## CUI

## PSQ TEMPLATE 4 – PERSONAL CONDUCT

NOMINEE'S FULL NAME	SSN:	
	y clearance or access to classified information suspended apleted investigation? Yes No (If yes, answer	.,
Section 2 - Have you been arrested singles, answer questions 4-11)	ce your last completed investigation?YesNo (I	f
Have you reported the information of Yes No If yes, date informati		
	Estimated? Yes N	<b>NO</b>
SECTION	N 1 - CLEARANCE RECORD	
1. Provide the date your security clean denied, or revoked:	rance or access to classified information was suspended,	
a. Date of suspension		
b. Date of denial		
c. Date of revocation		
2. Provide the name of the agency that	t took this action	
3. Provide an explanation of the circum	mstances that led to the suspension, denial, or revocation	l
SECTI	ION 2 - ARREST RECORD	
4. Provide a description of the offense	e(s) you were arrested for	
5. Date of arrest	6. Location of arrest	
7. Did this arrest involve any of the fo	ollowing? (Check all that apply or select 'No') No	
Domestic violence or a crime of violence or a crime or a crime of violence or a crime o	olence (such as battery or assault) against your child, former spouse	
Firearms or explosives	Alcohol or drugs	
PSQ Template 4 – Personal Conduct, July 12, 2016	way rout in aither airil or arining panalize. Information you provide is protocool by the Drivery Act of 1074	

Privacy Sensitive (when filled-in) – Any misuse or unauthorized disclosure may result in either civil or criminal penalties. Information you provide is protected by the Privacy Act of 1974, U.S.C. Your responses to these questions are intended to aid security personnel in determining your eligibility to information protected under Executive Order 13526. The Department of Defense is authorized to ask these questions under Executive Orders 10450, 10865,12333, and 12968; sections 3301, 3302, and 9101 of Title 5, United States Code (U.S.C.); sections 2165 and 2201 of Title 42, U.S.C.; chapter 23 of Title 50, U.S.C; and parts 2, 5, 731, 732, 736 of Title 5, Code of Federal Regulations (CFR).

Classify as Appropriate When Filled-in

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8. If alcohol-related, were you ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? \_\_\_ Yes \_\_\_ No

9. What is the disposition of this offense?

10. Have you completed all of the court-ordered requirements of your sentencing? \_\_\_\_Yes \_\_\_No \_\_\_N/A (If no, explain) \_\_\_\_\_

11. If you received probation as part of your sentencing, provide dates:

From \_\_\_\_\_ to \_\_\_\_\_N/A

Remarks:

NOMINEE'S SIGNATURE

DATE\_

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