



National Security Program Application

DATE: _____

Once you complete your application please email it to **NSP@CENCORELLC.COM**

Applicant Information:

Name: _____
First Middle Last

Address:

Street (Apt) City/State Zip

Street City/State Zip (Alternate Address)

(_____) _____
Telephone Number Email Address

Employment Information:

How did you learn about our company/position? _____

Who referred you to this position? _____

On what date, can you start working if you are hired? Note that it typically takes 7-9 months for the clearance process before you can start working. Also note that CenCore, LLC does not have control of of the duration of your clearance investigation or when it will conclude. You will be required to start work no later than 2 months after you receive your clearance. _____

Currently, all open positions are at Ft. Meade, MD. Are you willing to relocate to Ft. Meade, MD?

What industry are you interested in for our Career?

Personal Information:

**Because this position requires you to receive a DoD Top Secret clearance you must be a U.S. citizen.*

Are you a U.S. citizen?

The Government customer **requires** a military-like grooming standard for both men and women, with the exception of a tight beard for men. Are you willing to meet their standards?

Are you colorblind?

Job Skills/Qualifications:

Do you hold a security clearance?

If Yes, please provide your SSN for verification _____

If Yes, what level clearance and with what department/agency? _____

What languages do you speak and at what level of proficiency? _____

Other notable jobs skills/qualification:

Education and Training:

Do you have a high school diploma or equivalent?

Are you currently attending college?

Do you have a Bachelors degree?

If no, what is your anticipated graduation date? _____

What was/is your area of study? _____

What is your current class status (ie. Freshman, Sophomore, Junior...)

Military:

Are you a member of the Armed Services?

What branch of military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

SCI PRE-SCREENING INTERVIEW

1. The purpose of this interview is to assist in determining the acceptability of an individual for nomination and further processing for a position requiring access to Sensitive Compartmented Information (SCI). It is prescribed by DoD 5105.21-M-1, SCI Administrative Security Manual and DoD 5200.2R, Personnel Security Program.
2. SCI pre-screening interviews are conducted when there is no current investigative information available to make an adjudicative determination of eligibility for access to SCI.
3. Any information developed during this interview will be made available only to those authorities involved in processing your nomination, those conducting the SSBI, and those adjudicating your investigation for an eligibility determination, or as otherwise authorized by Executive Order or statute.
4. The Privacy Act of 1974 requires you be informed that Executive Order 10450, Security Requirements for Government Employees, 12958, Classified National Security Information, and 12968, Access to Classified Information are the authorities for soliciting information during this interview. Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons, is the authority to ask you to provide your Social Security Account Number (SSAN).

SCI PRE-SCREENING QUESTIONS

Please provide a response to all “Yes” answers. If you do not, it may slow the adjudication process and delay or deny access.

1. Are you now or have you ever been a member of any organization, associated with or contributed to any movement or group that advocates the overthrow of the U.S. government?

If Yes, explain:

2. Are you or have you ever been a citizen of a foreign country?

If Yes, explain (provide dates of citizenship and country): _____

3. Do you currently possess or have possessed dual citizenship with the United States? If Yes, provide dates and explanation, which should include country of citizenship.

4. Are any of your immediate family members not U.S. citizens? This includes visa, green card, and alien registration card holders. Immediate family members are spouse, cohabitant, parents, siblings, and children.

If Yes, explain: _____

5. Are any of your immediate family members dual citizens with the United States and a foreign country? Immediate family members are spouse, cohabitant, parents, siblings, and children.

6. Do you or any immediate family members own foreign property or have foreign financial interests?

If Yes, explain: _____

7. In the last seven years have you experienced financial difficulties that resulted in bankruptcy, repossession, tax lien, wage garnishment, judgment, or collection accounts?

If Yes, explain: _____

8. A. In the last seven years, have you been 180 days delinquent on any debt(s)?

If Yes, give details: _____

B. Are you currently 90 days delinquent on any debt(s)?

If Yes, give details: _____

9. In the last seven years have you had any alcohol related arrests, treatment, or counseling?

If Yes, explain: _____

10. Since the age of 16 or in the last seven years, whichever is shorter, have you illegally used, abused, possessed, bought, sold, or transferred any drugs or controlled substances? This includes, but is not limited to, any form of cocaine, THC (marijuana), Ketamine, Hallucinogenic, inhalants, stimulants, depressants, narcotics, steroids, prescription drugs or any other illegal drug or controlled substance.

If Yes, provide month and year of first use, month and year of most recent use, and nature, frequency, and number of times used: _____

11. In the last seven years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.)? Or have you consulted with another mental health care provider about a mental health related condition including, but not limited to Mental Incompetency, a psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?

If Yes, provides dates of treatment, and the name and address of mental health professional. Do not provide details on marital, family, or grief counseling, not related to violence by interviewee.)

12. Have you ever been charged with or convicted of any felony offense?

If Yes, explain: _____

11. Are there currently any charges pending against you for any criminal offense(s)?

If Yes, explain: _____

12. Have you ever been the subject of an inquiry involving the loss or mishandling of classified information or material?

If Yes, explain: _____

13. Have you ever been denied a security clearance?

If Yes, explain: _____

14. Have you ever been discharged from the Armed Forces for any any reason other than honorable discharge?

If Yes, explain: _____

15. Have you illegally or without proper authorization accessed or attempted to access any information technology system (i.e. hacking, phishing, etc.)?

If Yes, explain: _____

16. Have you illegally, or without authorization modified, destroyed, manipulated or denied others access to information residing on an information technology system or attempted any of the above?

16. (continued) If Yes, explain: _____

17. Have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?

If Yes, explain: _____

18. Please list any and all foreign travel for the last 7 years. Please include country, dates of travel, and reason for travel (i.e. tourism, visiting family/friends, business, education, official US government business, etc.) _____

19. Do you have, or have you had, close and/or continuing contact with a foreign national (A foreign national is defined as any person who is not a citizen or national of the U.S.) within the last seven (7) years with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? **Include associates as well as relatives that are not immediate family members.**

If Yes, include a description of the contact(s) (i.e. relative, friend, associate, etc.), country of citizenship, and frequency and type of contact:

Relation to Contact	Country of Origin of Contact	Frequency of Contact Per Year	How do you stay in touch?
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Signature of Nominee

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