



WHITE HOUSE COMMUNICATIONS AGENCY SECURITY SCREENING QUESTIONNAIRE (SSQ)



Code: _____ Date Reviewed: _____ Initials

Current Clearance: Secret TS Clearance Date: _____ Projected Investigation: SSBI PR

LAST NAME: _____ FIRST: _____ MI: _____

SSN: _____ DATE OF BIRTH: (Month Day Year): _____

PLACE OF BIRTH: _____ MOS/AFSC/RATE: _____

BRANCH OF SERVICE: _____ RANK/PAY GRADE: _____ / _____

DELAYED ENTRY DATE: _____ BASIC ACTIVE SERVICE DATE: _____
(Month Day Year) (Month Day Year)

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE# HOME: _____ WORK: _____ FAX: _____

OFFICIAL E-MAIL ADDRESS: _____

Have you ever applied for an assignment or been assigned to the White House Communications Agency in the past?
YES _____ NO _____

PRIVACY ACT STATEMENT: The Authority for collecting the requested information resides in Executive Orders 10450, 11652 & 9397. The information is used in making security determinations, granting access to classified/PSD protected information and for making personnel management decisions. Routine uses include determining the scope and coverage of a personnel security investigation, checking investigative leads assuring completeness of the investigation, and providing evaluators and/or adjudicators with basic personal history information relevant to security and suitability. Information may be disclosed to and maintained by Government agencies and administrative personnel involved in processing security actions that evolve during the course of these determinations. When populated with data, this questionnaire becomes PII and must be encrypted prior to transmittal. The personal data collection will be transferred into an approved system of record, under an Authority to Operate, granted on 10 Jul 09, under federal register chronicle 78 FR 70543, 26 Nov 13, 79 FR 34299, 16 Jun 14 and maintained for up to 75 years.

GENERAL INFORMATION CONCERNING THIS PACKAGE: Completion of this questionnaire represents a security screening by representatives of the WHCA Security Office. **Please NOTE: This questionnaire covers LIFE, not simply the last 5 to 10 years of your history.** If favorably reviewed and you become selected for a WHCA position, additional security screening may follow, including a detailed single scope background investigation (SSBI) conducted by the Defense Security Service (DSS) or Office of Personnel Management (OPM). This investigation encompasses extensive checks with appropriate law enforcement agencies, credit and financial institutions, schoolteachers and administrators, friends, neighbors, employers and other persons who know and are willing to provide information about you. Upon completion of all screening and investigations, a determination will be made concerning your eligibility for Presidential Support Duty (PSD). **BE ADVISED,** falsification of this questionnaire may result in denial of PSD, denial or revocation of a security clearance or access to sensitive information, or possible separation from the military service. **DISREGARD ANY ADVICE YOU MAY HAVE RECEIVED CONCERNING THE WITHHOLDING OF INFORMATION.** It is in your best interest to complete all questions honestly and accurately by selecting the appropriate "YES" or "NO" response. For any "YES" answer, briefly explain your answer on the last page.

DISCLOSURE: Voluntary; however, if WHCA does not receive this information, the member will not be considered for Presidential Support Duty.

(Applicant's Signature and Date)

FOR OFFICIAL USE ONLY
(WHEN FILLED IN)

WHCA SECURITY SCREENING QUESTIONNAIRE (SSQ)

The SSQ covers LIFE (NOT simply the last 5 – 10 years)

(Answering “YES” to any question(s) must be explained in the REMARKS section found at the end of this questionnaire)

Loyalty and Character	Yes	No
1. Have you ever committed or attempted to commit sabotage, subversion, espionage, treason, terrorism, or sedition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever knowingly established an association with a spy, terrorist, traitor, espionage agent, or representative of a foreign nation whose views or beliefs are contrary to the interests of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you (or persons associated with you) ever advocated the use of force or violence to overthrow the Government of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever expressed (<i>verbally or in writing</i>) a preference or allegiance to another country?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever publicly (in person or via social media) expressed discontent for the United States Government or President?	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Relationships, Travel, Assets, Associations and Relatives	Yes	No
6. Do you have parent(s), brother(s), sister(s), spouse, children, or close friends residing outside of the United States (U.S. Military assignments not included)	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have immediate family members who are citizens of another country, or do you maintain a close personal relationship with a citizen of another country (<i>i.e., cohabitate with, date, routinely communicate with, etc?</i>)	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you made any personal/unofficial foreign travel? Did you develop and lasting relationships (continued contact via telephone, email, social networks)? Please list all personal foreign travel to include length and purpose.	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you own (fully or partially) any asset(s) in a foreign country (property, bank accounts, investments, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Falsification of Information	Yes	No
10. Have you ever mistakenly or deliberately misrepresented, falsified, or omitted significant information from a Personnel Security Questionnaire, a personnel qualifications statement, a personnel security interview, or official correspondence, including your enlistment into the Military?	<input type="checkbox"/>	<input type="checkbox"/>
Security Violations	Yes	No
11. Have you ever failed to protect or safeguard classified or cryptographic information or material?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been counseled or charged (<i>verbally or written</i>) with violating a security regulation or security procedure?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever disclosed classified information to a person unauthorized to receive such information?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been counseled or charged (verbally or written) with violating COMSEC procedures or IT policy?	<input type="checkbox"/>	<input type="checkbox"/>
Emotional and Mental Disorders	Yes	No
15. Do you have an illness or mental health condition of a nature which, in the opinion of a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist, causes, or may cause, a defect in judgment or reliability?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been counseled in the past for mental, marital, emotional, stress, behavioral, or performance related problems?	<input type="checkbox"/>	<input type="checkbox"/>
Undesirable Character Traits	Yes	No
17. If we were to interview friends, family, supervisors, or co-workers, would any of them accuse you of engaging in any unusual conduct or behavior which would show that you are not honest, reliable, or trustworthy?	<input type="checkbox"/>	<input type="checkbox"/>
18. Would anyone we interview in reference to your security clearance tell us you may be subject to pressure, coercion, exploitation, or duress which may cause you to act contrary to the best interests of national security? Such conduct or circumstances may include: criminal behavior, a pattern of financial irresponsibility, blackmail, or violations of any military of government regulations.	<input type="checkbox"/>	<input type="checkbox"/>
19. If we were to interview friends, family, former spouses, supervisors, or co-workers, would any of them say you have displayed poor judgment, you were unreliable, or that you are untrustworthy?	<input type="checkbox"/>	<input type="checkbox"/>

20. Have you ever been counseled by supervisors or co-workers for poor work performance or received unfavorable actions based on an unsatisfactory efficiency report?	<input type="checkbox"/>	<input type="checkbox"/>																		
21. Have you ever been forced to resign or asked to resign in lieu of termination?	<input type="checkbox"/>	<input type="checkbox"/>																		
22. Would a check of your employment history have any derogatory comments from supervisors or coworkers?	<input type="checkbox"/>	<input type="checkbox"/>																		
Financial Irresponsibility	Yes	No																		
23. Do you currently have financial difficulties or problems meeting your financial obligations?	<input type="checkbox"/>	<input type="checkbox"/>																		
24. Have you ever defaulted on a loan or had a debt turned over to a credit collection agency?	<input type="checkbox"/>	<input type="checkbox"/>																		
25. Would a credit search of your records reveal late payments or financial difficulties (such as but not limited to bankruptcy, foreclosure, repossession, etc.) ?	<input type="checkbox"/>	<input type="checkbox"/>																		
26. Have you ever failed to file your taxes? Have you ever been notified by the IRS in regards to failing to file your taxes?	<input type="checkbox"/>	<input type="checkbox"/>																		
27. Have you ever been charged, informally or formally, about misuse of a Government or Corporate Credit Card?	<input type="checkbox"/>	<input type="checkbox"/>																		
Moral Conduct	Yes	No																		
28. Have you ever been involved in or suspected/accused of child molesting, adultery, rape, indecent exposure, child/spouse abuse, prostitution, sexual harassment or group sex?	<input type="checkbox"/>	<input type="checkbox"/>																		
29. Have you participated in any conduct that could cause embarrassment to you or your family, or which could cause you to be blackmailed if such conduct were uncovered?	<input type="checkbox"/>	<input type="checkbox"/>																		
30. Have the police ever come to your home or interviewed you for any reason?	<input type="checkbox"/>	<input type="checkbox"/>																		
Record of Law Violation	Yes	No																		
31. Have you ever been suspected of, accused, charged, placed on probation <i>(to include academic probation)</i> or prosecuted with any law violation*, including, but not limited to:	<input type="checkbox"/>	<input type="checkbox"/>																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Writing bad checks</td> <td style="width: 50%;">Vandalism</td> </tr> <tr> <td>Failure to pay alimony or child support</td> <td>Disturbing the peace</td> </tr> <tr> <td>Shoplifting or theft</td> <td>Traffic violations</td> </tr> <tr> <td>Disorderly conduct</td> <td>Vagrancy</td> </tr> <tr> <td>Malicious mischief</td> <td>Trespassing or hunting violation</td> </tr> <tr> <td>Breaking and entering</td> <td>Misuse of identification</td> </tr> <tr> <td>Drinking underage</td> <td>Illegal possession of weapon</td> </tr> <tr> <td>Curfew violation</td> <td>Contributing to delinquency of minor</td> </tr> <tr> <td>Any Misdemeanor or felony</td> <td>Convicted of a courts-martial or UCMJ offense</td> </tr> </table>			Writing bad checks	Vandalism	Failure to pay alimony or child support	Disturbing the peace	Shoplifting or theft	Traffic violations	Disorderly conduct	Vagrancy	Malicious mischief	Trespassing or hunting violation	Breaking and entering	Misuse of identification	Drinking underage	Illegal possession of weapon	Curfew violation	Contributing to delinquency of minor	Any Misdemeanor or felony	Convicted of a courts-martial or UCMJ offense
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*** Any YES answers must be fully explained in the Remarks section***																				
Alcohol Usage and Abuse	Yes	No																		
32. Do you drink alcoholic beverages? If you answer YES, check one choice from each column to reflect your frequency of alcohol use:	<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/> 1 - 3 drinks <input type="checkbox"/> Daily																				
<input type="checkbox"/> 4 - 6 drinks <input type="checkbox"/> Every other day																				
<input type="checkbox"/> 7 - 11 drinks <input type="checkbox"/> Three times weekly																				
<input type="checkbox"/> 12 + drinks <input type="checkbox"/> Weekly																				
<input type="checkbox"/> Twice monthly																				
<input type="checkbox"/> Monthly																				
33. Have you been or are you a user of alcohol habitually to excess or have you been diagnosed by a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist as alcohol dependent or as suffering from alcohol abuse.	<input type="checkbox"/>	<input type="checkbox"/>																		
34. Have you ever been formally or informally counseled concerning your drinking habits?	<input type="checkbox"/>	<input type="checkbox"/>																		
35. Have you ever been involuntarily referred to an alcohol treatment program?	<input type="checkbox"/>	<input type="checkbox"/>																		
36. Have you ever lost consciousness or could not recall your actions after drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>																		
37. Have you ever been cited, charged, accused, or prosecuted for DUI or DWI?	<input type="checkbox"/>	<input type="checkbox"/>																		
38. Have you ever had a charge of DUI or DWI downgraded to a lesser charge?	<input type="checkbox"/>	<input type="checkbox"/>																		
39. Have you ever been cited, detained, arrested, or charged with a crime involving alcohol?	<input type="checkbox"/>	<input type="checkbox"/>																		

Illegal Drugs and Drug Abuse	Yes	No
<p>40. Have you ever used or experimented with, even one time, an illegal drug (except as prescribed or administered by a physician licensed to dispense drugs in the practice of medicine, or as otherwise authorized by law) such as but not limited to:</p> <p style="padding-left: 40px;">Cannabis (marijuana, tetrahydrocannabinol (THC), hashish) Cocaine (crack, opium) Depressants (barbiturates, methaqualone) Hallucinogens (ecstasy, LSD, mescaline) Narcotics (heroin, morphine, opium)</p> <p>***Fully explain all illegal drug use to include years of use, frequency, duration, and reason for use***</p>	<input type="checkbox"/>	<input type="checkbox"/>
41. Have you ever abused or misused prescribed or over the counter medication?	<input type="checkbox"/>	<input type="checkbox"/>
42. Have you ever taken another person's prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>
43. Have you ever been trafficked, transferred, possessed, produced, or sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU ANSWERED ALL THE PREVIOUS QUESTIONS HONESTLY? (INITIAL THE CORRECT RESPONSE)
 YES NO

READ AND SIGN BELOW:

I certify that I have read and understand the advisement statements listed on the cover page of this packet, and that the answers on this packet are true, complete and correct to the best of my knowledge, memory and belief. I understand that willfully making false statements or omissions of pertinent information may result in my not receiving a security clearance, Sensitive Compartmented Information access, or approval for Presidential Support Duty and further that such actions may result in punishment under the UCMJ and/or separation from military service.

I further understand full disclosure is required until I am removed from WHCA and that I am obligated to inform WHCA Security of any substantial changes which occur after this security screening.

CREDIT CHECK AUTHORIZATION: I hereby authorize the Security representatives for WHCA to obtain my credit information for the purpose of determining my eligibility for Presidential Support Duty. (Initial)

Printed Full Name (Last, First, MI)
Applicant's Signature

Date

STOP FOR INTERVIEWER USE ONLY STOP

I certify that the interview conducted on _____ at _____
(Date) (Location)

was conducted in a fair and impartial manner. Applicant was given ample opportunity to explain any issues that were disclosed. The interview notes and credit report are attached. (initials).

Printed Name of Interviewer
Signature of Interviewer

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Defense Information Systems Agency (0000-0000). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

REMARKS: Use this page if you need additional space to explain your "YES" answers.

Question No.	Remarks
	<i>Who, What, When, Where, Why, How. Limit remarks to pertinent information and be sure to provide a date (month and year) for when the incident occurred.</i>

White House Communications Agency Personnel Information Worksheet

LAST NAME: _____ FIRST NAME: _____ MI: _____ SUF: _____

SSN: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(Month Day Year) (CITY)

SERVICE: _____ MOS/AFSC/RATE: _____
(STATE/COUNTRY)

PAY GRADE: _____ RANK/RATE: _____

DATE ARRIVED CURRENT STATION: _____
(Month Day Year)

ROTATION DATE: _____ BASD/TAFMS/ADSD: _____
(Month Day Year) (Month Day Year)

ETS/EAOS: _____ DATE OF RANK: _____
(Month Day Year) (Month Day Year)

MAILING ADDRESS: _____

UNIT ADDRESS: _____

EMAIL ADDRESS: _____

COMM DUTY PHONE: _____ DSN PHONE: _____ HOME PHONE: _____

SUPERVISOR'S NAME: _____ DUTY PHONE: _____

SEX: M F RACE: _____ MARITAL STATUS: S M D E W (# of CHILDREN _____)

IF MARRIED TO ANOTHER SERVICE MEMBER INCLUDE NAME, RANK, SPECIALTY, SVC AND UNIT

1. DO YOU HAVE ANY PENDING PERSONNEL ACTIONS WHICH MAY IMPACT ON YOUR NOMINATION TO WHCA? NO/YES

2. ARE YOU CURRENTLY ON ASSIGNMENT INSTRUCTIONS OR ABOUT TO RECEIVE ORDERS TO ANOTHER DUTY LOCATION? NO/YES
(FOR EXAMPLE: PCS, SEPARATION, RETIREMENTS, SPECIAL DUTY ASSIGNMENTS, OR OFFICER COMMISSIONS)

3. ARE YOU CURRENTLY ON THE OVERWEIGHT PROGRAM? NO/YES

4. DATE OF LAST PHYSICAL TRAINING TEST WAS: _____ PASS/FAIL

REMARKS (EXPLAIN ALL YES ANSWERS): _____

WHCA FORM 38, REVISED NOV 2005

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White House Communications Agency Technical Interview

Name: _____ Grade: _____ MOS/AFSC/Rate: _____

1. Training:

a. Technical Schools Attended:

b. Type Equipment/System(s) qualified on:

2. On-The-Job Experience:

3. Miscellaneous Experience (i.e., civilian training, previous MOS/AFSC/Rating Training):

White House Communications Agency Assignment Acknowledgement

1. I understand that I have not received an implied or expressed guarantee that I will be assigned to the White House Communications Agency (WHCA). I understand that I am only being considered for a possible assignment to WHCA.
2. I understand that my assignment to WHCA is based upon a favorable single scope background investigation conducted by the Defense Investigative Services **AND** WHCA having a projected vacancy.
3. I understand that while I am on WHCA hold, I will inform WHCA immediately on any changes in my current status. Changes include, but are not limited to, marriage, divorce, number of dependents, reassignment orders, change of unit, change of address, change of duty or home phone number, entrance into Weight Control/Management Program, failure to complete any required service school, filing bankruptcy, overdue payments, and any additional contact with law enforcement officials.
4. I understand that I must furnish WHCA a certified copy of my birth certificate **UPON ARRIVAL** to the agency. I understand that the birth certificate must contain a raised seal and registration/file number from my state of birth. I understand that a hospital certificate of birth is not acceptable and will be returned.
5. I understand that I will have to live off post if I have no dependent family members as there is no dormitory/barracks space available to WHCA members. Personnel with dependent family members may elect government quarters if available. I will have sufficient funds to defray my moving expenses.
6. **I understand that if I am accepted to WHCA, I will have a sponsor appointed. I will keep in contact with my sponsor and will contact them no later than 3 working days prior to my arrival to allow time for my compound access to be arranged.**
7. I understand that upon reporting, I will be in business attire. I understand that I must have and maintain all of my service uniforms.
8. I understand that while I am on WHCA hold, I still have a responsibility to my current unit of assignment as well as an additional responsibility to WHCA. For security purposes, I will keep a low profile, and make a concerted effort not to "advertise" my possible assignment to fellow service members, members of the local community, or the press. I understand that if I am accepted to WHCA, I will be given the opportunity to submit a Hometown News Release upon arrival.
9. I understand I am obligated to fulfill three-fourths of a prescribed WHCA tour before submitting paperwork for reclassification, commissioning course, and retirement. If I choose to submit a package prior to this, then I understand I will not receive a favorable command recommendation.

"I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE"

(Witness Signature)

(Signature)

(Printed Name)

(Printed Name)

WHMO Job Compatibility Consent Form

1. I voluntarily consent to a physical and psychological evaluation as part of an application for assignment to this organization. This evaluation will also include a thorough medical and mental health screening.
2. I understand that the unit commander has directed that this evaluation will be used for the routine and principal purposes of helping to determine my suitability for assignment, and as part of a database used to validate current and future selection procedures.
3. I understand that there is no confidentiality associated with this evaluation. Normally, the circulation of results from this evaluation is limited to those directly involved in the hiring decision; no one else in the organization is privy to my evaluation results. While individual information will not be released or used outside this organization unless required by law or regulation, there may be unique circumstances that require the release of my records without my knowledge (i.e. subpoena, court order, official investigations). If this takes place, I will not be notified of the required disclosure. Information from this evaluation may also be released outside this organization in the event that the medical provider believes that I intend to harm myself or someone else, or the provider has evidence of child or spousal abuse.
4. This evaluation may be maintained in both paper and electronic formats. Electronic records include security measures to maintain as much confidentiality as possible (password protected, encrypted when possible), and may need to be electronically transmitted through secure military networks at times.
5. I understand that my evaluation records are not considered "clinical" in nature. Instead they are considered to be assessment and selection records and are classified as "medical research" (IAW DODI 3216.02). OPSEC factors preclude my ability to obtain a copy of my evaluation results.
6. I understand that I will not receive feedback on this evaluation unless I am selected for assignment to this organization. If I am selected, a medical provider will be available to review my results in detail at a later date.
7. I understand that I may withdraw this voluntary consent at any time. I further understand that withdrawal of my voluntary consent may prevent favorable consideration of my application for assignment.
8. I understand that there will be no adverse effect on me for not furnishing information or consenting to this evaluation.

Printed Name

Signature

Date

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