

**EMBASSY  
OF THE  
UNITED STATES OF AMERICA  
CANBERRA**



**SENSITIVE BUT UNCLASSIFIED  
(SBU)**

**SECURITY PACKAGE**

**PLEASE SUPPLY CERTIFIED TRUE COPIES OF  
PERSONAL DOCUMENTATION.**

*(Authorized persons to certify documents are listed at page 22)*

## RSO in Confidence

# EMBASSY OF THE UNITED STATES OF AMERICA

## SCHEDULE OF REQUIREMENTS

Full Name	Family Name/Surname: _____			Given Names: _____		
Telephone Numbers:		Email Address				
Home:						
Business:		Tax File/SSN Number				
Mobile:						

### FORMS

Please place a tick in the applicable box:      **Attached**      **Not attached**

	Attached	Not attached
Completed Personal Particulars Form	<input type="checkbox"/>	<input type="checkbox"/>
Completed Consent to Obtain Information/Police Check	<input type="checkbox"/>	<input type="checkbox"/>
Completed Authorization for release of information	<input type="checkbox"/>	<input type="checkbox"/>

### PERSONAL DETAILS

- **Please ensure that all documents are certified true copies of originals.** Certification requires “Certified True Copy”, Name, Signature, Title and Date.
- **If any documentation is not in the English language, a Certified True Copy of a translation is required. The translation needs to be by an accredited translator (NAATI)**
- **For further details on certification please see “check list”**

Please place a tick in the applicable box:      **Attached**      **Not applicable**

	Attached	Not applicable
Full Birth Certificate A Birth Extract is not acceptable. <b>(Must be supplied)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Name Certificate (eg: Deed Poll) <b>(supply only if applicable)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalisation/Citizenship Certificate <b>(supply only if applicable)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage Certificate <b>(supply only if applicable)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Decree Nisi (Divorce documents) <b>(supply only if applicable)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Passports (ie: <b>all current and expired passports held</b> , whether issued by Australia or any other country, or identity documents issued by an Australian immigration official). <b>(Must be supplied)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Previous & Current Employment (eg: personnel statements, group certificates, employer references or pay slips etc which show evidence of your employment to cover the last <b>7 years</b> ) Proof supplied must indicate your employer’s name and have a date recorded. <b>(Must be supplied)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Armed Service Discharge Certificate (Pertaining to service in the Defence Forces of Australia or of any other country). <b>(supply only if applicable)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of previous and current addresses (phone bills, rates notices etc) for last <b>3 years</b> . <b>(Must be supplied)</b>	<input type="checkbox"/>	<input type="checkbox"/>
One Recent Photograph (passport size, notation on the back by any person, other than a family member, that this is a “true likeness” of .....). <b>(Must be supplied)</b>	<input type="checkbox"/>	<input type="checkbox"/>

# RSO in Confidence

## EMBASSY OF THE UNITED STATES OF AMERICA

### SUPERVISORS/REFEREES

Please complete the details of three referees who either individually or collectively have known you over the past **SEVEN YEARS**. **YOU MUST PROVIDE AT LEAST THREE REFEREES.**

(NOTE: Referees can not be a relative)

#### Current Supervisor:

Name		Occupation	
Address			
Telephone 9am – 5pm		Email	
			Time Supervised

#### Previous Supervisor:

Name		Occupation	
Address			
Telephone 9am – 5pm		Email	
			Time Supervised

#### Personal Referee (one)

Name		Occupation	
Address			
Email			
Telephone 9am – 5pm		How do you know them?	
			Time Known (DATES)

#### Personal Referee (two)

Name		Occupation	
Address			
Email			
Telephone 9am – 5pm		How do you know them?	
			Time Known (DATES)

#### Personal Referee (three)

Name		Occupation	
Address			
Email			

## RSO in Confidence

Telephone 9am – 5pm		How do you know them?		Time Known (DATES)	
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### PERSONAL PARTICULARS FORM

The information you provide in this form will be used for checking action in connection with your security certification for access to SENSATIVE BUT UNCLASSIFIED (SBU) information. (See Information Letter and General Consent Form for information regarding the nature of checks /enquires to be made.)

**Note: If there is insufficient space to answer the questions, please continue on the attached Continuation of Answer page.**

<b>Self</b>	<b>Spouse/Defacto/ Partner/Fiancée</b> <small>(residing with you)</small>	<b>Father</b> <small>(If father has re-partnered – provide partners details on Continuation of Answer Page)</small>	<b>Mother</b> <small>(If mother has re- partnered – provide partners details on Continuation of Answer Page)</small>
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**All questions must be answered, if not applicable, answer n/a.**

<b>1.</b>	<b>Family names</b>				
	Current				
	At birth				
	Other family name(s)				

<b>2.</b>	<b>Given names</b>				
	Current				
	At birth				
	Other given name(s)				

<b>3.</b>	<b>Birth</b>				
	Date				
	Place (city & county)				

<b>4.</b>	<b>Marriage</b>				
	Date		NOT REQUIRED	NOT REQUIRED	NOT REQUIRED
	Place		NOT REQUIRED	NOT REQUIRED	NOT REQUIRED

<b>5.</b>	<b>Nationality</b>				
	Current				
	Dual or Other (if applicable)		NOT REQUIRED	NOT REQUIRED	
	If Naturalised				
	Date				
	Place				

## RSO in Confidence

	Date of First Arrival in Australia				
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# RSO in Confidence

<b>6.1</b>	<b>Addresses for the past 3 years</b>	<b>Subject</b>								
	Current (including dates: From – To)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> <tr> <td rowspan="2"><b>Person who knows you at this address:</b></td> <td><b>Name:</b></td> </tr> <tr> <td><b>Telephone:</b></td> </tr> </table>	From – To	Address:	<b>Person who knows you at this address:</b>	<b>Name:</b>	<b>Telephone:</b>			
From – To	Address:									
<b>Person who knows you at this address:</b>	<b>Name:</b>									
	<b>Telephone:</b>									
	Permanent if Different	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> <tr> <td rowspan="2"><b>Person who knew you at this address:</b></td> <td><b>Name:</b></td> </tr> <tr> <td><b>Telephone:</b></td> </tr> </table>	From – To	Address:	<b>Person who knew you at this address:</b>	<b>Name:</b>	<b>Telephone:</b>			
From – To	Address:									
<b>Person who knew you at this address:</b>	<b>Name:</b>									
	<b>Telephone:</b>									
	Other addresses for last <u>3 years</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> <tr> <td rowspan="2"><b>Person who knew you at this address:</b></td> <td><b>Name:</b></td> </tr> <tr> <td><b>Telephone:</b></td> </tr> </table>	From – To	Address:	<b>Person who knew you at this address:</b>	<b>Name:</b>	<b>Telephone:</b>			
From – To	Address:									
<b>Person who knew you at this address:</b>	<b>Name:</b>									
	<b>Telephone:</b>									
<b>6.2</b>	<b>Addresses for the past 3 years</b>	<b>Spouse/Defacto/Partner/Fiancée</b> (Circle one, if required)								
	Current (including dates: From – To)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> </table>	From – To	Address:						
From – To	Address:									
	Permanent if Different	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> </table>	From – To	Address:						
From – To	Address:									
	Other addresses for last <u>3 years</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> </table>	From – To	Address:	From – To	Address:	From – To	Address:	From – To	Address:
From – To	Address:									
From – To	Address:									
From – To	Address:									
From – To	Address:									
	If deceased, please provide year of death.									
<b>6.3</b>	<b>Addresses for the past 3 years</b>	<b>Father</b>								
	Current (including dates: From – To)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> </table>	From – To	Address:						
From – To	Address:									
	Permanent if Different	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> </table>	From – To	Address:						
From – To	Address:									
	If deceased, please provide year of death.									
<b>6.4</b>	<b>Addresses for the past 3 years</b>	<b>Mother</b>								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> </table>	From – To	Address:						
From – To	Address:									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">From – To</td> <td>Address:</td> </tr> </table>	From – To	Address:						
From – To	Address:									
	If deceased, please provide year of death.									



## RSO in Confidence

<b>10. Employment Background</b>				
<b>Full particulars of current (and other) employment in last 7 years, including schools or universities and service with specific Government Agencies or Armed Forces (if latter give number and rank).</b>				
			Length of Service	
			From	To
<b>Name &amp; address of Current Employer</b>				
<b>Previous (most recent first)</b>				

<b>11. Certification Background (if applicable)</b>				
Have you previously completed security checking forms?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state the circumstances.				
Full details including agency's name				
Level		Year		
<b>12. Do you have any relatives, including children, living overseas?</b> <i>Only include direct relatives and those with whom you are in frequent contact.</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the following details on each:				
Name in Full	Relationship	Country of Residence	Dates of Residence	
			From	To

## RSO in Confidence

### 13. Your use of illegal drugs and drug activity:

During the past 7 years, have you used any controlled substance, for example, marijuana, cocaine, crack cocaine (heroin etc), amphetamines, depressants (barbiturates), Hallucinogenics (LSD etc)

**Yes (details provided below)**

**No**

(mm/yy)	(mm/yy)	Controlled Substance/Drug used	Number of times used
From	To		Last used (mm/yy)

### 14. Your use of alcohol:

In the last 7 years, has your use of alcoholic beverages resulted in any alcohol related treatment ?

Or counselling (such as for alcohol abuse or alcoholism ?)

**Yes (details provided below)**

**No**

### 15. Are you now, or have you ever been, a member of any societies, associations or interest groups?

Yes

No

If yes, please provide the following details.

Name of Club/Association/Group	Dates of Membership		Office Held	Reason for ceasing membership
	From	To		

### 16. a. Have you ever had personal contact with an official (including Police) of a foreign country? (i.e. contact outside normal work requirements e.g. social).

Yes

No

### b. If yes, was this as a result of other than official duties with the Australian or US Governments?

Yes

No

If yes to b, please give details:




## RSO in Confidence

**19. Has this person visited or resided overseas in the past 7 years?** Yes  No   
 If *yes*, please provide the following details:

Country	Address	Dates of Residence or Visit	
		From	To

**20. Does your Spouse/De Facto/Fiancee/ Partner have relatives residing overseas with whom they are in *frequent* contact?** Yes  No   
 If *yes*, please provide the following details:

Name in Full	Relationship	Country of Residence	Dates of Residence	
			From	To

**21. Are there any persons residing with you, other than those named above in question 18 (include parents if residing with you)?** Yes  No   
 If *yes*, please provide the following details:

Name in Full	M/F	Date of Birth	Place of Birth	Relationship	Occupation

**22. Has any of these persons currently residing with you visited or resided overseas in the last 7 years?** Yes  No   
 If *yes*, and their particulars **do not** already appear on this form, please provide the following details:

Name in Full	Country of Residence	Dates of Residence or Visit	
		From	To

## RSO in Confidence

<b>23. Do you have any child support obligations or <i>any</i> other court issued orders?</b>		Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>
If yes, please provide details:			
<b>24. Have you ever been divorced ?</b>		Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>
If yes, please provide details (if less than 10 years):			
<b>Former Spouse Name</b>	<b>Last known address or contract telephone #</b>	<b>Date of Divorce</b>	
<b>25. Have you received any traffic violations (<i>speeding, drive under influence etc</i>) ?</b>		YES <input style="width: 30px; height: 20px;" type="checkbox"/>	NO <input style="width: 30px; height: 20px;" type="checkbox"/>
If yes, please provide details (if less than 10 years):			
<b>Date</b>	<b>Nature of offence/s</b>	<b>Penalty (if known)</b>	
<b>Note : You are required to contact the Road Traffic Authority of your State or Territory and obtain an official copy of your driving record. This is to be attached to this document prior to submission.</b>			
<b>NB: A list of the RTA websites for each State/Territory is listed at Page 21</b>			
<b>26. Do you consent to the Regional Security Office undertaking a credit reference check on you ? (<i>this may or may not be done</i>)</b>		YES <input style="width: 30px; height: 20px;" type="checkbox"/>	NO <input style="width: 30px; height: 20px;" type="checkbox"/>
If no, please provide reason.			

## RSO in Confidence

<b>27. Name and contact telephone number/s of a person to be contacted in an <i>emergency</i>.</b>	<b>Contact No.</b> <input type="text"/>		
<b>Name &amp; Relationship</b> <input type="text"/>			
<b>I certify that to the best of my knowledge and belief the information given in this form is correct and complete and that I will notify the Regional Security Office of any material changes.</b>			
<b>Note: Material changes would include (but are not exclusive of) such things as the following;</b>			
<ul style="list-style-type: none"><li>• Changes to Personal Circumstances (such as marriage or divorce, defacto)</li><li>• Changes to Financial Circumstances</li><li>• Overseas Travel</li><li>• Subject of any Court orders (including child support)</li><li>• Detained, interviewed or questioned by police in relation to any criminal matter</li></ul>			
<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Witnessed by (<i>cannot be family member</i>):</b>			
<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Name in block letters</b>	<input type="text"/>		

**PLEASE ENSURE THAT THE FORM HAS BEEN SIGNED AND WITNESSED ON THE SAME DAY.**



## EMBASSY OF THE UNITED STATES OF AMERICA

### CONSENT TO OBTAIN PERSONAL INFORMATION/POLICE CHECK INFORMATION SHEET

#### GENERAL INFORMATION

The Consent to Obtain Personal Information Form is used by agencies as part of the assessment process to determine whether a person is suitable to occupy a Sensitive but Unclassified (SBU) position; it is part of the security certification process.

Unless statutory obligations require otherwise, the information provided on the form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability to occupy a SBU position. You may be required to complete another consent form in the future in relation to employment in other positions.

#### POLICE RECORDS CHECK

Police record checks are an integral part of the assessment of your suitability to occupy a SBU position. On this Form you are asked to disclose whether you are the subject of any criminal charge(s) still pending before a Court, or whether you have been the subject of a conviction(s) or finding(s) of guilt before a Court. You are not required to reveal any conviction(s) which may be protected by Part VIIC of the Crimes Act 1914, relating to pardoned, quashed or spent convictions, except where exclusion applies (see explanation note under heading Spent Convictions Scheme).

The Consent Form will be forwarded by the Regional Security Office to the Australian Federal Police (AFP), and you are asked to consent to:

- the AFP disclosing criminal history information from its own records to the Regional Security Office; and
- for the AFP to access the records of any State police force or authority where you have lived permanently, as nominated by you in the Personal Particulars section of the form, to obtain any criminal history information which in turn would be disclosed to the Regional Security Office, Embassy of the United States of America.

#### SPENT CONVICTIONS SCHEME

On 30 June 1990, new Commonwealth legislation relating to the collection, use and disclosure of old conviction information came into effect. This new law is commonly known as the Spent Convictions Scheme. The aim of the scheme is to prevent discrimination on the basis of old convictions, once a waiting period has passed and provided the individual has not re-offended. The Scheme also covers situations where an individual's conviction has been set aside or pardoned.

An individual whose conviction is protected by Part VIIC of the Crimes Act 1914 does not have to disclose that conviction to any person, including a Commonwealth authority, unless exclusion applies. Commonwealth authorities are prohibited from taking into account, or from disclosing without consent of the individual, such convictions.

A spent conviction is a conviction for either a Commonwealth, Territory, State, or foreign offence, which satisfies all of the following conditions:

- **it is 10 years since the date of the conviction (or 5 years for child offenders);**
- **the individual was not sentenced to imprisonment or was not sentenced to imprisonment for more than 30 months;**
- **the individual has not re-offended during the 10 year (5 year for child offenders) waiting period and;**
- **a statutory or regulatory exclusion does not apply. (A full list of exclusions is available from the Privacy Commissioner).**

## RSO in Confidence

The Attorney-General, on the recommendation of the Privacy Commissioner, has granted exclusions, both partial and full, from the operation of the Scheme for several categories of employment. There are also statutory exclusions contained within the Act. This means that applicants for those positions must declare all convictions where a full exclusion exists, or convictions for specific offences where a partial exclusion exists. Details of exclusions should be provided to you by the employing organisation before your consent is sought to conduct a criminal history check.

Those exclusions relevant to the security certification process are for applicants or occupations to which a SECRET or TOP SECRET level of assessment has been designated, as stated in Division 6, Part VIIC of the Crimes Act 1914 and Statutory Rule No 227 of 1990. A full exclusion from the scheme has been granted for positions in this category.

An individual who believes the standards dealing with disclosure and use of old conviction information have been breached may apply to the Privacy Commissioner for an investigation of the matter. The address is GPO Box 5218, SYDNEY, NSW 2001.

### PROVISIONS OF FALSE OR MISLEADING INFORMATION

You are asked to certify that the personal information you have provided on the form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided false or misleading information, you may be assessed as unsuitable to occupy the position for which you are being assessed.

**Please ensure that you sign and date the form and complete both pages.**

# RSO in Confidence

## EMBASSY OF THE UNITED STATES OF AMERICA

### CONSENT TO OBTAIN PERSONAL INFORMATION

#### NO EXCLUSION

(For categories where No Exclusion has been granted from spent convictions legislation).

I,	<i>Full name in block letters</i>
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applying for a position with the US Mission Australia	<i>(Insert Position Title)</i>	hereby:
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I. acknowledge that I have read the General Information document provided with this Form and understand that I do not have to disclose old protected convictions information, which is described under the heading Spent Convictions Scheme in the General Information document;

II. Certify that the personal information I have provided on both the front and back of this form relates to me and is correct;

III. I consent to : Name of Organisation Seeking Information)	<b>The Embassy of the United States of America</b>
requesting for a Police Records Check to be undertaken by the Australian Federal Police	

IV. consent to the AFP or to other relevant Australian police force(s) extracting from their records details of traffic violations, and criminal and/or traffic records relating to me pending before a Court, and/or details of convictions or findings of guilt which have been recorded against me and which are not covered by Part VIIC of the Crimes Act 1914 dealing with spent convictions;

V. consent to the AFP and/or other police force(s) providing the relevant information to the organisation listed in (III) above; and

VI. acknowledge that any information provided by me on this Form or by the police as a result of the records check may be taken into account by the organisation mentioned in (III) above in assessing my suitability to receive the entitlement.

Signature		Date	
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#### NOTE

The information you provide on this form and which the police provide to this organisation on receipt of the form, will be used only for the purpose stated above unless statutory obligations require otherwise.

Please ensure that you sign and date the form. Both pages are to be completed.

# RSO in Confidence

## PERSONAL PARTICULARS NO EXCLUSION (CONTINUED)

Surname (present)							
All other surnames used							
Given names					Male		Female
Date of Birth		Town/City of Birth		State/Country of Birth			
Contact Phone No. 9am-5pm	( )	Drivers Licence No.		State/ Territory of Drivers Licence			

### PERMANENT RESIDENTIAL ADDRESS OVER LAST TEN (10) YEARS

If full details of previous addresses are unavailable details of town(s) and state(s) will suffice	If actual dates are unavailable, details of year of residence will suffice. Attach list if insufficient room.
Address	Period of Residence
<b>Current</b>	to
<b>Previous (Most recent first)</b>	to
	to
	to
	to
	to

### CRIMINAL CHARGE, CONVICTION OR PECUNIARY PENALTIES

Are you the subject of any criminal charge(s) still pending before a court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any conviction(s) or finding(s) of guilt which are less than ten (10) years old, or any juvenile conviction(s) or finding(s) of guilt which are less than five (5) years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any conviction(s) or finding(s) of guilt which are over ten (10) years old, (or five (5) years for juvenile conviction(s) or finding(s) of guilt) where the sentence imposed was greater than thirty (30) months imprisonment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered Yes to any of the above questions, please attach details:

#### AFP USE ONLY

Address of Initiating Department:  Regional Security Office Embassy of the United States of America 21 Moonah Place Yarralumla ACT 2600	<b>AUSTRALIAN FEDERAL POLICE</b> NOT RECORDED <input type="checkbox"/> RECORDED <input type="checkbox"/>  NOTE: As fingerprints do not accompany your request, the Australian Federal Police cannot guarantee in any manner, that the information supplied herewith concerns the individual in whom you are interested.
User Code: (to be inserted by Department)	Signature _____ Date: _____ For Commissioner Australian Federal Police

## RSO in Confidence

# UNITED STATES OF AMERICA AUTHORIZATION FOR THE RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agencies, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security certification.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counselling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further Authorize** any investigator, special agent, or any other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of the authorized Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purpose provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (sign in ink)	Full name (type or print Legibly)		Date Signed
Other names used			Social Security Number (if applicable)
Current Address (Street, City)	State	ZIP Code	Home Telephone Number

# RSO in Confidence

United States Department of State  
Washington, D.C. 20522



## U.S. DEPARTMENT OF STATE DRUG CERTIFICATION

I am aware that the U.S. Department of State (DOS) does not allow the use, possession, or trafficking of illegal drugs (Marijuana, narcotics, hallucinogens, and other drugs listed in the Controlled Substances Act) by individuals who hold a DOS access authorization (security certification), regardless of the type of position occupied.

Unless lawfully prescribed for my use by a licensed physician, I agree that I will not buy, sell, accept as a gift, experiment with, traffic in, use, possess or be involved with the illegal drugs cited above at any time, in any country, in any job in which I have been given a DOS security certification. Involvement includes knowingly being in the presence of others who are in the possession of these illegal drugs.

I understand that the use of marijuana, listed in Schedule I of the Controlled Substances Act, remains subject to prosecution by the Drug Enforcement Agency, even if it may be legal under the terms of a state law or proposition. Such use or involvement with continues to be in contravention of the Federal Drug-Free Workplace Act and will result in the review of my eligibility for DOS security certification. (62 FR 6164, February 11, 1997)

I understand that if I break this agreement even once, I may lose my DOS security certification. I also understand that if I lose my DOS security certification I may lose my job. This agreement shall be in effect at all times while I possess a DOS security certification, to include anytime my security certification has been reinstated.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

## NOTES

1. The nature of security certification action (vetting) is such that it cannot be determined from the outset how many, and to what extent, checks/enquires will need to be made in order to be able to make an informed and reasoned assessment about a person's suitability for a security certification. For that reason the RSO cannot specify exactly what checks/enquires will be made for each security certification.
2. However, you are advised that in all cases the following checks will be made:
  - corroboration of any previous employment, including with the Defence Force, and a check of any existing security records;
  - corroboration of places and periods of residence for 7 years.
3. Any or all of the following checks/enquires may be made on a needs basis:
  - checks with Registrars of Births, Deaths and Marriages for authenticity of personal documents such as birth, marriage and change of name documentation;
  - check of naturalisation/citizenship documentation with the Department of Immigration and Citizenship and passports with the Department of Foreign Affairs and Trade; or like organizations of another Country;
  - enquiries with previous employers, educational institutions, friends, relatives, and associates about your general character, reliability, trustworthiness etc; and
  - checks/enquires with any other person, agency or organisation which may be able to contribute information relevant to the assessment of your suitability for the access proposed.

All information and documentation requested will be held in strict confidence and used only for the purpose of the current security certification action.

**In order to avoid delays in the security certification process, it is essential that each of the forms in the package attached is completed correctly. A checklist has been provided for you to ensure all documentation and information is prepared prior to submitting your security certification package to the Embassy of the United States of America, Canberra.**

**Should you have any questions in relation to the completion of these forms, please contact the Regional Security Office:**

<b>Canberra/Perth</b>	<b>(02) 6214 5710 or (02) 6214 5985</b>
<b>Melbourne</b>	<b>(03) 9526 5987</b>
<b>Sydney</b>	<b>(02) 9373 9150</b>

# RSO in Confidence

## CHECKLIST

- Have the following forms been signed and witnessed on the same day?

Note: Forms 1 & 2 are to be witnessed by any person other than a family member.

- 1) Personal Particulars Form
- 2) General Consent – Australian Federal Police check
- 3) United States of America – authorization for the release of information
- 4) Department of State – Drug Certification
- 5) Road Traffic Authority Driving Record (History)

Yes	No

- Has all of the documentation supplied, such as Birth Certificate, Marriage Certificate etc, been certified correctly?

Yes	No

**Note: The RSO requests that you supply certified copies of all your personal documentation and not originals.**

A brief explanation has been provided below for your assistance:

Please ensure that all documents attached are complete and are certified copies. This is especially important for multiple page documents such as passports. All pages are to be copied and certified as true copies of the original document. A second person is to sight both the original and the copy and is to ensure that both documents are identical. When satisfied, this person is to ensure that **all pages** have been certified true copies by writing or stamping **‘This is a true copy of the original as supplied to me’** print their surname, designation, date and sign all pages. **Note: All pages are to be certified.** Where it is not desired to copy blank pages (eg passports), the disclaimer **‘I certify that pages x to x are blank and were not copied’** is to be used in combination with the above certification.

- Has all sections in the List of Documents to be attached form marked as being either attached or as not applicable?

Yes	No

- Have all spaces been filled on the Personal Particulars Form? Indicate with “n/a” if information requested is not applicable to you. This lets the RSO know that you have not left information out in error.

Yes	No

List of websites for access to driving license records:

- Queensland : please contact Queensland Transport
- New South Wales : <http://www.rta.nsw.gov.au/myrta/myrecords/index.html>
- Western Australia : <http://www.police.wa.gov.au/TRAFFIC/Infringements/tabid/990/Default.aspx>
- Northern Territory : Contact the Northern Territory Police Service
- South Australia : Contact the South Australian Police Service
- Tasmania : [http://www.transport.tas.gov.au/miscellaneous/search\\_applications#3](http://www.transport.tas.gov.au/miscellaneous/search_applications#3)
- A.C.T : Contact the ACT Motor Registry
- Victoria : <https://www5a.maxi.com.au/epp/vrd/DriverHistory.asp?pr=2&step=1>

## RSO in Confidence

Documents requiring certification can be certified before –

Member of the Commonwealth Parliament,  
Member of a State Parliament,  
Member of the Legislative Assembly of the Australian Capital Territory,  
Member of the Legislative Assembly of the Northern Territory,  
Member of the Legislative Assembly of Norfolk Island,  
Judge,  
Magistrate,  
Master of a Court,  
Chief Executive Officer of a Federal Court,  
Registrar or Deputy of a Court,  
Clerk of a Court,  
Clerk of Petty Sessions,  
Sheriff,  
Sheriff's Officer,  
Bailiff,  
Barrister,  
Solicitor,  
Registered Patent Attorney within the meaning of the Patents Act 1990,  
Justice of the Peace,  
Commissioner for Affidavits,  
Notary Public,  
Commissioner for Declarations,  
Police Officer,  
Registered Medical Practitioner,  
Dentist,  
Pharmacist,  
Veterinary Surgeon,  
Minister of Religion designated as an authorised marriage celebrant,  
Civil Marriage Celebrant,  
Holder of a Statutory Office,  
Alderman or Councillor of a Municipal or Shire Council,  
Senior Executive Service Officer of the Commonwealth Public Service,  
Permanent Employee of the Commonwealth Government with 5 years service,  
Senior Executive Service Officer of a State Public Service,  
Permanent Employee of a State Government with 5 years service,  
Permanent Employee of a Territory Government with 5 years service,  
Permanent Employee of a Local Government with 5 years service,  
Officer of the Australian Navy, the Australia Army, or the Australian Air Force, within the meaning of the Defence Force Discipline Act 1982,  
Non-Commissioned Officer within the meaning of the Defence Force Discipline Act 1982 with 5 years service,  
Warrant Officer within the meaning of the Defence Force Discipline Act 1982 with 5 years service,  
Full-time Teacher at a school, or tertiary education institution, with 5 years service,  
Registered Nurse, or Enrolled Nurse, with 5 years service,  
Bank Manager,  
Bank Officer with 5 years Service,  
Building Society Officer with 5 years service,  
Credit Union Officer with 5 years service,  
Registered Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants,  
Postal Manager,  
Australian Postal Corporation Officer with 5 years service,  
Person before whom a statutory declaration may be made under the law of the State, Territory, in which the declaration is made,  
Australian Consular Officer, or Australian Diplomatic Officer, within the meaning of the Consular Fees Act 1985.