



Filling Out Your Security Forms

EPA PERSONNEL SECURITY BRANCH

Introduction and Contact Information

The questionnaire you are about to fill out is a standard government form. **If you have questions about the form, re-read the instructions, refer to this presentation, or consult the Office of Personnel Management's (OPM's) "Quick Reference Guide" on its e-QIP Application page** (<https://www.opm.gov/investigations/e-qip-application/>).

Not every section of the Electronic Questionnaire for Investigations Processing (e-QIP) form is covered in this presentation; only the sections that may need additional explanation are included.

If you have questions about **PINs, passwords, or technical issues, contact OPM at:**

[@opm.gov](mailto:opm@opm.gov)

Or

724-794-7103

Before You Start



Set aside ample time to complete the questionnaire – it can take a few hours.

Begin as soon as possible. **Do not wait until the last minute.** Your employment offer may be rescinded if all required materials are not received within the time stated in your email.

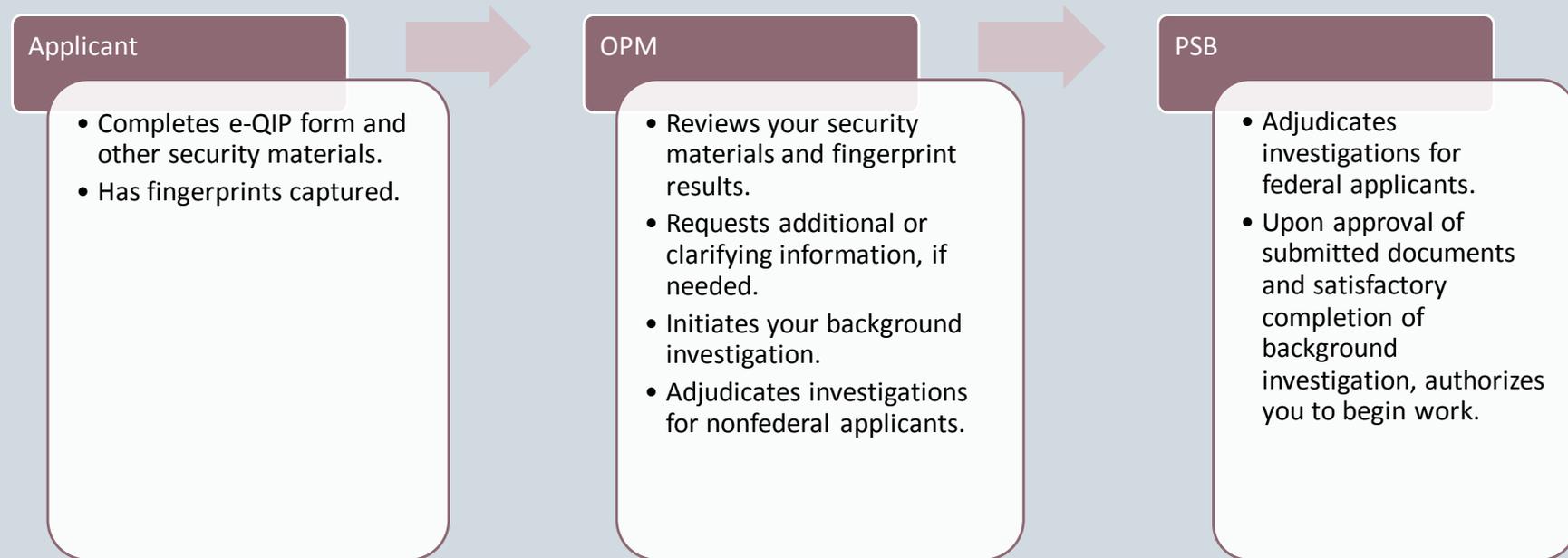
Gather materials needed to cover the period of time requested on your form:

- Citizenship and identifying information for you, your spouse, and other relatives.
- Previous residency addresses.
- Education history – dates, degree(s) awarded, and institution addresses.
- Employment history – including supervisor name and contact information.
- Full names, addresses, and phone numbers of friends or other individuals who can verify your recent education, employment status, and residence history.

Security Process

- **Fill out your required security materials completely.** Your start date may be delayed if OPM needs to contact you for more information.
- If OPM asks for more information, respond promptly.

The security process looks like this:



Quick Tips

Quick Tips

- **All questions must be answered and all responses must be complete and accurate. Read the instructions carefully.**
- Avoid choosing, “I do not know this information.” OPM will request additional information until a sufficient answer is provided.
- Avoid acronyms (including military). Use full employer names and complete job titles where possible.
- Relatives and spouses (or former spouses) can only be used to verify unemployment; they are not valid verifiers for any other items on the form.
- Be sure to include **complete addresses** and **complete, legal names** when requested.

For additional information, refer to

<https://www.opm.gov/investigations/e-qip-application/>

e-QIP and Standard Forms

Logging In for the First Time

- e-QIP automatically checks your browser's compatibility.

e-QIP Browser Compatibility Check

Before you continue, the e-QIP System must verify that you are using an approved web browser that is properly configured. If you need to make changes to your web browser's settings, click [Try Tests Again](#) to retest your configuration.

Your Browser Info

Browser: Google Chrome v47.0

Supported Browser: **Yes** - more info
Session Cookies: **Allowed** - more info
Scripting: **Allowed** - more info

- If you have problems with your browser, follow the instructions provided or visit OPM's Quick Reference Guide: <https://www.opm.gov/investigations/e-qip-application/>
- When ready, click "Continue to e-QIP."

Continue to e-QIP

Logging In for the First Time

Allow me to see my Golden Answers as I type them.

1 Question: **What is your LAST name?**
Answer: ...

2 Question: **In what CITY were you born? (DO NOT provide the State.)**
Answer:

3 Question: **In what four-digit YEAR were you born?**
Answer:

Registration Code:

- Answer three default Golden Questions in all **CAPITAL** letters.
- You must use your e-QIP Registration Code/Personal Identification Number (PIN) to log in. Enter the PIN **exactly** as it was given to you by OPM.
- If you have issues with your default Golden Questions or with your PIN, call OPM at 724-794-7103.

Logging In for the First Time

Allow me to see my Challenge Answers as I type them.

1 Question: -- Select Challenge Question ---
Answer:
Confirm Answer:

2 Question: -- Select Challenge Question ---
Answer:
Confirm Answer:

3 Question: -- Select Challenge Question ---
Answer:
Confirm Answer:

- After answering your Golden Questions, create **three** Challenge Questions.
- Only you will know the answers to these questions. **Be sure to remember your responses for future reference.**

Logging In for the First Time

Select a username and password and enter them in the fields below, then click the "Submit" button to continue.

Your username must be a minimum of six characters with no spaces or special characters. It may contain letters and/or numbers and is not case specific.

Your password must be a minimum of fourteen characters and contain at least one character from three of the following four categories:

- Uppercase letters (A-Z)
- Lowercase letters (a-z)
- Numbers (0-9)
- Special Characters (#, @, \$, %, &, +, =, *, ?, {, }, [,], <, >, :, ;, ")

Username

Confirm Username

Password

Confirm Password

- Create your **username** and **password**. Again, be sure to remember your responses for future reference.
- After three failed attempts to log in, you will be locked out of the system. Call OPM at 724-794-7103 for assistance.
- If you do not remember your password, call OPM for assistance.

Navigation

Help · Display · Logout

Sections 1-6: Your Identifying Information
Comprehensive Details

section: SF85 Sections 1-6: Your Identifying Information Go

OMB No. 3206-0261
Form: SF85

- Use the drop-down menu at the top of the screen and the buttons at the bottom to navigate between sections of the form. (Do not use the “Back” button on your browser.)
- Click “Help” if you have questions.
- Click “Save” or “Save/Continue” at the end of every page. (“Reset this Screen” erases the information you entered on that page.)

Add Optional Comment

Save Save/Continue Reset this Screen

Your Identifying Information



Section 1: Full Name

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name

	Name	IO/NFN/NMN
Last:	<input type="text"/>	
First:	<input type="text"/>	<input type="text" value="▼"/>
Middle:	<input type="text"/>	<input type="text" value="▼"/>
Suffix:	<input type="text" value="▼"/>	

- Provide your **full, legal name**.
- Take care to spell your name and place of birth correctly and input your birthdate and Social Security Number correctly.
- You **must** provide your Social Security Number.

Section 4: Social Security Number

Provide your U.S. Social Security Number

Not Applicable

- -

Citizenship



Item a

Mark the box that reflects your current citizenship status, and follow its instructions.

- Citizenship Status:**
- I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)
 - I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)
 - I am not a U.S. citizen. (Answer items b and e)

- Select your citizenship status.
- If you are a U.S. citizen and were born on a military base outside the United States, you must check “I am a U.S. citizen, but I was NOT born in the U.S.” and answer the subsequent questions.
- Provide your mother’s maiden name.

Item b

Your Mother's Maiden Name:

Citizenship



- If you are not a U.S. citizen, provide the place you entered the United States, the date, an alien registration number, and your country of citizenship.
- If you do not have an alien registration number, use your I-94 number.

Item e, Alien	
If you are an alien, provide the following information:	
Place You Entered the United States	
City:	<input type="text"/>
State:	<input type="text"/>
Date You Entered U.S.	
Month/ Day/ Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>
Alien Registration Number: <input type="text"/>	
Country(ies) of Citizenship	
#	Country
1.	<input type="text"/>
<input type="button" value="Add A Blank Entry"/>	

Where You Have Lived



- Make sure to include complete addresses and cover the period of time required.
- Use the address for where you actually resided. Do not list a “permanent address” if you were living at school.
- P.O. boxes are **not** acceptable. Instead, provide an additional comment describing where you lived.
- For temporary military stations (under 90 days), list your permanent address instead.
- Use APO/FPO addresses if you lived overseas while in the military.

Dates of Activity		
Date	Month/Year	Est. / Pres.
From:	Sep(09) ▼ / 2009	▼
To:	▼ /	Present ▼

Street Address	
Street:	<input type="text"/>
City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.	
State:	<input type="text"/> ▼ Zip Code: <input type="text"/>
Country:	<input type="text"/> ▼

Your Education



Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

School Type:

High School
 College/University/Military College
 Vocational/Technical/Trade School

School Name:

Street Address

Street:

City:

Provide Country if outside the United States; otherwise, provide State and Zip Code.

State: Zip Code:

Country:

Provide a detailed entry for each degree, diploma, etc. you received from this school.

Degree/Diploma/Other

#	Dates Awarded	Degree/Diploma/Other				
1.	<table border="1"><thead><tr><th>Month/Year</th><th>Est.</th></tr></thead><tbody><tr><td><input type="text"/> / <input type="text"/></td><td><input type="checkbox"/></td></tr></tbody></table>	Month/Year	Est.	<input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Month/Year	Est.					
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>					

- List all schools attended beyond Junior High School for the period of time required on the form.
- List **all** College/University degrees no matter when they were awarded.
- If all your education occurred before the period of time required, list your most recent education, regardless of when it occurred.

If you can't find the school's street address, use the street address of the registrar. (Note: The name of the institution is **not** a street address.)

Your Employment Activities



- Your employment history should match your resume for the period of time requested on the form.
- If you worked for the **same employer at the same location** more than once, enter information in the “Previous Periods of Activity” block instead of creating a new entry.

Previous Periods of Activity

Not Applicable

#	Dates of Activity			Position Title	Supervisor	Actions
1.	Date	Month/ Year	Est.			Delete
	From:	<input type="text"/> / <input type="text"/>	<input type="text"/>			
	To:	<input type="text"/> / <input type="text"/>	<input type="text"/>			
	Date	Month/ Year	Est.			Delete
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>				
	To:	<input type="text"/> / <input type="text"/>	<input type="text"/>			
	Date	Month/ Year	Est.			
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>				
	To:	<input type="text"/> / <input type="text"/>	<input type="text"/>			

Add A Blank Entry

Your Employment Activities



Type of Employment:

- Active military duty stations
- National Guard/Reserve
- U.S.P.H.S. Commissioned Corps
- Other Federal employment
- State Government (Non-Federal employment)
- Self-employment
- Unemployment
- Federal Contractor
- Other

- If the type of employment is not included in the list, select “Other.”
- Listing “full-time student” or “retirement” does not count as employment. Select “Unemployment” for that time period.
- If you are or were self-employed or unemployed, you must provide a verifier, someone **other than yourself**, who can vouch for your self-employment or unemployment. (See details on next slide.)
- Be sure to cover the **entire** period of time required.
- Avoid acronyms (including military). Use full employer names and complete job titles where possible.
- P.O. boxes are NOT acceptable. Provide an additional comment describing the location if a street address is not available.

Your Employment Activities



Type of Employment:

- Active military duty stations
- National Guard/Reserve
- U.S.P.H.S. Commissioned Corps
- Other Federal employment
- State Government (Non-Federal employment)
- Self-employment
- Unemployment
- Federal Contractor
- Other

Save Cancel Reset this Screen

For unemployment, you may list a relative as a verifier.

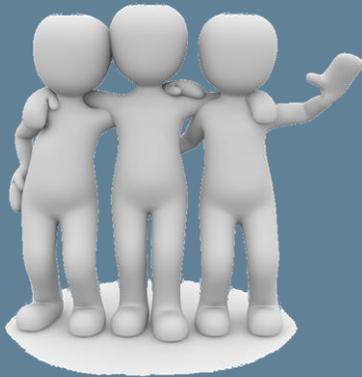
Type of Employment:

- Active military duty stations
- National Guard/Reserve
- U.S.P.H.S. Commissioned Corps
- Other Federal employment
- State Government (Non-Federal employment)
- Self-employment
- Unemployment
- Federal Contractor
- Other

Save Cancel Reset this Screen

However, neither you nor a relative can verify your self-employment. Suitable verifiers include patrons, non-relative business partners, or local business associations.

People Who Know You Well



Dates Known

Date	Month/ Year	Est. / Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Name:

Home or Work Address

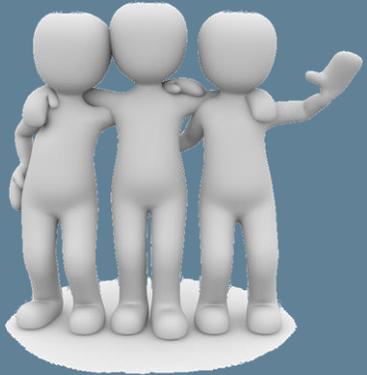
Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Telephone Number

Number	Extension	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Check box if International or DSN phone number		

- You must provide **at least 3** people who can serve as verifiers for the period of time required.
- If all verifiers live outside the U.S., provide **3 additional** individuals who live in the U.S. These additional verifiers do not have to cover the timeframe required by the form.

People Who Know You Well



- List individuals who have not been identified elsewhere on your e-QIP form.
- Do not list relatives, spouses, or former spouses.
- Supply **all** requested information (full name, address, phone number, dates known).
- Satisfactory examples include friends, neighbors, coworkers, roommates, peers, and coaches.

Your Marital Status and Your Relatives



- If married, list all requested information about your spouse, to include his/her full Social Security Number if applicable.
- Provide the information requested for the applicable relatives.
- Use the “Add Optional Comment” button to explain why information is missing or to provide additional information.
- If you are estranged from a relative and cannot complete the information requested, use the “Add Optional Comment” button to explain why you are no longer in contact with that person.

A screenshot of a form interface. At the top, there is a button labeled "Add Optional Comment". Below it, there are three buttons: "Save", "Save/Continue", and "Reset this Screen". The buttons are arranged in two rows: the first row has one button, and the second row has three buttons.

Your Selective Service Record



- **All males must answer the Selective Service question.**
- Check the Selective Service website (<https://www.sss.gov/Home/Verification>) if you:
 - Do not remember your Selective Service Number
 - Cannot remember if you registered for Selective Service
 - Need to register for Selective Service
- Use the “Add Optional Comment” button to explain why you have missing information or to provide additional information.

Note: Not registering for Selective Service may disqualify you for certain federal benefits, including federal jobs.

Your Police Record



- If you have a police record, provide court documents and information or evidence that you met court penalties.
- Provide accurate and comprehensive details for the information requested – including dates, offenses, names, and locations.
- **If you do not provide this information, your ability to start work will be delayed.**

Note: Including police record information does not automatically disqualify you. It is best to be forthcoming and truthful.

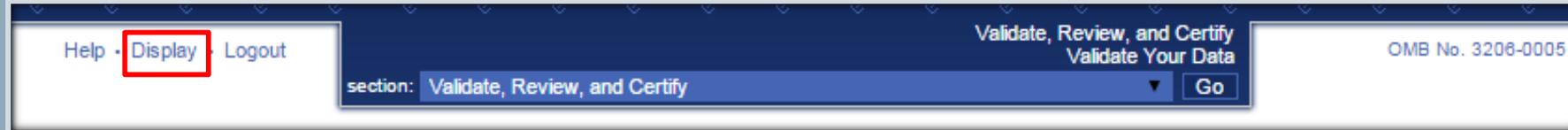
Your Financial Record



- If you have federal debt, bankruptcies, loans, or other credit issues over the period of time requested, select “yes.”
- Provide **comprehensive** information to subsequent questions – including creditor information, court information, type(s) of loan(s), dates, etc.
- You may be asked to sign an EPA Credit Release so we can run a credit report (<https://www.epa.gov/sites/production/files/2015-10/documents/epa-credit-release-authorization.pdf>).

Note: Answering “yes” to this question does not automatically disqualify you for the position.

Validate, Review, and Certify



THIS STEP IS CRITICAL.

- Review your answers for accuracy and completion.
- The system validates the data you have entered. Any errors appear under the “Validation Summary” table.
- You must fix these errors before continuing.
- Once validated, click the “Display” link (top left) to save a copy for your records.

You must submit a complete and accurate form. Failure to do so may jeopardize your ability to work at the EPA.

Digital Signatures and Releasing to EPA

- Digitally sign the signature forms that appear in e-QIP.
- Please refer to [Digitally Sign Your Security Forms](#) (if you are completing the SF 85 or SF 85P) or [Digitally Sign Your SF 86](#) (if you are completing the SF 86) at epa.gov. Both of these guides contain detailed instructions to help you accurately complete, digitally sign, scan, and successfully submit your e-QIP form.
- Upload additional documents to e-QIP as required or requested for your investigation. For example, you may be asked to complete and upload an [OF 306](#) or [EPA Credit Check Authorization Form](#).
- Documents that support responses on your form should also be uploaded.
 - Please upload each full document separately. Do not upload all documents together as a single attachment or upload a page at a time.
- **Final Step: Select “Release Request/Transmit to Agency.” This step must be completed for OPM to receive your e-QIP forms.**
- This is the end of the e-QIP questionnaire. OPM will contact you if additional or clarifying information is needed.

Thank You

Contact Information

Office of Personnel Management (OPM)

Phone: 794-724-7103

Email: @opm.gov

OPM e-QIP Quick Reference Guide:

<https://www.opm.gov/investigations/e-qip-application/>