

PERSONNEL SECURITY QUESTIONNAIRE (PSQ)**DD FORM 398****CONTENTS****THE PSQ PACKAGE CONSISTS OF THE FOLLOWING:**

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| 1. Privacy Act Statement | 4. General Instructions |
| 2. DD Form 398, "Department of Defense Personnel Security Questionnaire" | 5. Detailed Instructions |
| 3. Authority for Release of Information and Records | 6. Appendix E to Department of Defense Regulation 5200.2 (DoD 5200.2-R) |
| | 7. Listing of Reportable Drugs |

PLEASE BE SURE YOU HAVE ALL PARTS OF THE PACKAGE.**PRIVACY ACT STATEMENT****AUTHORITY:**

50 U.S.C. Sections 781-887, Internal Security Act of 1950; 5 U.S.C. Section 9101, Criminal history record information for national security purposes; Executive Order 9397, November 1943 (SSN), Numbering System for Federal Register Accounts Relating to Individual Persons; Executive Order 10450, Security Requirements for Government Employment; Executive Order 10865, Safeguarding Classified Information Within Industry; Executive Order 11935, Citizenship Requirements for Federal Employment; Executive Order 12333, United States Intelligence Activities; Executive Order 12356, National Security Information; and 5 U.S.C. Section 301, Department Regulations.

PRINCIPAL PURPOSES:

To obtain background information for personnel security investigative and evaluative purposes to make security determinations to grant a security clearance; to allow access to classified information, sensitive areas, or equipment; or to permit assignment to sensitive national security positions. The data may later be used as part of a review process to evaluate continued eligibility for access to classified information. The Social Security Number will be used to verify identity and locate existing records.

ROUTINE USES:

To federal, state, local, or foreign law enforcement authorities if the record indicates, on its face or in conjunction with other records, a violation of law; to federal, state, or local government agencies if necessary to obtain information for a personnel security determination; to a requesting federal agency concerning its retaining, issuing a security clearance, or making a personnel security determination concerning assignment to or retention in a sensitive position, or letting a contract; to a congressional office in response to an inquiry made at the request of the individual; to foreign law enforcement, security, investigatory, or administrative authorities to comply with international agreements; to the Office of Personnel Management when necessary to carry out its personnel security functions; to the Department of Justice in pending or potential litigation to which the record is pertinent; to the General Services Administration and National Archives and Records Administration for records management purposes; to the Merit Systems Protection Board for use in administrative proceedings and investigations of possible prohibited personnel practices; to individuals and entities outside the Department of Defense and U.S. Government for counterintelligence activities authorized by federal law or executive order.

DISCLOSURE:

Voluntary; however, failure to furnish the requested information may result in our being unable to complete your investigation, which could result in your not being considered for clearance, access, or assignment to sensitive duties. For contractor personnel, failure to furnish information may result in administrative termination of any existing Industrial Security Clearance to include a contractor-granted clearance.

DEPARTMENT OF DEFENSE PERSONNEL SECURITY QUESTIONNAIRE

Before completing form, read attached Privacy Act Statement, General and Detailed Instructions.

Form Approved
OMB No. 0704-0299
Expires Feb 28, 1993

Public reporting burden for this collection of information is estimated to average 1.5 hours 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 this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0299), Washington, DC 20503.

1. NAME						FOR DIS USE ONLY	
a. Last, First, Middle (LAST Name in all capital letters)				b. Maiden Name (if any)			
SALCEDO, Sylvester Lee							
2. OTHER NAMES USED (LAST, First, Middle) (Include all other names used and dates of use.)				3. SOCIAL SECURITY NUMBER			
SALCEDO, Peter Sylvester (561125 to 780928)							
4. DATE OF BIRTH (YYMMDD)		5. PLACE OF BIRTH		7. STATUS (X and complete as applicable)			
561125		a. City Minneapolis		b. County Hennepin		c. State MN	
				d. Country USA			
6. PHYSICAL CHARACTERISTICS (Complete all blocks)							
a. Sex	b. Race	c. Height	d. Weight	e. Hair Color	f. Eye Color		
Male	Asian	66"	155	Black	Brown		
8. CITIZENSHIP (X a, b, or c, and complete as applicable)							
a. United States (X (1), (2), (3), (4), and/or (5))							
XX (1) Born in U.S.				(2) Born abroad of U.S. parents			
(3) Naturalized (Complete (a) - (e))				(4) Derived from naturalized parent (Complete (a) - (e))			
(a) Certificate Number(s)		(b) Date (YYMMDD)		(c) Place		(d) Court	
(5) Dual Citizenship (List country) (See DETAILED INSTRUCTIONS.)							
b. United States National (List U.S. Trust Territory or Possession)							
c. Alien (Complete (1) through (4))				(1) Current Citizenship		(2) Registration Number	
(3) Intend to become a U.S. citizen? (X one)				(a) Yes		(b) No	
(4) Permanent Resident Status? (X one)				(a) Yes		(b) No	
9. MILITARY SERVICE (List in chronological order beginning with the most recent period. Include Reserve/National Guard service.)							
a. If you checked Item 7.d. above, provide Occupational Specialty and Unit Assignment which requires this investigation.							
Naval Intelligence (1635) Naval Reserve Defense Attache 0166, Wash, DC (Boston Det)							
b. From (YYMMDD)	c. To (YYMMDD)	d. Branch of Service	e. Rank	f. Service Number(s)	g. Type of Discharge	h. Country	
780929	830423	USN	LT		Honorable	USA	
840401	900815	USNR (Selres)	LCDR			USA	
900815	910728	USN	ECDR		Honorable	USA	
910728	present	USNR (Selres)	ECDR			USA	
10. RESIDENCES							
a. Current Home Telephone (Include Area Code)				c. Roommates (Use this column only for residences shown on left for the last 5 years. Across from each such residence, give name, current address and telephone number of the primary person with whom you shared that residence. If you resided with your parents / current spouse alone, so indicate.)			
b. Address (List in chronological order beginning with current address. Give inclusive dates for each period of residence. If you list a Rural Route address, provide instructions or map for locating that residence.)							
(1) To (YYMM)	(3) Address (Number, Street, Apt. Number)	(1) Name (LAST, First, Middle Initial)	(2) Telephone Number (Include Area Code)				
Present	33 Gibson Street						
(2) From (YYMM)	(4) City, State, Zip Code	(3) Address (Number, Street, Apt. Number)	(4) City, State, Zip Code				
8412	Dorchester, MA 02122-1222	33 Gibson Street	Dorchester, MA 02122-1222				
(5) Country (If outside the United States)							
(1) To (YYMM)	(3) Address (Number, Street, Apt. Number)	(1) Name (LAST, First, Middle Initial)	(2) Telephone Number (Include Area Code)				
8411	21 Converse Lane						
(2) From (YYMM)	(4) City, State, Zip Code	(3) Address (Number, Street, Apt. Number)	(4) City, State, Zip Code				
8304	Melrose, MA 02176						
(5) Country (If outside the United States)							
(1) To (YYMM)	(3) Address (Number, Street, Apt. Number)	(1) Name (LAST, First, Middle Initial)	(2) Telephone Number (Include Area Code)				
8304	U.S. Navy (Active Duty)						
(2) From (YYMM)	(4) City, State, Zip Code	(3) Address (Number, Street, Apt. Number)	(4) City, State, Zip Code				
7810							
(5) Country (If outside the United States)							
(1) To (YYMM)	(3) Address (Number, Street, Apt. Number)	(1) Name (LAST, First, Middle Initial)	(2) Telephone Number (Include Area Code)				
(2) From (YYMM)	(4) City, State, Zip Code	(3) Address (Number, Street, Apt. Number)	(4) City, State, Zip Code				
(5) Country (If outside the United States)							

11. EMPLOYMENT/DUTY ORGANIZATION (List in chronological order, beginning with the present, each period of employment, self-employment, part-time employment, unemployment. Also list current Reserve or National Guard Unit. List inclusive dates for each period. If discharged for cause, so state in item 18. See DETAILED INSTRUCTIONS.)

Yes		No		a. Have you ever been in Federal Civil Service? (If Yes, explain in accordance with DETAILED INSTRUCTIONS.)			
XX							
b. Dates (YYMM)		c. Name of Employer		d. Job Site, Duty Station or Home Port (Street, City, State and Zip Code)		e. Immediate Supervisor (1) Name	
(1) From	(2) To						
8908	Present	UNEMPLOYED(Full-time)		GRADUATE STUDENT, SEE BELOW			
8612	8908	Self-employed					
8409	8612	Boston Public Schools		26 Court Street Boston, MA 01201			
8304	8409	UNEMPLOYED					
7909	8304	U.S. Navy(active duty)		USS CAPODANNO (FF-1093) USCOMSOLANT		CAPT B. Patterson (4) CAPT P. Molenda (9C)	

12. FAMILY/ASSOCIATES (Give requested data for: * Father, Mother, Spouse, Cohabitant, and Children * All brothers and sisters NOT born in the United States. * ALL relatives or friends to whom you, your spouse, or cohabitant are bound by affection or obligations IF such persons are residing in, are citizens of, or are employed by or otherwise representatives of ANY foreign country.)

a. Relationship and Name (LAST, First, Middle Initial)	b. Present Address (Street, City, State and Zip Code)	c. Date of Birth (YYMMDD)	d. Place of Birth (City, State, Country)
(1) Father Vivencio L. SALCEDO	New York, New York		Iloilo Philippines
(2) Mother (Maiden Name) Lily LEE	Philis.		Philippines
(3) Spouse (Maiden Name if applicable)			
(4) Cohabitant	33 Gibson Street Dorchester, MA 02122-1222		
(5) Brother SALCEDO, Vivencio, Jr. Martinez, GA			Manila, Philippines
(6)			
(7)			

13. MARITAL DATA

a. Current Marital Status (x one)	(1) Married	XX	(2) Never Married	(3) Legally Separated	(4) Divorced	(5)
b. Date(s) of Current and Prior Marriage(s) (YYMMDD)	c. Place(s) Where Married					
d. Date(s) of Divorce(s) (YYMMDD)	e. Court(s) Granting Divorce(s) and Location(s) (City and State)					
f. Name(s) and Current Address(es) of Former Spouse(s)						

14. FOREIGN TRAVEL/CONNECTIONS (x "Yes" or "No" for each question.)

Yes	No	(*) "Yes" answers must be explained in accordance with DETAILED INSTRUCTIONS.
X		a. Do you have any foreign property, business connections, or financial interests?
X		b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
X		c. Have you ever traveled outside the United States on other than official U.S. Government orders? (Include even short trips to Canada)
X		d. Have you ever had any contact with a foreign government, its establishments (e.g. embassies, consulates), or its representatives whether inside or outside the U.S. other than on official U.S. Government business?

15. FULL AND PART TIME EDUCATION (List in chronological order, including part-time attendance, beginning with the last school attended.) (See DETAILED INSTRUCTIONS.)

a. Dates (YYMM)		b. Name of School	c. Address (City, State and Zip Code)	d. Major
(1) From	(2) To			
9109	present	Suffolk Univ. Law School	Boston, MA 02114-4280	Law (tentative)
9009	9106	Naval War College	Newport, RI 02841-1207	Nat'l Security
0984	8612	Univ. of MASS/Boston	Boston, MA	Bilingual Ed.
0974	0578	Holy Cross College	Worcester, MA	Religious Stud.

16. CHARACTER REFERENCES (List 5 good friends, colleagues, classmates, etc., who together have known you for the entire period of investigation. Do not list anyone who is listed elsewhere on this form. See DETAILED INSTRUCTIONS.)

a. Dates (YYMM)		b. Name (LAST, First, Middle Initial)	d. Address (Number and Street, Apt. No., City, State, and Zip Code)	e. Telephone No. (Include Area Code)	
(1) From	(2) To	c. Association (Friend, etc.)		(1) Home	(2) Office
7109	present				
7309	present				
7709	present				
9109	present				
9109	present				

17. CREDIT REFERENCES (Complete this item only if you lived overseas on a cumulative basis for a period in excess of 6 months out of the last 5 years. List firms, institutions, and/or individuals (other than relatives) who have extended credit to you during that time period. See DETAILED INSTRUCTIONS.)

a. Name	b. Account Number	c. Number and Street	d. City	e. State	f. Zip Code

18. REMARKS (You may provide any additional information which you feel may have a bearing or impact on your security eligibility which has not been specifically asked for on this form.)

Item 14.c. Foreign Travel.

APR 89 travelled to France and Italy on vacation, about 10 days.

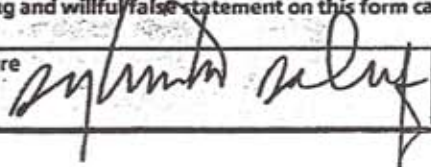
MAY 90 travelled to Mexico on vacation, one week.

JUL-AUG 91 travelled to W. Europe for vacation, one month: only in the former W. Germany, France, Italy, Netherlands, Belgium, Austria, Spain and Switzerland.

Item 22. a. Drug Use.

While in college, 1974-77, during my freshman through junior years, I experimented with the use of marijuana on several occasions. It was a relatively harmless experience. I was not a heavy user. I never bought or sold drugs, but I actively participated in "pot parties" during weekend social activities, at school or at other college campuses.

19. CERTIFICATION BY PERSON COMPLETING FORM. I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See U.S. Code, Title 18, Section 1001.)

a. Typed Name (LAST, First, Middle Initial) SALCEDO, Sylvester L.	b. Social Security No.	c. Signature 	d. Date Signed (YYMM) 940205
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Answers to questions in Items 20 through 24 are NOT limited to the last 5, 10, or 15 years, but pertain to your entire life. (See DETAILED INSTRUCTIONS.)

20. CREDIT HISTORY

Yes No ("YES" answers must be explained in accordance with DETAILED INSTRUCTIONS.)

- ☒ a. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- ☒ b. Have you ever had your wages garnished or anything repossessed?
- ☒ c. Have you ever had a lien placed upon your property for failing to pay taxes?
- ☒ d. Do you have any judgments against you which you have not paid?
- ☒ e. Are you now or have you been significantly delinquent on debts? (Paid more than 120 days from scheduled payment due date)

21. ARRESTS • You must list ALL arrest information regardless of whether you have previously listed or disclosed this information or whether the record in your case has been "sealed," expunged, or otherwise stricken from the court record. You must also include all courts-martial or non-judicial punishment (Article 15 UCMJ or Captain's Mast.)
• The only exceptions are for certain convictions under the Federal Controlled Substances Act (21 U.S.C. 844 or 18 U.S.C. Section 3607) (See DETAILED INSTRUCTIONS.)
• You may exclude minor traffic violations for which a fine or forfeiture of \$100 or less was imposed, unless alcohol or drug related.

- Yes No
- ☒ a. Have you ever been arrested, charged, cited, held, or detained by Federal, State, or other law enforcement or juvenile authorities regardless of whether the charge was dropped or dismissed or you were found not guilty?

b. List details of "Yes" answers

(1) Date (YYMMDD)	(2) Nature of Offense or Violation	(3) Name and Location of Law Enforcement Agency (City and State)	(4) Name and Location of Court/Magistrate (City and State)	(5) Penalty Imposed or Other Disposition in Each Case

22. DRUG/ALCOHOL USE AND MENTAL HEALTH ("YES" answers must be explained in accordance with DETAILED INSTRUCTIONS.)

- Yes No
- ☒ a. Have you ever tried or used or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), even one-time or on an experimental basis, except as prescribed by a licensed physician?
- ☒ b. Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?
- ☒ c. Have you ever misused or abused any drug prescribed by a licensed physician for yourself or for someone else?
- ☒ d. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?
- ☒ e. Have you ever been treated for a mental, emotional, psychological, or personality disorder/condition/problem?
- ☒ f. Have you ever consulted or been counseled by any mental health professional?

23. ORGANIZATIONS

Yes No ("YES" answers must be explained in accordance with DETAILED INSTRUCTIONS.)

- ☒ a. Are you now or have you ever been a member of the Communist Party or any Communist organization?
- ☒ b. Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which:
- ☒ (1) Advocates the overthrow of our constitutional form of government?
- ☒ (2) Advocates or approves the commission of acts of force, violence, coercion, or intimidation to deny persons their rights under the Constitution of the U.S.?
- ☒ (3) Seeks to alter the form of government of the United States by force, violence, or other unconstitutional means?
- ☒ (4) Advocates or engages in the disruption or halting of U.S. government activities through force, violence, or infiltration of the government service?

c. List all organizations in which you hold or have held membership since age 16. (You may omit labor unions, political parties, religious organizations, and those referred to in 23.a. and b.)

(1) Name (Do not abbreviate)	(2) Address (Number and Street, City, State, Zip Code)	(3) Type	(4) From (YYMM)	(5) To (YYMM)
Naval Reserve Association	1619 King St. Alexandria, VA	professional	8511	present
Navy League of the U.S.	2300 Wilson Blvd, Alexandria, VA	professional	9105	present

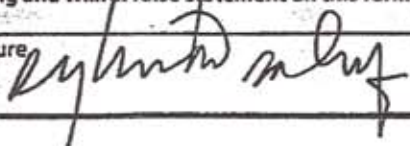
24. SECURITY CLEARANCE

- Yes No a. Have you ever held a security clearance, to include a contractor-granted Confidential? (If "YES," give details below.)

(1) Level	(2) Date Granted (YYMMDD)	(3) Granted By	(4) Name of Employer
TOP SECRET	890822	DIS	U.S. Navy

- ☒ b. Have you ever had a security clearance denied, suspended or revoked? (If "YES," give details in Item 18.)

25. CERTIFICATION BY PERSON COMPLETING FORM. I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See U.S. Code, Title 18, Section 1001.)

a. Typed Name (LAST, First, Middle initial) **SALCEDO, SYLvester L.** b. Social Security No. **[REDACTED]** c. Signature  d. Date Signed (YYMMDD) **940205**

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I have been provided a Privacy Act Statement advising me that certain information is required to assist the Department of Defense in making a security determination concerning me and that execution of this form is voluntary. The information will be used for the purpose of determining my qualification for employment with the Federal Government, service in the Armed Forces, or access to classified information.

I therefore authorize any duly accredited representative of the Department of Defense, including those from the Defense Investigative Service, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

I further authorize the Defense Investigative Service and any other authorized Department of Defense agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, 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 direct you to release such information upon request of the duly accredited representative of any authorized Department of Defense agency regardless of any agreement I may have made with you previously to the contrary.

I have been advised that the original of this authorization will be placed on file with the Department of Defense. This authorization will expire in five (5) years or upon the termination of my affiliation with the Department of Defense, whichever is sooner.

26. AUTHORIZATION

a. TYPED NAME (LAST, First, Middle Initial) SALCEDO, Sylvester L.		b. OTHER NAMES USED SALCEDO, Peter-Sylvester	
c. DATE OF BIRTH (YYMMDD) 561125	d. SOCIAL SECURITY NUMBER [REDACTED]	e. CURRENT HOME ADDRESS (Street, City, State and Zip Code) 33 Gibson Street Dorchester, MA 02122-1222	
f. HOME TELEPHONE NUMBER (Include Area Code) [REDACTED]		h. DATE SIGNED (YYMMDD) 940205	
g. SIGNATURE 