.

WHAT ARE THE PENALTIES FOR INACCURATE OR FALSE INFORMATION?

The U.S. Criminal Code provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$ 10,000, or 5 year imprisonment, or both. In addition, Federal agencies generally fire or disqualify individuals who have materially and deliberately falsified investigative forms, and this remains a part of our record for future use. Because the position for which you are being considered is a public trust position, your trustworthiness is a very important consideration in deciding your suitability or eligibility to perform under the contract.

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| 15. a. Do you have any physical or mental condition which might interfere with your ability to perform the work required (e.g., epilepsy, diabetes, alcoholism, drug addictions, cataracts, heart (<i>cardiovascular</i>) problems, psychiatric disorders, etc.? | <u>YES</u> | <u>NO</u> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever used any narcotic, depressant, stimulant, hallucinogen (to include <i>LSD or PCP, or cannabis</i>) (to include <i>marijuana or hashish</i>), except as prescribed by a licensed physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever been involved in the illegal purchase, possession, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, arrest by police, or treatment for alcoholism? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you ever been a patient (<i>whether or not formally committed</i>) in any institution primarily devoted to the treatment of mental, emotional, psychological, or personality disorders? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: If the answer to Question 15 a through e above is Yes, please provide detailed information in Item 18. Prior to award of a contract, you will be required to provide a physician's signed statement that the above condition will not interfere with your ability to perform the work required.

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| 16. Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. To the best of your knowledge, have you ever been the subject of a background investigation (by either Federal, state, local, or private industry) or been given a security clearance? | <input type="checkbox"/> | <input type="checkbox"/> |

If your answer is Yes, provide the following information and provide a copy of investigation certification, if available:

Agency requiring the clearance	Type of Investigation (i.e., NACI, LBI, BI, SBI...)	Date Clearance Issued/ Investigation Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

