## UNCLASSIFIED

## **SCI Screening Interview**

Name:	SSN:			
Organization:	Date:	March 8, 20	004	
(Please read the questions below and circle YES or NO. All YES a continuation sheet.)	nswers	require an ex	planation	on a
1. Have you ever been considered for a security clearance and been de If so, what were the circumstances?	nied?		☐ YES	S 🗌 NO
2. Have you ever had any problems with your neighbors or other peop	le in you	r community	YE	s 🗆 NO
3. Do you have ANY relatives or friends who are citizens of an unfriend but who live in a friendly country?	ndly cou	ntry,	☐ YES	S 🗌 NO
4. Have you ever quit a job for fear of being dismissed?			☐ YES	s 🗆 NO
5. Have you ever been convicted by a military court or been the subject criminal investigation conducted by a military investigative agency?	ct of a		☐ YES	S 🗆 NO
6. Are any members of your immediate family NON U.S. citizens?			☐ YES	s 🗆 NO
7. Would any past actions result in anyone categorizing you as indiscreunstable, or of questionable character?	eet,		☐ YES	S 🗆 NO
8. Have you ever failed to meet your financial obligations?			☐ YES	s 🗆 No
9. Have you ever filed bankruptcy under Chapter 7, 11, or 13? If so, when was the bankruptcy filed, and what was the amount?			☐ YES	S 🗆 NO
10. Do you have any reason to believe there is any unfavorable credit about you on file with any credit bureau, business, or court?	informat	ion	☐ YES	S 🗆 NO
11. Do you have a history of excessive or habitual use of alcohol, or eany alcohol related arrests, incidents or treatments?	ver had		☐ YES	S 🗆 NO
12. Do you have a history of nervous or other emotional/mental proble	ems?		☐ YES	s 🗆 NO
13. Have you ever suffered from anxiety, depression, or stress for which you required treatment from a psychologist or psychiatrist?	ch		☐ YES	S 🗆 NO
14. Have you ever consulted or been treated by a psychologist or psycfor any other emotional or mental problems? If so, what?	hiatrist		☐ YES	S 🗆 NO
15. Do you now or have you ever used or experimented with drugs, other than what a doctor has prescribed?  If yes, what and when was the last time you used the drug?			☐ YES	S 🗌 NO
16. Have you ever grown, sold, supplied, or transferred illegal drugs, including marijuana?			☐ YES	S 🗆 NO
17. Have you ever been dismissed or fired from a job?  If so, what were the reasons?			☐ YES	S 🗆 NO

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18. Have you had any minor infractions with the law, such as parking ticket traffic tickets, or minor arrests in the last seven years?	ts,	YES [	□ NO
19. Do you have any outstanding traffic violations or citations that are not p	paid?	YES [	□ NO
20. Have you ever been arrested or detained or charged with a criminal offer (List even if the charges were dropped or you were told that no record would be made of the incident)		YES [	□ NO
21. Do you now or have you ever associated with individuals who support the overthrow of the U.S. form of Government?		YES [	□ NO
22. Do you have any reason to think that anyone would believe you to be disloyal to the United States?		YES [	□ NO
23. Have you ever engaged in or been approached to engage in espionage against the United States or one of its allies?		YES [	□ NO
24. Have you ever had any unofficial contact with representatives of a Foreign Government?		YES [	□ NO
25. Have you ever been approached to give or sell any government classified or unclassified material to persons not authorized to receive it?		YES [	□ NO
26. Have you ever been involved as the subject in any security violation or	incident?	YES [	□ NO
Notice: The Privacy Act, 5 U.S.C. 552a, Requires that federal agencies info is solicited from them, whether the disclosure is mandatory or voluntary, by solicited, and what uses will be made of the information. You are hereby ac Social Security Account Number (SSN) is Executive Order 9397. Your SSN in determining whey your access to information indicated above terminated. mandatory, your failure to do so may impede such determination.	what authority such lvised that authority N will be used to ide	information for soliciting ntify you pre	is g your ecisely
You are also advised that the security interview is to assist in determining the and further processing for access to SCI based upon DCID 1/14 criteria prior Background Investigation (SSBI); the interviewer is not associated with any agency; you are not suspected of any wrong doing; the interview is complete any time. Although disclosure of your personal data is not mandatory, your determination.	r to the conduction of investigative or law ely voluntary and ma	of a Single So enforcement ay be termina	cope nt ated at
I have answered all questions to the best of my knowledge and belief. I incorrect or misleading information.	have not intentiona	ılly provide	d any
SSN of Nominee:			
Signature of Nominee:	Date:		
I have personally interviewed the nominee and have witnessed the signa	iture.		
Name of Witness:			
Grade/Title of Witness:			
Signature of Witness:	Date:		